CDPHP Child Health Plus Formulary 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 (518) 641-3800 or 1-800-388-2994 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (518) 641-3800 o 1-800-388-2994 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 (518) 641-3800 或 1-800-388-2994（TTY：711）。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните (518) 641-3800 или 1-800-388-2994 (телетайп: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele (518) 641-3800 oswa 1-800-388-2994 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. (518) 641-3800 또는 1-800-388-2994 (TTY: 711) 번으로 전화해 주십시오.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero (518) 641-3800 o 1-800-388-2994 (TTY: 711).

אייך שפראך הילף סערוויסעס פריי פון אפצאל. פארהאן פאר אויפמערקזאם: אויב איר רעדט אידיש, זענען רופט (518) 641-3800 או 1-800-388-2994 (TTY: 711).

লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন (518) 641-3800 বা 1-800-388-2994 (TTY: 711)।

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer (518) 641-3800 lub 1-800-388-2994 (TTY: 711).

تنبيه: إذا كنت تتحدث لغة غير الإنجليزية، تتوفر إليك خدمات مساعدة اللغة مجانًا. اتصل بالرقم (518) 641-3800 أو 1-800-388-2994 (TTY: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le (518) 641-3800 ou 1-800-388-2994 (ATS : 711).

توجہ دیں: اگر آپ غیر انگریزی زبان بولتے ہیں تو، آپ کے لیے زبان سے متعلق اعانت کی خدمات، مفت دستیاب ہیں۔ (518) 641-3800 یا 1-800-388-2994 (TTY: 711) پر کال کریں۔

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa (518) 641-3800 o 1-800-388-2994 (TTY: 711).

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε (518) 641-3800 ή 1-800-388-2994 (TTY: 711).

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në (518) 641-3800 ose 1-800-388-2994 (TTY: 711)

INTRODUCTION

Capital District Physicians' Health Plan, Inc. (CDPHP) is pleased to provide the *CDPHP Child Health Plus Clinical Formulary 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 Child Health Plus Clinical Formulary* 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 Child Health Plus Clinical Formulary* 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 Child Health Plus Clinical Formulary* 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 **www.guideline.gov**.

PREFACE

The document 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 Child Health Plus Clinical Formulary*. **Generics should be considered the first line of prescribing.**

The CDPHP Child Health Plus Clinical Formulary is a closed formulary. In a closed formulary, drugs are either covered or not covered. Drugs not included on the formulary are only available for coverage by medical exception.

Coverage of any agent listed in the formulary may be subject to quantity limits, prior authorization, and/or step therapy requirements. Injectables are generally covered under the medical benefit. Injectables that are listed in the *CDPHP Child Health Plus Clinical Formulary* are covered under the pharmacy benefit unless otherwise noted by the **"^"** symbol. Pharmacy benefits may impose additional coverage restrictions or may not cover selected drug products.

Please note that all new drugs will be excluded from the formulary and require prior authorization until reviewed by the CDPHP P&T Committee.

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The CDPHP P&T Committee includes a cross-section of practicing network physicians 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 **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 included on the formulary 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. Boldface type indicates generic availability. However, not all strengths or dosage forms of the generic name in boldface type may be generically available. In most instances, a brand-name drug for which a generic product becomes available will become non-formulary, with the generic product covered in its place. However, the document is subject to state specific regulations and rules regarding generic substitution and mandatory generic rules apply where appropriate.

Generic drugs are usually priced lower than their brand-name equivalents. Prescription generic drugs are:

- Approved by the U.S. Food and Drug Administration for safety and effectiveness, and are manufactured under the same strict standards that apply to brand-name drugs.
- Tested in humans to assure the generic is absorbed into the bloodstream in a similar rate and extent compared to the brand-name drug (bioequivalence). Generics may be different from the brand in size, color and inactive ingredients, but this does not alter their effectiveness or ability to be absorbed just like the brand-name drug.
- Manufactured in the same strength and dosage form as the brand-name drugs.

When a generic drug is substituted for a brand-name drug, you can expect the generic to produce the same clinical effect and safety profile as the brand-name drug (therapeutic equivalence).

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 high cost injectables and biotech drugs for its members.

Getting started with CVS Caremark Specialty Pharmacy is easy. There are three different options for contacting them:
Call 1-800-237-2767, fax 1-800-323-2445, or visit them online at https://www.cvsspecialty.com.

Drugs that are considered specialty medications are noted within this booklet by the "**SP**" symbol.

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.

The list of drugs that require prior authorization is subject to change from time to time and may not be all-inclusive. If a drug requires 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**" 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

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

The CDPHP P&T Committee developed the Medical Exception policy so that practitioners may request an excluded drug 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. A response will be sent to both the medical practitioner and member as soon as possible.

EDITOR

Your comments and suggestions regarding the *CDPHP Child Health Plus Clinical Formulary* 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: www.cdphp.com

LEGEND

ACA	Covered under the Affordable Care Act
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
Rx4L	Rx4Less Program Applies at select pharmacies
SP	Specialty Drug
ST	Step Therapy; refer to Step Therapy section

NOTICE

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

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.

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

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
bayer low dose 81 mg chew tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
bayer low dose 81 mg tab dr	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
butalbital-aspirin-caffeine 50-325-40 mg cap	1	QL 180 ea / 30 day(s)
celecoxib 100 mg cap	1	QL 60 EA / 30 day(s)
celecoxib 200 mg cap	1	QL 60 EA / 30 day(s)
celecoxib 400 mg cap	1	QL 60 EA / 30 day(s)
celecoxib 50 mg cap	1	QL 60 EA / 30 day(s)
childrens aspirin 81 mg chew tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
cvs aspirin 325 mg tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
cvs aspirin adult low dose 81 mg chew tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
cvs aspirin adult low strength 81 mg tab dr	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
cvs aspirin ec 81 mg tab dr	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
cvs aspirin low dose 81 mg tab dr	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
eq aspirin low dose 81 mg chew tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
eq aspirin low dose 81 mg tab dr	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
eql aspirin ec 325 mg tab dr	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
eql aspirin low dose 81 mg chew tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
eql aspirin low dose 81 mg tab dr	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
etodolac 200 mg cap	1	
etodolac 300 mg cap	1	
etodolac 400 mg tab	1	
etodolac 500 mg tab	1	
etodolac er 400 mg tab er 24h	1	
etodolac er 500 mg tab er 24h	1	
etodolac er 600 mg tab er 24h	1	
FENOPROFEN CALCIUM 400 MG CAP	1	
FENOPROFEN CALCIUM 600 MG TAB	1	
FLURBIPROFEN 100 MG TAB	1	
flurbiprofen 100 mg tab	1	
FLURBIPROFEN 50 MG TAB	1	
ft aspirin 325 mg tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
goodsense aspirin 325 mg tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
goodsense aspirin 81 mg chew tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
goodsense aspirin adults 325 mg tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
goodsense aspirin low dose 81 mg tab dr	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
h-e-b aspirin 81 mg tab dr	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
hm adult aspirin 325 mg tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
ibu 400 mg tab	1	RX4L Rx4Less Program
ibu 600 mg tab	1	RX4L Rx4Less Program
ibu 800 mg tab	1	RX4L Rx4Less Program
ibuprofen 100 mg/5ml suspension	1	
ibuprofen 200 mg/10ml suspension	1	
ibuprofen 400 mg tab	1	RX4L Rx4Less Program
ibuprofen 600 mg tab	1	RX4L Rx4Less Program
ibuprofen 800 mg tab	1	RX4L Rx4Less Program
indomethacin 25 mg cap	1	RX4L Rx4Less Program
indomethacin 50 mg cap	1	
indomethacin er 75 mg cap er	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KETOPROFEN 50 MG CAP	1	
ketorolac tromethamine 10 mg tab	1	QLC 20 EA / 365 day(s)
kls aspirin low dose 81 mg tab dr	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
kp aspirin 81 mg tab dr	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
LURBIPR 100 MG TAB	1	
medi-first aspirin 325 mg tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
medique aspirin 325 mg tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
meijer aspirin ec 325 mg tab dr	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
meloxicam 15 mg tab	1	RX4L Rx4Less Program
MELOXICAM 7.5 MG/5ML SUSPENSION	1	
meloxicam 7.5 mg tab	1	RX4L Rx4Less Program
mm aspirin 81 mg tab dr	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
nabumetone 500 mg tab	1	
nabumetone 750 mg tab	1	
naproxen 250 mg tab	1	
naproxen 375 mg tab	1	RX4L Rx4Less Program
naproxen 375 mg tab dr	1	
naproxen 500 mg tab	1	RX4L Rx4Less Program

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

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
sm aspirin adult low strength 81 mg tab dr	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
sm aspirin ec 325 mg tab dr	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
sm aspirin ec low strength 81 mg tab dr	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
sm aspirin low dose 81 mg chew tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
sm aspirin low dose 81 mg tab dr	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
st joseph aspirin 81 mg tab dr	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
st joseph low dose 81 mg chew tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
st joseph low dose 81 mg tab dr	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
sulindac 150 mg tab	1	
sulindac 200 mg tab	1	
OPIOID ANALGESICS, LONG-ACTING		
buprenorphine 10 mcg/hr patch wk	1	QL 4 EA / 28 day(s)
buprenorphine 15 mcg/hr patch wk	1	QL 4 EA / 28 day(s)
buprenorphine 20 mcg/hr patch wk	1	QL 4 EA / 28 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
buprenorphine 5 mcg/hr patch wk	1	QL 4 EA / 28 day(s)
buprenorphine 7.5 mcg/hr patch wk	1	QL 4 EA / 28 day(s)
fentanyl 100 mcg/hr patch 72hr	1	QL 10 EA / 30 day(s) PA
fentanyl 12 mcg/hr patch 72hr	1	QL 10 EA / 30 day(s) PA
fentanyl 25 mcg/hr patch 72hr	1	QL 10 EA / 30 day(s) PA
fentanyl 50 mcg/hr patch 72hr	1	QL 10 EA / 30 day(s) PA
fentanyl 75 mcg/hr patch 72hr	1	QL 10 EA / 30 day(s) PA
hydromorphone hcl er 12 mg tab er 24h	1	QL 60 EA / 30 day(s) PA
hydromorphone hcl er 16 mg tab er 24h	1	QL 60 EA / 30 day(s) PA
hydromorphone hcl er 32 mg tab er 24h	1	QL 60 EA / 30 day(s) PA
hydromorphone hcl er 8 mg tab er 24h	1	QL 60 EA / 30 day(s) PA
methadone hcl 10 mg tab	1	QL 90 EA / 30 day(s) PA
methadone hcl 5 mg tab	1	QL 90 EA / 30 day(s) PA
morphine sulfate er 15 mg tab er	1	QL 90 EA / 30 day(s) PA
morphine sulfate er 30 mg tab er	1	QL 90 EA / 30 day(s) PA
morphine sulfate er 60 mg tab er	1	QL 60 EA / 30 day(s) PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NUCYNTA ER 100 MG TAB ER 12H	1	QL 60 EA / 30 day(s) PA
NUCYNTA ER 150 MG TAB ER 12H	1	QL 60 EA / 30 day(s) PA
NUCYNTA ER 200 MG TAB ER 12H	1	QL 60 EA / 30 day(s) PA
NUCYNTA ER 250 MG TAB ER 12H	1	QL 60 EA / 30 day(s) PA
NUCYNTA ER 50 MG TAB ER 12H	1	QL 60 EA / 30 day(s) PA
OXYMORPHONE HCL ER 10 MG TAB ER 12H	1	QL 60 EA / 30 day(s) PA
OXYMORPHONE HCL ER 15 MG TAB ER 12H	1	QL 60 EA / 30 day(s) PA
OXYMORPHONE HCL ER 20 MG TAB ER 12H	1	QL 60 EA / 30 day(s) PA
OXYMORPHONE HCL ER 30 MG TAB ER 12H	1	QL 60 EA / 30 day(s) PA
OXYMORPHONE HCL ER 40 MG TAB ER 12H	1	QL 60 EA / 30 day(s) PA
OXYMORPHONE HCL ER 5 MG TAB ER 12H	1	QL 60 EA / 30 day(s) PA
OXYMORPHONE HCL ER 7.5 MG TAB ER 12H	1	QL 60 EA / 30 day(s) PA
TAPENTADOL HCL ER 100 MG TAB ER 12H	1	QL 60 / 30 DAY(S) PA
TAPENTADOL HCL ER 150 MG TAB ER 12H	1	QL 60 / 30 DAY(S) PA
TAPENTADOL HCL ER 200 MG TAB ER 12H	1	QL 60 / 30 DAY(S) PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TAPENTADOL HCL ER 250 MG TAB ER 12H	1	QL 60 / 30 DAY(S) PA
TAPENTADOL HCL ER 50 MG TAB ER 12H	1	QL 60 / 30 DAY(S) PA
TraMADol HCl ER 100 MG TAB ER 24H (generic of RYZOLT)	1	QL 30 EA / 30 day(s)
TraMADol HCl ER 200 MG TAB ER 24H (generic of RYZOLT)	1	QL 30 EA / 30 day(s)
TraMADol HCl ER 300 MG TAB ER 24H (generic of RYZOLT)	1	QL 30 EA / 30 day(s)
XTAMPZA ER 13.5 MG CP12 DETER	1	QL 2 EA / 1 DAYS PA
XTAMPZA ER 18 MG CP12 DETER	1	QL 2 EA / 1 DAYS PA
XTAMPZA ER 27 MG CP12 DETER	1	QL 2 EA / 1 DAYS PA
XTAMPZA ER 36 MG CP12 DETER	1	QL 2 EA / 1 DAYS PA
XTAMPZA ER 9 MG CP12 DETER	1	QL 2 EA / 1 DAYS PA
OPIOID ANALGESICS, SHORT-ACTING		
ACETAMINOPHEN-CODEINE 120-12 MG/5ML SOLUTION	1	QL 3750 / 30 day(s)
acetaminophen-codeine 300-15 mg tab	1	QL 300 EA / 30 day(s)
ACETAMINOPHEN-CODEINE 300-30 MG/12.5ML SOLUTION	1	QL 3750 / 30 day(s)
acetaminophen-codeine 300-30 mg tab	1	QL 240 EA / 30 day(s)
acetaminophen-codeine 300-60 mg tab	1	QL 240 EA / 30 day(s)
ascomp-codeine 50-325-40-30 mg cap	1	QL 180 ea / 30 day(s)
BELLADONNA ALKALOIDS-OPIUM 16.2-30 MG SUPPOS	1	
butalbital-apap-caff-cod 50-300-40-30 mg cap	1	QL 180 ea / 30 day(s)
butalbital-apap-caff-cod 50-325-40-30 mg cap	1	QL 180 EA / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
butalbital-asa-caff-codeine 50-325-40-30 mg cap	1	QL 180 ea / 30 day(s)
butorphanol tartrate 10 mg/ml solution	1	
endocet 10-325 mg tab	1	QL 180 EA / 30 day(s)
endocet 2.5-325 mg tab	1	QL 240 EA / 30 day(s)
endocet 5-325 mg tab	1	QL 240 EA / 30 day(s)
endocet 7.5-325 mg tab	1	QL 240 EA / 30 day(s)
FENTANYL CITRATE 1600 MCG LOZ HANDLE	1	QL 120 EA / 30 day(s) PA
FENTANYL CITRATE 200 MCG LOZ HANDLE	1	QL 120 EA / 30 day(s) PA
FENTANYL CITRATE 400 MCG LOZ HANDLE	1	QL 120 EA / 30 day(s) PA
FENTANYL CITRATE 600 MCG LOZ HANDLE	1	QL 120 EA / 30 day(s) PA
FENTANYL CITRATE 800 MCG LOZ HANDLE	1	QL 120 EA / 30 day(s) PA
hydrocodone-acetaminophen 10-325 mg tab	1	QL 240 EA / 30 day(s)
hydrocodone-acetaminophen 2.5-108 mg/5ml solution	1	QL 4500 ML / 30 day(s)
hydrocodone-acetaminophen 5-217 mg/10ml solution	1	QL 4500 ML / 30 day(s)
hydrocodone-acetaminophen 5-325 mg tab	1	QL 240 EA / 30 day(s)
hydrocodone-acetaminophen 7.5-325 mg/15ml solution	1	QL 4500 ML / 30 day(s)
hydrocodone-acetaminophen 7.5-325 mg tab	1	QL 240 EA / 30 day(s)
HYDROCODONE-IBUPROFEN 10-200 MG TAB	1	QL 180 EA / 30 day(s)
HYDROCODONE-IBUPROFEN 5-200 MG TAB	1	QL 180 EA / 30 day(s)
hydrocodone-ibuprofen 7.5-200 mg tab	1	QL 180 EA / 30 day(s)
hydromorphone hcl 1 mg/ml liquid	1	QL 180 ML / 30 day(s)
hydromorphone hcl 2 mg tab	1	QL 180 EA / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
hydromorphone hcl 4 mg tab	1	QL 180 EA / 30 day(s)
hydromorphone hcl 8 mg tab	1	QL 120 EA / 30 day(s) PA
MEPERIDINE HCL 50 MG/5ML SOLUTION	1	
MORPHINE SULFATE 10 MG/5ML SOLUTION	1	QL 900 ML / 30 day(s)
morphine sulfate 10 mg/5ml solution	1	QL 900 ML / 30 day(s)
MORPHINE SULFATE 10 MG SUPPOS	1	QL 180 EA / 30 day(s)
MORPHINE SULFATE 15 MG TAB	1	QL 180 EA / 30 day(s)
morphine sulfate 15 mg tab	1	QL 180 EA / 30 day(s)
MORPHINE SULFATE 20 MG/5ML SOLUTION	1	QL 900 ML / 30 day(s)
morphine sulfate 20 mg/5ml solution	1	QL 900 ML / 30 day(s)
MORPHINE SULFATE 20 MG SUPPOS	1	QL 180 EA / 30 day(s)
MORPHINE SULFATE 30 MG SUPPOS	1	QL 180 EA / 30 day(s)
MORPHINE SULFATE 30 MG TAB	1	QL 120 EA / 30 day(s)
morphine sulfate 30 mg tab	1	QL 120 EA / 30 day(s)
MORPHINE SULFATE 5 MG SUPPOS	1	QL 180 EA / 30 day(s)
MORPHINE SULFATE (CONCENTRATE) 100 MG/5ML SOLUTION	1	QL 180 ML / 30 day(s)
morphine sulfate (concentrate) 100 mg/5ml solution	1	QL 180 ML / 30 day(s)
MORPHINE SULFATE (CONCENTRATE) 10 MG/0.5ML SOLUTION	1	QL 180 ML / 30 day(s)
MORPHINE SULFATE (CONCENTRATE) 20 MG/ML SOLUTION	1	QL 180 ML / 30 day(s)
MORPHINE SULFATE (CONCENTRATE) 5 MG/0.25ML SOLUTION	1	QL 180 ML / 30 day(s)
oxycodone-acetaminophen 10-325 mg tab	1	QL 180 EA / 30 day(s)
oxycodone-acetaminophen 2.5-325 mg tab	1	QL 240 EA / 30 day(s)
OXYCODONE-ACETAMINOPHEN 5-325 MG/5ML SOLUTION	1	
oxycodone-acetaminophen 5-325 mg tab	1	QL 240 EA / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
oxycodone-acetaminophen 7.5-325 mg tab	1	QL 240 EA / 30 day(s)
oxycodone hcl 10 mg tab	1	QL 240 EA / 30 day(s)
oxycodone hcl 15 mg tab	1	QL 120 EA / 30 day(s) PA
oxycodone hcl 20 mg tab	1	QL 120 EA / 30 day(s) PA
oxycodone hcl 30 mg tab	1	QL 60 EA / 30 day(s) PA
oxycodone hcl 5 mg/5ml solution	1	QL 900 ML / 30 day(s)
oxycodone hcl 5 mg cap	1	QL 180 EA / 30 day(s)
oxycodone hcl 5 mg tab	1	QL 240 EA / 30 day(s)
oxymorphone hcl 10 mg tab	1	QL 120 EA / 30 day(s) PA
oxymorphone hcl 5 mg tab	1	QL 120 EA / 30 day(s) PA
PENTAZOCINE-NALOXONE HCL 50-0.5 MG TAB	1	PA
pentazocine-naloxone hcl 50-0.5 mg tab	1	PA
tapentadol hcl 100 mg tab	1	QL 4 / 1 DAY
tapentadol hcl 50 mg tab	1	QL 4 / 1 DAY
tapentadol hcl 75 mg tab	1	QL 4 / 1 DAY
tramadol-acetaminophen 37.5-325 mg tab	1	QL 240 EA / 30 day(s)
tramadol hcl 50 mg tab	1	QL 240 EA / 30 day(s)
ANESTHETICS		
LOCAL ANESTHETICS		
glydo 2 % prsyr	1	
lidocaine 5 % ointment	1	
lidocaine 5 % patch	1	QL 90 EA / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
lidocaine hcl 0.5 % solution	1	
lidocaine hcl 1 % solution	1	
lidocaine hcl 2 % solution	1	
LIDOCAINE HCL 3 % CREAM	1	
lidocaine hcl 3 % cream	1	
LIDOCAINE HCL 3 % LOTION	1	
lidocaine hcl 4 % solution	1	
lidocaine hcl (pf) 0.5 % solution	1	
lidocaine hcl (pf) 1.5 % solution	1	
lidocaine hcl (pf) 1 % solution	1	
lidocaine hcl (pf) 2 % solution	1	
lidocaine hcl (pf) 4 % solution	1	
LIDOCAINE HCL URETHRAL/MUCOSAL 2 % GEL	1	
lidocaine hcl urethral/mucosal 2 % prsyr	1	
lidocaine-prilocaine 2.5-2.5 % cream	1	
lidocaine viscous hcl 2 % solution	1	
lidocan 5 % patch	1	QL 90 EA / 30 day(s)
LIDOPIN 3 % CREAM	1	
LIDO-SORB 3 % LOTION	1	
NAYZILAM 5 MG/0.1ML SOLUTION	1	QL 4 EA / 30 day(s)
PREMIUM LIDOCAINE 5 % OINTMENT	1	
PROXIVOL 2 % GEL	1	
tridacaine ii 5 % patch	1	QL 90 EA / 30 day(s)
tridacaine iii 5 % patch	1	QL 90 EA / 30 day(s)
ZIONODIL 100 3 % LOTION	1	
ZIONODIL 3 % LOTION	1	
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
ALCOHOL DETERRENTS/ANTI-CRAVING		
acamprosate calcium 333 mg tab dr	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
disulfiram 250 mg tab	1	
disulfiram 500 mg tab	1	
VIVITROL 380 MG RECON SUSP	1	
OPIOID DEPENDENCE		
BRIXADI 128 MG/0.36ML SOLN PRSYR	1	QL 0.36 mL / 28 days SP Specialty
BRIXADI 64 MG/0.18ML SOLN PRSYR	1	QL 0.18 mL / 28 days SP Specialty
BRIXADI 96 MG/0.27ML SOLN PRSYR	1	QL 0.27 mL / 28 days SP Specialty
BRIXADI (WEEKLY) 16 MG/0.32ML SOLN PRSYR	1	QL 0.32 mL / 7 days SP Specialty
BRIXADI (WEEKLY) 24 MG/0.48ML SOLN PRSYR	1	QL 0.48 mL / 7 days SP Specialty
BRIXADI (WEEKLY) 32 MG/0.64ML SOLN PRSYR	1	QL 0.64 ml / 7 days SP Specialty
BRIXADI (WEEKLY) 8 MG/0.16ML SOLN PRSYR	1	QLC 0.32 mL / 7 days SP Specialty
buprenorphine hcl 2 mg sl tab	1	QL 90 EA / 30 day(s)
buprenorphine hcl 8 mg sl tab	1	QL 90 EA / 30 day(s)
buprenorphine hcl-naloxone hcl 12-3 mg film	1	QL 60 EA / 30 day(s)
buprenorphine hcl-naloxone hcl 2-0.5 mg film	1	QL 90 EA / 30 day(s)
buprenorphine hcl-naloxone hcl 2-0.5 mg sl tab	1	
buprenorphine hcl-naloxone hcl 4-1 mg film	1	QL 90 EA / 30 day(s)
buprenorphine hcl-naloxone hcl 8-2 mg film	1	QL 90 EA / 30 day(s)
buprenorphine hcl-naloxone hcl 8-2 mg sl tab	1	QL 90 EA / 30 day(s)
SUBLOCADE 100 MG/0.5ML SOLN PRSYR	1	QL 0.5 mL / 28 days
SUBLOCADE 300 MG/1.5ML SOLN PRSYR	1	QL 1.5 mL / 28 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OPIOID REVERSAL AGENTS		
KLOXXADO 8 MG/0.1ML LIQUID	1	
naloxone hcl 2 mg/2ml soln prsyr	1	
naloxone hcl 4 mg/0.1ml liquid	1	
naltrexone hcl 50 mg tab	1	
NARCAN 4 MG/0.1ML LIQUID	1	
REXTOVY 4 MG/0.25ML LIQUID	1	
ZIMHI 5 MG/0.5ML SOLN PRSYR	1	
SMOKING CESSATION AGENTS		
bupropion hcl er (smoking det) 150 mg tab er 12h	1	PD Preventive Drug ACA Affordable Care Act
CHANTIX 0.5 MG TAB	1	PD Preventive Drug
cvs nicotine 14 mg/24hr patch 24hr	1	PD Preventive Drug ACA Affordable Care Act OTC Over the Counter
cvs nicotine 21 mg/24hr patch 24hr	1	PD Preventive Drug ACA Affordable Care Act OTC Over the Counter
cvs nicotine 2 mg gum	1	PD Preventive Drug ACA Affordable Care Act OTC Over the Counter
cvs nicotine 2 mg lozenge	1	PD Preventive Drug ACA Affordable Care Act OTC Over the Counter
cvs nicotine 4 mg gum	1	PD Preventive Drug ACA Affordable Care Act OTC Over the Counter
cvs nicotine 7 mg/24hr patch 24hr	1	PD Preventive Drug ACA Affordable Care Act OTC Over the Counter

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

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

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
gnp nicotine polacrilex 4 mg lozenge	1	PD Preventive Drug ACA Affordable Care Act OTC Over the Counter
goodsense nicotine 2 mg gum	1	PD Preventive Drug ACA Affordable Care Act OTC Over the Counter
goodsense nicotine 2 mg lozenge	1	PD Preventive Drug ACA Affordable Care Act OTC Over the Counter
goodsense nicotine 4 mg gum	1	PD Preventive Drug ACA Affordable Care Act OTC Over the Counter
goodsense nicotine 4 mg lozenge	1	PD Preventive Drug ACA Affordable Care Act OTC Over the Counter
habitrol 21 mg/24hr patch 24hr	1	PD Preventive Drug ACA Affordable Care Act OTC Over the Counter
hm nicotine polacrilex 2 mg gum	1	PD Preventive Drug ACA Affordable Care Act OTC Over the Counter
hm nicotine polacrilex 2 mg lozenge	1	PD Preventive Drug ACA Affordable Care Act OTC Over the Counter
hm nicotine polacrilex 4 mg gum	1	PD Preventive Drug ACA Affordable Care Act OTC Over the Counter
kls quit2 2 mg gum	1	PD Preventive Drug ACA Affordable Care Act OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
kls quit2 2 mg lozenge	1	PD Preventive Drug ACA Affordable Care Act OTC Over the Counter
kls quit4 4 mg gum	1	PD Preventive Drug ACA Affordable Care Act OTC Over the Counter
kls quit4 4 mg lozenge	1	PD Preventive Drug ACA Affordable Care Act OTC Over the Counter
nicoderm cq 14 mg/24hr patch 24hr	1	PD Preventive Drug ACA Affordable Care Act OTC Over the Counter
nicoderm cq 21 mg/24hr patch 24hr	1	PD Preventive Drug ACA Affordable Care Act OTC Over the Counter
nicoderm cq 7 mg/24hr patch 24hr	1	PD Preventive Drug ACA Affordable Care Act OTC Over the Counter
nicorette 2 mg gum	1	PD Preventive Drug ACA Affordable Care Act OTC Over the Counter
nicorette 2 mg lozenge	1	PD Preventive Drug ACA Affordable Care Act OTC Over the Counter
nicorette 4 mg lozenge	1	PD Preventive Drug ACA Affordable Care Act OTC Over the Counter
nicorette mini 2 mg lozenge	1	PD Preventive Drug ACA Affordable Care Act OTC Over the Counter

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
nicotine polacrilex 4 mg gum	1	PD Preventive Drug ACA Affordable Care Act OTC Over the Counter
nicotine polacrilex 4 mg lozenge	1	PD Preventive Drug ACA Affordable Care Act OTC Over the Counter
nicotine polacrilex mini 2 mg lozenge	1	PD Preventive Drug ACA Affordable Care Act OTC Over the Counter
nicotine step 1 21 mg/24hr patch 24hr	1	PD Preventive Drug ACA Affordable Care Act OTC Over the Counter
nicotine step 2 14 mg/24hr patch 24hr	1	PD Preventive Drug ACA Affordable Care Act OTC Over the Counter
nicotine step 3 7 mg/24hr patch 24hr	1	PD Preventive Drug ACA Affordable Care Act OTC Over the Counter
NICOTROL NS 10 MG/ML SOLUTION	1	QL 120 ML / 30 day(s) PD Preventive Drug ACA Affordable Care Act
qc nicotine transdermal system 14 mg/24hr patch 24hr	1	PD Preventive Drug ACA Affordable Care Act OTC Over the Counter
qc nicotine transdermal system 21 mg/24hr patch 24hr	1	PD Preventive Drug ACA Affordable Care Act OTC Over the Counter
ra mini nicotine 2 mg lozenge	1	PD Preventive Drug ACA Affordable Care Act OTC Over the Counter

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
sm nicotine 21 mg/24hr patch 24hr	1	PD Preventive Drug ACA Affordable Care Act OTC Over the Counter
sm nicotine 2 mg lozenge	1	PD Preventive Drug ACA Affordable Care Act OTC Over the Counter
sm nicotine 4 mg gum	1	PD Preventive Drug ACA Affordable Care Act OTC Over the Counter
sm nicotine 7 mg/24hr patch 24hr	1	PD Preventive Drug ACA Affordable Care Act OTC Over the Counter
sm nicotine polacrilex 2 mg gum	1	PD Preventive Drug ACA Affordable Care Act OTC Over the Counter
sm nicotine polacrilex 2 mg lozenge	1	PD Preventive Drug ACA Affordable Care Act OTC Over the Counter
sm nicotine polacrilex 4 mg gum	1	PD Preventive Drug ACA Affordable Care Act OTC Over the Counter
sm nicotine polacrilex 4 mg lozenge	1	PD Preventive Drug ACA Affordable Care Act OTC Over the Counter
thrive 2 mg gum	1	PD Preventive Drug ACA Affordable Care Act OTC Over the Counter
varenicline tartrate 0.5 mg tab	1	PD Preventive Drug ACA Affordable Care Act
varenicline tartrate 1 mg tab	1	PD Preventive Drug ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
varenicline tartrate(continue) 1 mg tab	1	PD Preventive Drug ACA Affordable Care Act
varenicline tartrate (starter) 0.5 mg x 11 & 1 mg x 42 tab thpk	1	PD Preventive Drug ACA Affordable Care Act
ANTIBACTERIALS		
AMINOGLYCOSIDES		
ARIKAYCE 590 MG/8.4ML SUSPENSION	1	PA SP Specialty
gentamicin sulfate 0.1 % cream	1	
gentamicin sulfate 0.1 % ointment	1	
gentamicin sulfate 40 mg/ml solution	1	
neomycin sulfate 500 mg tab	1	
TOBRAMYCIN SULFATE 10 MG/ML SOLUTION	1	
tobramycin sulfate 1.2 gm/30ml solution	1	
TOBRAMYCIN SULFATE 1.2 GM RECON SOLN	1	
tobramycin sulfate 1.2 gm recon soln	1	
tobramycin sulfate 80 mg/2ml solution	1	
ANTIBACTERIALS, OTHER		
acetic acid 0.25 % solution	1	
acetic acid 2 % solution	1	
clindacin etz 1 % swab	1	
clindacin-p 1 % swab	1	
clindamycin hcl 150 mg cap	1	
clindamycin hcl 300 mg cap	1	
clindamycin hcl 75 mg cap	1	
clindamycin palmitate hcl 75 mg/5ml recon soln	1	
clindamycin phosphate 1 % swab	1	
clindamycin phosphate 2 % cream	1	
linezolid 100 mg/5ml recon susp	1	
linezolid 600 mg tab	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MB CAPS 120 MG CAP	1	
ME/NAPHOS/MB/HYO1 81.6 MG TAB	1	
methenamine hippurate 1 gm tab	1	
METHENAMINE MANDELATE 0.5 GM TAB	1	
METHENAMINE MANDELATE 1 GM TAB	1	
metronidazole 0.75 % cream	1	
metronidazole 0.75 % gel	1	
metronidazole vaginal gel 0.75%	1	
metronidazole 0.75 % lotion	1	
metronidazole 1 % gel	1	
metronidazole 250 mg tab	1	
metronidazole 500 mg tab	1	
NEOMYCIN-POLYMYXIN B GU 40-200000 SOLUTION	1	
nitrofurantoin 25 mg/5ml suspension	1	
nitrofurantoin 50 mg/10ml suspension	1	
NITROFURANTOIN 50 MG/5ML SUSPENSION	1	
nitrofurantoin macrocrystal 100 mg cap	1	
nitrofurantoin macrocrystal 25 mg cap	1	
nitrofurantoin macrocrystal 50 mg cap	1	
nitrofurantoin monohyd macro 100 mg cap	1	
tinidazole 250 mg tab	1	
tinidazole 500 mg tab	1	
TRIMETHOPRIM 100 MG TAB	1	
trimethoprim 100 mg tab	1	
URIBEL 81.6 MG TAB	1	
URIMAR-T 120 MG CAP	1	
urin ds 81.6 mg tab	1	
URNEVA 120 MG CAP	1	
UROGESIC-BLUE 81.6 MG TAB	1	
vancomycin hcl 10 gm recon soln	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
vancomycin hcl 1.25 gm recon soln	1	
vancomycin hcl 125 mg cap	1	
vancomycin hcl 1.5 gm recon soln	1	
vancomycin hcl 1 gm recon soln	1	
vancomycin hcl 250 mg/5ml recon soln	1	
vancomycin hcl 250 mg cap	1	
vancomycin hcl 25 mg/ml recon soln	1	
vancomycin hcl 500 mg recon soln	1	
vancomycin hcl 50 mg/ml recon soln	1	
vancomycin hcl 5 gm recon soln	1	
vancomycin hcl 750 mg recon soln	1	
ZYVOX 100 MG/5ML RECON SUSP	1	
BETA-LACTAM, CEPHALOSPORINS		
CEFACLOR 250 MG/5ML RECON SUSP	1	
CEFACLOR 250 MG CAP	1	
CEFACLOR 500 MG CAP	1	
CEFACLOR ER 500 MG TAB ER 12H	1	
CEFADROXIL 1 GM TAB	1	
cefadroxil 250 mg/5ml recon susp	1	
cefadroxil 500 mg/5ml recon susp	1	
cefadroxil 500 mg cap	1	
cefdinir 125 mg/5ml recon susp	1	
cefdinir 250 mg/5ml recon susp	1	
cefdinir 300 mg cap	1	
CEFIXIME 100 MG/5ML RECON SUSP	1	
cefixime 100 mg/5ml recon susp	1	
cefixime 200 mg/5ml recon susp	1	
cefixime 400 mg cap	1	
CEFPODOXIME PROXETIL 100 MG/5ML RECON SUSP	1	
cefpodoxime proxetil 100 mg tab	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
cefpodoxime proxetil 200 mg tab	1	
CEFPODOXIME PROXETIL 50 MG/5ML RECON SUSP	1	
cefprozil 125 mg/5ml recon susp	1	
cefprozil 250 mg/5ml recon susp	1	
cefprozil 250 mg tab	1	
cefprozil 500 mg tab	1	
cefuroxime axetil 250 mg tab	1	
cefuroxime axetil 500 mg tab	1	
cephalexin 125 mg/5ml recon susp	1	
cephalexin 250 mg/5ml recon susp	1	
cephalexin 250 mg cap	1	
cephalexin 250 mg tab	1	
cephalexin 500 mg cap	1	
cephalexin 500 mg tab	1	
cephalexin 750 mg cap	1	
BETA-LACTAM, PENICILLINS		
amoxicillin 125 mg/5ml recon susp	1	
AMOXICILLIN 125 MG CHEW TAB	1	
amoxicillin 200 mg/5ml recon susp	1	
amoxicillin 250 mg/5ml recon susp	1	
amoxicillin 250 mg cap	1	
AMOXICILLIN 250 MG CHEW TAB	1	
amoxicillin 400 mg/5ml recon susp	1	
amoxicillin 500 mg cap	1	
amoxicillin 500 mg tab	1	
amoxicillin 875 mg tab	1	
amoxicillin-pot clavulanate 200-28.5 mg/5ml recon susp	1	
AMOXICILLIN-POT CLAVULANATE 200-28.5 MG CHEW TAB	1	
amoxicillin-pot clavulanate 250-125 mg tab	1	
amoxicillin-pot clavulanate 250-62.5 mg/5ml recon susp	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
amoxicillin-pot clavulanate 400-57 mg/5ml recon susp	1	
AMOXICILLIN-POT CLAVULANATE 400-57 MG CHEW TAB	1	
amoxicillin-pot clavulanate 500-125 mg tab	1	
amoxicillin-pot clavulanate 600-42.9 mg/5ml recon susp	1	
amoxicillin-pot clavulanate 875-125 mg tab	1	
amoxicillin-pot clavulanate er 1000-62.5 mg tab er 12h	1	
amoxicillin trihydrate 250 mg/5ml recon susp	1	
ampicillin 500 mg cap	1	
dicloxacillin sodium 250 mg cap	1	
dicloxacillin sodium 500 mg cap	1	
PENICILLIN V POTASSIUM 125 MG/5ML RECON SOLN	1	
PENICILLIN V POTASSIUM 250 MG/5ML RECON SOLN	1	
penicillin v potassium 250 mg tab	1	
penicillin v potassium 500 mg tab	1	
MACROLIDES		
azithromycin 100 mg/5ml recon susp	1	
AZITHROMYCIN 1 GM PACKET	1	
azithromycin 200 mg/5ml recon susp	1	
azithromycin 250 mg tab	1	
azithromycin 500 mg tab	1	
azithromycin 600 mg tab	1	
CLARITHROMYCIN 125 MG/5ML RECON SUSP	1	
CLARITHROMYCIN 250 MG/5ML RECON SUSP	1	
clarithromycin 250 mg tab	1	
clarithromycin 500 mg tab	1	
clarithromycin er 500 mg tab er 24h	1	
DIFICID 200 MG TAB	1	
DIFICID 40 MG/ML RECON SUSP	1	
ery-tab 250 mg tab dr	1	
ery-tab 333 mg tab dr	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ery-tab 500 mg tab dr	1	
erythromycin 250 mg tab dr	1	
erythromycin 333 mg tab dr	1	
erythromycin 500 mg tab dr	1	
ERYTHROMYCIN BASE 250 MG CP DR PART	1	
erythromycin base 250 mg tab	1	
erythromycin base 250 mg tab dr	1	
erythromycin base 333 mg tab dr	1	
erythromycin base 500 mg tab	1	
erythromycin base 500 mg tab dr	1	
fidaxomicin 200 mg tab	1	
QUINOLONES		
ciprofloxacin hcl 0.3 % solution	1	
ciprofloxacin hcl 250 mg tab	1	
ciprofloxacin hcl 500 mg tab	1	
ciprofloxacin hcl 750 mg tab	1	
levofloxacin 250 mg tab	1	
levofloxacin 25 mg/ml solution	1	
levofloxacin 500 mg tab	1	
levofloxacin 750 mg tab	1	
moxifloxacin hcl 400 mg tab	1	
OFLOXACIN 300 MG TAB	1	
OFLOXACIN 400 MG TAB	1	
OFLOXACIN 400 MG TAB	1	
SULFONAMIDES		
sulfacetamide sodium (acne) 10 % lotion	1	
sulfadiazine 500 mg tab	1	
sulfamethoxazole-trimethoprim 200-40 mg/5ml suspension	1	
sulfamethoxazole-trimethoprim 400-80 mg tab	1	
sulfamethoxazole-trimethoprim 800-160 mg/20ml suspension	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
sulfamethoxazole-trimethoprim 800-160 mg tab	1	
sulfatrim pediatric 200-40 mg/5ml suspension	1	
TETRACYCLINES		
avidoxy 100 mg tab	1	
demeclocycline hcl 150 mg tab	1	
demeclocycline hcl 300 mg tab	1	
doxycycline hyclate 100 mg cap	1	
doxycycline hyclate 100 mg tab	1	
doxycycline hyclate 20 mg tab	1	
doxycycline hyclate 50 mg cap	1	
doxycycline monohydrate 100 mg cap	1	
doxycycline monohydrate 100 mg tab	1	
doxycycline monohydrate 150 mg cap	1	
doxycycline monohydrate 25 mg/5ml recon susp	1	
doxycycline monohydrate 50 mg cap	1	
doxycycline monohydrate 50 mg tab	1	
doxycycline monohydrate 75 mg cap	1	
doxycycline monohydrate 75 mg tab	1	
minocycline hcl 100 mg cap	1	
minocycline hcl 100 mg tab	1	
minocycline hcl 50 mg cap	1	
minocycline hcl 50 mg tab	1	
minocycline hcl 75 mg cap	1	
minocycline hcl 75 mg tab	1	
mondoxyne nl 100 mg cap	1	
NUZYRA 150 MG TAB	1	PA
tetracycline hcl 250 mg cap	1	
tetracycline hcl 500 mg cap	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTICONVULSANTS		
ANTICONVULSANTS, OTHER		
divalproex sodium 125 mg cap dr	1	PD Preventive Drug
divalproex sodium 125 mg tab dr	1	PD Preventive Drug
divalproex sodium 250 mg tab dr	1	PD Preventive Drug
divalproex sodium 500 mg tab dr	1	PD Preventive Drug
divalproex sodium er 250 mg tab er 24h	1	PD Preventive Drug
divalproex sodium er 500 mg tab er 24h	1	PD Preventive Drug
EPIDIOLEX 100 MG/ML SOLUTION	1	PA SP Specialty
EPRONTIA 25 MG/ML SOLUTION	1	
felbamate 400 mg tab	1	PD Preventive Drug
felbamate 600 mg tab	1	PD Preventive Drug
FINTEPLA 2.2 MG/ML SOLUTION	1	PA SP Specialty
KEPPRA 1000 MG TAB	1	PD Preventive Drug
KEPPRA 100 MG/ML SOLUTION	1	PD Preventive Drug
KEPPRA 250 MG TAB	1	PD Preventive Drug
KEPPRA 500 MG/5ML SOLUTION	1	
KEPPRA 500 MG TAB	1	PD Preventive Drug
KEPPRA 750 MG TAB	1	PD Preventive Drug
KEPPRA XR 500 MG TAB ER 24H	1	PD Preventive Drug
KEPPRA XR 750 MG TAB ER 24H	1	PD Preventive Drug
LAMICTAL 100 MG TAB	1	PD Preventive Drug
LAMICTAL 150 MG TAB	1	PD Preventive Drug
LAMICTAL 200 MG TAB	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LAMICTAL 25 MG TAB	1	PD Preventive Drug
LAMICTAL ODT 100 MG TAB DISP	1	PD Preventive Drug
LAMICTAL ODT 21 X 25 MG & 7 X 50 MG KIT	1	PD Preventive Drug
LAMICTAL ODT 25 & 50 & 100 MG KIT	1	PD Preventive Drug
LAMICTAL ODT 25 MG TAB DISP	1	PD Preventive Drug
LAMICTAL ODT 42 X 50 MG & 14X100 MG KIT	1	PD Preventive Drug
LAMICTAL ODT 50 MG TAB DISP	1	PD Preventive Drug
lamotrigine 100 mg tab	1	PD Preventive Drug
lamotrigine 100 mg tab disp	1	PD Preventive Drug
lamotrigine 150 mg tab	1	PD Preventive Drug
lamotrigine 200 mg tab	1	PD Preventive Drug
lamotrigine 200 mg tab disp	1	PD Preventive Drug
lamotrigine 21 x 25 mg & 7 x 50 mg kit	1	
lamotrigine 25 & 50 & 100 mg kit	1	PD Preventive Drug
lamotrigine 25 mg chew tab	1	PD Preventive Drug
lamotrigine 25 mg tab	1	PD Preventive Drug
lamotrigine 25 mg tab disp	1	PD Preventive Drug
lamotrigine 50 mg tab disp	1	PD Preventive Drug
lamotrigine 5 mg chew tab	1	PD Preventive Drug
lamotrigine er 100 mg tab er 24h	1	PD Preventive Drug
lamotrigine er 200 mg tab er 24h	1	PD Preventive Drug
lamotrigine er 250 mg tab er 24h	1	PD Preventive Drug
lamotrigine er 25 mg tab er 24h	1	PD Preventive Drug
lamotrigine er 300 mg tab er 24h	1	PD Preventive Drug
lamotrigine er 50 mg tab er 24h	1	PD Preventive Drug
lamotrigine odt 100 mg tab disp	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
lamotrigine odt 200 mg tab disp	1	PD Preventive Drug
lamotrigine odt 25 mg tab disp	1	PD Preventive Drug
lamotrigine odt 50 mg tab disp	1	PD Preventive Drug
lamotrigine starter kit-blue 35 x 25 mg kit	1	PD Preventive Drug
lamotrigine starter kit-green 84 x 25 mg & 14x100 mg kit	1	PD Preventive Drug
lamotrigine starter kit-orange 42 x 25 mg & 7 x 100 mg kit	1	PD Preventive Drug
levetiracetam 1000 mg tab	1	PD Preventive Drug
levetiracetam 100 mg/ml solution	1	PD Preventive Drug
levetiracetam 250 mg tab	1	PD Preventive Drug
levetiracetam 500 mg/5ml solution	1	PD Preventive Drug
levetiracetam 500 mg tab	1	PD Preventive Drug
levetiracetam 750 mg tab	1	PD Preventive Drug
levetiracetam er 500 mg tab er 24h	1	PD Preventive Drug
levetiracetam er 750 mg tab er 24h	1	PD Preventive Drug
MOTPOLY XR 100 MG CAP ER 24H	1	PA
MOTPOLY XR 150 MG CAP ER 24H	1	PA
MOTPOLY XR 200 MG CAP ER 24H	1	PA
roweepra 500 mg tab	1	PD Preventive Drug
subvenite 100 mg tab	1	PD Preventive Drug
subvenite 150 mg tab	1	PD Preventive Drug
subvenite 200 mg tab	1	PD Preventive Drug
subvenite 25 mg tab	1	PD Preventive Drug
subvenite starter kit-blue 35 x 25 mg kit	1	PD Preventive Drug
subvenite starter kit-green 84 x 25 mg & 14x100 mg kit	1	PD Preventive Drug
subvenite starter kit-orange 42 x 25 mg & 7 x 100 mg kit	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TOPAMAX 100 MG TAB	1	PD Preventive Drug
TOPAMAX 200 MG TAB	1	PD Preventive Drug
TOPAMAX 25 MG TAB	1	PD Preventive Drug
TOPAMAX 50 MG TAB	1	PD Preventive Drug
TOPAMAX SPRINKLE 15 MG CAP SPRINK	1	PD Preventive Drug
TOPAMAX SPRINKLE 25 MG CAP SPRINK	1	PD Preventive Drug
topiramate 100 mg tab	1	PD Preventive Drug
topiramate 15 mg cap sprink	1	PD Preventive Drug
topiramate 200 mg tab	1	PD Preventive Drug
topiramate 25 mg cap sprink	1	PD Preventive Drug
topiramate 25 mg tab	1	PD Preventive Drug
topiramate 50 mg tab	1	PD Preventive Drug
topiramate er 100 mg cap er 24h	1	PD Preventive Drug
topiramate er 200 mg cp24 sprnk	1	PD Preventive Drug
valproic acid 250 mg/5ml solution	1	PD Preventive Drug
valproic acid 250 mg cap	1	PD Preventive Drug
valproic acid 500 mg/10ml solution	1	PD Preventive Drug
ZTALMY 50 MG/ML SUSPENSION	1	PA SP Specialty
CALCIUM CHANNEL MODIFYING AGENTS		
ethosuximide 250 mg/5ml solution	1	PD Preventive Drug
ethosuximide 250 mg cap	1	PD Preventive Drug
GAMMA-AMINOBUTYRIC ACID (GABA) AUGMENTING AGENTS		
clobazam 10 mg tab	1	PD Preventive Drug
clobazam 20 mg tab	1	PD Preventive Drug
clobazam 2.5 mg/ml suspension	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
diazepam 10 mg gel	1	
diazepam 20 mg gel	1	
diazepam 2.5 mg gel	1	
gabapentin 100 mg cap	1	
gabapentin 250 mg/5ml solution	1	
gabapentin 300 mg/6ml solution	1	
gabapentin 300 mg cap	1	
gabapentin 400 mg cap	1	
gabapentin 600 mg tab	1	
gabapentin 800 mg tab	1	
PHENOBARBITAL 15 MG TAB	1	PD Preventive Drug
phenobarbital 15 mg tab	1	PD Preventive Drug
PHENOBARBITAL 16.2 MG TAB	1	PD Preventive Drug
phenobarbital 16.2 mg tab	1	PD Preventive Drug
PHENOBARBITAL 20 MG/5ML ELIXIR	1	PD Preventive Drug
phenobarbital 20 mg/5ml elixir	1	PD Preventive Drug
PHENOBARBITAL 30 MG/7.5ML ELIXIR	1	PD Preventive Drug
PHENOBARBITAL 30 MG TAB	1	PD Preventive Drug
phenobarbital 30 mg tab	1	PD Preventive Drug
PHENOBARBITAL 32.4 MG TAB	1	PD Preventive Drug
phenobarbital 32.4 mg tab	1	PD Preventive Drug
PHENOBARBITAL 60 MG/15ML ELIXIR	1	PD Preventive Drug
PHENOBARBITAL 60 MG TAB	1	PD Preventive Drug
phenobarbital 60 mg tab	1	PD Preventive Drug
PHENOBARBITAL 64.8 MG TAB	1	PD Preventive Drug
phenobarbital 64.8 mg tab	1	PD Preventive Drug
PHENOBARBITAL 97.2 MG TAB	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
phenobarbital 97.2 mg tab	1	PD Preventive Drug
PRIMIDONE 125 MG TAB	1	PD Preventive Drug
primidone 250 mg tab	1	PD Preventive Drug
primidone 50 mg tab	1	PD Preventive Drug
relgaabi 300 mg cap	1	
relgaabi 400 mg cap	1	
TIAGABINE HCL 12 MG TAB	1	PD Preventive Drug
tiagabine hcl 12 mg tab	1	PD Preventive Drug
TIAGABINE HCL 16 MG TAB	1	PD Preventive Drug
tiagabine hcl 16 mg tab	1	PD Preventive Drug
VALTOCO 10 MG DOSE 10 MG/0.1ML LIQUID	1	QLC 10 EA / 22 days
VALTOCO 15 MG DOSE 2 X 7.5 MG/0.1ML LIQD THPK	1	QLC 10 EA / 22 days
VALTOCO 20 MG DOSE 2 X 10 MG/0.1ML LIQD THPK	1	QLC 10 EA / 22 days
VALTOCO 5 MG DOSE 5 MG/0.1ML LIQUID	1	QLC 10 EA / 22 days
vigabatrin 500 mg tab	1	PD Preventive Drug SP Specialty
vigadrone 500 mg tab	1	PD Preventive Drug SP Specialty
SODIUM CHANNEL AGENTS		
carBAMazepine 100 MG/5ML SUSPENSION (generic of TEGRETOL)	1	PD Preventive Drug
carbamazepine 100 mg chew tab	1	PD Preventive Drug
carBAMazepine 100 MG/5ML SUSPENSION (generic of TEGRETOL)	1	PD Preventive Drug
carbamazepine 200 mg tab	1	PD Preventive Drug
CarBAMazepine ER 100 MG CAP ER 12H (generic of CARBATROL)	1	PD Preventive Drug
CarBAMazepine ER 100 MG TAB ER 12H (generic of TEGRETOL-XR)	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
carBAMazepine ER 200 MG CAP ER 12H (generic of CARBATROL)	1	PD Preventive Drug
CarBAMazepine ER 200 MG TAB ER 12H (generic of TEGRETOL-XR)	1	PD Preventive Drug
CarBAMazepine ER 300 MG CAP ER 12H (generic of CARBATROL)	1	PD Preventive Drug
CarBAMazepine ER 400 MG TAB ER 12H (generic of TEGRETOL-XR)	1	PD Preventive Drug
CARBATROL 100 MG CAP ER 12H	1	PD Preventive Drug
CARBATROL 200 MG CAP ER 12H	1	PD Preventive Drug
CARBATROL 300 MG CAP ER 12H	1	PD Preventive Drug
DILANTIN 100 MG CAP	1	PD Preventive Drug
DILANTIN-125 125 MG/5ML SUSPENSION	1	PD Preventive Drug
DILANTIN 125 MG/5ML SUSPENSION	1	PD Preventive Drug
DILANTIN 30 MG CAP	1	PD Preventive Drug
DILANTIN INFATABS 50 MG CHEW TAB	1	PD Preventive Drug
epitol 200 mg tab	1	PD Preventive Drug
eslicarbazepine acetate 200 mg tab	1	PD Preventive Drug
eslicarbazepine acetate 400 mg tab	1	PD Preventive Drug
eslicarbazepine acetate 600 mg tab	1	PD Preventive Drug
eslicarbazepine acetate 800 mg tab	1	PD Preventive Drug
lacosamide 100 mg/10ml solution	1	PD Preventive Drug
lacosamide 100 mg tab	1	PD Preventive Drug
lacosamide 10 mg/ml solution	1	PD Preventive Drug
lacosamide 150 mg tab	1	PD Preventive Drug
lacosamide 200 mg tab	1	PD Preventive Drug
lacosamide 50 mg/5ml solution	1	PD Preventive Drug
lacosamide 50 mg tab	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
oxcarbazepine 150 mg tab	1	PD Preventive Drug
oxcarbazepine 300 mg/5ml suspension	1	PD Preventive Drug
oxcarbazepine 300 mg tab	1	PD Preventive Drug
oxcarbazepine 600 mg tab	1	PD Preventive Drug
OXTELLAR XR 150 MG TAB ER 24H	1	PD Preventive Drug
OXTELLAR XR 300 MG TAB ER 24H	1	PD Preventive Drug
OXTELLAR XR 600 MG TAB ER 24H	1	PD Preventive Drug
phenytek 200 mg cap	1	PD Preventive Drug
phenytek 300 mg cap	1	PD Preventive Drug
phenytoin 125 mg/5ml suspension	1	PD Preventive Drug
phenytoin 50 mg chew tab	1	PD Preventive Drug
phenytoin infatabs 50 mg chew tab	1	PD Preventive Drug
phenytoin sodium extended 100 mg cap	1	PD Preventive Drug
phenytoin sodium extended 200 mg cap	1	PD Preventive Drug
phenytoin sodium extended 300 mg cap	1	PD Preventive Drug
rufinamide 200 mg tab	1	PD Preventive Drug
rufinamide 400 mg tab	1	PD Preventive Drug
rufinamide 40 mg/ml suspension	1	PD Preventive Drug
TEGRETOL 100 MG/5ML SUSPENSION	1	PD Preventive Drug
TEGRETOL 200 MG TAB	1	PD Preventive Drug
TEGRETOL-XR 100 MG TAB ER 12H	1	PD Preventive Drug
TEGRETOL-XR 200 MG TAB ER 12H	1	PD Preventive Drug
TEGRETOL-XR 400 MG TAB ER 12H	1	PD Preventive Drug
TRILEPTAL 150 MG TAB	1	PD Preventive Drug
TRILEPTAL 300 MG/5ML SUSPENSION	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRILEPTAL 300 MG TAB	1	PD Preventive Drug
TRILEPTAL 600 MG TAB	1	PD Preventive Drug
zonisamide 100 mg cap	1	PD Preventive Drug
zonisamide 25 mg cap	1	PD Preventive Drug
zonisamide 50 mg cap	1	PD Preventive Drug
ANTIDEPRESSANTS		
ANTIDEPRESSANTS, OTHER		
bupropion hcl 100 mg tab	1	
bupropion hcl 75 mg tab	1	
bupropion hcl er (sr) 100 mg tab er 12h	1	
bupropion hcl er (sr) 150 mg tab er 12h	1	
bupropion hcl er (sr) 200 mg tab er 12h	1	
bupropion hcl er (xl) 150 mg tab er 24h	1	
bupropion hcl er (xl) 300 mg tab er 24h	1	
BUPROPION HCL ER (XL) 450 MG TAB ER 24H	1	
FORFIVO XL 450 MG TAB ER 24H	1	
mirtazapine 15 mg tab	1	
mirtazapine 15 mg tab disp	1	
mirtazapine 30 mg tab	1	
mirtazapine 30 mg tab disp	1	
mirtazapine 45 mg tab	1	
mirtazapine 45 mg tab disp	1	
mirtazapine 7.5 mg tab	1	
olanzapine-fluoxetine hcl 12-25 mg cap	1	
olanzapine-fluoxetine hcl 12-50 mg cap	1	
olanzapine-fluoxetine hcl 3-25 mg cap	1	
olanzapine-fluoxetine hcl 6-25 mg cap	1	
olanzapine-fluoxetine hcl 6-50 mg cap	1	
PERPHENAZINE-AMITRIPTYLINE 2-10 MG TAB	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PERPHENAZINE-AMITRIPTYLINE 2-25 MG TAB	1	
PERPHENAZINE-AMITRIPTYLINE 4-10 MG TAB	1	
PERPHENAZINE-AMITRIPTYLINE 4-25 MG TAB	1	
PERPHENAZINE-AMITRIPTYLINE 4-50 MG TAB	1	
SPRAVATO (56 MG DOSE) 28 MG/DEVICE SOLN THPK	1	PA SP Specialty
SPRAVATO (84 MG DOSE) 28 MG/DEVICE SOLN THPK	1	PA SP Specialty
ZURZUVAE 20 MG CAP	1	QLC 28 EA / 180 days
ZURZUVAE 25 MG CAP	1	QLC 28 EA / 180 days
ZURZUVAE 30 MG CAP	1	QLC 14 EA / 180 days
MONOAMINE OXIDASE INHIBITORS		
PHENELZINE SULFATE 15 MG TAB	1	
SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)		
citalopram hydrobromide 10 mg/5ml solution	1	PD Preventive Drug
citalopram hydrobromide 10 mg tab	1	PD Preventive Drug
citalopram hydrobromide 20 mg/10ml solution	1	PD Preventive Drug
citalopram hydrobromide 20 mg tab	1	PD Preventive Drug RX4L Rx4Less Program
citalopram hydrobromide 40 mg tab	1	PD Preventive Drug RX4L Rx4Less Program
desvenlafaxine succinate er 100 mg tab er 24h	1	
desvenlafaxine succinate er 25 mg tab er 24h	1	
desvenlafaxine succinate er 50 mg tab er 24h	1	
escitalopram oxalate 10 mg/10ml solution	1	PD Preventive Drug
escitalopram oxalate 10 mg tab	1	PD Preventive Drug RX4L Rx4Less Program
escitalopram oxalate 20 mg tab	1	PD Preventive Drug RX4L Rx4Less Program

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
escitalopram oxalate 5 mg/5ml solution	1	PD Preventive Drug
escitalopram oxalate 5 mg tab	1	PD Preventive Drug
fluoxetine hcl 10 mg cap	1	PD Preventive Drug RX4L Rx4Less Program
fluoxetine hcl 20 mg/5ml solution	1	PD Preventive Drug
fluoxetine hcl 20 mg cap	1	PD Preventive Drug RX4L Rx4Less Program
fluoxetine hcl 40 mg cap	1	PD Preventive Drug
FLUOXETINE HCL 90 MG CAP DR	1	PD Preventive Drug
fluvoxamine maleate 100 mg tab	1	PD Preventive Drug
fluvoxamine maleate 25 mg tab	1	PD Preventive Drug
fluvoxamine maleate 50 mg tab	1	PD Preventive Drug
fluvoxamine maleate er 100 mg cap er 24h	1	PD Preventive Drug
fluvoxamine maleate er 150 mg cap er 24h	1	PD Preventive Drug
NEFAZODONE HCL 100 MG TAB	1	
NEFAZODONE HCL 150 MG TAB	1	
NEFAZODONE HCL 200 MG TAB	1	
NEFAZODONE HCL 250 MG TAB	1	
NEFAZODONE HCL 50 MG TAB	1	
paroxetine hcl 10 mg tab	1	PD Preventive Drug RX4L Rx4Less Program
paroxetine hcl 20 mg tab	1	PD Preventive Drug RX4L Rx4Less Program
paroxetine hcl 30 mg tab	1	PD Preventive Drug
paroxetine hcl 40 mg tab	1	PD Preventive Drug
paroxetine hcl er 12.5 mg tab er 24h	1	PD Preventive Drug
paroxetine hcl er 25 mg tab er 24h	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
paroxetine hcl er 37.5 mg tab er 24h	1	PD Preventive Drug
sertraline hcl 100 mg tab	1	PD Preventive Drug RX4L Rx4Less Program
sertraline hcl 20 mg/ml conc	1	PD Preventive Drug
sertraline hcl 25 mg tab	1	PD Preventive Drug RX4L Rx4Less Program
sertraline hcl 50 mg tab	1	PD Preventive Drug RX4L Rx4Less Program
trazodone hcl 100 mg tab	1	RX4L Rx4Less Program
trazodone hcl 150 mg tab	1	RX4L Rx4Less Program
trazodone hcl 300 mg tab	1	
trazodone hcl 50 mg tab	1	RX4L Rx4Less Program
venlafaxine hcl 100 mg tab	1	
venlafaxine hcl 25 mg tab	1	
venlafaxine hcl 37.5 mg tab	1	
venlafaxine hcl 50 mg tab	1	
venlafaxine hcl 75 mg tab	1	
venlafaxine hcl er 150 mg cap er 24h	1	RX4L Rx4Less Program
venlafaxine hcl er 37.5 mg cap er 24h	1	RX4L Rx4Less Program
venlafaxine hcl er 75 mg cap er 24h	1	RX4L Rx4Less Program
TRICYCLICS		
amitriptyline hcl 100 mg tab	1	
amitriptyline hcl 10 mg tab	1	
amitriptyline hcl 150 mg tab	1	
amitriptyline hcl 25 mg tab	1	
amitriptyline hcl 50 mg tab	1	
amitriptyline hcl 75 mg tab	1	
amoxapine 100 mg tab	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
amoxapine 150 mg tab	1	
amoxapine 25 mg tab	1	
amoxapine 50 mg tab	1	
clomipramine hcl 25 mg cap	1	PA
clomipramine hcl 50 mg cap	1	PA
clomipramine hcl 75 mg cap	1	PA
desipramine hcl 100 mg tab	1	
desipramine hcl 10 mg tab	1	
desipramine hcl 150 mg tab	1	
desipramine hcl 25 mg tab	1	
desipramine hcl 50 mg tab	1	
desipramine hcl 75 mg tab	1	
doxepin hcl 100 mg cap	1	
doxepin hcl 10 mg cap	1	
DOXEPIN HCL 10 MG/ML CONC	1	
doxepin hcl 10 mg/ml conc	1	
DOXEPIN HCL 150 MG CAP	1	
doxepin hcl 150 mg cap	1	
doxepin hcl 25 mg cap	1	
doxepin hcl 50 mg cap	1	
doxepin hcl 75 mg cap	1	
imipramine hcl 10 mg tab	1	
imipramine hcl 25 mg tab	1	
imipramine hcl 50 mg tab	1	
nortriptyline hcl 10 mg/5ml solution	1	
nortriptyline hcl 10 mg cap	1	RX4L Rx4Less Program
nortriptyline hcl 25 mg cap	1	RX4L Rx4Less Program
nortriptyline hcl 50 mg cap	1	
nortriptyline hcl 75 mg cap	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
protriptyline hcl 10 mg tab	1	
protriptyline hcl 5 mg tab	1	
ANTIEMETICS		
ANTIEMETICS, OTHER		
compro 25 mg suppos	1	
cvs motion sickness ii 25 mg tab	1	OTC Over the Counter
doxylamine-pyridoxine 10-10 mg tab dr	1	PA QLC 360 EA / 365 day(s)
dramamine 25 mg tab	1	OTC Over the Counter
dramamine less drowsy 25 mg tab	1	OTC Over the Counter
eql motion sickness relief 25 mg tab	1	OTC Over the Counter
ft motion sickness 25 mg tab	1	OTC Over the Counter
GIMOTI 15 MG/ACT SOLUTION	1	PA
gnp motion sickness relief 25 mg tab	1	OTC Over the Counter
meclizine hcl 12.5 mg tab	1	OTC Over the Counter
meclizine hcl 25 mg tab	1	OTC Over the Counter
medi-meclizine 25 mg tab	1	OTC Over the Counter
metoclopramide hcl 10 mg/10ml solution	1	
metoclopramide hcl 10 mg tab	1	
metoclopramide hcl 5 mg/5ml solution	1	
metoclopramide hcl 5 mg tab	1	
motion sickness relief 25 mg tab	1	OTC Over the Counter
perphenazine 16 mg tab	1	
perphenazine 2 mg tab	1	
perphenazine 4 mg tab	1	
perphenazine 8 mg tab	1	
prochlorperazine 25 mg suppos	1	
prochlorperazine maleate 10 mg tab	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
prochlorperazine maleate 5 mg tab	1	
promethazine hcl 12.5 mg suppos	1	
promethazine hcl 12.5 mg tab	1	
promethazine hcl 25 mg suppos	1	
promethazine hcl 25 mg tab	1	
promethazine hcl 50 mg tab	1	
promethegan 12.5 mg suppos	1	
promethegan 25 mg suppos	1	
sm motion sickness 25 mg tab	1	OTC Over the Counter
travel-ease 25 mg tab	1	OTC Over the Counter
trimethobenzamide hcl 300 mg cap	1	
EMETOGENIC THERAPY ADJUNCTS		
aprepitant 125 mg cap	1	QL 2 EA / 30 day(s) QLC 6 / 68 days
aprepitant 40 mg cap	1	QL 2 EA / 30 day(s) QLC 12 / 68 days
aprepitant 80 & 125 mg cap thpk	1	QL 6 EA / 30 day(s) QLC 18 / 68 days
aprepitant 80 mg cap	1	QL 4 EA / 30 day(s) QLC 12 / 68 days
dronabinol 10 mg cap	1	
dronabinol 2.5 mg cap	1	
dronabinol 5 mg cap	1	
granisetron hcl 1 mg tab	1	
ondansetron 4 mg tab disp	1	
ondansetron 8 mg tab disp	1	
ondansetron hcl 4 mg/5ml solution	1	
ondansetron hcl 4 mg tab	1	
ondansetron hcl 8 mg tab	1	
SANCUSO 3.1 MG/24HR PATCH	1	QL 2 EA / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SYNDROS 5 MG/ML SOLUTION	1	PA
SYNDROS 5 MG/ML SOLUTION	1	PA
ANTIFUNGALS		
AMPHOTERICIN B 50 MG RECON SOLN	1	
BREXAFEMME 150 MG TAB	1	PA
ciclopirox olamine 0.77 % cream	1	
ciclopirox olamine 0.77 % suspension	1	
clotrimazole 10 mg troche	1	
clotrimazole 1 % cream	1	
clotrimazole 1 % solution	1	
econazole nitrate 1 % cream	1	
fluconazole 100 mg tab	1	
fluconazole 10 mg/ml recon susp	1	
fluconazole 150 mg tab	1	
fluconazole 200 mg tab	1	
fluconazole 40 mg/ml recon susp	1	
fluconazole 50 mg tab	1	
griseofulvin microsize 125 mg/5ml suspension	1	
griseofulvin microsize 500 mg tab	1	
griseofulvin ultramicrosize 125 mg tab	1	
griseofulvin ultramicrosize 250 mg tab	1	
itraconazole 100 mg cap	1	
itraconazole 10 mg/ml solution	1	
ketoconazole 200 mg tab	1	
ketoconazole 2 % cream	1	
ketoconazole 2 % shampoo	1	
MICONAZOLE 3 200 MG SUPPOS	1	
MICONAZOLE-ZINC OXIDE-PETROLAT 0.25-15-81.35 % OINTMENT	1	
naftifine hcl 2 % gel	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
nyamyc 100000 unit/gm powder	1	
nystatin 100000 unit/gm cream	1	
nystatin 100000 unit/gm ointment	1	
nystatin 100000 unit/gm powder	1	
nystatin 100000 unit/ml suspension	1	
nystatin 500000 unit tab	1	
nystop 100000 unit/gm powder	1	
tavaborole 5 % solution	1	
terbinafine hcl 250 mg tab	1	
terconazole 0.4 % cream	1	
terconazole 0.8 % cream	1	
terconazole 80 mg suppos	1	
VIVJOA 150 MG CAP THPK	1	PA
voriconazole 200 mg tab	1	
voriconazole 50 mg tab	1	
ANTIGOUT AGENTS		
allopurinol 100 mg tab	1	RX4L Rx4Less Program
allopurinol 300 mg tab	1	RX4L Rx4Less Program
colchicine 0.6 mg tab	1	
colchicine-probenecid 0.5-500 mg tab	1	
febuxostat 40 mg tab	1	
febuxostat 80 mg tab	1	
probenecid 500 mg tab	1	
ANTIMYCOBACTERIALS		
ANTIMYCOBACTERIALS, OTHER		
dapsone 100 mg tab	1	
dapsone 25 mg tab	1	
rifabutin 150 mg cap	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTITUBERCULARS		
CYCLOSERINE 250 MG CAP	1	
ethambutol hcl 100 mg tab	1	
ethambutol hcl 400 mg tab	1	
isoniazid 100 mg tab	1	
isoniazid 300 mg tab	1	
isoniazid 50 mg/5ml syrup	1	
pyrazinamide 500 mg tab	1	
rifampin 150 mg cap	1	
rifampin 300 mg cap	1	
ANTINEOPLASTICS		
ALKYLATING AGENTS		
CYCLOPHOSPHAMIDE 25 MG CAP	1	
cyclophosphamide 25 mg cap	1	
CYCLOPHOSPHAMIDE 50 MG CAP	1	
cyclophosphamide 50 mg cap	1	
GLEOSTINE 100 MG CAP	1	SP Specialty
GLEOSTINE 10 MG CAP	1	SP Specialty
GLEOSTINE 40 MG CAP	1	SP Specialty
LEUKERAN 2 MG TAB	1	
MATULANE 50 MG CAP	1	SP Specialty
temozolomide 100 mg cap	1	SP Specialty
temozolomide 140 mg cap	1	SP Specialty
temozolomide 180 mg cap	1	SP Specialty
temozolomide 20 mg cap	1	SP Specialty
temozolomide 250 mg cap	1	SP Specialty
temozolomide 5 mg cap	1	SP Specialty
VALCHLOR 0.016 % GEL	1	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIANDROGENS		
abiraterone acetate 250 mg tab	1	QL 120 ea / 30 day(s) SP Specialty
abirtega 250 mg tab	1	QL 120 ea / 30 day(s) SP Specialty
bicalutamide 50 mg tab	1	
ERLEADA 240 MG TAB	1	PA SP Specialty
ERLEADA 60 MG TAB	1	PA SP Specialty
NILANDRON 150 MG TAB	1	SP Specialty
NUBEQA 300 MG TAB	1	PA SP Specialty
XTANDI 40 MG CAP	1	PA SP Specialty
XTANDI 40 MG TAB	1	PA SP Specialty
XTANDI 80 MG TAB	1	PA SP Specialty
YONSA 125 MG TAB	1	PA SP Specialty
ANTIANGIOGENIC AGENTS		
lenalidomide 10 mg cap	1	SP Specialty
lenalidomide 15 mg cap	1	SP Specialty
lenalidomide 20 mg cap	1	SP Specialty
lenalidomide 2.5 mg cap	1	SP Specialty
lenalidomide 25 mg cap	1	SP Specialty
lenalidomide 5 mg cap	1	SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
pomalidomide 1 mg cap	1	QL 21 EA / 28 days PA SP Specialty
pomalidomide 2 mg cap	1	QL 21 EA / 28 days PA SP Specialty
pomalidomide 3 mg cap	1	QL 21 EA / 28 days PA SP Specialty
pomalidomide 4 mg cap	1	QL 21 EA / 28 days PA SP Specialty
POMALYST 1 MG CAP	1	PA SP Specialty
POMALYST 2 MG CAP	1	PA SP Specialty
POMALYST 3 MG CAP	1	PA SP Specialty
POMALYST 4 MG CAP	1	PA SP Specialty
REVLIMID 10 MG CAP	1	SP Specialty
REVLIMID 15 MG CAP	1	SP Specialty
REVLIMID 20 MG CAP	1	SP Specialty
REVLIMID 2.5 MG CAP	1	SP Specialty
REVLIMID 25 MG CAP	1	SP Specialty
REVLIMID 5 MG CAP	1	SP Specialty
THALOMID 100 MG CAP	1	SP Specialty
THALOMID 50 MG CAP	1	SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIESTROGENS/MODIFIERS		
SOLTAMOX 10 MG/5ML SOLUTION	1	PA
tamoxifen citrate 10 mg tab	1	ACA Affordable Care Act
tamoxifen citrate 20 mg tab	1	ACA Affordable Care Act
toremifene citrate 60 mg tab	1	
ANTIMETABOLITES		
capecitabine 150 mg tab	1	SP Specialty
capecitabine 500 mg tab	1	SP Specialty
cytarabine (pf) 100 mg/ml solution	1	
cytarabine (pf) 20 mg/ml solution	1	
DROXIA 200 MG CAP	1	
DROXIA 300 MG CAP	1	
DROXIA 400 MG CAP	1	
hydroxyurea 500 mg cap	1	
INQOVI 35-100 MG TAB	1	PA SP Specialty
mercaptopurine 50 mg tab	1	
SIKLOS 1000 MG TAB	1	PA SP Specialty
TABLOID 40 MG TAB	1	SP Specialty
ANTINEOPLASTICS, OTHER		
AYVAKIT 100 MG TAB	1	QL 30 EA / 30 day(s) PA
AYVAKIT 200 MG TAB	1	QL 30 EA / 30 day(s) PA
AYVAKIT 25 MG TAB	1	QL 30 EA / 30 day(s) PA
AYVAKIT 300 MG TAB	1	QL 30 EA / 30 day(s) PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AYVAKIT 50 MG TAB	1	QL 30 EA / 30 day(s) PA
BRUKINSA 80 MG CAP	1	PA SP Specialty
IDHIFA 100 MG TAB	1	PA SP Specialty
INREBIC 100 MG CAP	1	PA SP Specialty
KOSELUGO 10 MG CAP	1	PA SP Specialty
KOSELUGO 25 MG CAP	1	PA SP Specialty
LEDERLE LEUCOVORIN 5 MG TAB	1	QL 4 / 28 days
leucovorin calcium 10 mg tab	1	QL 4 EA / 28 days
leucovorin calcium 15 mg tab	1	QL 4 EA / 28 days
leucovorin calcium 25 mg tab	1	QL 4 EA / 28 days
leucovorin calcium 5 mg tab	1	QL 4 EA / 28 days
LONSURF 15-6.14 MG TAB	1	PA SP Specialty
LONSURF 20-8.19 MG TAB	1	PA SP Specialty
LYSODREN 500 MG TAB	1	SP Specialty
mesna 400 mg tab	1	
MESNEX 400 MG TAB	1	SP Specialty
NINLARO 2.3 MG CAP	1	PA SP Specialty
NINLARO 3 MG CAP	1	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NINLARO 4 MG CAP	1	PA SP Specialty
OGSIVEO 100 MG TAB	1	QL 60 EA / 30 day(s) PA SP Specialty
OGSIVEO 150 MG TAB	1	QL 60 ea / 30 day(s) PA SP Specialty
OGSIVEO 50 MG TAB	1	QL 180 EA / 30 days PA SP Specialty
ONIVYDE 43 MG/10ML SUSPENSION	1	SP Specialty
ONUREG 200 MG TAB	1	PA SP Specialty
ONUREG 300 MG TAB	1	PA SP Specialty
RETEVMO 40 MG CAP	1	PA SP Specialty
RETEVMO 80 MG CAP	1	PA SP Specialty
ROZLYTREK 100 MG CAP	1	PA SP Specialty
ROZLYTREK 200 MG CAP	1	PA SP Specialty
ROZLYTREK 50 MG PACKET	1	PA SP Specialty
TABRECTA 150 MG TAB	1	PA SP Specialty
TABRECTA 200 MG TAB	1	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TAZVERIK 200 MG TAB	1	PA SP Specialty
VIJOICE 125 MG TAB THPK	1	PA SP Specialty
VIJOICE 200 & 50 MG TAB THPK	1	PA SP Specialty
VIJOICE 50 MG TAB THPK	1	PA SP Specialty
WELIREG 40 MG TAB	1	PA
XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK	1	PA SP Specialty
XPOVIO (40 MG ONCE WEEKLY) 10 MG TAB THPK	1	QL 16 EA / 28 DAYS PA SP Specialty
XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK	1	PA SP Specialty
XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK	1	PA SP Specialty
XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK	1	PA SP Specialty
XPOVIO (60 MG TWICE WEEKLY) 20 MG TAB THPK	1	PA SP Specialty
XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	1	PA SP Specialty
XPOVIO (80 MG ONCE WEEKLY) 80 MG TAB THPK	1	QL 8 / 28 days PA SP Specialty
XPOVIO (80 MG TWICE WEEKLY) 20 MG TAB THPK	1	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZOLINZA 100 MG CAP	1	PA SP Specialty
AROMATASE INHIBITORS, 3RD GENERATION		
anastrozole 1 mg tab	1	
exemestane 25 mg tab	1	
letrozole 2.5 mg tab	1	
ENZYME INHIBITORS		
etoposide 50 mg cap	1	SP Specialty
HYCAMTIN 0.25 MG CAP	1	SP Specialty
HYCAMTIN 1 MG CAP	1	SP Specialty
OJJAARA 100 MG TAB	1	PA SP Specialty
OJJAARA 150 MG TAB	1	PA SP Specialty
OJJAARA 200 MG TAB	1	PA SP Specialty
MOLECULAR TARGET INHIBITORS		
ALECENSA 150 MG CAP	1	PA SP Specialty
ALUNBRIG 180 MG TAB	1	SP Specialty
ALUNBRIG 30 MG TAB	1	SP Specialty
ALUNBRIG 90 MG TAB	1	SP Specialty
BALVERSA 3 MG TAB	1	PA SP Specialty
BALVERSA 4 MG TAB	1	PA SP Specialty
BALVERSA 5 MG TAB	1	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BOSULIF 100 MG TAB	1	PA SP Specialty
BOSULIF 400 MG TAB	1	PA SP Specialty
BOSULIF 500 MG TAB	1	PA SP Specialty
BRAFTOVI 75 MG CAP	1	SP Specialty
CABOMETYX 20 MG TAB	1	PA SP Specialty
CABOMETYX 40 MG TAB	1	PA SP Specialty
CABOMETYX 60 MG TAB	1	PA SP Specialty
CALQUENCE 100 MG TAB	1	PA SP Specialty
CAPRELSA 100 MG TAB	1	PA SP Specialty
CAPRELSA 300 MG TAB	1	PA SP Specialty
COMETRIQ (100 MG DAILY DOSE) 80 & 20 MG KIT	1	PA SP Specialty
COMETRIQ (140 MG DAILY DOSE) 3 X 20 MG & 80 MG KIT	1	PA SP Specialty
COMETRIQ (60 MG DAILY DOSE) 20 MG KIT	1	PA SP Specialty
COPIKTRA 15 MG CAP	1	PA SP Specialty
COPIKTRA 25 MG CAP	1	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
COTELLIC 20 MG TAB	1	PA SP Specialty
dasatinib 100 mg tab	1	PA SP Specialty
dasatinib 140 mg tab	1	PA SP Specialty
dasatinib 20 mg tab	1	PA SP Specialty
dasatinib 50 mg tab	1	PA SP Specialty
dasatinib 70 mg tab	1	PA SP Specialty
dasatinib 80 mg tab	1	PA SP Specialty
DAURISMO 100 MG TAB	1	PA SP Specialty
DAURISMO 25 MG TAB	1	PA SP Specialty
ERIVEDGE 150 MG CAP	1	PA SP Specialty
everolimus 2 mg tab sol	1	PA SP Specialty
everolimus 3 mg tab sol	1	PA SP Specialty
everolimus 5 mg tab sol	1	PA SP Specialty
GAVRETO 100 MG CAP	1	PA SP Specialty
GILOTRIF 20 MG TAB	1	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GILOTRIF 30 MG TAB	1	PA SP Specialty
GILOTRIF 40 MG TAB	1	PA SP Specialty
IBRANCE 100 MG CAP	1	PA SP Specialty
IBRANCE 100 MG TAB	1	PA SP Specialty
IBRANCE 125 MG CAP	1	PA SP Specialty
IBRANCE 125 MG TAB	1	PA SP Specialty
IBRANCE 75 MG CAP	1	PA SP Specialty
IBRANCE 75 MG TAB	1	PA SP Specialty
imatinib mesylate 100 mg tab	1	PA SP Specialty
imatinib mesylate 400 mg tab	1	PA SP Specialty
IMBRUVICA 140 MG CAP	1	PA SP Specialty
IMBRUVICA 140 MG TAB	1	PA SP Specialty
IMBRUVICA 280 MG TAB	1	PA SP Specialty
IMBRUVICA 420 MG TAB	1	PA SP Specialty
IMBRUVICA 70 MG CAP	1	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
IMBRUVICA 70 MG/ML SUSPENSION	1	PA SP Specialty
INLYTA 1 MG TAB	1	PA SP Specialty
INLYTA 5 MG TAB	1	PA SP Specialty
JAKAFI 10 MG TAB	1	QL 60 EA / 30 day(s) PA SP Specialty
JAKAFI 15 MG TAB	1	QL 60 EA / 30 day(s) PA SP Specialty
JAKAFI 20 MG TAB	1	QL 60 EA / 30 day(s) PA SP Specialty
JAKAFI 25 MG TAB	1	QL 60 EA / 30 day(s) PA SP Specialty
JAKAFI 5 MG TAB	1	QL 60 EA / 30 day(s) PA SP Specialty
KISQALI (200 MG DOSE) 200 MG TAB THPK	1	PA SP Specialty
KISQALI (400 MG DOSE) 200 MG TAB THPK	1	PA SP Specialty
KISQALI (600 MG DOSE) 200 MG TAB THPK	1	PA SP Specialty
lapatinib ditosylate 250 mg tab	1	PA SP Specialty
LENVIMA (10 MG DAILY DOSE) 10 MG CAP THPK	1	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LENVIMA (12 MG DAILY DOSE) 3 X 4 MG CAP THPK	1	PA SP Specialty
LENVIMA (14 MG DAILY DOSE) 10 & 4 MG CAP THPK	1	PA SP Specialty
LENVIMA (18 MG DAILY DOSE) 10 MG & 2 X 4 MG CAP THPK	1	PA SP Specialty
LENVIMA (20 MG DAILY DOSE) 2 X 10 MG CAP THPK	1	PA SP Specialty
LENVIMA (24 MG DAILY DOSE) 2 X 10 MG & 4 MG CAP THPK	1	PA SP Specialty
LENVIMA (4 MG DAILY DOSE) 4 MG CAP THPK	1	PA SP Specialty
LENVIMA (8 MG DAILY DOSE) 2 X 4 MG CAP THPK	1	PA SP Specialty
LORBRENA 100 MG TAB	1	PA SP Specialty
LORBRENA 25 MG TAB	1	PA SP Specialty
LYNPARZA 100 MG TAB	1	PA SP Specialty
LYNPARZA 150 MG TAB	1	PA SP Specialty
MEKINIST 0.05 MG/ML RECON SOLN	1	PA SP Specialty
MEKINIST 0.5 MG TAB	1	PA SP Specialty
MEKINIST 2 MG TAB	1	PA SP Specialty
MEKTOVI 15 MG TAB	1	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NERLYNX 40 MG TAB	1	PA SP Specialty
nilotinib hcl 150 mg cap	1	QL 112 EA / 28 Days PA SP Specialty
nilotinib hcl 200 mg cap	1	QL 112 EA / 28 Days PA SP Specialty
nilotinib hcl 50 mg cap	1	QL 120 EA / 30 Days PA SP Specialty
ODOMZO 200 MG CAP	1	PA SP Specialty
pazopanib hcl 200 mg tab	1	PA SP Specialty
PAZOPANIB HCL 400 MG TAB	1	QL 60 / 30 day(s) PA SP Specialty
PHYRAGO 100 MG TAB	1	PA SP Specialty
PHYRAGO 140 MG TAB	1	PA SP Specialty
PHYRAGO 20 MG TAB	1	PA SP Specialty
PHYRAGO 50 MG TAB	1	PA SP Specialty
PHYRAGO 70 MG TAB	1	PA SP Specialty
PHYRAGO 80 MG TAB	1	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PIQRAY (200 MG DAILY DOSE) 200 MG TAB THPK	1	PA SP Specialty
PIQRAY (250 MG DAILY DOSE) 200 & 50 MG TAB THPK	1	PA SP Specialty
PIQRAY (300 MG DAILY DOSE) 2 X 150 MG TAB THPK	1	PA SP Specialty
REZLIDHIA 150 MG CAP	1	PA SP Specialty
RUBRACA 200 MG TAB	1	PA SP Specialty
RUBRACA 250 MG TAB	1	PA SP Specialty
RUBRACA 300 MG TAB	1	PA SP Specialty
RYDAPT 25 MG CAP	1	PA SP Specialty
SCEMBLIX 100 MG TAB	1	SP Specialty
SPRYCEL 100 MG TAB	1	PA SP Specialty ! See important benefit information at end of document
SPRYCEL 140 MG TAB	1	PA SP Specialty ! See important benefit information at end of document
SPRYCEL 20 MG TAB	1	PA SP Specialty ! See important benefit information at end of document

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SPRYCEL 70 MG TAB	1	PA SP Specialty ! See important benefit information at end of document
SPRYCEL 80 MG TAB	1	PA SP Specialty ! See important benefit information at end of document
STIVARGA 40 MG TAB	1	PA SP Specialty
TAFINLAR 10 MG TAB SOL	1	PA SP Specialty
TAFINLAR 50 MG CAP	1	PA SP Specialty
TAFINLAR 75 MG CAP	1	PA SP Specialty
TAGRISSO 40 MG TAB	1	PA SP Specialty
TAGRISSO 80 MG TAB	1	PA SP Specialty
TALZENNA 0.25 MG CAP	1	PA SP Specialty
TASIGNA 150 MG CAP	1	PA SP Specialty
TASIGNA 200 MG CAP	1	PA SP Specialty
TASIGNA 50 MG CAP	1	PA SP Specialty
TIBSOVO 250 MG TAB	1	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TUKYSA 150 MG TAB	1	PA SP Specialty
TUKYSA 50 MG TAB	1	PA SP Specialty
VENCLEXTA 100 MG TAB	1	PA SP Specialty
VENCLEXTA 10 MG TAB	1	PA SP Specialty
VENCLEXTA 50 MG TAB	1	PA SP Specialty
VENCLEXTA STARTING PACK 10 & 50 & 100 MG TAB THPK	1	PA SP Specialty
VERZENIO 100 MG TAB	1	PA SP Specialty
VERZENIO 150 MG TAB	1	PA SP Specialty
VERZENIO 200 MG TAB	1	PA SP Specialty
VERZENIO 50 MG TAB	1	PA SP Specialty
VIZIMPRO 15 MG TAB	1	PA SP Specialty
VIZIMPRO 30 MG TAB	1	PA SP Specialty
VIZIMPRO 45 MG TAB	1	PA SP Specialty
XALKORI 150 MG CAP SPRINK	1	SP Specialty
XALKORI 200 MG CAP	1	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XALKORI 20 MG CAP SPRINK	1	SP Specialty
XALKORI 250 MG CAP	1	PA SP Specialty
XALKORI 50 MG CAP SPRINK	1	SP Specialty
XOSPATA 40 MG TAB	1	PA SP Specialty
ZEJULA 100 MG TAB	1	QL 30 EA / 30 day(s) PA SP Specialty
ZEJULA 200 MG TAB	1	QL 30 EA / 30 day(s) PA SP Specialty
ZEJULA 300 MG TAB	1	QL 30 EA / 30 day(s) PA SP Specialty
ZELBORAF 240 MG TAB	1	PA SP Specialty
ZYDELIG 100 MG TAB	1	PA SP Specialty
ZYDELIG 150 MG TAB	1	PA SP Specialty
ZYKADIA 150 MG TAB	1	PA SP Specialty
RETINOIDS		
bexarotene 75 mg cap	1	PA SP Specialty
tretinoin 10 mg cap	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIPARASITICS		
ANTHELMINTHICS		
albendazole 200 mg tab	1	
EMVERM 100 MG CHEW TAB	1	PA
ivermectin 3 mg tab	1	
praziquantel 600 mg tab	1	
ANTIPROTOZOALS		
atovaquone 750 mg/5ml suspension	1	
atovaquone-proguanil hcl 250-100 mg tab	1	
atovaquone-proguanil hcl 62.5-25 mg tab	1	
BENZNIDAZOLE 100 MG TAB	1	
BENZNIDAZOLE 12.5 MG TAB	1	
CHLOROQUINE PHOSPHATE 250 MG TAB	1	
chloroquine phosphate 250 mg tab	1	
chloroquine phosphate 500 mg tab	1	
HYDROXYCHLOROQUINE SULFATE 100 MG TAB	1	
hydroxychloroquine sulfate 100 mg tab	1	
hydroxychloroquine sulfate 200 mg tab	1	
HYDROXYCHLOROQUINE SULFATE 300 MG TAB	1	
hydroxychloroquine sulfate 300 mg tab	1	
HYDROXYCHLOROQUINE SULFATE 400 MG TAB	1	
hydroxychloroquine sulfate 400 mg tab	1	
mefloquine hcl 250 mg tab	1	
nitazoxanide 500 mg tab	1	
primaquine phosphate 26.3 (15 base) mg tab	1	
pyrimethamine 25 mg tab	1	PA SP Specialty
quinine sulfate 324 mg cap	1	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIPARKINSON AGENTS		
ANTICHOLINERGICS		
benztropine mesylate 0.5 mg tab	1	
benztropine mesylate 1 mg tab	1	
benztropine mesylate 2 mg tab	1	
trihexyphenidyl hcl 0.4 mg/ml solution	1	
ANTIPARKINSON AGENTS, OTHER		
amantadine hcl 100 mg/10ml solution	1	
amantadine hcl 100 mg cap	1	
amantadine hcl 100 mg tab	1	
amantadine hcl 50 mg/5ml solution	1	
GOCOVRI 137 MG CAP ER 24H	1	PA SP Specialty
GOCOVRI 68.5 MG CAP ER 24H	1	PA SP Specialty
tolcapone 100 mg tab	1	
DOPAMINE AGONISTS		
bromocriptine mesylate 2.5 mg tab	1	
bromocriptine mesylate 5 mg cap	1	
DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS		
carbidopa-levodopa 10-100 mg tab disp	1	
carbidopa-levodopa 25-100 mg tab disp	1	
carbidopa-levodopa 25-250 mg tab disp	1	
DUOPA 4.63-20 MG/ML SUSPENSION	1	PA
INBRIJA 42 MG CAP	1	PA
MONOAMINE OXIDASE B (MAO-B) INHIBITORS		
selegiline hcl 5 mg tab	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIPSYCHOTICS		
2ND GENERATION/ATYPICAL		
RYKINDO 25 MG SRER	1	
RYKINDO 37.5 MG SRER	1	
RYKINDO 50 MG SRER	1	
ANTISPASTICITY AGENTS		
baclofen 10 mg/5ml solution	1	PA
baclofen 10 mg tab	1	
baclofen 20 mg tab	1	
BACLOFEN 5 MG/5ML SOLUTION	1	PA
baclofen 5 mg tab	1	
dantrolene sodium 100 mg cap	1	
dantrolene sodium 25 mg cap	1	
dantrolene sodium 50 mg cap	1	
tizanidine hcl 2 mg tab	1	
tizanidine hcl 4 mg tab	1	
ANTIVIRALS		
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS		
valganciclovir hcl 450 mg tab	1	
valganciclovir hcl 50 mg/ml recon soln	1	
ZIRGAN 0.15 % GEL	1	
ANTI-HEPATITIS B (HBV) AGENTS		
adefovir dipivoxil 10 mg tab	1	
BARACLUDE 0.05 MG/ML SOLUTION	1	
BARACLUDE 0.5 MG TAB	1	
BARACLUDE 1 MG TAB	1	
entecavir 0.5 mg tab	1	
entecavir 1 mg tab	1	
lamivudine 100 mg tab	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTI-HEPATITIS C (HCV) AGENTS		
EPCLUSA 150-37.5 MG PACKET	1	PA SP Specialty
EPCLUSA 200-50 MG PACKET	1	PA SP Specialty
EPCLUSA 200-50 MG TAB	1	PA SP Specialty
EPCLUSA 400-100 MG TAB	1	PA SP Specialty
HARVONI 33.75-150 MG PACKET	1	PA SP Specialty
HARVONI 45-200 MG PACKET	1	PA SP Specialty
HARVONI 45-200 MG TAB	1	PA SP Specialty
HARVONI 90-400 MG TAB	1	PA SP Specialty
LEDIPASVIR-SOFOSBUVIR 90-400 MG TAB	1	PA SP Specialty
MAVYRET 100-40 MG TAB	1	PA SP Specialty
MAVYRET 50-20 MG PACKET	1	PA SP Specialty
RIBAVIRIN 200 MG CAP	1	PA SP Specialty
RIBAVIRIN 200 MG TAB	1	PA SP Specialty
SOFOSBUVIR-VELPATASVIR 400-100 MG TAB	1	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)		
APRETUDE 600 MG/3ML SUSP	1	QLC 27 mL / 365 days SP Specialty ACA Affordable Care Act
BIKTARVY 30-120-15 MG TAB	1	
BIKTARVY 50-200-25 MG TAB	1	
DOVATO 50-300 MG TAB	1	
GENVOYA 150-150-200-10 MG TAB	1	
ISENTRESS 100 MG CHEW TAB	1	
ISENTRESS 100 MG PACKET	1	
ISENTRESS 25 MG CHEW TAB	1	
ISENTRESS 400 MG TAB	1	
ISENTRESS HD 600 MG TAB	1	
JULUCA 50-25 MG TAB	1	
STRIBILD 150-150-200-300 MG TAB	1	
TIVICAY 50 MG TAB	1	
TIVICAY PD 5 MG TAB SOL	1	
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)		
COMPLERA 200-25-300 MG TAB	1	
EDURANT 25 MG TAB	1	
efavirenz 600 mg tab	1	
efavirenz-emtricitab-tenofo df 600-200-300 mg tab	1	
EFAVIRENZ-LAMIVUDINE-TENOFOVIR 400-300-300 MG TAB	1	
efavirenz-lamivudine-tenofovir 600-300-300 mg tab	1	
emtricitab-rilpivir-tenofov df 200-25-300 mg tab	1	
etravirine 100 mg tab	1	
etravirine 200 mg tab	1	
INTELENCE 25 MG TAB	1	
nevirapine 200 mg tab	1	
NEVIRAPINE 50 MG/5ML SUSPENSION	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
nevirapine er 400 mg tab er 24h	1	
ODEFSEY 200-25-25 MG TAB	1	
rilpivirine hcl 25 mg tab	1	
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)		
abacavir sulfate 20 mg/ml solution	1	
abacavir sulfate 300 mg tab	1	
abacavir sulfate-lamivudine 600-300 mg tab	1	
CIMDUO 300-300 MG TAB	1	
DESCOVY 120-15 MG TAB	1	
DESCOVY 200-25 MG TAB	1	ACA Affordable Care Act
emtricitabine 200 mg cap	1	
emtricitabine-tenofovir df 100-150 mg tab	1	
emtricitabine-tenofovir df 133-200 mg tab	1	
emtricitabine-tenofovir df 167-250 mg tab	1	
emtricitabine-tenofovir df 200-300 mg tab	1	ACA Affordable Care Act
EMTRIVA 10 MG/ML SOLUTION	1	
lamivudine 10 mg/ml solution	1	
lamivudine 150 mg tab	1	
lamivudine 300 mg/30ml solution	1	
lamivudine 300 mg tab	1	
lamivudine-zidovudine 150-300 mg tab	1	
tenofovir disoproxil fumarate 300 mg tab	1	ACA Affordable Care Act
TRIUMEQ 600-50-300 MG TAB	1	
TRIUMEQ PD 60-5-30 MG TAB SOL	1	
VIREAD 150 MG TAB	1	ACA Affordable Care Act
VIREAD 200 MG TAB	1	ACA Affordable Care Act
VIREAD 250 MG TAB	1	ACA Affordable Care Act
VIREAD 40 MG/GM POWDER	1	ACA Affordable Care Act
zidovudine 100 mg cap	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
zidovudine 300 mg tab	1	
zidovudine 50 mg/5ml syrup	1	
ANTI-HIV AGENTS, OTHER		
FUZEON 90 MG RECON SOLN	1	
maraviroc 150 mg tab	1	
maraviroc 300 mg tab	1	
RUKOBIA 600 MG TAB ER 12H	1	
SELZENTRY 20 MG/ML SOLUTION	1	
TYBOST 150 MG TAB	1	
YEZTUGO 463.5 MG/1.5ML SOLUTION	1	QL 3 ML / 168 day(s) SP Specialty ACA Affordable Care Act
ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)		
APTIVUS 250 MG CAP	1	
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	
lopinavir-ritonavir 200-50 mg tab	1	
lopinavir-ritonavir 400-100 mg/5ml solution	1	
PREZISTA 100 MG/ML SUSPENSION	1	
REYATAZ 50 MG PACKET	1	
ritonavir 100 mg tab	1	
SYMTUZA 800-150-200-10 MG TAB	1	
VIRACEPT 250 MG TAB	1	
VIRACEPT 625 MG TAB	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTI-INFLUENZA AGENTS		
oseltamivir phosphate 30 mg cap	1	QLC 14 EA / 180 days
oseltamivir phosphate 45 mg cap	1	QLC 14 EA / 180 days
oseltamivir phosphate 6 mg/ml recon susp	1	QLC 180 ML / 180 day(s)
oseltamivir phosphate 75 mg cap	1	QLC 14 EA / 180 days
RIMANTADINE HCL 100 MG TAB	1	QLC 28 EA / 365 day(s)
XOFLUZA (40 MG DOSE) 1 X 40 MG TAB THPK	1	QLC 1 EA / 180 days
XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK	1	QLC 1 EA / 180 day(s)
ANTIHERPETIC AGENTS		
abreva 10 % cream	1	OTC Over the Counter
acyclovir 200 mg/5ml suspension	1	
acyclovir 200 mg cap	1	
acyclovir 400 mg tab	1	
acyclovir 800 mg/20ml suspension	1	
acyclovir 800 mg tab	1	
famciclovir 125 mg tab	1	
famciclovir 250 mg tab	1	
famciclovir 500 mg tab	1	
TRIFLURIDINE 1 % SOLUTION	1	
valacyclovir hcl 1 gm tab	1	
valacyclovir hcl 500 mg tab	1	
BLOOD GLUCOSE REGULATORS		
ANTIDIABETIC AGENTS		
acarbose 100 mg tab	1	PD Preventive Drug
acarbose 25 mg tab	1	PD Preventive Drug
acarbose 50 mg tab	1	PD Preventive Drug
dapaglifloz base-metformin er 10-1000 mg tab er 24h	1	QL 30 / 30 days PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
dapaglifloz base-metformin er 10-500 mg tab er 24h	1	QL 30 / 30 days PD Preventive Drug
dapaglifloz base-metformin er 5-1000 mg tab er 24h	1	QL 60 / 30 days PD Preventive Drug
dapaglifloz base-metformin er 5-500 mg tab er 24h	1	QL 30 / 30 days PD Preventive Drug
dapagliflozin 10 mg tab	1	QL 30 / 30 days PD Preventive Drug
dapagliflozin 5 mg tab	1	QL 30 / 30 days PD Preventive Drug
FARXIGA 10 MG TAB	1	PD Preventive Drug
FARXIGA 5 MG TAB	1	PD Preventive Drug
glimepiride 1 mg tab	1	PD Preventive Drug RX4L Rx4Less Program
glimepiride 2 mg tab	1	PD Preventive Drug RX4L Rx4Less Program
glimepiride 4 mg tab	1	PD Preventive Drug RX4L Rx4Less Program
glipizide 10 mg tab	1	PD Preventive Drug RX4L Rx4Less Program
GLIPIZIDE 15 MG TAB	1	QL 60 / 30 day(s) PD Preventive Drug
GLIPIZIDE 2.5 MG TAB	1	
glipizide 5 mg tab	1	PD Preventive Drug RX4L Rx4Less Program
glipizide er 10 mg tab er 24h	1	PD Preventive Drug RX4L Rx4Less Program
glipizide er 2.5 mg tab er 24h	1	PD Preventive Drug RX4L Rx4Less Program

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
glipizide er 5 mg tab er 24h	1	PD Preventive Drug RX4L Rx4Less Program
glipizide-metformin hcl 2.5-250 mg tab	1	PD Preventive Drug
glipizide-metformin hcl 2.5-500 mg tab	1	PD Preventive Drug
glipizide-metformin hcl 5-500 mg tab	1	PD Preventive Drug
glipizide xl 10 mg tab er 24h	1	PD Preventive Drug RX4L Rx4Less Program
glipizide xl 2.5 mg tab er 24h	1	PD Preventive Drug RX4L Rx4Less Program
glipizide xl 5 mg tab er 24h	1	PD Preventive Drug RX4L Rx4Less Program
glyburide 1.25 mg tab	1	PD Preventive Drug
glyburide 2.5 mg tab	1	PD Preventive Drug
glyburide 5 mg tab	1	PD Preventive Drug
glyburide-metformin 1.25-250 mg tab	1	PD Preventive Drug
glyburide-metformin 2.5-500 mg tab	1	PD Preventive Drug
glyburide-metformin 5-500 mg tab	1	PD Preventive Drug
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
GLYXAMBI 10-5 MG TAB	1	QL 30 EA / 30 day(s) PD Preventive Drug
GLYXAMBI 25-5 MG TAB	1	QL 30 EA / 30 day(s) PD Preventive Drug
JENTADUETO 2.5-1000 MG TAB	1	QL 60 EA / 30 day(s) PD Preventive Drug
JENTADUETO 2.5-500 MG TAB	1	QL 60 EA / 30 day(s) PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
JENTADUETO 2.5-850 MG TAB	1	QL 60 EA / 30 day(s) PD Preventive Drug
JENTADUETO XR 2.5-1000 MG TAB ER 24H	1	QL 60 EA / 30 day(s) PD Preventive Drug
JENTADUETO XR 5-1000 MG TAB ER 24H	1	QL 30 EA / 30 day(s) PD Preventive Drug
metformin hcl 1000 mg tab	1	PD Preventive Drug RX4L Rx4Less Program
metformin hcl 500 mg/5ml solution	1	PD Preventive Drug
metformin hcl 500 mg tab	1	PD Preventive Drug RX4L Rx4Less Program
metformin hcl 850 mg tab	1	PD Preventive Drug ACA Affordable Care Act RX4L Rx4Less Program
METFORMIN HCL ER 500 MG TAB ER 24H (GENERIC OF GLUCOPHAGE XR)	1	PD Preventive Drug RX4L Rx4Less Program
metformin hcl er 500 mg tab er 24h	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
metformin hcl er 750 mg tab er 24h	1	PD Preventive Drug RX4L Rx4Less Program
MIGLITOL 100 MG TAB	1	PD Preventive Drug
MIGLITOL 25 MG TAB	1	PD Preventive Drug
MIGLITOL 50 MG TAB	1	PD Preventive Drug
MOUNJARO 10 MG/0.5ML SOLN A-INJ	1	QL 0.08 / 1 DAYS DUR PD Preventive Drug
MOUNJARO 12.5 MG/0.5ML SOLN A-INJ	1	QL 0.08 / 1 DAYS DUR PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MOUNJARO 15 MG/0.5ML SOLN A-INJ	1	QL 0.08 / 1 DAYS DUR PD Preventive Drug
MOUNJARO 2.5 MG/0.5ML SOLN A-INJ	1	QL 0.08 / 1 DAYS DUR PD Preventive Drug
MOUNJARO 5 MG/0.5ML SOLN A-INJ	1	QL 0.08 / 1 DAYS DUR PD Preventive Drug
MOUNJARO 7.5 MG/0.5ML SOLN A-INJ	1	QL 0.08 / 1 DAYS DUR PD Preventive Drug
nateglinide 120 mg tab	1	PD Preventive Drug
nateglinide 60 mg tab	1	PD Preventive Drug
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	1	QL 0.11 / 1 DAYS DUR PD Preventive Drug
OZEMPIC 1.5 MG TAB	1	QL 30 EA / 30 DAYS DUR QLC 30 / 274 days PD Preventive Drug
OZEMPIC (1 MG/DOSE) 4 MG/3ML SOLN PEN	1	QL 0.11 / 1 DAYS DUR PD Preventive Drug
OZEMPIC (2 MG/DOSE) 8 MG/3ML SOLN PEN	1	QL 0.11 / 1 DAYS DUR PD Preventive Drug
OZEMPIC 4 MG TAB	1	QL 30 / 30 days DUR PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OZEMPIC 9 MG TAB	1	QL 30 / 30 days DUR PD Preventive Drug
pioglitazone hcl 15 mg tab	1	PD Preventive Drug
pioglitazone hcl 30 mg tab	1	PD Preventive Drug
pioglitazone hcl 45 mg tab	1	PD Preventive Drug
pioglitazone hcl-glimepiride 30-2 mg tab	1	PD Preventive Drug
pioglitazone hcl-glimepiride 30-4 mg tab	1	PD Preventive Drug
pioglitazone hcl-metformin hcl 15-500 mg tab	1	PD Preventive Drug
pioglitazone hcl-metformin hcl 15-850 mg tab	1	PD Preventive Drug
repaglinide 0.5 mg tab	1	PD Preventive Drug
repaglinide 1 mg tab	1	PD Preventive Drug
repaglinide 2 mg tab	1	PD Preventive Drug
RYBELSUS 14 MG TAB	1	QL 1 / 1 DAYS DUR PD Preventive Drug
RYBELSUS 3 MG TAB	1	QL 1 / 1 DAYS DUR QLC 30 EA / 180 day(s) PD Preventive Drug
RYBELSUS 7 MG TAB	1	QL 1 / 1 DAYS DUR PD Preventive Drug
saxagliptin hcl 2.5 mg tab	1	
saxagliptin hcl 5 mg tab	1	
saxagliptin-metformin er 2.5-1000 mg tab er 24h	1	
saxagliptin-metformin er 5-1000 mg tab er 24h	1	
saxagliptin-metformin er 5-500 mg tab er 24h	1	
SOLIQUA 100-33 UNT-MCG/ML SOLN PEN	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SYMLINPEN 120 2700 MCG/2.7ML SOLN PEN	1	PD Preventive Drug
SYMLINPEN 60 1500 MCG/1.5ML SOLN PEN	1	PD Preventive Drug
TRADJENTA 5 MG TAB	1	QL 30 EA / 30 day(s) PD Preventive Drug
TRIJARDY XR 10-5-1000 MG TAB ER 24H	1	PD Preventive Drug
TRIJARDY XR 12.5-2.5-1000 MG TAB ER 24H	1	PD Preventive Drug
TRIJARDY XR 25-5-1000 MG TAB ER 24H	1	PD Preventive Drug
TRIJARDY XR 5-2.5-1000 MG TAB ER 24H	1	PD Preventive Drug
TRULICITY 0.75 MG/0.5ML SOLN A-INJ	1	QL 0.08 / 1 DAYS DUR PD Preventive Drug
TRULICITY 1.5 MG/0.5ML SOLN A-INJ	1	QL 0.08 / 1 DAYS DUR PD Preventive Drug
TRULICITY 3 MG/0.5ML SOLN A-INJ	1	QL 0.08 / 1 DAYS DUR PD Preventive Drug
TRULICITY 4.5 MG/0.5ML SOLN A-INJ	1	QL 0.08 / 1 DAYS DUR PD Preventive Drug
XIGDUO XR 10-1000 MG TAB ER 24H	1	PD Preventive Drug
XIGDUO XR 10-500 MG TAB ER 24H	1	PD Preventive Drug
XIGDUO XR 2.5-1000 MG TAB ER 24H	1	PD Preventive Drug
XIGDUO XR 5-1000 MG TAB ER 24H	1	PD Preventive Drug
XIGDUO XR 5-500 MG TAB ER 24H	1	PD Preventive Drug
XULTOPHY 100-3.6 UNIT-MG/ML SOLN PEN	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GLYCEMIC AGENTS		
BAQSIMI ONE PACK 3 MG/DOSE POWDER	1	PD Preventive Drug
BAQSIMI TWO PACK 3 MG/DOSE POWDER	1	PD Preventive Drug
BD GLUCOSE 5 GM CHEW TAB	1	OTC Over the Counter
cvs glucose 15 gm/38gm gel	1	OTC Over the Counter
cvs glucose 40 % gel	1	OTC Over the Counter
CVS GLUCOSE 4 GM CHEW TAB	1	OTC Over the Counter
cvs glucose 4 gm chew tab	1	OTC Over the Counter
CVS GLUCOSE BITS 1 GM CHEW TAB	1	OTC Over the Counter
cvs glucose shot 15 gm/59ml liquid	1	OTC Over the Counter
cvs soft glucose 4 gm chew tab	1	OTC Over the Counter
DEX4 QUICK DISSOLVE GLUCOSE 4 GM CHEW TAB	1	OTC Over the Counter
diazoxide 50 mg/ml suspension	1	PD Preventive Drug
ft glucose 4 gm chew tab	1	OTC Over the Counter
GLUCAGON EMERGENCY 1 MG/ML RECON SOLN	1	PD Preventive Drug
glucagon emergency 1 mg recon soln	1	PD Preventive Drug
GLUCOSE 15 GM/59ML LIQUID	1	OTC Over the Counter
glucose 40 % gel	1	OTC Over the Counter
GLUCOSE 4-6 GM-MG CHEW TAB	1	OTC Over the Counter
glucose 4-6 gm-mg chew tab	1	OTC Over the Counter
glucose 4 gm chew tab	1	OTC Over the Counter
glucose gummies 2 gm chew tab	1	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
gluco to go 15 40 % gel	1	OTC Over the Counter
gluco to go 4 gm chew tab	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
glutose 15 40 % gel	1	OTC Over the Counter
glutose 45 40 % gel	1	OTC Over the Counter
glutose 5 40 % gel	1	OTC Over the Counter
gnp glucose 4 gm chew tab	1	OTC Over the Counter
gnp glucose gummies 2 gm 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	1	PD Preventive Drug
GVOKE HYPOPEN 1-PACK 1 MG/0.2ML SOLN A-INJ	1	PD Preventive Drug
GVOKE HYPOPEN 2-PACK 0.5 MG/0.1ML SOLN A-INJ	1	PD Preventive Drug
GVOKE HYPOPEN 2-PACK 1 MG/0.2ML SOLN A-INJ	1	PD Preventive Drug
GVOKE PFS 1 MG/0.2ML SOLN PRSYR	1	PD Preventive Drug
hy-vee glucose 4-6 gm-mg chew tab	1	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
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
relion glucose 15 gm/38gm gel	1	OTC Over the Counter
relion 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
SM GLUCOSE 4 GM CHEW TAB	1	OTC Over the Counter
sweet cheeks 40 % gel	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRUEPLUS GLUCOSE 4 GM CHEW TAB	1	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
UP & UP GLUCOSE 4-6 GM-MG CHEW TAB	1	OTC Over the Counter
value plus glucose 40 % gel	1	OTC Over the Counter
WALGREENS GLUCOSE 4-6 GM-MG CHEW TAB	1	OTC Over the Counter
walgreens glucose 4 gm chew tab	1	OTC Over the Counter
yumvs glucose gummies 2 gm chew tab	1	OTC Over the Counter
INSULINS		
BASAGLAR KWIKPEN 100 UNIT/ML SOLN PEN	1	PD Preventive Drug
BASAGLAR TEMPO PEN 100 UNIT/ML SOLN PEN	1	PD Preventive Drug
HUMALOG 100 UNIT/ML SOLN CART	1	PD Preventive Drug
HUMALOG 100 UNIT/ML SOLUTION	1	PD Preventive Drug
HUMALOG JUNIOR KWIKPEN 100 UNIT/ML SOLN PEN	1	PD Preventive Drug
HUMALOG KWIKPEN 100 UNIT/ML SOLN PEN	1	PD Preventive Drug
HUMALOG KWIKPEN 200 UNIT/ML SOLN PEN	1	PD Preventive Drug
HUMALOG MIX 50/50 (50-50) 100 UNIT/ML SUSPENSION	1	PD Preventive Drug
HUMALOG MIX 50/50 KWIKPEN (50-50) 100 UNIT/ML SUSP PEN	1	PD Preventive Drug
HUMALOG MIX 75/25 (75-25) 100 UNIT/ML SUSPENSION	1	PD Preventive Drug
HUMALOG MIX 75/25 KWIKPEN (75-25) 100 UNIT/ML SUSP PEN	1	PD Preventive Drug
HUMALOG TEMPO PEN 100 UNIT/ML SOLN PEN	1	PD Preventive Drug
HUMULIN 70/30 (70-30) 100 UNIT/ML SUSPENSION	1	PD Preventive Drug OTC Over the Counter
HUMULIN 70/30 KWIKPEN (70-30) 100 UNIT/ML SUSP PEN	1	PD Preventive Drug OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HUMULIN N 100 UNIT/ML SUSPENSION	1	PD Preventive Drug OTC Over the Counter
HUMULIN N KWIKPEN 100 UNIT/ML SUSP PEN	1	PD Preventive Drug OTC Over the Counter
HUMULIN R 100 UNIT/ML SOLUTION	1	PD Preventive Drug OTC Over the Counter
HUMULIN R U-500 (CONCENTRATED) 500 UNIT/ML SOLUTION	1	PD Preventive Drug
HUMULIN R U-500 KWIKPEN 500 UNIT/ML SOLN PEN	1	QL 18 ML / 30 day(s) PD Preventive Drug
INSULIN GLARGINE MAX SOLOSTAR 300 UNIT/ML SOLN PEN	1	PD Preventive Drug
INSULIN GLARGINE SOLOSTAR 300 UNIT/ML SOLN PEN	1	PD Preventive Drug
INSULIN GLARGINE-YFGN 100 UNIT/ML SOLN PEN	1	PD Preventive Drug
INSULIN GLARGINE-YFGN 100 UNIT/ML SOLUTION	1	PD Preventive Drug
INSULIN LISPRO 100 UNIT/ML SOLUTION	1	PD Preventive Drug
INSULIN LISPRO (1 UNIT DIAL) 100 UNIT/ML SOLN PEN	1	PD Preventive Drug
INSULIN LISPRO JUNIOR KWIKPEN 100 UNIT/ML SOLN PEN	1	PD Preventive Drug
INSULIN LISPRO PROT & LISPRO (75-25) 100 UNIT/ML SUSP PEN	1	PD Preventive Drug
LANTUS 100 UNIT/ML SOLUTION	1	PD Preventive Drug
LANTUS SOLOSTAR 100 UNIT/ML SOLN PEN	1	PD Preventive Drug
TOUJEO MAX SOLOSTAR 300 UNIT/ML SOLN PEN	1	PD Preventive Drug
TOUJEO SOLOSTAR 300 UNIT/ML SOLN PEN	1	PD Preventive Drug
BLOOD PRODUCTS AND MODIFIERS		
ANTICOAGULANTS		
ANGIOMAX 250 MG RECON SOLN	1	
argatroban 250 mg/2.5ml solution	1	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ARGATROBAN 50 MG/50ML SOLUTION	1	PA
BD HEPARIN POSIFLUSH 100 UNIT/ML SOLUTION	1	
BD HEPARIN POSIFLUSH 10 UNIT/ML SOLUTION	1	
bivalirudin trifluoroacetate 250 mg recon soln	1	
dabigatran etexilate mesylate 110 mg cap	1	
dabigatran etexilate mesylate 150 mg cap	1	PD Preventive Drug
dabigatran etexilate mesylate 75 mg cap	1	PD Preventive Drug
ELIQUIS 2.5 MG TAB	1	PD Preventive Drug
ELIQUIS 5 MG TAB	1	PD Preventive Drug
ELIQUIS DVT/PE STARTER PACK 5 MG TAB THPK	1	PD Preventive Drug
enoxaparin sodium 100 mg/ml soln prsyr	1	
enoxaparin sodium 120 mg/0.8ml soln prsyr	1	
enoxaparin sodium 150 mg/ml soln prsyr	1	
enoxaparin sodium 300 mg/3ml solution	1	
enoxaparin sodium 30 mg/0.3ml soln prsyr	1	
enoxaparin sodium 40 mg/0.4ml soln prsyr	1	
enoxaparin sodium 60 mg/0.6ml soln prsyr	1	
enoxaparin sodium 80 mg/0.8ml soln prsyr	1	
fondaparinux sodium 10 mg/0.8ml solution	1	
fondaparinux sodium 2.5 mg/0.5ml solution	1	
fondaparinux sodium 5 mg/0.4ml solution	1	
fondaparinux sodium 7.5 mg/0.6ml solution	1	
FRAGMIN 10000 UNIT/4ML SOLUTION	1	
FRAGMIN 95000 UNIT/3.8ML SOLUTION	1	
HEPARIN NA (PORK) LOCK FLSH PF 100 UNIT/ML SOLUTION	1	
HEPARIN NA (PORK) LOCK FLSH PF 10 UNIT/ML SOLUTION	1	
HEPARIN NA (PORK) LOCK FLSH PF 1 UNIT/ML SOLUTION	1	
HEPARIN (PORCINE) IN NACL 1000-0.9 UT/500ML-% SOLUTION	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HEPARIN (PORCINE) IN NACL 1000-0.9 UT/500ML-% SOLUTION	1	
heparin (porcine) in nacl 1000-0.9 ut/500ml-% solution	1	
HEPARIN (PORCINE) IN NACL 2000-0.9 UNIT/L-% SOLUTION	1	
HEPARIN (PORCINE) IN NACL 2000-0.9 UNIT/L-% SOLUTION	1	
heparin (porcine) in nacl 2000-0.9 unit/l-% solution	1	
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% SOLUTION	1	
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/500ML-% SOLUTION	1	
heparin sodium (porcine) 10000 unit/ml solution	1	
heparin sodium (porcine) 1000 unit/ml solution	1	
heparin sodium (porcine) 20000 unit/ml solution	1	
heparin sodium (porcine) 5000 unit/ml solution	1	
heparin sodium (porcine) pf 1000 unit/ml solution	1	
heparin sodium (porcine) pf 5000 unit/0.5ml solution	1	
HEPARIN SOD (PORK) LOCK FLUSH 100 UNIT/ML SOLUTION	1	
HEPARIN SOD (PORK) LOCK FLUSH 10 UNIT/ML SOLUTION	1	
jantoven 10 mg tab	1	PD Preventive Drug RX4L Rx4Less Program
jantoven 1 mg tab	1	PD Preventive Drug RX4L Rx4Less Program
jantoven 2.5 mg tab	1	PD Preventive Drug RX4L Rx4Less Program
jantoven 2 mg tab	1	PD Preventive Drug RX4L Rx4Less Program
jantoven 3 mg tab	1	PD Preventive Drug RX4L Rx4Less Program
jantoven 4 mg tab	1	PD Preventive Drug RX4L Rx4Less Program

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XARELTO 1 MG/ML RECON SUSP	1	
XARELTO 20 MG TAB	1	PD Preventive Drug
XARELTO 2.5 MG TAB	1	PD Preventive Drug
XARELTO STARTER PACK 15 & 20 MG TAB THPK	1	PD Preventive Drug
BLOOD PRODUCTS AND MODIFIERS, OTHER		
anagrelide hcl 0.5 mg cap	1	
anagrelide hcl 1 mg cap	1	
ARANESP (ALBUMIN FREE) 100 MCG/ML SOLUTION	1	SP Specialty
ARANESP (ALBUMIN FREE) 200 MCG/ML SOLUTION	1	SP Specialty
ARANESP (ALBUMIN FREE) 25 MCG/ML SOLUTION	1	SP Specialty
ARANESP (ALBUMIN FREE) 40 MCG/ML SOLUTION	1	SP Specialty
ARANESP (ALBUMIN FREE) 60 MCG/ML SOLUTION	1	SP Specialty
eltrombopag olamine 12.5 mg packet	1	QL 30 EA / 30 days PA SP Specialty
eltrombopag olamine 12.5 mg tab	1	QL 30 EA / 30 days PA SP Specialty
eltrombopag olamine 25 mg packet	1	QL 30 EA / 30 days PA SP Specialty
eltrombopag olamine 25 mg tab	1	QL 30 EA / 30 days PA SP Specialty
eltrombopag olamine 50 mg tab	1	QL 30 EA / 30 days PA SP Specialty
eltrombopag olamine 75 mg tab	1	QL 30 EA / 30 days PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EPOGEN 10000 UNIT/ML SOLUTION	1	SP Specialty
EPOGEN 20000 UNIT/ML SOLUTION	1	SP Specialty
EPOGEN 2000 UNIT/ML SOLUTION	1	SP Specialty
EPOGEN 3000 UNIT/ML SOLUTION	1	SP Specialty
EPOGEN 4000 UNIT/ML SOLUTION	1	SP Specialty
JESDUVROQ 1 MG TAB	1	PA SP Specialty
JESDUVROQ 2 MG TAB	1	PA SP Specialty
JESDUVROQ 4 MG TAB	1	PA SP Specialty
JESDUVROQ 6 MG TAB	1	PA SP Specialty
JESDUVROQ 8 MG TAB	1	PA SP Specialty
MULPLETA 3 MG TAB	1	PA SP Specialty
MULPLETA 3 MG TAB	1	PA SP Specialty
NEULASTA 6 MG/0.6ML SOLN PRSYR	1	SP Specialty
NEULASTA ONPRO 6 MG/0.6ML SOLN PRSYR	1	SP Specialty
plerixafor 24 mg/1.2ml solution	1	SP Specialty
PROCRIT 10000 UNIT/ML SOLUTION	1	SP Specialty
PROCRIT 20000 UNIT/ML SOLUTION	1	SP Specialty
PROCRIT 2000 UNIT/ML SOLUTION	1	SP Specialty
PROCRIT 3000 UNIT/ML SOLUTION	1	SP Specialty
PROCRIT 40000 UNIT/ML SOLUTION	1	SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PROCRIT 4000 UNIT/ML SOLUTION	1	SP Specialty
PYRUKYND 20 MG TAB	1	PA
PYRUKYND 50 MG TAB	1	PA
PYRUKYND 5 MG TAB	1	PA
PYRUKYND TAPER PACK 5 MG TAB THPK	1	PA
PYRUKYND TAPER PACK 7 X 20 MG & 7 X 5 MG TAB THPK	1	QL 7 / 14 days PA
PYRUKYND TAPER PACK 7 X 50 MG & 7 X 20 MG TAB THPK	1	QL 7 / 14 days PA
RETACRIT 10000 UNIT/ML SOLUTION	1	SP Specialty
RETACRIT 20000 UNIT/ML SOLUTION	1	SP Specialty
RETACRIT 2000 UNIT/ML SOLUTION	1	SP Specialty
RETACRIT 3000 UNIT/ML SOLUTION	1	SP Specialty
RETACRIT 40000 UNIT/ML SOLUTION	1	SP Specialty
RETACRIT 4000 UNIT/ML SOLUTION	1	SP Specialty
tranexamic acid 650 mg tab	1	
UDENYCA 6 MG/0.6ML SOLN A-INJ	1	SP Specialty
UDENYCA 6 MG/0.6ML SOLN PRSYR	1	SP Specialty
UDENYCA ONBODY 6 MG/0.6ML SOLN PRSYR	1	SP Specialty
HEMOSTASIS AGENTS		
aminocaproic acid 0.25 gm/ml solution	1	
aminocaproic acid 1000 mg tab	1	
aminocaproic acid 500 mg tab	1	
HEMLIBRA 105 MG/0.7ML SOLUTION	1	PA SP Specialty
HEMLIBRA 12 MG/0.4ML SOLUTION	1	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HEMLIBRA 150 MG/ML SOLUTION	1	PA SP Specialty
HEMLIBRA 300 MG/2ML SOLUTION	1	PA SP Specialty
HEMLIBRA 30 MG/ML SOLUTION	1	PA SP Specialty
HEMLIBRA 60 MG/0.4ML SOLUTION	1	PA SP Specialty
phytonadione 5 mg tab	1	
PLATELET MODIFYING AGENTS		
aspirin-dipyridamole er 25-200 mg cap er 12h	1	PD Preventive Drug
CABLIVI 11 MG KIT	1	PA SP Specialty
cilostazol 100 mg tab	1	
cilostazol 50 mg tab	1	
clopidogrel bisulfate 300 mg tab	1	QL 1 EA / 30 day(s) PD Preventive Drug
clopidogrel bisulfate 75 mg tab	1	PD Preventive Drug
dipyridamole 25 mg tab	1	PD Preventive Drug
dipyridamole 50 mg tab	1	PD Preventive Drug
dipyridamole 75 mg tab	1	PD Preventive Drug
DOPTELET 20 MG TAB	1	PA SP Specialty
prasugrel hcl 10 mg tab	1	PD Preventive Drug
prasugrel hcl 5 mg tab	1	PD Preventive Drug
TAVALISSE 150 MG TAB	1	PA SP Specialty
ticagrelor 60 mg tab	1	QL 60 EA / 30 day(s) PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ticagrelor 90 mg tab	1	QL 60 ea / 30 day(s) PD Preventive Drug
CARDIOVASCULAR AGENTS		
ALPHA-ADRENERGIC AGONISTS		
clonidine 0.1 mg/24hr patch wk	1	PD Preventive Drug
clonidine 0.2 mg/24hr patch wk	1	PD Preventive Drug
clonidine 0.3 mg/24hr patch wk	1	PD Preventive Drug
clonidine hcl 0.1 mg tab	1	PD Preventive Drug RX4L Rx4Less Program
clonidine hcl 0.2 mg tab	1	PD Preventive Drug RX4L Rx4Less Program
clonidine hcl 0.3 mg tab	1	PD Preventive Drug RX4L Rx4Less Program
droxidopa 100 mg cap	1	PA SP Specialty
droxidopa 200 mg cap	1	PA SP Specialty
droxidopa 300 mg cap	1	PA SP Specialty
guanfacine hcl 1 mg tab	1	PD Preventive Drug RX4L Rx4Less Program
guanfacine hcl 2 mg tab	1	PD Preventive Drug RX4L Rx4Less Program
methyldopa 250 mg tab	1	PD Preventive Drug
METHYLDOPA 500 MG TAB	1	PD Preventive Drug
midodrine hcl 10 mg tab	1	
midodrine hcl 2.5 mg tab	1	
midodrine hcl 5 mg tab	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ALPHA-ADRENERGIC BLOCKING AGENTS		
doxazosin mesylate 1 mg tab	1	
doxazosin mesylate 2 mg tab	1	
doxazosin mesylate 4 mg tab	1	
doxazosin mesylate 8 mg tab	1	
prazosin hcl 1 mg cap	1	
prazosin hcl 2 mg cap	1	
prazosin hcl 5 mg cap	1	
terazosin hcl 10 mg cap	1	
terazosin hcl 1 mg cap	1	
terazosin hcl 2 mg cap	1	
terazosin hcl 5 mg cap	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil 16 mg tab	1	PD Preventive Drug
candesartan cilexetil 32 mg tab	1	PD Preventive Drug
candesartan cilexetil 4 mg tab	1	PD Preventive Drug
candesartan cilexetil 8 mg tab	1	PD Preventive Drug
irbesartan 150 mg tab	1	PD Preventive Drug
irbesartan 300 mg tab	1	PD Preventive Drug
irbesartan 75 mg tab	1	PD Preventive Drug
losartan potassium 100 mg tab	1	PD Preventive Drug RX4L Rx4Less Program
losartan potassium 25 mg tab	1	PD Preventive Drug RX4L Rx4Less Program
losartan potassium 50 mg tab	1	PD Preventive Drug RX4L Rx4Less Program
olmesartan medoxomil 20 mg tab	1	PD Preventive Drug
olmesartan medoxomil 40 mg tab	1	PD Preventive Drug

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

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
quinapril hcl 5 mg tab	1	PD Preventive Drug
ramipril 10 mg cap	1	PD Preventive Drug RX4L Rx4Less Program
ramipril 1.25 mg cap	1	PD Preventive Drug RX4L Rx4Less Program
ramipril 2.5 mg cap	1	PD Preventive Drug RX4L Rx4Less Program
ramipril 5 mg cap	1	PD Preventive Drug RX4L Rx4Less Program
trandolapril 1 mg tab	1	PD Preventive Drug
trandolapril 2 mg tab	1	PD Preventive Drug
trandolapril 4 mg tab	1	PD Preventive Drug
ANTIARRHYTHMICS		
amiodarone hcl 100 mg tab	1	
amiodarone hcl 200 mg tab	1	
amiodarone hcl 400 mg tab	1	
disopyramide phosphate 100 mg cap	1	
disopyramide phosphate 150 mg cap	1	
dofetilide 125 mcg cap	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	1	
pacerone 100 mg tab	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
pacerone 200 mg tab	1	
pacerone 400 mg tab	1	
propafenone hcl 150 mg tab	1	
propafenone hcl 225 mg tab	1	
propafenone hcl 300 mg tab	1	
propafenone hcl er 225 mg cap er 12h	1	
propafenone hcl er 325 mg cap er 12h	1	
propafenone hcl er 425 mg cap er 12h	1	
QUINIDINE SULFATE 200 MG TAB	1	
QUINIDINE SULFATE 300 MG TAB	1	
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
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
SOTYLIZE 5 MG/ML SOLUTION	1	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

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
metoprolol tartrate 25 mg tab	1	PD Preventive Drug RX4L Rx4Less Program
metoprolol tartrate 37.5 mg tab	1	
metoprolol tartrate 50 mg tab	1	PD Preventive Drug RX4L Rx4Less Program
metoprolol tartrate 75 mg tab	1	
nadolol 20 mg tab	1	PD Preventive Drug
nadolol 40 mg tab	1	PD Preventive Drug
nadolol 80 mg tab	1	PD Preventive Drug
nebivolol hcl 10 mg tab	1	PD Preventive Drug
nebivolol hcl 20 mg tab	1	PD Preventive Drug
nebivolol hcl 2.5 mg tab	1	PD Preventive Drug
nebivolol hcl 5 mg tab	1	PD Preventive Drug
pindolol 10 mg tab	1	PD Preventive Drug
pindolol 5 mg tab	1	PD Preventive Drug
propranolol hcl 10 mg tab	1	PD Preventive Drug RX4L Rx4Less Program
propranolol hcl 20 mg/5ml solution	1	PD Preventive Drug
propranolol hcl 20 mg tab	1	PD Preventive Drug RX4L Rx4Less Program
PROPRANOLOL HCL 40 MG/5ML SOLUTION	1	PD Preventive Drug
propranolol hcl 40 mg tab	1	PD Preventive Drug
propranolol hcl 60 mg tab	1	PD Preventive Drug
propranolol hcl 80 mg tab	1	PD Preventive Drug
propranolol hcl er 120 mg cap er 24h	1	PD Preventive Drug
propranolol hcl er 160 mg cap er 24h	1	PD Preventive Drug
propranolol hcl er 60 mg cap er 24h	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
propranolol hcl er 80 mg cap er 24h	1	PD Preventive Drug
CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES		
amlodipine besylate 10 mg tab	1	PD Preventive Drug RX4L Rx4Less Program
amlodipine besylate 2.5 mg tab	1	PD Preventive Drug RX4L Rx4Less Program
amlodipine besylate 5 mg tab	1	PD Preventive Drug RX4L Rx4Less Program
felodipine er 10 mg tab er 24h	1	PD Preventive Drug
felodipine er 2.5 mg tab er 24h	1	PD Preventive Drug
felodipine er 5 mg tab er 24h	1	PD Preventive Drug
isradipine 2.5 mg cap	1	PD Preventive Drug
isradipine 5 mg cap	1	PD Preventive Drug
nifedipine 10 mg cap	1	PD Preventive Drug
nifedipine 20 mg cap	1	PD Preventive Drug
nifedipine er 30 mg tab er 24h	1	PD Preventive Drug
nifedipine er 60 mg tab er 24h	1	PD Preventive Drug
nifedipine er 90 mg tab er 24h	1	PD Preventive Drug
nifedipine er osmotic release 30 mg tab er 24h	1	PD Preventive Drug
nifedipine er osmotic release 60 mg tab er 24h	1	PD Preventive Drug
nifedipine er osmotic release 90 mg tab er 24h	1	PD Preventive Drug
nimodipine 30 mg cap	1	
CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES		
cartia xt 120 mg cap er 24h	1	PD Preventive Drug
cartia xt 180 mg cap er 24h	1	PD Preventive Drug
cartia xt 240 mg cap er 24h	1	PD Preventive Drug
cartia xt 300 mg cap er 24h	1	PD Preventive Drug

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

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CARDIOVASCULAR AGENTS, OTHER		
acetazolamide 125 mg tab	1	
acetazolamide 250 mg tab	1	
aliskiren fumarate 150 mg tab	1	PD Preventive Drug
aliskiren fumarate 300 mg tab	1	PD Preventive Drug
AMILORIDE-HYDROCHLOROTHIAZIDE 5-50 MG TAB	1	PD Preventive Drug
amlodipine besy-benazepril hcl 10-20 mg cap	1	PD Preventive Drug
amlodipine besy-benazepril hcl 10-40 mg cap	1	PD Preventive Drug
amlodipine besy-benazepril hcl 2.5-10 mg cap	1	PD Preventive Drug
amlodipine besy-benazepril hcl 5-10 mg cap	1	PD Preventive Drug
amlodipine besy-benazepril hcl 5-20 mg cap	1	PD Preventive Drug
amlodipine besy-benazepril hcl 5-40 mg cap	1	PD Preventive Drug
amlodipine besylate-valsartan 10-160 mg tab	1	PD Preventive Drug
amlodipine besylate-valsartan 10-320 mg tab	1	PD Preventive Drug
amlodipine besylate-valsartan 5-160 mg tab	1	PD Preventive Drug
amlodipine besylate-valsartan 5-320 mg tab	1	PD Preventive Drug
amlodipine-olmesartan 10-20 mg tab	1	PD Preventive Drug
amlodipine-olmesartan 10-40 mg tab	1	PD Preventive Drug
amlodipine-olmesartan 5-20 mg tab	1	PD Preventive Drug
amlodipine-olmesartan 5-40 mg tab	1	PD Preventive Drug
amlodipine-valsartan-hctz 10-160-12.5 mg tab	1	PD Preventive Drug
amlodipine-valsartan-hctz 10-160-25 mg tab	1	PD Preventive Drug
amlodipine-valsartan-hctz 10-320-25 mg tab	1	PD Preventive Drug
amlodipine-valsartan-hctz 5-160-12.5 mg tab	1	PD Preventive Drug
amlodipine-valsartan-hctz 5-160-25 mg tab	1	PD Preventive Drug
atenolol-chlorthalidone 100-25 mg tab	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
atenolol-chlorthalidone 50-25 mg tab	1	PD Preventive Drug
benazepril-hydrochlorothiazide 10-12.5 mg tab	1	PD Preventive Drug
benazepril-hydrochlorothiazide 20-12.5 mg tab	1	PD Preventive Drug
benazepril-hydrochlorothiazide 20-25 mg tab	1	PD Preventive Drug
benazepril-hydrochlorothiazide 5-6.25 mg tab	1	PD Preventive Drug
bisoprolol-hydrochlorothiazide 10-6.25 mg tab	1	PD Preventive Drug
bisoprolol-hydrochlorothiazide 2.5-6.25 mg tab	1	PD Preventive Drug
bisoprolol-hydrochlorothiazide 5-6.25 mg tab	1	PD Preventive Drug
candesartan cilexetil-hctz 16-12.5 mg tab	1	PD Preventive Drug
candesartan cilexetil-hctz 32-12.5 mg tab	1	PD Preventive Drug
candesartan cilexetil-hctz 32-25 mg tab	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	1	
DIGOXIN 0.05 MG/ML SOLUTION	1	
digoxin 0.05 mg/ml solution	1	
digoxin 125 mcg tab	1	
digoxin 250 mcg tab	1	
digoxin 62.5 mcg tab	1	
enalapril-hydrochlorothiazide 10-25 mg tab	1	PD Preventive Drug
enalapril-hydrochlorothiazide 5-12.5 mg tab	1	PD Preventive Drug
ENTRESTO 24-26 MG TAB	1	
ENTRESTO 49-51 MG TAB	1	
ENTRESTO 97-103 MG TAB	1	
fosinopril sodium-hctz 10-12.5 mg tab	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
fosinopril sodium-hctz 20-12.5 mg tab	1	PD Preventive Drug
irbesartan-hydrochlorothiazide 150-12.5 mg tab	1	PD Preventive Drug
irbesartan-hydrochlorothiazide 300-12.5 mg tab	1	PD Preventive Drug
ivabradine hcl 5 mg tab	1	
ivabradine hcl 7.5 mg tab	1	
lisinopril-hydrochlorothiazide 10-12.5 mg tab	1	PD Preventive Drug RX4L Rx4Less Program
lisinopril-hydrochlorothiazide 20-12.5 mg tab	1	PD Preventive Drug RX4L Rx4Less Program
lisinopril-hydrochlorothiazide 20-25 mg tab	1	PD Preventive Drug RX4L Rx4Less Program
losartan potassium-hctz 100-12.5 mg tab	1	PD Preventive Drug
losartan potassium-hctz 100-25 mg tab	1	PD Preventive Drug
losartan potassium-hctz 50-12.5 mg tab	1	PD Preventive Drug
metoprolol-hydrochlorothiazide 100-25 mg tab	1	PD Preventive Drug
metoprolol-hydrochlorothiazide 100-50 mg tab	1	PD Preventive Drug
metoprolol-hydrochlorothiazide 50-25 mg tab	1	PD Preventive Drug
NEXLETOL 180 MG TAB	1	QL 30 EA / 30 day(s) ST
olmesartan-amlodipine-hctz 20-5-12.5 mg tab	1	PD Preventive Drug
olmesartan-amlodipine-hctz 40-10-12.5 mg tab	1	PD Preventive Drug
olmesartan-amlodipine-hctz 40-10-25 mg tab	1	PD Preventive Drug
olmesartan-amlodipine-hctz 40-5-12.5 mg tab	1	PD Preventive Drug
olmesartan-amlodipine-hctz 40-5-25 mg tab	1	PD Preventive Drug
olmesartan medoxomil-hctz 20-12.5 mg tab	1	PD Preventive Drug
olmesartan medoxomil-hctz 40-12.5 mg tab	1	PD Preventive Drug
olmesartan medoxomil-hctz 40-25 mg tab	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
pentoxifylline er 400 mg tab er	1	
QUINAPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	1	PD Preventive Drug
QUINAPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	1	PD Preventive Drug RX4L Rx4Less Program
QUINAPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	1	PD Preventive Drug
ranolazine er 1000 mg tab er 12h	1	
ranolazine er 500 mg tab er 12h	1	
sacubitril-valsartan 24-26 mg tab	1	
sacubitril-valsartan 49-51 mg tab	1	
sacubitril-valsartan 97-103 mg tab	1	
spironolactone-hctz 25-25 mg tab	1	PD Preventive Drug
TELMISARTAN-AMLODIPINE 40-10 MG TAB	1	PD Preventive Drug
TELMISARTAN-AMLODIPINE 40-5 MG TAB	1	PD Preventive Drug
TELMISARTAN-AMLODIPINE 80-10 MG TAB	1	PD Preventive Drug
TELMISARTAN-AMLODIPINE 80-5 MG TAB	1	PD Preventive Drug
telmisartan-hctz 40-12.5 mg tab	1	PD Preventive Drug
telmisartan-hctz 80-12.5 mg tab	1	PD Preventive Drug
telmisartan-hctz 80-25 mg tab	1	PD Preventive Drug
triamterene-hctz 37.5-25 mg cap	1	PD Preventive Drug RX4L Rx4Less Program
triamterene-hctz 37.5-25 mg tab	1	PD Preventive Drug RX4L Rx4Less Program
triamterene-hctz 75-50 mg tab	1	PD Preventive Drug RX4L Rx4Less Program
valsartan-hydrochlorothiazide 160-12.5 mg tab	1	PD Preventive Drug
valsartan-hydrochlorothiazide 160-25 mg tab	1	PD Preventive Drug
valsartan-hydrochlorothiazide 320-12.5 mg tab	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
valsartan-hydrochlorothiazide 320-25 mg tab	1	PD Preventive Drug
valsartan-hydrochlorothiazide 80-12.5 mg tab	1	PD Preventive Drug
VYNDAMAX 61 MG CAP	1	PA SP Specialty
DIURETICS, LOOP		
bumetanide 0.5 mg tab	1	PD Preventive Drug
bumetanide 1 mg tab	1	PD Preventive Drug
bumetanide 2 mg tab	1	PD Preventive Drug
ethacrynic acid 25 mg tab	1	
FUROSEMIDE 10 MG/ML SOLUTION	1	PA PD Preventive Drug
furosemide 10 mg/ml solution	1	PA PD Preventive Drug
furosemide 20 mg tab	1	PD Preventive Drug RX4L Rx4Less Program
furosemide 40 mg tab	1	PD Preventive Drug RX4L Rx4Less Program
furosemide 80 mg tab	1	PD Preventive Drug RX4L Rx4Less Program
FUROSEMIDE 8 MG/ML SOLUTION	1	
torsemide 100 mg tab	1	
torsemide 10 mg tab	1	
torsemide 20 mg tab	1	
torsemide 5 mg tab	1	
DIURETICS, POTASSIUM-SPARING		
amiloride hcl 5 mg tab	1	
eplerenone 25 mg tab	1	
eplerenone 50 mg tab	1	
spironolactone 100 mg tab	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
spironolactone 25 mg tab	1	PD Preventive Drug
spironolactone 50 mg tab	1	PD Preventive Drug
triamterene 100 mg cap	1	
DIURETICS, THIAZIDE		
chlorthalidone 25 mg tab	1	PD Preventive Drug
chlorthalidone 50 mg tab	1	PD Preventive Drug
DIURIL 250 MG/5ML SUSPENSION	1	PD Preventive Drug
hydrochlorothiazide 12.5 mg cap	1	PD Preventive Drug RX4L Rx4Less Program
hydrochlorothiazide 12.5 mg tab	1	PD Preventive Drug
hydrochlorothiazide 25 mg tab	1	PD Preventive Drug RX4L Rx4Less Program
hydrochlorothiazide 50 mg tab	1	PD Preventive Drug RX4L Rx4Less Program
indapamide 1.25 mg tab	1	PD Preventive Drug
indapamide 2.5 mg tab	1	PD Preventive Drug
metolazone 10 mg tab	1	
metolazone 2.5 mg tab	1	
metolazone 5 mg tab	1	
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES		
fenofibrate 134 mg cap	1	PD Preventive Drug
fenofibrate 145 mg tab	1	PD Preventive Drug
FENOFIBRATE 150 MG CAP	1	PD Preventive Drug
fenofibrate 160 mg tab	1	PD Preventive Drug
fenofibrate 200 mg cap	1	PD Preventive Drug
fenofibrate 48 mg tab	1	PD Preventive Drug
FENOFIBRATE 50 MG CAP	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
fenofibrate 54 mg tab	1	PD Preventive Drug
fenofibrate 67 mg cap	1	PD Preventive Drug
fenofibrate micronized 134 mg cap	1	PD Preventive Drug
fenofibrate micronized 200 mg cap	1	PD Preventive Drug
fenofibrate micronized 43 mg cap	1	PD Preventive Drug
fenofibrate micronized 67 mg cap	1	PD Preventive Drug
FENOFIBRIC ACID 105 MG TAB	1	PD Preventive Drug
fenofibric acid 135 mg cap dr	1	PD Preventive Drug
FENOFIBRIC ACID 35 MG TAB	1	PD Preventive Drug
fenofibric acid 45 mg cap dr	1	PD Preventive Drug
gemfibrozil 600 mg tab	1	PD Preventive Drug
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS		
atorvastatin calcium 10 mg tab	1	PD Preventive Drug ACA Affordable Care Act RX4L Rx4Less Program
atorvastatin calcium 20 mg tab	1	PD Preventive Drug ACA Affordable Care Act RX4L Rx4Less Program
atorvastatin calcium 40 mg tab	1	PD Preventive Drug RX4L Rx4Less Program
atorvastatin calcium 80 mg tab	1	PD Preventive Drug RX4L Rx4Less Program
fluvastatin sodium er 80 mg tab er 24h	1	PD Preventive Drug ACA Affordable Care Act
lovastatin 10 mg tab	1	PD Preventive Drug ACA Affordable Care Act RX4L Rx4Less Program
lovastatin 20 mg tab	1	PD Preventive Drug ACA Affordable Care Act RX4L Rx4Less Program

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
simvastatin 10 mg tab	1	PD Preventive Drug ACA Affordable Care Act RX4L Rx4Less Program
simvastatin 20 mg tab	1	PD Preventive Drug ACA Affordable Care Act RX4L Rx4Less Program
simvastatin 40 mg tab	1	PD Preventive Drug ACA Affordable Care Act RX4L Rx4Less Program
simvastatin 40 mg tab	1	PD Preventive Drug ACA Affordable Care Act RX4L Rx4Less Program
simvastatin tab 5 mg	1	PD Preventive Drug ACA Affordable Care Act
simvastatin tab 80 mg	1	PD Preventive Drug RX4L Rx4Less Program
DYSLIPIDEMICS, OTHER		
cholestyramine 4 gm/dose powder	1	PD Preventive Drug
cholestyramine 4 gm packet	1	PD Preventive Drug
cholestyramine light 4 gm/dose powder	1	PD Preventive Drug
cholestyramine light 4 gm packet	1	PD Preventive Drug
colesevelam hcl 3.75 gm packet	1	PD Preventive Drug
colesevelam hcl 625 mg tab	1	PD Preventive Drug
colestipol hcl 1 gm tab	1	PD Preventive Drug
colestipol hcl 5 gm granules	1	PD Preventive Drug
colestipol hcl 5 gm packet	1	PD Preventive Drug
ezetimibe 10 mg tab	1	PD Preventive Drug
ezetimibe-simvastatin 10-10 mg tab	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ezetimibe-simvastatin 10-20 mg tab	1	PD Preventive Drug
ezetimibe-simvastatin 10-40 mg tab	1	PD Preventive Drug
ezetimibe-simvastatin 10-80 mg tab	1	PD Preventive Drug
JUXTAPID 10 MG CAP	1	PA SP Specialty
JUXTAPID 20 MG CAP	1	PA SP Specialty
JUXTAPID 2 MG CAP	1	PA SP Specialty
JUXTAPID 30 MG CAP	1	PA SP Specialty
JUXTAPID 5 MG CAP	1	PA SP Specialty
NEXLIZET 180-10 MG TAB	1	QL 30 EA / 30 day(s) ST
NIACIN (ANTIHYPERLIPIDEMIC) 500 MG TAB	1	PD Preventive Drug
niacin er (antihyperlipidemic) 1000 mg tab er	1	PD Preventive Drug
niacin er (antihyperlipidemic) 500 mg tab er	1	PD Preventive Drug
niacin er (antihyperlipidemic) 750 mg tab er	1	PD Preventive Drug
NIACOR 500 MG TAB	1	PD Preventive Drug
omega-3-acid ethyl esters 1 gm cap	1	PD Preventive Drug
prevalite 4 gm/dose powder	1	PD Preventive Drug
prevalite 4 gm packet	1	PD Preventive Drug
REPATHA 140 MG/ML SOLN PRSYR	1	QL 2 ML / 28 day(s)
REPATHA PUSHTRONEX SYSTEM 420 MG/3.5ML SOLN CART	1	QL 3.5 ML / 30 day(s)
REPATHA SURECLICK 140 MG/ML SOLN A-INJ	1	QL 2 ML / 28 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VASODILATORS, DIRECT-ACTING ARTERIAL		
hydralazine hcl 100 mg tab	1	PD Preventive Drug
hydralazine hcl 10 mg tab	1	PD Preventive Drug
hydralazine hcl 25 mg tab	1	PD Preventive Drug
hydralazine hcl 50 mg tab	1	PD Preventive Drug
minoxidil 10 mg tab	1	PD Preventive Drug
minoxidil 2.5 mg tab	1	PD Preventive Drug
VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS		
isosorbide dinitrate 10 mg tab	1	PD Preventive Drug
isosorbide dinitrate 20 mg tab	1	PD Preventive Drug
isosorbide dinitrate 30 mg tab	1	PD Preventive Drug
isosorbide dinitrate 5 mg tab	1	PD Preventive Drug
isosorbide mononitrate 10 mg tab	1	PD Preventive Drug
isosorbide mononitrate 20 mg tab	1	PD Preventive Drug
isosorbide mononitrate er 120 mg tab er 24h	1	PD Preventive Drug
isosorbide mononitrate er 30 mg tab er 24h	1	PD Preventive Drug
isosorbide mononitrate er 60 mg tab er 24h	1	PD Preventive Drug
nitro-bid 2 % ointment	1	PD Preventive Drug
nitroglycerin 0.1 mg/hr patch 24hr	1	PD Preventive Drug
nitroglycerin 0.2 mg/hr patch 24hr	1	PD Preventive Drug
nitroglycerin 0.3 mg sl tab	1	
nitroglycerin 0.4 mg/hr patch 24hr	1	PD Preventive Drug
nitroglycerin 0.4 mg sl tab	1	
nitroglycerin 0.4 % ointment	1	
nitroglycerin 0.6 mg/hr patch 24hr	1	PD Preventive Drug
nitroglycerin 0.6 mg sl tab	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NITROLINGUAL 0.4 MG/SPRAY SOLUTION	1	
NITROSTAT 0.3 MG SL TAB	1	
NITROSTAT 0.4 MG SL TAB	1	
NITROSTAT 0.6 MG SL TAB	1	
RECTIV 0.4 % OINTMENT	1	
CENTRAL NERVOUS SYSTEM		
ANTIDEMENTIA		
donepezil hcl 10 mg tab	1	
donepezil hcl 10 mg tab disp	1	
donepezil hcl 23 mg tab	1	
donepezil hcl 5 mg tab	1	
donepezil hcl 5 mg tab disp	1	
galantamine hydrobromide 12 mg tab	1	
GALANTAMINE HYDROBROMIDE 4 MG/ML SOLUTION	1	
galantamine hydrobromide 4 mg tab	1	
galantamine hydrobromide 8 mg tab	1	
galantamine hydrobromide er 16 mg cap er 24h	1	
galantamine hydrobromide er 24 mg cap er 24h	1	
galantamine hydrobromide er 8 mg cap er 24h	1	
memantine hcl 10 mg/5ml solution	1	
memantine hcl 10 mg tab	1	
MEMANTINE HCL 28 X 5 MG & 21 X 10 MG TAB	1	
memantine hcl 2 mg/ml solution	1	
memantine hcl 5 mg tab	1	
memantine hcl er 14 mg cap er 24h	1	
memantine hcl er 21 mg cap er 24h	1	
memantine hcl er 28 mg cap er 24h	1	
memantine hcl er 7 mg cap er 24h	1	
rivastigmine 13.3 mg/24hr patch 24hr	1	
rivastigmine 4.6 mg/24hr patch 24hr	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
rivastigmine 9.5 mg/24hr patch 24hr	1	
rivastigmine tartrate 1.5 mg cap	1	
rivastigmine tartrate 3 mg cap	1	
rivastigmine tartrate 4.5 mg cap	1	
rivastigmine tartrate 6 mg cap	1	
ANTIPSYCHOTICS		
ABILIFY ASIMTUFII 720 MG/2.4ML PRSYR	1	QL 2.4 ML / 56 day(s)
ABILIFY ASIMTUFII 960 MG/3.2ML PRSYR	1	QL 3.2 ML / 56 day(s)
ABILIFY MAINTENA 300 MG PRSYR	1	QL 1 EA / 28 day(s)
ABILIFY MAINTENA 300 MG SRER	1	QL 1 EA / 28 day(s)
ABILIFY MAINTENA 400 MG PRSYR	1	QL 1 EA / 28 day(s)
ABILIFY MAINTENA 400 MG SRER	1	QL 1 EA / 28 day(s)
aripiprazole 10 mg tab	1	
aripiprazole 15 mg tab	1	
aripiprazole 1 mg/ml solution	1	QL 600 ML / 30 day(s)
aripiprazole 20 mg tab	1	
aripiprazole 2 mg tab	1	
aripiprazole 30 mg tab	1	
aripiprazole 5 mg tab	1	
ARISTADA 1064 MG/3.9ML PRSYR	1	QL 3.9 ML / 56 day(s)
ARISTADA 441 MG/1.6ML PRSYR	1	QL 1.6 ML / 28 day(s)
ARISTADA 662 MG/2.4ML PRSYR	1	QL 2.4 ML / 28 day(s)
ARISTADA 882 MG/3.2ML PRSYR	1	QL 3.2 ML / 28 day(s)
ARISTADA INITIO 675 MG/2.4ML PRSYR	1	
asenapine maleate 10 mg sl tab	1	
asenapine maleate 2.5 mg sl tab	1	
asenapine maleate 5 mg sl tab	1	
chlorpromazine hcl 100 mg/ml conc	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
chlorpromazine hcl 100 mg tab	1	
chlorpromazine hcl 10 mg tab	1	
chlorpromazine hcl 200 mg tab	1	
chlorpromazine hcl 25 mg/ml solution	1	
chlorpromazine hcl 25 mg tab	1	
chlorpromazine hcl 50 mg/2ml solution	1	
chlorpromazine hcl 50 mg tab	1	
clozapine 100 mg tab	1	
clozapine 12.5 mg tab disp	1	
clozapine 200 mg tab	1	
clozapine 25 mg tab	1	
clozapine 50 mg tab	1	
ERZOFRI 117 MG/0.75ML SUSP PRSYR	1	
ERZOFRI 156 MG/ML SUSP PRSYR	1	
ERZOFRI 234 MG/1.5ML SUSP PRSYR	1	
ERZOFRI 351 MG/2.25ML SUSP PRSYR	1	
ERZOFRI 39 MG/0.25ML SUSP PRSYR	1	
ERZOFRI 78 MG/0.5ML SUSP PRSYR	1	
FANAPT TITRATION PACK A 1 & 2 & 4 & 6 MG TAB	1	QL 60 EA / 30 day(s) PA
fluphenazine decanoate 25 mg/ml solution	1	
fluphenazine hcl 10 mg tab	1	
fluphenazine hcl 1 mg tab	1	
FLUPHENAZINE HCL 2.5 MG/5ML ELIXIR	1	
FLUPHENAZINE HCL 2.5 MG/ML SOLUTION	1	
fluphenazine hcl 2.5 mg tab	1	
FLUPHENAZINE HCL 5 MG/ML CONC	1	
fluphenazine hcl 5 mg tab	1	
HALDOL DECANOATE 100 MG/ML SOLUTION	1	
HALDOL DECANOATE 50 MG/ML SOLUTION	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
haloperidol 0.5 mg tab	1	
haloperidol 10 mg tab	1	
haloperidol 1 mg tab	1	
haloperidol 20 mg tab	1	
haloperidol 2 mg tab	1	
haloperidol 5 mg tab	1	
haloperidol decanoate 100 mg/ml solution	1	
haloperidol decanoate 50 mg/ml solution	1	
haloperidol lactate 10 mg/5ml conc	1	
haloperidol lactate 2 mg/ml conc	1	
haloperidol lactate 5 mg/ml solution	1	PA
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	1	QL 3.5 ML / 180 day(s)
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	1	QL 5 ML / 180 day(s)
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	1	
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	1	
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	1	
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	1	
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	1	
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	1	
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	1	
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	1	
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	1	
loxapine succinate 10 mg cap	1	
loxapine succinate 25 mg cap	1	
loxapine succinate 50 mg cap	1	
loxapine succinate 5 mg cap	1	
lurasidone hcl 120 mg tab	1	
lurasidone hcl 20 mg tab	1	
lurasidone hcl 40 mg tab	1	
lurasidone hcl 60 mg tab	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
lurasidone hcl 80 mg tab	1	
MOLINDONE HCL 10 MG TAB	1	
MOLINDONE HCL 25 MG TAB	1	
MOLINDONE HCL 5 MG TAB	1	
NUPLAZID 10 MG TAB	1	PA SP Specialty
NUPLAZID 34 MG CAP	1	PA SP Specialty
olanzapine 10 mg tab	1	
olanzapine 10 mg tab disp	1	
olanzapine 15 mg tab	1	
olanzapine 15 mg tab disp	1	
olanzapine 20 mg tab	1	
olanzapine 20 mg tab disp	1	
olanzapine 2.5 mg tab	1	
olanzapine 5 mg tab	1	
olanzapine 5 mg tab disp	1	
olanzapine 7.5 mg tab	1	
paliperidone er 1.5 mg tab er 24h	1	
paliperidone er 3 mg tab er 24h	1	
paliperidone er 6 mg tab er 24h	1	
paliperidone er 9 mg tab er 24h	1	
PERSERIS 120 MG PRSYR	1	
PERSERIS 90 MG PRSYR	1	
pimozide 1 mg tab	1	
pimozide 2 mg tab	1	
quetiapine fumarate 100 mg tab	1	RX4L Rx4Less Program
QUETIAPINE FUMARATE 150 MG TAB	1	
quetiapine fumarate 200 mg tab	1	RX4L Rx4Less Program
quetiapine fumarate 25 mg tab	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
quetiapine fumarate 300 mg tab	1	RX4L Rx4Less Program
quetiapine fumarate 400 mg tab	1	
quetiapine fumarate 50 mg tab	1	RX4L Rx4Less Program
quetiapine fumarate er 150 mg tab er 24h	1	
quetiapine fumarate er 200 mg tab er 24h	1	
quetiapine fumarate er 300 mg tab er 24h	1	
quetiapine fumarate er 400 mg tab er 24h	1	
quetiapine fumarate er 50 mg tab er 24h	1	
risperidone 0.25 mg tab	1	RX4L Rx4Less Program
risperidone 0.5 mg tab	1	RX4L Rx4Less Program
risperidone 1 mg/ml solution	1	
risperidone 1 mg tab	1	RX4L Rx4Less Program
risperidone 2 mg tab	1	RX4L Rx4Less Program
risperidone 3 mg tab	1	
risperidone 4 mg tab	1	
risperidone microspheres er 12.5 mg srer	1	
risperidone microspheres er 25 mg srer	1	
risperidone microspheres er 37.5 mg srer	1	
risperidone microspheres er 50 mg srer	1	
thioridazine hcl 100 mg tab	1	
thioridazine hcl 10 mg tab	1	
thioridazine hcl 25 mg tab	1	
thioridazine hcl 50 mg tab	1	
thiothixene 10 mg cap	1	
thiothixene 1 mg cap	1	
thiothixene 2 mg cap	1	
thiothixene 5 mg cap	1	
trifluoperazine hcl 10 mg tab	1	
trifluoperazine hcl 1 mg tab	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
trifluoperazine hcl 2 mg tab	1	
trifluoperazine hcl 5 mg tab	1	
UZEDY 100 MG/0.28ML SUSP PRSYR	1	QL 0.28 ml / 28 day(s)
UZEDY 125 MG/0.35ML SUSP PRSYR	1	QL 0.35 ml / 28 day(s)
UZEDY 150 MG/0.42ML SUSP PRSYR	1	QL 0.42 ml / 56 day(s)
UZEDY 200 MG/0.56ML SUSP PRSYR	1	QL 0.56 ml / 56 day(s)
UZEDY 250 MG/0.7ML SUSP PRSYR	1	QL 0.7 ml / 56 day(s)
UZEDY 50 MG/0.14ML SUSP PRSYR	1	QL 0.14 ml / 28 day(s)
UZEDY 75 MG/0.21ML SUSP PRSYR	1	QL 0.21 ml / 28 day(s)
VRAYLAR 0.5 MG CAP	1	PA
VRAYLAR 0.75 MG CAP	1	PA
VRAYLAR 1.5 MG CAP	1	PA
VRAYLAR 3 MG CAP	1	PA
VRAYLAR 4.5 MG CAP	1	PA
VRAYLAR 6 MG CAP	1	PA
ziprasidone hcl 20 mg cap	1	
ziprasidone hcl 40 mg cap	1	
ziprasidone hcl 60 mg cap	1	
ziprasidone hcl 80 mg cap	1	
ZYPREXA RELPREVV 210 MG RECON SUSP	1	
ZYPREXA RELPREVV 300 MG RECON SUSP	1	
ZYPREXA RELPREVV 405 MG RECON SUSP	1	
ANXIOLYTICS		
alprazolam 0.25 mg tab	1	QL 150 EA / 30 day(s)
alprazolam 0.5 mg tab	1	QL 150 EA / 30 day(s)
alprazolam 1 mg tab	1	QL 150 EA / 30 day(s)
alprazolam 2 mg tab	1	QL 150 EA / 30 day(s)

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
clorazepate dipotassium 3.75 mg tab	1	
clorazepate dipotassium 7.5 mg tab	1	
diazepam 10 mg tab	1	QL 120 EA / 30 day(s)
diazepam 2 mg tab	1	QL 120 EA / 30 day(s)
diazepam 5 mg tab	1	QL 120 EA / 30 day(s)
lorazepam 0.5 mg tab	1	QL 150 EA / 30 day(s)
lorazepam 1 mg tab	1	QL 150 EA / 30 day(s)
lorazepam 2 mg tab	1	QL 150 EA / 30 day(s)
LOREEV XR 1.5 MG CP24 SPRNK	1	PA
LOREEV XR 1 MG CP24 SPRNK	1	PA
LOREEV XR 2 MG CP24 SPRNK	1	PA
LOREEV XR 3 MG CP24 SPRNK	1	PA
midazolam hcl 2 mg/ml syrup	1	
MIGRAINE		
AJOVY 225 MG/1.5ML SOLN A-INJ	1	QL 1.5 ML / 28 day(s) PA
AJOVY 225 MG/1.5ML SOLN PRSYR	1	QL 1.5 ML / 28 day(s) PA
almotriptan malate 12.5 mg tab	1	QL 8 EA / 30 day(s)
almotriptan malate 6.25 mg tab	1	QL 8 EA / 30 day(s)
candesartan cilexetil 16 mg tab	1	PD Preventive Drug
dihydroergotamine mesylate 1 mg/ml solution	1	
dihydroergotamine mesylate 4 mg/ml solution	1	QL 8 ML / 30 day(s)
eletriptan hydrobromide 20 mg tab	1	QL 12 EA / 30 day(s)
eletriptan hydrobromide 40 mg tab	1	QL 12 EA / 30 day(s)
ERGOTAMINE-CAFFEINE 1-100 MG TAB	1	
frovatriptan succinate 2.5 mg tab	1	QLC 12 EA / 30 DAY(S)

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MISCELLANEOUS		
lithium 8 meq/5ml solution	1	
LITHIUM CARBONATE 150 MG CAP	1	
lithium carbonate 150 mg cap	1	
LITHIUM CARBONATE 300 MG CAP	1	
lithium carbonate 300 mg cap	1	
lithium carbonate 300 mg tab	1	
LITHIUM CARBONATE 600 MG CAP	1	
lithium carbonate 600 mg cap	1	
lithium carbonate er 300 mg tab er	1	
lithium carbonate er 450 mg tab er	1	
LITHOBID 300 MG TAB ER	1	
pyridostigmine bromide 60 mg/5ml solution	1	
pyridostigmine bromide 60 mg tab	1	
pyridostigmine bromide er 180 mg tab er	1	
CENTRAL NERVOUS SYSTEM AGENTS		
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES		
ADDERALL XR 10 MG CAP ER 24H	1	QL 60 EA / 30 day(s)
ADDERALL XR 15 MG CAP ER 24H	1	QL 60 EA / 30 day(s)
ADDERALL XR 20 MG CAP ER 24H	1	QL 60 EA / 30 day(s)
ADDERALL XR 25 MG CAP ER 24H	1	QL 60 EA / 30 day(s)
ADDERALL XR 30 MG CAP ER 24H	1	QL 60 EA / 30 day(s)
ADDERALL XR 5 MG CAP ER 24H	1	QL 60 EA / 30 day(s)
amphetamine-dextroamphetamine 10 mg tab	1	QL 90 EA / 30 day(s)
amphetamine-dextroamphetamine 12.5 mg tab	1	QL 90 EA / 30 day(s)
amphetamine-dextroamphetamine 15 mg tab	1	QL 90 EA / 30 day(s)
amphetamine-dextroamphetamine 20 mg tab	1	QL 90 EA / 30 day(s)
amphetamine-dextroamphetamine 30 mg tab	1	QL 90 EA / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
amphetamine-dextroamphetamine 5 mg tab	1	QL 90 EA / 30 day(s)
amphetamine-dextroamphetamine 7.5 mg tab	1	QL 90 EA / 30 day(s)
amphetamine-dextroamphet er 10 mg cap er 24h	1	QL 60 EA / 30 day(s)
amphetamine-dextroamphet er 15 mg cap er 24h	1	QL 60 EA / 30 day(s)
amphetamine-dextroamphet er 20 mg cap er 24h	1	QL 60 EA / 30 day(s)
amphetamine-dextroamphet er 25 mg cap er 24h	1	QL 60 EA / 30 day(s)
amphetamine-dextroamphet er 30 mg cap er 24h	1	QL 60 EA / 30 day(s)
amphetamine-dextroamphet er 5 mg cap er 24h	1	QL 60 EA / 30 day(s)
dextroamphetamine sulfate 10 mg tab	1	QL 120 EA / 30 day(s)
dextroamphetamine sulfate 15 mg tab	1	
dextroamphetamine sulfate 20 mg tab	1	
dextroamphetamine sulfate 30 mg tab	1	
dextroamphetamine sulfate 5 mg/5ml solution	1	
dextroamphetamine sulfate 5 mg tab	1	QL 120 EA / 30 day(s)
dextroamphetamine sulfate er 10 mg cap er 24h	1	QL 120 EA / 30 day(s)
dextroamphetamine sulfate er 15 mg cap er 24h	1	QL 120 EA / 30 day(s)
dextroamphetamine sulfate er 5 mg cap er 24h	1	QL 120 EA / 30 day(s)
lisdexamfetamine dimesylate 10 mg cap	1	QL 30 EA / 30 days
lisdexamfetamine dimesylate 10 mg chew tab	1	QL 30 ea / 30 day(s)
lisdexamfetamine dimesylate 20 mg cap	1	QL 30 EA / 30 days
lisdexamfetamine dimesylate 20 mg chew tab	1	QL 30 ea / 30 day(s)
lisdexamfetamine dimesylate 30 mg cap	1	QL 30 EA / 30 days
lisdexamfetamine dimesylate 30 mg chew tab	1	QL 30 ea / 30 day(s)
lisdexamfetamine dimesylate 40 mg cap	1	QL 30 EA / 30 days
lisdexamfetamine dimesylate 40 mg chew tab	1	QL 30 ea / 30 day(s)
lisdexamfetamine dimesylate 50 mg cap	1	QL 30 EA / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
lisdexamfetamine dimesylate 50 mg chew tab	1	QL 30 ea / 30 day(s)
lisdexamfetamine dimesylate 60 mg cap	1	QL 30 EA / 30 days
lisdexamfetamine dimesylate 60 mg chew tab	1	QL 30 ea / 30 day(s)
lisdexamfetamine dimesylate 70 mg cap	1	QL 30 EA / 30 days
MYDAYIS 12.5 MG CAP ER 24H	1	
MYDAYIS 25 MG CAP ER 24H	1	
MYDAYIS 37.5 MG CAP ER 24H	1	
MYDAYIS 50 MG CAP ER 24H	1	
procentra 5 mg/5ml solution	1	
zenzedi 10 mg tab	1	QL 120 EA / 30 day(s)
zenzedi 15 mg tab	1	
zenzedi 20 mg tab	1	
zenzedi 30 mg tab	1	
zenzedi 5 mg tab	1	QL 120 EA / 30 day(s)
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES		
atomoxetine hcl 100 mg cap	1	
atomoxetine hcl 10 mg cap	1	
atomoxetine hcl 18 mg cap	1	
atomoxetine hcl 25 mg cap	1	
atomoxetine hcl 40 mg cap	1	
atomoxetine hcl 60 mg cap	1	
atomoxetine hcl 80 mg cap	1	
clonidine hcl 0.1 mg tab er 12h (generic of KAPVAY)	1	
clonidine hcl er 0.1 mg tab er 12h	1	
CONCERTA 18 MG TAB ER	1	QL 60 EA / 30 day(s)
CONCERTA 27 MG TAB ER	1	QL 60 EA / 30 day(s)
CONCERTA 36 MG TAB ER	1	QL 60 EA / 30 day(s)
CONCERTA 54 MG TAB ER	1	QL 60 EA / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
Dexmethylphenidate HCl 10 MG TAB (generic of FOCALIN)	1	QL 90 EA / 30 day(s)
Dexmethylphenidate HCl 2.5 MG TAB (generic of FOCALIN)	1	QL 90 EA / 30 day(s)
Dexmethylphenidate HCl 5 MG TAB (generic of FOCALIN)	1	QL 90 EA / 30 day(s)
Dexmethylphenidate HCl ER 10 MG CAP ER 24H (generic of FOCALIN XR)	1	QL 30 EA / 30 day(s)
Dexmethylphenidate HCl ER 15 MG CAP ER 24H (generic of FOCALIN XR)	1	QL 30 EA / 30 day(s)
Dexmethylphenidate HCl ER 20 MG CAP ER 24H (generic of FOCALIN XR)	1	QL 30 EA / 30 day(s)
Dexmethylphenidate HCl ER 25 MG CAP ER 24H (generic of FOCALIN XR)	1	QL 30 EA / 30 day(s)
Dexmethylphenidate HCl ER 30 MG CAP ER 24H (generic of FOCALIN XR)	1	QL 30 EA / 30 day(s)
Dexmethylphenidate HCl ER 35 MG CAP ER 24H (generic of FOCALIN XR)	1	QL 30 EA / 30 day(s)
Dexmethylphenidate HCl ER 40 MG CAP ER 24H (generic of FOCALIN XR)	1	QL 30 EA / 30 day(s)
Dexmethylphenidate HCl ER 5 MG CAP ER 24H (generic of FOCALIN XR)	1	QL 30 EA / 30 day(s)
guanfacine hcl er 1 mg tab er 24h	1	
guanfacine hcl er 2 mg tab er 24h	1	
guanfacine hcl er 3 mg tab er 24h	1	
guanfacine hcl er 4 mg tab er 24h	1	
Methylphenidate HCl 10 MG/5ML SOLUTION (generic of METHYLIN)	1	
Methylphenidate HCl 10 MG CHEW TAB (generic of METHYLIN)	1	
Methylphenidate HCl 10 MG TAB (generic of RITALIN)	1	QL 90 EA / 30 day(s)
Methylphenidate HCl 20 MG TAB (generic of RITALIN)	1	QL 90 EA / 30 day(s)
Methylphenidate HCl 2.5 MG CHEW TAB (generic of METHYLIN)	1	
Methylphenidate HCl 5 MG/5ML SOLUTION (generic of METHYLIN)	1	QL 1800 ML / 30 day(s)
Methylphenidate HCl 5 MG CHEW TAB (generic of METHYLIN)	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
Methylphenidate HCl 5 MG TAB (generic of RITALIN)	1	QL 90 EA / 30 day(s)
Methylphenidate HCl ER 10 MG TAB ER (generic of METADATE ER)	1	QL 60 EA / 30 day(s)
methylphenidate hcl tab er osmotic release (osm) 18 mg (generic of CONCERTA)	1	QL 60 EA / 30 day(s)
METHYLPHENIDATE HCL ER 18 MG TAB ER 24H	1	QL 60 EA / 30 day(s)
Methylphenidate HCl ER 20 MG TAB ER (generic of METADATE ER)	1	QL 60 EA / 30 day(s)
methylphenidate hcl tab er osmotic release (osm) 27 mg (generic of CONCERTA)	1	QL 60 EA / 30 day(s)
METHYLPHENIDATE HCL ER 27 MG TAB ER 24H	1	QL 60 EA / 30 day(s)
methylphenidate hcl tab er osmotic release (osm) 36 mg (generic of CONCERTA)	1	QL 60 EA / 30 day(s)
METHYLPHENIDATE HCL ER 36 MG TAB ER 24H	1	QL 60 EA / 30 day(s)
methylphenidate hcl tab er osmotic release (osm) 54 mg (generic of CONCERTA)	1	QL 60 EA / 30 day(s)
METHYLPHENIDATE HCL ER 54 MG TAB ER 24H	1	QL 60 EA / 30 day(s)
Methylphenidate HCl ER (CD) 10 MG CAP ER (generic of METADATE CD)	1	QL 60 EA / 30 day(s)
Methylphenidate HCl ER (CD) 20 MG CAP ER (generic of METADATE CD)	1	QL 60 EA / 30 day(s)
Methylphenidate HCl ER (CD) 30 MG CAP ER (generic of METADATE CD)	1	QL 60 EA / 30 day(s)
Methylphenidate HCl ER (CD) 40 MG CAP ER (generic of METADATE CD)	1	QL 60 EA / 30 day(s)
Methylphenidate HCl ER (CD) 50 MG CAP ER (generic of METADATE CD)	1	QL 60 EA / 30 day(s)
Methylphenidate HCl ER (CD) 60 MG CAP ER (generic of METADATE CD)	1	QL 60 EA / 30 day(s)
METHYLPHENIDATE HCL ER(DIFFUS) 27 MG TAB ER	1	QL 60 EA / 30 day(s)
METHYLPHENIDATE HCL ER(DIFFUS) 36 MG TAB ER	1	QL 60 EA / 30 day(s)
METHYLPHENIDATE HCL ER(DIFFUS) 54 MG TAB ER	1	QL 60 EA / 30 day(s)
Methylphenidate HCl ER (LA) 10 MG CAP ER 24H (generic of RITALIN LA)	1	QL 60 EA / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
Methylphenidate HCl ER (LA) 20 MG CAP ER 24H (generic of RITALIN LA)	1	QL 60 EA / 30 day(s)
methylphenidate hcl er (la) 20 mg cap er 24h	1	QL 60 EA / 30 day(s)
Methylphenidate HCl ER (LA) 30 MG CAP ER 24H (generic of RITALIN LA)	1	QL 60 EA / 30 day(s)
methylphenidate hcl er (la) 30 mg cap er 24h	1	QL 60 EA / 30 day(s)
Methylphenidate HCl ER (LA) 40 MG CAP ER 24H (generic of RITALIN LA)	1	QL 60 EA / 30 day(s)
methylphenidate hcl er (la) 40 mg cap er 24h	1	QL 60 EA / 30 day(s)
Methylphenidate HCl ER (LA) 60 MG CAP ER 24H (generic of RITALIN LA)	1	QL 60 EA / 30 day(s)
methylphenidate hcl er (la) 60 mg cap er 24h	1	QL 60 EA / 30 day(s)
methylphenidate hcl tab er osmotic release (osm) 18 mg (generic of CONCERTA)	1	QL 60 EA / 30 day(s)
methylphenidate hcl tab er osmotic release (osm) 27 mg (generic of CONCERTA)	1	QL 60 EA / 30 day(s)
methylphenidate hcl tab er osmotic release (osm) 36 mg (generic of CONCERTA)	1	QL 60 EA / 30 day(s)
methylphenidate hcl tab er osmotic release (osm) 54 mg (generic of CONCERTA)	1	QL 60 EA / 30 day(s)
QELBREE 100 MG CAP ER 24H	1	PA
QELBREE 150 MG CAP ER 24H	1	PA
QELBREE 200 MG CAP ER 24H	1	PA
CENTRAL NERVOUS SYSTEM, OTHER		
AUSTEDO XR PATIENT TITRATION 12 & 18 & 24 & 30 MG TBER THPK	1	QL 28 EA / 28 day(s) PA SP Specialty
bac (butalbital-acetamin-caff) 50-325-40 mg tab	1	QL 180 ea / 30 day(s)
benzphetamine hcl 50 mg tab	1	
butalbital-acetaminophen 50-325 mg tab	1	QL 180 ea / 30 day(s)
butalbital-apap-caffeine 50-300-40 mg cap	1	QL 180 ea / 30 day(s)
butalbital-apap-caffeine 50-325-40 mg tab	1	QL 180 ea / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CONTRAVE 8-90 MG TAB ER 12H	1	PA
dextromethorphan-quinidine 20-10 mg cap	1	QL 60 / 30 days PA
diethylpropion hcl 25 mg tab	1	
DIETHYLPROPION HCL ER 75 MG TAB ER 24H	1	
FIRDAPSE 10 MG TAB	1	PA SP Specialty
gabapentin (once-daily) 300 mg tab	1	PA
gabapentin (once-daily) 450 mg tab	1	
gabapentin (once-daily) 600 mg tab	1	PA
gabapentin (once-daily) 750 mg tab	1	
gabapentin (once-daily) 900 mg tab	1	
GRALISE 300 MG TAB	1	PA
GRALISE 450 MG TAB	1	PA
GRALISE 600 MG TAB	1	PA
GRALISE 750 MG TAB	1	PA
GRALISE 900 MG TAB	1	PA
NUEDEXTA 20-10 MG CAP	1	PA
phendimetrazine tartrate 35 mg tab	1	
phentermine hcl 15 mg cap	1	
phentermine hcl 30 mg cap	1	
phentermine hcl 37.5 mg cap	1	
phentermine hcl 37.5 mg tab	1	
phentermine-topiramate er 11.25-69 mg cap er 24h	1	QL 30 EA / 30 days PA
phentermine-topiramate er 15-92 mg cap er 24h	1	QL 30 EA / 30 days PA
phentermine-topiramate er 3.75-23 mg cap er 24h	1	QL 45 EA / 30 days PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
phentermine-topiramate er 7.5-46 mg cap er 24h	1	QL 30 EA / 30 days PA
phentermine-topiramate erxdnu 11.25-69 mg cap er 24h	1	QL 30 EA / 30 days PA
phentermine-topiramate erxdnu 15-92 mg cap er 24h	1	QL 30 EA / 30 days PA
phentermine-topiramate erxdnu 3.75-23 mg cap er 24h	1	QL 45 EA / 30 days PA
phentermine-topiramate erxdnu 7.5-46 mg cap er 24h	1	QL 30 EA / 30 days PA
tetrabenazine 12.5 mg tab	1	PA SP Specialty
tetrabenazine 25 mg tab	1	PA SP Specialty
FIBROMYALGIA AGENTS		
duloxetine hcl 20 mg cp dr part	1	
duloxetine hcl 30 mg cp dr part	1	
duloxetine hcl 60 mg cp dr part	1	
milnacipran hcl 100 mg tab	1	QL 90 / 30 days
milnacipran hcl 12.5 & 25 & 50 mg misc	1	QL 55 / 28 days
milnacipran hcl 12.5 mg tab	1	QL 90 / 30 days
milnacipran hcl 25 mg tab	1	QL 90 / 30 days
milnacipran hcl 50 mg tab	1	QL 90 / 30 days
pregabalin 100 mg cap	1	
pregabalin 150 mg cap	1	
pregabalin 200 mg cap	1	
pregabalin 20 mg/ml solution	1	
pregabalin 225 mg cap	1	
pregabalin 25 mg cap	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
pregabalin 300 mg cap	1	
pregabalin 50 mg cap	1	
pregabalin 75 mg cap	1	
SAVELLA 100 MG TAB	1	
SAVELLA 12.5 MG TAB	1	
SAVELLA 25 MG TAB	1	
SAVELLA 50 MG TAB	1	
SAVELLA TITRATION PACK 12.5 & 25 & 50 MG MISC	1	
MULTIPLE SCLEROSIS AGENTS		
AVONEX PEN 30 MCG/0.5ML AUT-IJ KIT	1	SP Specialty
AVONEX PREFILLED 30 MCG/0.5ML PREF SY KT	1	SP Specialty
BETASERON 0.3 MG KIT	1	SP Specialty
COPAXONE 40 MG/ML SOLN PRSYR	1	SP Specialty
dalfampridine er 10 mg tab er 12h	1	SP Specialty
dimethyl fumarate 120 mg cap dr	1	QL 60 ea / 30 day(s) SP Specialty
dimethyl fumarate 240 mg cap dr	1	QL 60 ea / 30 day(s) SP Specialty
dimethyl fumarate starter pack 120 & 240 mg cpdr thpk	1	SP Specialty
EXTAVIA 0.3 MG KIT	1	PA SP Specialty
fingolimod hcl 0.5 mg cap	1	QL 30 EA / 30 day(s) SP Specialty
glatiramer acetate 20 mg/ml soln prsyr	1	QL 30 ML / 30 day(s) SP Specialty
glatiramer acetate 40 mg/ml soln prsyr	1	QL 12 ML / 28 day(s) SP Specialty
glatopa 40 mg/ml soln prsyr	1	QL 12 ML / 28 day(s) SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KESIMPTA 20 MG/0.4ML SOLN A-INJ	1	SP Specialty
MAYZENT 0.25 MG TAB	1	SP Specialty
MAYZENT 1 MG TAB	1	SP Specialty
MAYZENT 2 MG TAB	1	SP Specialty
MAYZENT STARTER PACK 12 X 0.25 MG TAB THPK	1	SP Specialty
MAYZENT STARTER PACK 7 X 0.25 MG TAB THPK	1	SP Specialty
PLEGRIDY 125 MCG/0.5ML SOLN A-INJ	1	SP Specialty
PLEGRIDY 125 MCG/0.5ML SOLN PRSYR	1	SP Specialty
PLEGRIDY STARTER PACK 63 & 94 MCG/0.5ML SOLN A-INJ	1	SP Specialty
PLEGRIDY STARTER PACK 63 & 94 MCG/0.5ML SOLN PRSYR	1	SP Specialty
REBIF 22 MCG/0.5ML SOLN PRSYR	1	SP Specialty
REBIF 44 MCG/0.5ML SOLN PRSYR	1	SP Specialty
REBIF REBIDOSE 22 MCG/0.5ML SOLN A-INJ	1	SP Specialty
REBIF REBIDOSE 44 MCG/0.5ML SOLN A-INJ	1	SP Specialty
REBIF REBIDOSE TITRATION PACK 6X8.8 & 6X22 MCG SOLN A-INJ	1	SP Specialty
REBIF TITRATION PACK 6X8.8 & 6X22 MCG SOLN PRSYR	1	SP Specialty
teriflunomide 14 mg tab	1	QL 30 ea / 30 day(s) SP Specialty
teriflunomide 7 mg tab	1	QL 30 EA / 30 day(s) SP Specialty
DENTAL AND ORAL AGENTS		
cevimeline hcl 30 mg cap	1	
chlorhexidine gluconate 0.12 % solution	1	
CLINPRO 5000 1.1 % PASTE	1	
DENTA 5000 PLUS 1.1 % CREAM	1	
denta 5000 plus 1.1 % cream	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DENTAGEL 1.1 % GEL	1	
FLUORIDEX 1.1 % PASTE	1	
FLUORIDEX ENHANCED WHITENING 1.1 % PASTE	1	
FLUORIMAX 5000 1.1 % PASTE	1	
FRAICHE 5000 DENTAL 1.1 % GEL	1	
GELCLAIR GEL	1	
JUST RIGHT 5000 1.1 % PASTE	1	
kourzeq 0.1 % paste	1	
oralone 0.1 % paste	1	
periogard 0.12 % solution	1	
pilocarpine hcl 5 mg tab	1	
pilocarpine hcl 7.5 mg tab	1	
SF 1.1 % GEL	1	
SF 5000 PLUS 1.1 % CREAM	1	
SODIUM FLUORIDE 0.2 % SOLUTION	1	
SODIUM FLUORIDE 1.1 % CREAM	1	
SODIUM FLUORIDE 1.1 % GEL	1	
SODIUM FLUORIDE 5000 PLUS 1.1 % CREAM	1	
sodium fluoride 5000 ppm 1.1 % cream	1	
SODIUM FLUORIDE 5000 PPM 1.1 % GEL	1	
SODIUM FLUORIDE 5000 PPM 1.1 % PASTE	1	
triamcinolone acetonide 0.1 % paste	1	
DERMATOLOGICAL AGENTS		
ACNE AND ROSACEA AGENTS		
accutane 10 mg cap	1	
accutane 20 mg cap	1	
accutane 30 mg cap	1	
accutane 40 mg cap	1	
acitretin 10 mg cap	1	
acitretin 17.5 mg cap	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
acitretin 25 mg cap	1	
adapalene 0.1 % cream	1	
adapalene 0.1 % gel	1	OTC Over the Counter
adapalene 0.3 % gel	1	
amnesteem 10 mg cap	1	
amnesteem 20 mg cap	1	
amnesteem 30 mg cap	1	
amnesteem 40 mg cap	1	
benzoyl peroxide-erythromycin 5-3 % gel	1	
BRIMONIDINE TARTRATE 0.33 % GEL	1	PA
claravis 10 mg cap	1	
claravis 20 mg cap	1	
claravis 30 mg cap	1	
claravis 40 mg cap	1	
clindamycin phos-benzoyl perox 1.2-2.5 % gel	1	QL 50 GM / 30 days
clindamycin phos-benzoyl perox 1.2-5 % gel	1	QL 45 GM / 30 days
clindamycin phos-benzoyl perox 1-5 % gel	1	
clindamycin-tretinoin 1.2-0.025 % gel	1	
isotretinoin 10 mg cap	1	
isotretinoin 20 mg cap	1	
isotretinoin 30 mg cap	1	
isotretinoin 40 mg cap	1	
neuac 1.2-5 % gel	1	QL 45 GM / 30 days
tretinoin 0.01 % gel	1	
tretinoin 0.025 % cream	1	
tretinoin 0.025 % gel	1	
tretinoin 0.05 % cream	1	
tretinoin 0.05 % gel	1	
tretinoin 0.1 % cream	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRETINOIN MICROSPHERE 0.04 % GEL	1	
TRETINOIN MICROSPHERE 0.1 % GEL	1	
TRETINOIN MICROSPHERE PUMP 0.04 % GEL	1	
TRETINOIN MICROSPHERE PUMP 0.1 % GEL	1	
WINLEVI 1 % CREAM	1	PA
zenatane 10 mg cap	1	
zenatane 20 mg cap	1	
zenatane 30 mg cap	1	
zenatane 40 mg cap	1	
DERMATITIS AND PRURITUS AGENTS		
ala-cort 1 % cream	1	
ALCLOMETASONE DIPROPIONATE 0.05 % OINTMENT	1	
alclometasone dipropionate 0.05 % ointment	1	
AMCINONIDE 0.1 % CREAM	1	
ammonium lactate 12 % cream	1	
ammonium lactate 12 % lotion	1	
anti-itch maximum strength 1 % cream	1	OTC Over the Counter
aquanil hc 1 % lotion	1	OTC Over the Counter
aquaphor itch relief children 1 % ointment	1	OTC Over the Counter
aquaphor itch relief max str 1 % ointment	1	OTC Over the Counter
aveeno anti-itch max st 1 % cream	1	OTC Over the Counter
beta hc 1 % lotion	1	OTC Over the Counter
betamethasone dipropionate 0.05 % cream	1	
betamethasone dipropionate 0.05 % lotion	1	
BETAMETHASONE DIPROPIONATE AUG 0.05 % GEL	1	
betamethasone dipropionate aug 0.05 % ointment	1	
betamethasone valerate 0.12 % foam	1	
betamethasone valerate 0.1 % cream	1	
BETAMETHASONE VALERATE 0.1 % LOTION	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
betamethasone valerate 0.1 % lotion	1	
betamethasone valerate 0.1 % ointment	1	
clobetasol prop emollient base 0.05 % cream	1	
clobetasol propionate 0.05 % cream	1	
clobetasol propionate 0.05 % foam	1	
clobetasol propionate 0.05 % gel	1	
clobetasol propionate 0.05 % liquid	1	
clobetasol propionate 0.05 % lotion	1	
clobetasol propionate 0.05 % ointment	1	
clobetasol propionate 0.05 % shampoo	1	
clobetasol propionate 0.05 % solution	1	
clodan 0.05 % shampoo	1	
cortizone-10 1 % ointment	1	OTC Over the Counter
cortizone-10/aloe 1 % cream	1	OTC Over the Counter
cortizone-10 diabetics skin 1 % lotion	1	OTC Over the Counter
cortizone-10 eczema 1 % lotion	1	OTC Over the Counter
cortizone-10 feminine itch 1 % cream	1	OTC Over the Counter
cortizone-10 hydratensive 1 % lotion	1	OTC Over the Counter
cortizone-10 intensive healing 1 % cream	1	OTC Over the Counter
cortizone-10 intensve moisture 1 % cream	1	OTC Over the Counter
cortizone-10 overnight 1 % cream	1	OTC Over the Counter
cortizone-10 overnight itch 1 % cream	1	OTC Over the Counter
cortizone-10 plus 1 % cream	1	OTC Over the Counter
cortizone-10 sensitive skin 1 % cream	1	OTC Over the Counter
cortizone-10 soothing aloe 1 % cream	1	OTC Over the Counter
cortizone-10 ultra soothing 1 % cream	1	OTC Over the Counter
cortizone-10 water resistant 1 % ointment	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
cvs cortisone maximum strength 1 % cream	1	OTC Over the Counter
cvs cortisone maximum strength 1 % lotion	1	OTC Over the Counter
cvs cortisone maximum strength 1 % ointment	1	OTC Over the Counter
dermarest eczema 1 % lotion	1	OTC Over the Counter
desonide 0.05 % cream	1	
desonide 0.05 % ointment	1	
desoximetasone 0.05 % cream	1	
DESOXIMETASONE 0.05 % GEL	1	
desoximetasone 0.05 % ointment	1	
desoximetasone 0.25 % cream	1	
desoximetasone 0.25 % ointment	1	
doxepin hcl 5 % cream	1	PA
eq hydrocortisone 1 % cream	1	OTC Over the Counter
eq hydrocortisone max st 1 % cream	1	OTC Over the Counter
eql anti-itch intensive heal 1 % cream	1	OTC Over the Counter
eql anti-itch maximum strength 1 % cream	1	OTC Over the Counter
eql anti-itch maximum strength 1 % ointment	1	OTC Over the Counter
EUCRISA 2 % OINTMENT	1	QL 3.34 GM / 1 DAYS ST
fluocinolone acetonide 0.01 % cream	1	
fluocinolone acetonide 0.01 % solution	1	
fluocinolone acetonide 0.025 % cream	1	
fluocinolone acetonide 0.025 % ointment	1	
fluocinolone acetonide body 0.01 % oil	1	
fluocinolone acetonide scalp 0.01 % oil	1	
fluocinonide 0.05 % cream	1	
fluocinonide 0.05 % gel	1	
fluocinonide 0.05 % ointment	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
fluocinonide 0.05 % solution	1	
fluocinonide 0.1 % cream	1	
fluocinonide emulsified base 0.05 % cream	1	
FLURANDRENOLIDE 0.05 % CREAM	1	
FLURANDRENOLIDE 0.05 % LOTION	1	
fluticasone propionate 0.005 % ointment	1	
fluticasone propionate 0.05 % cream	1	
FLUTICASONE PROPIONATE 0.05 % LOTION	1	
ft itch relief/aloe max str 1 % cream	1	OTC Over the Counter
ft itch relief max strength 1 % cream	1	OTC Over the Counter
ft itch relief max strength 1 % ointment	1	OTC Over the Counter
gnp hydrocortisone/aloe 1 % cream	1	OTC Over the Counter
gnp hydrocortisone max st 1 % ointment	1	OTC Over the Counter
gnp hydrocortisone plus 1 % cream	1	OTC Over the Counter
goodsense anti-itch maximum st 1 % ointment	1	OTC Over the Counter
goodsense anti-itch max str 1 % cream	1	OTC Over the Counter
halobetasol propionate 0.05 % cream	1	
halobetasol propionate 0.05 % ointment	1	
hydrocortisone 1 % cream	1	OTC Over the Counter
hydrocortisone 1 % cream	1	OTC Over the Counter
hydrocortisone 1 % lotion	1	OTC Over the Counter
hydrocortisone 1 % ointment	1	OTC Over the Counter
hydrocortisone 2.5 % cream	1	
HYDROCORTISONE 2.5 % LOTION	1	
hydrocortisone 2.5 % ointment	1	
hydrocortisone/aloe max str 1 % cream	1	OTC Over the Counter
hydrocortisone-aloe vera 1 % cream	1	OTC Over the Counter
hydrocortisone anti-itch 1 % cream	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
hydrocortisone anti-itch 1 % cream	1	OTC Over the Counter
HYDROCORTISONE BUTYRATE 0.1 % SOLUTION	1	
hydrocortisone max st/12 moist 1 % cream	1	OTC Over the Counter
hydrocortisone max st 1 % cream	1	OTC Over the Counter
hydrocortisone max st 1 % ointment	1	OTC Over the Counter
hydrocortisone (perianal) 2.5 % cream	1	
hydrocortisone plus 1 % cream	1	OTC Over the Counter
hydrocortisone ultra-moisture 1 % cream	1	OTC Over the Counter
hydrocortisone valerate 0.2 % cream	1	
medpura hydrocortisone 1 % cream	1	OTC Over the Counter
mometasone furoate 0.1 % solution	1	
pimecrolimus 1 % cream	1	QL 30 GM / 30 day(s)
PREPARATION H 1 % CREAM	1	OTC Over the Counter
PREPARATION H SOOTHING RELIEF 1 % CREAM	1	OTC Over the Counter
procto-med hc 2.5 % cream	1	
proctosol hc 2.5 % cream	1	
proctozone-hc 2.5 % cream	1	
qc anti-itch aloe 1 % cream	1	OTC Over the Counter
qc hydrocortisone max st 1 % cream	1	OTC Over the Counter
ra anti-itch maximum strength 1 % cream	1	OTC Over the Counter
ra anti-itch maximum strength 1 % ointment	1	OTC Over the Counter
sarnol-hc 1 % lotion	1	OTC Over the Counter
sb hydrocortisone max st 1 % ointment	1	OTC Over the Counter
SELENIUM SULFIDE 2.5 % LOTION	1	
selenium sulfide 2.5 % lotion	1	
sm hydrocortisone 1 % cream	1	OTC Over the Counter
sm hydrocortisone max st 1 % ointment	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
sm hydrocortisone plus 1 % cream	1	OTC Over the Counter
tacrolimus 0.03 % ointment	1	QL 120 GM / 30 day(s)
tacrolimus 0.1 % ointment	1	QL 30 GM / 30 day(s)
triamcinolone acetonide 0.025 % cream	1	
TRIAMCINOLONE ACETONIDE 0.025 % LOTION	1	
triamcinolone acetonide 0.025 % lotion	1	
triamcinolone acetonide 0.025 % ointment	1	
TRIAMCINOLONE ACETONIDE 0.147 MG/GM AERO SOLN	1	
triamcinolone acetonide 0.1 % cream	1	
triamcinolone acetonide 0.1 % lotion	1	
triamcinolone acetonide 0.1 % ointment	1	
triamcinolone acetonide 0.5 % cream	1	
triamcinolone acetonide 0.5 % ointment	1	
triderm 0.5 % cream	1	
DERMATOLOGICAL AGENTS, OTHER		
acne-clear 10 % gel	1	OTC Over the Counter
acne medication 10 10 % gel	1	OTC Over the Counter
acne medication 10 % gel	1	OTC Over the Counter
acne treatment 10 % gel	1	OTC Over the Counter
attero 0.005-0.064 % suspension	1	
AVAR CLEANSER 10-5 % LIQUID	1	
AVAR-E EMOLLIENT 10-5 % CREAM	1	
BENZEPRO 5.3 % FOAM	1	OTC Over the Counter
BENZEPRO CREAMY WASH 7 % LIQUID	1	
benzoyl peroxide 10 % gel	1	OTC Over the Counter
BENZOYL PEROXIDE 9.8 % FOAM	1	
bimatoprost 0.03 % solution	1	PA
BP 10-1 10-1 % EMULSION	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
bp wash 2.5 % liquid	1	OTC Over the Counter
calcipotriene 0.005 % cream	1	
calcipotriene 0.005 % ointment	1	
CALCIPOTRIENE 0.005 % SOLUTION	1	
calcipotriene-betameth diprop 0.005-0.064 % ointment	1	
calcipotriene-betameth diprop 0.005-0.064 % suspension	1	
calcitrene 0.005 % ointment	1	
CALCITRIOL 3 MCG/GM OINTMENT	1	
CALCITRIOL 3 MCG/GM OINTMENT	1	
clean & clear persa-gel 10 10 % gel	1	OTC Over the Counter
clotrimazole-betamethasone 1-0.05 % cream	1	
CLOTRIMAZOLE-BETAMETHASONE 1-0.05 % LOTION	1	
cvs acne treatment 10 % gel	1	OTC Over the Counter
diclofenac sodium 3 % gel	1	
DRYSOL 20 % SOLUTION	1	
finasteride 1 mg tab	1	PA
FLUOROURACIL 2 % SOLUTION	1	
fluorouracil 5 % cream	1	
fluorouracil 5 % solution	1	
HYDROCORTISONE ACE-PRAMOXINE 2.5-1 % CREAM	1	
HYDROCORTISONE-IODOQUINOL 1-1 % CREAM	1	
hydrocortisone-iodoquinol 1-1 % cream	1	
HYDROCORT-PRAMOXINE (PERIANAL) 1-1 % CREAM	1	
HYDROCORT-PRAMOXINE (PERIANAL) 2.5-1 % CREAM	1	
imiquimod 5 % cream	1	
IODOQUIMEZ-HC 1-1.9 % CREAM	1	
IODOQUINOL-HYDROCORTISONE-ALOE 1-1.9 % CREAM	1	
KERALYT 6 % SHAMPOO	1	
LIDOCAINE-HYDROCORTISONE ACE 1-3 % KIT	1	
LIDOCAINE-HYDROCORTISONE ACE 3-0.5 % KIT	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LIDOCAINE-HYDROCORTISONE ACE 3-1 % KIT	1	
LIDOCAINE-HYDROCORTISONE ACE 3-2.5 % KIT	1	
lidocaine-hydrocortisone ace 3-2.5 % kit	1	
LIDOCAINE-HYDROCORT (PERIANAL) 3-0.5 % CREAM	1	
LIDOCORT 3-0.5 % CREAM	1	
medpura benzoyl peroxide 10 % gel	1	OTC Over the Counter
METHOXSALEN RAPID 10 MG CAP	1	
nystatin-triamcinolone 100000-0.1 unit/gm-% cream	1	
nystatin-triamcinolone 100000-0.1 unit/gm-% ointment	1	
OTEZLA 20 MG TAB	1	QL 60 EA / 30 DAYS PA SP Specialty
OTEZLA 30 MG TAB	1	QL 60 EA / 30 day(s) PA SP Specialty
OVACE PLUS 9.8 % LOTION	1	
panoxyl 2.5 % liquid	1	OTC Over the Counter
panoxyl acne clearing spot 10 % gel	1	OTC Over the Counter
PELLIX 0.005 % SOLUTION	1	QL 120 / 30 days
PODOFILOX 0.5 % SOLUTION	1	
PRAMOSONE 1-2.5 % OINTMENT	1	
PR BENZOYL PEROXIDE WASH 7 % LIQUID	1	
PR BENZOYL PEROXIDE WASH 7 % LIQUID	1	
PROCTOFOAM HC 1-1 % FOAM	1	
REGRANEX 0.01 % GEL	1	
SALICYLIC ACID 26 % SOLUTION	1	
SALICYLIC ACID 6 % GEL	1	
SALICYLIC ACID 6 % SHAMPOO	1	
SALICYLIC ACID WART REMOVER 27.5 % LIQUID	1	
salicylic acid wart remover 27.5 % liquid	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
salyntra 6 % gel	1	
SANTYL 250 UNIT/GM OINTMENT	1	
SELENIUM SULFIDE 2.25 % SHAMPOO	1	
silver sulfadiazine 1 % cream	1	
SODIUM SULFACETAMIDE WASH 10 % LIQUID	1	
SODIUM SULFACETAMIDE WASH 10 % LIQUID	1	
ssd 1 % cream	1	
SSS 10-5 10-5 % CREAM	1	
SSS 10-5 10-5 % FOAM	1	
SULFACETAMIDE SODIUM 10 % LIQUID	1	
sulfacetamide sodium 10 % liquid	1	
SULFACETAMIDE SODIUM-SULFUR 10-1 % EMULSION	1	
SULFACETAMIDE SODIUM-SULFUR 10-2 % CREAM	1	
sulfacetamide sodium-sulfur 10-2 % cream	1	
SULFACETAMIDE SODIUM-SULFUR 10-2 % LIQUID	1	
SULFACETAMIDE SODIUM-SULFUR 10-5 % CREAM	1	
sulfacetamide sodium-sulfur 10-5 % cream	1	
SULFACETAMIDE SODIUM-SULFUR 10-5 % LIQUID	1	
sulfacetamide sodium-sulfur 10-5 % liquid	1	
SULFACETAMIDE SODIUM-SULFUR 10-5 % LOTION	1	
SULFACETAMIDE SODIUM-SULFUR 10-5 % SUSPENSION	1	
SULFACETAMIDE SODIUM-SULFUR 8-4 % SUSPENSION	1	
SULFACETAMIDE SODIUM-SULFUR 8-4 % SUSPENSION	1	
sulfacetamide sodium-sulfur 8-4 % suspension	1	
SULFACETAMIDE SODIUM-SULFUR 9-4.5 % LIQUID	1	
SULFACETAMIDE SODIUM-SULFUR 9-4 % LIQUID	1	
SULFACETAMIDE SODIUM-SULFUR 9-4 % LIQUID	1	
SULFACETAMIDE SOD-SULFUR WASH 9-4.5 % LIQUID	1	
SULFACETAMIDE-SULFUR IN UREA 10-5 % EMULSION	1	
SULFACLEANSE 8/4 8-4 % SUSPENSION	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SULFAMEZ WASH 10-1 % EMULSION	1	
TRI-LUMA 0.01-4-0.05 % CREAM	1	PA
umecta mousse 40 % foam	1	
UREA 39 % CREAM	1	
UREA 40 % CREAM	1	
urea 40 % cream	1	
UREA 40 % LOTION	1	
UREA 45 % CREAM	1	
UREA 47 % CREAM	1	
urea nail 45 % gel	1	
UREDEB 39 % CREAM	1	
UREMEZ-40 40 % CREAM	1	
VECTICAL 3 MCG/GM OINTMENT	1	
XERESE 5-1 % CREAM	1	
XUREA 39 % CREAM	1	
ZYCLARA PUMP 2.5 % CREAM	1	
PEDICULICIDES/SCABICIDES		
malathion 0.5 % lotion	1	
permethrin 5 % cream	1	
SPINOSAD 0.9 % SUSPENSION	1	
TOPICAL ANTI-INFECTIVES		
acyclovir 5 % ointment	1	QL 15 gm / 30 days
ciclodan 8 % solution	1	
ciclopirox 0.77 % gel	1	
ciclopirox 1 % shampoo	1	
ciclopirox 8 % solution	1	
clindamycin phos (once-daily) 1 % gel	1	
clindamycin phosphate 1 % lotion	1	
clindamycin phosphate 1 % solution	1	
clindamycin phos (twice-daily) 1 % gel	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
dapsone 5 % gel	1	
ERY 2 % PAD	1	
ERYTHROMYCIN 2 % GEL	1	
erythromycin 2 % gel	1	
erythromycin 2 % solution	1	
mupirocin 2 % ointment	1	
ELECTROLYTES/MINERALS/METALS/VITAMINS		
ELECTROLYTE/MINERAL REPLACEMENT		
ADVERA LIQUID	1	OTC Over the Counter
ALITRAQ PACKET	1	OTC Over the Counter
ARGINAID EXTRA LIQUID	1	OTC Over the Counter
ARGINAID PACKET	1	OTC Over the Counter
BABY'S BIG SUPPORT POWDER	1	OTC Over the Counter
BALANCED NUTRITIONAL DRINK LIQUID	1	OTC Over the Counter
BALANCED NUTRITIONAL DRINK PLS LIQUID	1	OTC Over the Counter
BALANCED NUTRITIONAL SHAKE PLS LIQUID	1	OTC Over the Counter
BENECALORIE LIQUID	1	OTC Over the Counter
BOOST BREEZE 2-FLAVOR PACK LIQUID	1	OTC Over the Counter
BOOST BREEZE LIQUID	1	OTC Over the Counter
BOOST GLUCOSE CONTROL LIQUID	1	OTC Over the Counter
BOOST GLUCOSE CTRL MAX PROTEIN LIQUID	1	OTC Over the Counter
BOOST HIGH PROTEIN LIQUID	1	OTC Over the Counter
BOOST KID ESSENTIALS 1.0 CAL LIQUID	1	OTC Over the Counter
BOOST KID ESSENTIALS 1.5 CAL LIQUID	1	OTC Over the Counter
BOOST KID ESSENTIALS 1.5/FIBER LIQUID	1	OTC Over the Counter
BOOST LIQUID	1	OTC Over the Counter
BOOST MAX PROTEIN LIQUID	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BOOST ORIGINAL LIQUID	1	OTC Over the Counter
BOOST PLUS LIQUID	1	OTC Over the Counter
BOOST VERY HIGH CALORIE LIQUID	1	OTC Over the Counter
BOOST VHC LIQUID	1	OTC Over the Counter
BOOST WOMEN LIQUID	1	OTC Over the Counter
BRAINSUSTAIN FOR KIDS POWDER	1	OTC Over the Counter
BRAINSUSTAIN PACKET	1	OTC Over the Counter
BRIGHT BEGINNINGS PEDIATRIC LIQUID	1	OTC Over the Counter
CARNATION BREAKFAST ESSENTIALS LIQUID	1	OTC Over the Counter
CARNATION BREAKFAST ESSENTIALS PACKET	1	OTC Over the Counter
CFPREOP LIQUID	1	OTC Over the Counter
CHICKEN/PEAS/CARROTS PLUS PEDI POWDER	1	OTC Over the Counter
CHICKEN/PEAS/CARROTS PLUS POWDER	1	OTC Over the Counter
COMPLEAT LIQUID	1	OTC Over the Counter
COMPLEAT ORGANIC BLENDS LIQUID	1	OTC Over the Counter
COMPLEAT ORG BLEND 1.2-CHICKEN LIQUID	1	OTC Over the Counter
COMPLEAT ORG BLEND 1.2-PLANT LIQUID	1	OTC Over the Counter
COMPLEAT ORIGINAL PLANT-BASED LIQUID	1	OTC Over the Counter
COMPLEAT PEDIATRIC LIQUID	1	OTC Over the Counter
COMPLEAT PEDIATRIC ORG BLENDS LIQUID	1	OTC Over the Counter
COMPLEAT PEDIATRIC PEPTIDE 1.0 LIQUID	1	OTC Over the Counter
COMPLEAT PEDI ORIG PLANT-BASED LIQUID	1	OTC Over the Counter
COMPLEAT PEDI PEPTIDE 1.5 LIQUID	1	OTC Over the Counter
COMPLEAT PEDI STANDARD 1.0 LIQUID	1	OTC Over the Counter
COMPLEAT PEDI STANDARD 1.4 LIQUID	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
COMPLEAT PED ORGBLEND 1.2-CHIC LIQUID	1	OTC Over the Counter
COMPLEAT PED ORGBLEND 1.2-PLNT LIQUID	1	OTC Over the Counter
COMPLEAT PEPTIDE 1.0 LIQUID	1	OTC Over the Counter
COMPLEAT PEPTIDE 1.5 LIQUID	1	OTC Over the Counter
COMPLEAT STANDARD 1.4 LIQUID	1	OTC Over the Counter
COMPLEX ESSENTIAL MSD POWDER	1	OTC Over the Counter
CVS NUTRITIONAL SHAKE LIQUID	1	OTC Over the Counter
CVS NUTRITION LIQUID LIQUID	1	OTC Over the Counter
CVS NUTRITION PLUS CHOCOLATE LIQUID	1	OTC Over the Counter
CVS NUTRITION PLUS LIQUID	1	OTC Over the Counter
CVS NUTRITION PLUS VANILLA LIQUID	1	OTC Over the Counter
DIABETISOURCE AC LIQUID	1	OTC Over the Counter
DIARESQ CHILDRENS PACKET	1	OTC Over the Counter
DIARESQ GENTLE RELIEF TODDLERS PACKET	1	OTC Over the Counter
DIARESQ PACKET	1	OTC Over the Counter
DPP DIPEPTIDE POWER LIQUID	1	OTC Over the Counter
EAA SUPPLEMENT PACKET	1	OTC Over the Counter
ELECARE JR POWDER	1	OTC Over the Counter
ENCALA PACKET	1	OTC Over the Counter
ENCALA POWDER	1	OTC Over the Counter
ENLIVE LIQUID	1	OTC Over the Counter
ENSURE ACTIVE HEART HEALTH LIQUID	1	OTC Over the Counter
ENSURE ACTIVE HIGH PROTEIN LIQUID	1	OTC Over the Counter
ENSURE ACTIVE LIGHT LIQUID	1	OTC Over the Counter
ENSURE ACTIVE LIQUID	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ENSURE BONE HEALTH REVIGOR LIQUID	1	OTC Over the Counter
ENSURE CLEAR LIQUID	1	OTC Over the Counter
ENSURE CLINICAL ST REVIGOR LIQUID	1	OTC Over the Counter
ENSURE COMPACT LIQUID	1	OTC Over the Counter
ENSURE COMPLETE LIQUID	1	OTC Over the Counter
ENSURE COMPLETE SHAKE LIQUID	1	OTC Over the Counter
ENSURE ENLIVE LIQUID	1	OTC Over the Counter
ENSURE/FIBER LIQUID	1	OTC Over the Counter
ENSURE HARVEST 1.2 CAL LIQUID	1	OTC Over the Counter
ENSURE HEALTHY MOM LIQUID	1	OTC Over the Counter
ENSURE HIGH CALCIUM LIQUID	1	OTC Over the Counter
ENSURE HIGH PROTEIN LIQUID	1	OTC Over the Counter
ENSURE IMMUNE HEALTH LIQUID	1	OTC Over the Counter
ENSURE LIQUID	1	OTC Over the Counter
ENSURE MAX PROTEIN LIQUID	1	OTC Over the Counter
ENSURE MAX PROTEIN WITH CAFFEI LIQUID	1	OTC Over the Counter
ENSURE MUSCLE HEALTH REVIGOR LIQUID	1	OTC Over the Counter
ENSURE NUTRA SHAKE HI-CAL LIQUID	1	OTC Over the Counter
ENSURE NUTRITION SHAKE LIQUID	1	OTC Over the Counter
ENSURE ORIGINAL/FIBER LIQUID	1	OTC Over the Counter
ENSURE ORIGINAL LIQUID	1	OTC Over the Counter
ENSURE ORIGINAL POWDER	1	OTC Over the Counter
ENSURE ORIG THERAPEUTIC NUTRI LIQUID	1	OTC Over the Counter
ENSURE PLANT-BASED PROTEIN LIQUID	1	OTC Over the Counter
ENSURE PLUS HIGH PROTEIN LIQUID	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ENSURE PLUS HN LIQUID	1	OTC Over the Counter
ENSURE PLUS LIQUID	1	OTC Over the Counter
ENSURE PLUS WITH FIBER LIQUID	1	OTC Over the Counter
ENSURE PRE-SURGERY LIQUID	1	OTC Over the Counter
ENSURE SURGERY LIQUID	1	OTC Over the Counter
ENSURE SURGICAL NUTRITION LIQUID	1	OTC Over the Counter
ENTERADE IBS-D LIQUID	1	OTC Over the Counter
ENTERADE LIQUID	1	OTC Over the Counter
ENU COMPLETE NUTRITION SHAKE LIQUID	1	OTC Over the Counter
ENU NUTRITIONAL SHAKE LIQUID	1	OTC Over the Counter
EO28 SPLASH LIQUID	1	OTC Over the Counter
EQ NUTRITIONAL SHAKE LIQUID	1	OTC Over the Counter
EQ NUTRITIONAL SHAKE PLUS LIQUID	1	OTC Over the Counter
EQUATE LIQUID	1	OTC Over the Counter
EQUATE PLUS LIQUID	1	OTC Over the Counter
EQ WEIGHT LOSS SHAKE LIQUID	1	OTC Over the Counter
EXPEDITE LIQUID	1	OTC Over the Counter
FIBER FLOW LIQUID	1	OTC Over the Counter
FIBERSOURCE HN LIQUID	1	OTC Over the Counter
FITFOOD LEAN COMPLETE PACKET	1	OTC Over the Counter
FRUITIVITS PACKET	1	OTC Over the Counter
GA-1 ANAMIX EARLY YEARS POWDER	1	OTC Over the Counter
GA EXPRESS15 PACKET	1	OTC Over the Counter
GA GEL PACKET	1	OTC Over the Counter
GELATEIN MCT LIQUID	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GLUCERNA 1.0 CAL/CARBSTEADY LIQUID	1	OTC Over the Counter
GLUCERNA 1.0 CAL/FIBER LIQUID	1	OTC Over the Counter
GLUCERNA 1.0 CAL LIQUID	1	OTC Over the Counter
GLUCERNA 1.2 CAL LIQUID	1	OTC Over the Counter
GLUCERNA 1.5 CAL/CARBSTEADY LIQUID	1	OTC Over the Counter
GLUCERNA 1.5 CAL LIQUID	1	OTC Over the Counter
GLUCERNA ADVANCE SHAKE LIQUID	1	OTC Over the Counter
GLUCERNA CARBSTEADY LIQUID	1	OTC Over the Counter
GLUCERNA HUNGER SMART SHAKE LIQUID	1	OTC Over the Counter
GLUCERNA LIQUID	1	OTC Over the Counter
GLUCERNA OS LIQUID	1	OTC Over the Counter
GLUCERNA SELECT LIQUID	1	OTC Over the Counter
GLUCERNA SHAKE LIQUID	1	OTC Over the Counter
GLUCERNA SNACK SHAKE LIQUID	1	OTC Over the Counter
GLUCERNA WEIGHT LOSS SHAKE LIQUID	1	OTC Over the Counter
GLYCOSADE PACKET	1	OTC Over the Counter
GLYTROL PREBIO1 LIQUID	1	OTC Over the Counter
GOODSENSE NUTRISURE ORIGINAL LIQUID	1	OTC Over the Counter
GOODSENSE NUTRISURE PLUS LIQUID	1	OTC Over the Counter
HAELAN 951 FERMENTED SOY LIQUID	1	OTC Over the Counter
HAELAN HTPI FERMENTED SOY LIQUID	1	OTC Over the Counter
HCU ANAMIX EARLY YEARS POWDER	1	OTC Over the Counter
HCU COOLER15 LIQUID	1	OTC Over the Counter
HCU COOLER LIQUID	1	OTC Over the Counter
HCU GEL PACKET	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HCU LOPHLEX LQ LIQUID	1	OTC Over the Counter
HEALTHY ACCENTS NUTRA FIT LIQUID	1	OTC Over the Counter
HEALTHY ACCENTS NUTRA FIT PLUS LIQUID	1	OTC Over the Counter
HI-CAL LIQUID	1	OTC Over the Counter
HIGH-PROTEIN NUTRITIONAL SHAKE LIQUID	1	OTC Over the Counter
HM NUTRISURE LIQUID	1	OTC Over the Counter
HM NUTRISURE PLUS LIQUID	1	OTC Over the Counter
I5 PACKET	1	OTC Over the Counter
IMPACT ADVANCED RECOVERY LIQUID	1	OTC Over the Counter
IMPACT LIQUID	1	OTC Over the Counter
IMPACT PEPTIDE 1.5 LIQUID	1	OTC Over the Counter
INNOVACIN LIQUID	1	OTC Over the Counter
INTROLITE LIQUID	1	OTC Over the Counter
ISOSOURCE 1.5 CAL LIQUID	1	OTC Over the Counter
ISOSOURCE HN LIQUID	1	OTC Over the Counter
IVA ANAMIX EARLY YEARS POWDER	1	OTC Over the Counter
JEVITY 1.2 CAL/FIBER LIQUID	1	OTC Over the Counter
JEVITY 1.2 CAL LIQUID	1	OTC Over the Counter
JEVITY 1.5 CAL/FIBER LIQUID	1	OTC Over the Counter
JEVITY 1 CAL/FIBER LIQUID	1	OTC Over the Counter
JEVITY 1 CAL LIQUID	1	OTC Over the Counter
JUICE PLUS FIBRE LIQUID	1	OTC Over the Counter
JUVEN NUTRIVIGOR PACKET	1	OTC Over the Counter
JUVEN PACKET	1	OTC Over the Counter
JUVEN POWDER	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
JUVEN REVIGOR PACKET	1	OTC Over the Counter
KALE/QUINOA/BERRIES PLUS PEDIA POWDER	1	OTC Over the Counter
KALE/QUINOA/BERRIES PLUS POWDER	1	OTC Over the Counter
KATE FARMS GLUCOSE SUPPORT 1.2 LIQUID	1	OTC Over the Counter
KATE FARMS HIGH PROTEIN LIQUID	1	OTC Over the Counter
KATE FARMS KIDS NUTRITION LIQUID	1	OTC Over the Counter
KATE FARMS PED PEPTIDE 1.0 LIQUID	1	OTC Over the Counter
KATE FARMS PED PEPTIDE 1.5 LIQUID	1	OTC Over the Counter
KATE FARMS PED STANDARD 1.2 LIQUID	1	OTC Over the Counter
KATE FARMS PEPTIDE 1.0 LIQUID	1	OTC Over the Counter
KATE FARMS PEPTIDE 1.5 LIQUID	1	OTC Over the Counter
KATE FARMS RENAL SUPPORT 1.8 LIQUID	1	OTC Over the Counter
KATE FARMS STANDARD 1.0 LIQUID	1	OTC Over the Counter
KATE FARMS STANDARD 1.4 LIQUID	1	OTC Over the Counter
KENDAKIDS LIQUID	1	OTC Over the Counter
KETOCAL 2.5:1 LQ MULTI FIBER LIQUID	1	OTC Over the Counter
KETOCAL 4:1 LIQUID	1	OTC Over the Counter
KETOCAL 4:1 LQ MULTI FIBER LIQUID	1	OTC Over the Counter
KETOCAL 4:1 LQ MULTI-FIBER LIQUID	1	OTC Over the Counter
KETO LIQUID	1	OTC Over the Counter
KFLO LIQUID	1	OTC Over the Counter
KIDS PLANT PROTEIN SHAKE LIQUID	1	OTC Over the Counter
KIDS PROTEIN ORGANIC SHAKE LIQUID	1	OTC Over the Counter
KINDERSPROUT PLANT PROTEIN LIQUID	1	OTC Over the Counter
KLOR-CON 10 10 MEQ TAB ER	1	
klor-con 10 10 meq tab er	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
klor-con 20 meq packet	1	
KLOR-CON 8 MEQ TAB ER	1	
klor-con 8 meq tab er	1	
klor-con m10 10 meq tab er	1	
klor-con m15 15 meq tab er	1	
klor-con m20 20 meq tab er	1	
LANAFLEX PACKET	1	OTC Over the Counter
LIL MIXINS-EGG 5 GM/5GM POWDER	1	OTC Over the Counter
LIL MIXINS-PEANUT 5 GM/5GM POWDER	1	OTC Over the Counter
LIQUID HOPE LIQUID	1	OTC Over the Counter
LIQUID HOPE PEPTIDE BERRY LIQUID	1	OTC Over the Counter
LIQUID HOPE PEPTIDE HP LIQUID	1	OTC Over the Counter
LIQUID HOPE PEPTIDE LIQUID	1	OTC Over the Counter
LOPHLEX LQ 20 LIQUID	1	OTC Over the Counter
LOPHLEX PACKET	1	OTC Over the Counter
LPS CRITICAL CARE SUGAR FREE LIQUID	1	OTC Over the Counter
LPS SUGAR FREE LIQUID	1	OTC Over the Counter
LUTRISH CHOCOLATE SHAKE PACKET	1	OTC Over the Counter
LUTRISH VANILLA SHAKE PACKET	1	OTC Over the Counter
MALTOCARB POWDER	1	OTC Over the Counter
maxpro-18g liquid	1	OTC Over the Counter
MBIOTA ELEMENTAL DIET PACKET	1	OTC Over the Counter
MCT PRO-CAL PACKET	1	OTC Over the Counter
MCTPROCAL PACKET	1	OTC Over the Counter
MMA/PA ANAMIX EARLY YEARS POWDER	1	OTC Over the Counter
MMA/PA COOLER15 LIQUID	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MMA/PA EXPRESS 15 PACKET	1	OTC Over the Counter
MMA/PA GEL PACKET	1	OTC Over the Counter
MSUD ANAMIX EARLY YEARS POWDER	1	OTC Over the Counter
MSUD COOLER15 LIQUID	1	OTC Over the Counter
MSUD COOLER LIQUID	1	OTC Over the Counter
MSUD EXPRESS 15 PLUS PACKET	1	OTC Over the Counter
MSUD EXPRESS 20 PLUS PACKET	1	OTC Over the Counter
MSUD GEL PACKET	1	OTC Over the Counter
MSUD LOPHLEX LQ LIQUID	1	OTC Over the Counter
MULTIVITAMIN/FLUORIDE 0.25 MG CHEW TAB	1	PD Preventive Drug
MULTIVITAMIN/FLUORIDE 0.5 MG CHEW TAB	1	PD Preventive Drug
MULTIVITAMIN/FLUORIDE 1 MG CHEW TAB	1	PD Preventive Drug
NEOCATE SPLASH JUNIOR LIQUID	1	OTC Over the Counter
NEOCATE SYNEO JUNIOR POWDER	1	OTC Over the Counter
NEPRO/CARBSTEADY LIQUID	1	OTC Over the Counter
NEPRO LIQUID	1	OTC Over the Counter
NOURISH LIQUID	1	OTC Over the Counter
NOURISH PEPTIDE BERRY MEDLEY LIQUID	1	OTC Over the Counter
NOURISH PEPTIDE FORMULA LIQUID	1	OTC Over the Counter
NOVASOURCE RENAL LIQUID	1	OTC Over the Counter
NUTRAMINE AMINO BITES PACKET	1	OTC Over the Counter
NUTRAMINE PACKET	1	OTC Over the Counter
NUTRA/SHAKE LIQUID	1	OTC Over the Counter
NUTREN 1.0/FIBER LIQUID	1	OTC Over the Counter
NUTREN 1.0 LIQUID	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NUTREN 1.5 LIQUID	1	OTC Over the Counter
NUTREN 2.0 LIQUID	1	OTC Over the Counter
NUTREN JR FIBER LIQUID	1	OTC Over the Counter
NUTREN JR LIQUID	1	OTC Over the Counter
NUTREN JUNIOR 1.0 LIQUID	1	OTC Over the Counter
NUTREN JUNIOR/FIBER LIQUID	1	OTC Over the Counter
NUTREN JUNIOR LIQUID	1	OTC Over the Counter
NUTREN PULMONARY LIQUID	1	OTC Over the Counter
NUTRICIA PREOP PACKET	1	OTC Over the Counter
NUTRIFOCUS LIQUID	1	OTC Over the Counter
NUTRIHEP 1.5 CAL LIQUID	1	OTC Over the Counter
NUTRITIONAL DRINK LIQUID	1	OTC Over the Counter
NUTRITIONAL DRINK PLUS LIQUID	1	OTC Over the Counter
NUTRITIONAL SHAKE COMPLETE LIQUID	1	OTC Over the Counter
NUTRITIONAL SHAKE HIGH PROTEIN LIQUID	1	OTC Over the Counter
NUTRITIONAL SHAKE LIQUID	1	OTC Over the Counter
NUTRITIONAL SHAKE PLUS LIQUID	1	OTC Over the Counter
NUTRITIONAL SHAKE PLUS PROTEIN LIQUID	1	OTC Over the Counter
NUTRITIONAL SUPPLEMENT LIQUID	1	OTC Over the Counter
NUTRITIONAL SUPPLEMENT PLUS LIQUID	1	OTC Over the Counter
OPTICLEANSE GHI PACKET	1	OTC Over the Counter
OPTICLEANSE PLUS PACKET	1	OTC Over the Counter
OPTIMENTAL LIQUID	1	OTC Over the Counter
OPTIMETABOLIX 2:1 PACKET	1	OTC Over the Counter
OPTIMETABOLIX PACKET	1	OTC Over the Counter

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PEDIASURE PEPTIDE 1.0 CAL LIQUID	1	OTC Over the Counter
PEDIASURE PEPTIDE 1.5 CAL LIQUID	1	OTC Over the Counter
PEDIASURE REDUCED CALORIE LIQUID	1	OTC Over the Counter
PEDIASURE SHAKE/FIBER LIQUID	1	OTC Over the Counter
PEDIASURE SIDEKICKS CLEAR LIQUID	1	OTC Over the Counter
PEDIASURE SIDEKICKS LIQUID	1	OTC Over the Counter
PEDIASURE SIDEKICKS SHAKE LIQUID	1	OTC Over the Counter
PEDIATRIC DRINK LIQUID	1	OTC Over the Counter
PEPTAMEN 1.5 CAL LIQUID	1	OTC Over the Counter
PEPTAMEN 1.5 CAL/PREBIO1 LIQUID	1	OTC Over the Counter
PEPTAMEN 1 CAL/PREBIO1 LIQUID	1	OTC Over the Counter
PEPTAMEN AF LIQUID	1	OTC Over the Counter
PEPTAMEN INTENSE VHP LIQUID	1	OTC Over the Counter
PEPTAMEN JUNIOR 1.5 CAL LIQUID	1	OTC Over the Counter
PEPTAMEN JUNIOR 1.5 LIQUID	1	OTC Over the Counter
PEPTAMEN JUNIOR 1 CAL LIQUID	1	OTC Over the Counter
PEPTAMEN JUNIOR 1 CAL/PREBIO1 LIQUID	1	OTC Over the Counter
PEPTAMEN JUNIOR FIBER LIQUID	1	OTC Over the Counter
PEPTAMEN JUNIOR HP LIQUID	1	OTC Over the Counter
PEPTAMEN JUNIOR PHGG 1.2 LIQUID	1	OTC Over the Counter
PEPTAMEN JUNIOR/PREBIO1 LIQUID	1	OTC Over the Counter
PEPTAMEN LIQUID	1	OTC Over the Counter
PEPTAMEN/PREBIO1 LIQUID	1	OTC Over the Counter
PERATIVE 1.3 CAL LIQUID	1	OTC Over the Counter
PERATIVE LIQUID	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PHENYLADE60 DRINK MIX PACKET	1	OTC Over the Counter
PHENYLADE60 DRINK MIX POWDER	1	OTC Over the Counter
PHENYLADE ESSENTIAL DRINK MIX PACKET	1	OTC Over the Counter
PHENYLADE ESSENTIAL DRINK MIX POWDER	1	OTC Over the Counter
PHENYLADE ESSENTIAL MIX/FIBER PACKET	1	OTC Over the Counter
PHENYLADE GMP MIX DHA/FIBER POWDER	1	OTC Over the Counter
PHENYLADE GMP MIX-IN PACKET	1	OTC Over the Counter
PHENYLADE GMP MIX-IN POWDER	1	OTC Over the Counter
PHENYLADE GMP PACKET	1	OTC Over the Counter
PHENYLADE GMP READY LIQUID	1	OTC Over the Counter
PHENYLADE GMP ULTRA PACKET	1	OTC Over the Counter
PHENYLADE RTD PKU 10 LIQUID	1	OTC Over the Counter
PHLEXY-10 PACKET	1	OTC Over the Counter
PIVOT 1.5 CAL LIQUID	1	OTC Over the Counter
PKU AIR20 GOLD LIQUID	1	OTC Over the Counter
PKU AIR20 GREEN LIQUID	1	OTC Over the Counter
PKU AIR20 YELLOW LIQUID	1	OTC Over the Counter
PKU COOLER 10 LIQUID	1	OTC Over the Counter
PKU COOLER 15 LIQUID	1	OTC Over the Counter
PKU COOLER 20 LIQUID	1	OTC Over the Counter
PKU EASY SHAKE & GO POWDER	1	OTC Over the Counter
PKU EXPLORE10 PACKET	1	OTC Over the Counter
PKU EXPLORE5 PACKET	1	OTC Over the Counter
PKU GEL PACKET	1	OTC Over the Counter
PKU GOLIKE PLUS 16+ PACKET	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
pku golike plus 16+ packet	1	OTC Over the Counter
PKU GOLIKE PLUS 4-16 PACKET	1	OTC Over the Counter
pku golike plus 4-16 packet	1	OTC Over the Counter
PKU LOPHLEX LQ 20 LIQUID	1	OTC Over the Counter
PKU PERIFLEX EARLY YEARS POWDER	1	OTC Over the Counter
PKU SPHERE 15 PACKET	1	OTC Over the Counter
PKU SPHERE 20 LIQUID	1	OTC Over the Counter
PKU SPHERE 20 PACKET	1	OTC Over the Counter
PKU SPHERE NEXT 15 LIQUID	1	OTC Over the Counter
PKU START POWDER	1	OTC Over the Counter
PKU TRIO POWDER	1	OTC Over the Counter
potassium chloride 10 % solution	1	
potassium chloride 20 meq/15ml (10%) solution	1	
potassium chloride 20 meq packet	1	
potassium chloride 40 meq/15ml (20%) solution	1	
potassium chloride crys er 10 meq tab er	1	
potassium chloride crys er 15 meq tab er	1	
potassium chloride crys er 20 meq tab er	1	
potassium chloride er 10 meq cap er	1	
potassium chloride er 10 meq tab er	1	
potassium chloride er 20 meq tab er	1	
potassium chloride er 8 meq cap er	1	
potassium chloride er 8 meq tab er	1	
potassium citrate er 10 meq (1080 mg) tab er	1	
potassium citrate er 15 meq (1620 mg) tab er	1	
potassium citrate er 5 meq (540 mg) tab er	1	
PROMOD LIQUID	1	OTC Over the Counter
PROMOTE 1.0 LIQUID	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PROMOTE 1.0 WITH FIBER LIQUID	1	OTC Over the Counter
PROMOTE/FIBER LIQUID	1	OTC Over the Counter
PROMOTE LIQUID	1	OTC Over the Counter
PROSOURCE LIQUID	1	OTC Over the Counter
prosource no carb liquid	1	OTC Over the Counter
PROSOURCE PLUS LIQUID	1	OTC Over the Counter
PROSOURCE TF LIQUID	1	OTC Over the Counter
PROSOURCE XTRACAL LIQUID	1	OTC Over the Counter
PROSOURCE ZAC LIQUID	1	OTC Over the Counter
PROSURE LIQUID	1	OTC Over the Counter
PROTALITY LIQUID	1	OTC Over the Counter
PULMOCARE 1.5 LIQUID	1	OTC Over the Counter
PULMOCARE LIQUID	1	OTC Over the Counter
PUSH 20+ ADVANCED LIQUID	1	OTC Over the Counter
REAL FOOD BLENDS LIQUID	1	OTC Over the Counter
REAL FOOD BLENDS MINI LIQUID	1	OTC Over the Counter
REASON LIQUID	1	OTC Over the Counter
REASON PEPTIDE 1.5 LIQUID	1	OTC Over the Counter
REGULAR NUTRITIONAL SHAKE LIQUID	1	OTC Over the Counter
RENALCAL LIQUID	1	OTC Over the Counter
RENASTART POWDER	1	OTC Over the Counter
RENASTEP LIQUID	1	OTC Over the Counter
RE/NEPH LIQUID	1	OTC Over the Counter
RE/NEPH LP/HC LIQUID	1	OTC Over the Counter
RE/NEPH REDUCED SUGAR LIQUID	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
REPLETE FIBER 1 CAL LIQUID	1	OTC Over the Counter
REPLETE FIBER LIQUID	1	OTC Over the Counter
REPLETE LIQUID	1	OTC Over the Counter
RESOURCE 2.0 LIQUID	1	OTC Over the Counter
RESURGEX PACKET	1	OTC Over the Counter
RESURGEX PLUS PACKET	1	OTC Over the Counter
RESURGEX SELECT PACKET	1	OTC Over the Counter
SB COMPLETE NUTRITION LIQUID	1	OTC Over the Counter
SB COMPLETE NUTRITION PLUS LIQUID	1	OTC Over the Counter
SERACAL PACKET	1	OTC Over the Counter
SERACAL POWDER	1	OTC Over the Counter
SM NUTRI-DRINK LIQUID	1	OTC Over the Counter
SM NUTRI-DRINK + LIQUID	1	OTC Over the Counter
S.O.S. 25 PACKET	1	OTC Over the Counter
SUPLENA 1.8/CARBSTEADY LIQUID	1	OTC Over the Counter
SUPLENA/CARB STEADY LIQUID	1	OTC Over the Counter
SUPLENA LIQUID	1	OTC Over the Counter
THICK-IT THICKENED CRANBERRY LIQUID	1	OTC Over the Counter
TOLEREX PACKET	1	OTC Over the Counter
TRUHARVEST PEPTIDE 1.5 LIQUID	1	OTC Over the Counter
TWOCAL HN 2.0 LIQUID	1	OTC Over the Counter
TWOCAL HN LIQUID	1	OTC Over the Counter
TYR ANAMIX EARLY YEARS POWDER	1	OTC Over the Counter
TYR COOLER15 LIQUID	1	OTC Over the Counter
TYR COOLER LIQUID	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TYR GEL PACKET	1	OTC Over the Counter
TYR GOLIKE PLUS PACKET	1	OTC Over the Counter
TYR LOPHLEX GMP MIX-IN PACKET	1	OTC Over the Counter
TYR LOPHLEX LQ LIQUID	1	OTC Over the Counter
UCD TRIO POWDER	1	OTC Over the Counter
ULTRIENT 1.5 SAFE-T FEED LIQUID	1	OTC Over the Counter
UTYMAX PACKET	1	OTC Over the Counter
VITAL 1.0 CAL LIQUID	1	OTC Over the Counter
VITAL 1.5 CAL LIQUID	1	OTC Over the Counter
VITAL AF 1.2 CAL ADV FORMULA LIQUID	1	OTC Over the Counter
VITAL AF 1.2 CAL LIQUID	1	OTC Over the Counter
VITAL HIGH PROTEIN LIQUID	1	OTC Over the Counter
VITAL HN PACKET	1	OTC Over the Counter
VITAL HP 1.0 CAL LIQUID	1	OTC Over the Counter
VITAL JR LIQUID	1	OTC Over the Counter
VITAL PEPTIDE 1.5 CAL LIQUID	1	OTC Over the Counter
VIVONEX PEDIATRIC PACKET	1	OTC Over the Counter
VIVONEX PEDIATRIC POWDER	1	OTC Over the Counter
VIVONEX PLUS PACKET	1	OTC Over the Counter
VIVONEX RTF LIQUID	1	OTC Over the Counter
VIVONEX T.E.N. PACKET	1	OTC Over the Counter
xphe maxamum packet	1	OTC Over the Counter
XTRACAL PLUS LIQUID	1	OTC Over the Counter
ELECTROLYTE/MINERAL/METAL MODIFIERS		
deferasirox 125 mg tab sol	1	SP Specialty
deferasirox 180 mg tab	1	SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
deferasirox 250 mg tab sol	1	SP Specialty
deferasirox 360 mg tab	1	SP Specialty
deferasirox 500 mg tab sol	1	SP Specialty
deferasirox 90 mg tab	1	SP Specialty
tolvaptan 15 mg tab thpk	1	QL 60 EA / 30 days PA SP Specialty
tolvaptan 30 & 15 mg tab thpk	1	QL 60 EA / 30 days PA SP Specialty
tolvaptan 45 & 15 mg tab thpk	1	QL 60 EA / 30 days PA SP Specialty
tolvaptan 60 & 30 mg tab thpk	1	QL 60 EA / 30 days PA SP Specialty
tolvaptan 90 & 30 mg tab thpk	1	QL 60 EA / 30 days PA SP Specialty
trientine hcl 250 mg cap	1	PA SP Specialty
TRIENTINE HCL 500 MG CAP	1	PA SP Specialty
PHOSPHATE BINDERS		
calcium acetate 667 mg tab	1	
calcium acetate (phos binder) 667 mg cap	1	
calcium acetate (phos binder) 667 mg tab	1	
sevelamer carbonate 0.8 gm packet	1	
sevelamer carbonate 2.4 gm packet	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
sevelamer hcl 800 mg tab	1	
POTASSIUM BINDERS		
kionex 15 gm/60ml suspension	1	
sodium polystyrene sulfonate 15 gm/60ml suspension	1	
sodium polystyrene sulfonate powder	1	
sps (sodium polystyrene sulf) 15 gm/60ml suspension	1	
VITAMINS		
ACCRUFER 30 MG CAP	1	PA
acticarnitine sf 1 gm/10ml solution	1	PA OTC Over the Counter
ACTIVITE 1 MG TAB	1	
add-ins complete packet	1	OTC Over the Counter
ADVANTAGE INFANT FORMULA/IRON POWDER	1	OTC Over the Counter
AIRAVITE 2.5-25-1 MG TAB	1	
ALFAMINO INFANT POWDER	1	OTC Over the Counter
ALFAMINO JUNIOR POWDER	1	OTC Over the Counter
ALSOY SOY FORMULA CONC	1	OTC Over the Counter
ALSOY SOY FORMULA POWDER	1	OTC Over the Counter
amino action 1200-100 mg tab	1	OTC Over the Counter
ANTIOXIDANT A/C/E/SELENIUM TAB	1	OTC Over the Counter
ANTIOXIDANT VITAMINS TAB	1	OTC Over the Counter
argiment at packet	1	OTC Over the Counter
ATABEX EC 29-1 MG TAB DR	1	
A THRU Z ADVANCED ADULT TAB	1	OTC Over the Counter
A THRU Z ADVANCED TAB	1	OTC Over the Counter
A THRU Z HIGH POTENCY TAB	1	OTC Over the Counter
A THRU Z SELECT 50+ ADVANCED TAB	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
A THRU Z SELECT 50+ MENS TAB	1	OTC Over the Counter
A THRU Z SELECT ADVANCED TAB	1	OTC Over the Counter
A THRU Z SELECT TAB	1	OTC Over the Counter
A THRU Z SELECT ULTIMATE WOMEN TAB	1	OTC Over the Counter
A THRU Z ULTIMATE MENS TAB	1	OTC Over the Counter
BABYS ONLY ORGANIC/DAIRY POWDER	1	OTC Over the Counter
BABYS ONLY ORGANIC/DHA & ARA POWDER	1	OTC Over the Counter
BABYS ONLY ORGANIC/SOY POWDER	1	OTC Over the Counter
BABYS ONLY ORGNIC/GENT DHA-ARA POWDER	1	OTC Over the Counter
BABYS ONLY ORGNIC/GENTLE DAIRY POWDER	1	OTC Over the Counter
BABYS ONLY ORGNIC/SENS DHA-ARA POWDER	1	OTC Over the Counter
BIOCEL TAB	1	
boost soothe liquid	1	OTC Over the Counter
B-PLEX PLUS TAB	1	
BPROTECTED MULTI-VITE LIQUID	1	OTC Over the Counter
bprotected pedia iron 75 (15 fe) mg/ml solution	1	ACA Affordable Care Act OTC Over the Counter
CALCILO XD POWDER	1	OTC Over the Counter
CARNITOR 1 GM/10ML SOLUTION	1	
CARNITOR 200 MG/ML SOLUTION	1	
CARNITOR 330 MG TAB	1	
CARNITOR SF 1 GM/10ML SOLUTION	1	
CENTAVITE A-Z COMPLETE-MINERAL TAB	1	OTC Over the Counter
CENTRAVITES 50 PLUS TAB	1	OTC Over the Counter
CENTRAVITES TAB	1	OTC Over the Counter
CENTURY MATURE TAB	1	OTC Over the Counter
CENTURY TAB	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CEROVITE SENIOR TAB	1	OTC Over the Counter
CERTAVITE/ANTIOXIDANTS TAB	1	OTC Over the Counter
CHICKEN/PEAS/CARROTS POWDER	1	OTC Over the Counter
CITRANATAL HARMONY 27-1-260 MG CAP	1	
CITRANATAL MEDLEY 27-1-200 MG CAP	1	
COMPANION TAB	1	OTC Over the Counter
COMPETE TAB	1	OTC Over the Counter
COMPLETE MULTIVITAMIN/MINERAL LIQUID	1	OTC Over the Counter
COMPLETE NATAL DHA 29-1-200 & 200 MG MISC	1	
CONCEPT DHA 53.5-38-1 MG CAP	1	
CORVITA 150 150-1.25 MG TAB	1	
CVS ADVANTAGE/IRON POWDER	1	OTC Over the Counter
CVS DAILY MULTIPLE FOR MEN TAB	1	OTC Over the Counter
CVS DAILY MULTIPLE WOMEN 50+ TAB	1	OTC Over the Counter
CVS EYE HEALTH & LUTEIN TAB	1	OTC Over the Counter
cvs fish oil 1000 mg cap	1	OTC Over the Counter
cvs folic acid 800 mcg tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
CVS GENTLE INFANT FORMULA/IRON POWDER	1	OTC Over the Counter
CVS INFANT FORMULA/IRON POWDER	1	OTC Over the Counter
cvs natural fish oil 1000 mg cap	1	OTC Over the Counter
CVS ONE DAILY ESSENTIAL TAB	1	OTC Over the Counter
CVS ONE DAILY MENS FORMULA TAB	1	OTC Over the Counter
CVS ONE DAILY WOMENS FORMULA TAB	1	OTC Over the Counter
CVS SENSITIVITY/IRON POWDER	1	OTC Over the Counter
cvs slow release iron 45 mg tab er	1	ACA Affordable Care Act OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CVS SPECTRAVITE ADVANCED TAB	1	OTC Over the Counter
CVS SPECTRAVITE MEN 50+ TAB	1	OTC Over the Counter
CVS SPECTRAVITE MEN TAB	1	OTC Over the Counter
CVS SPECTRAVITE SENIOR TAB	1	OTC Over the Counter
CVS SPECTRAVITE ULTRA MENS TAB	1	OTC Over the Counter
CVS SPECTRAVITE WOMEN 50+ TAB	1	OTC Over the Counter
CVS SPECTRAVITE WOMENS SENIOR TAB	1	OTC Over the Counter
CVS SPECTRAVITE WOMEN TAB	1	OTC Over the Counter
CVS TENDER/IRON POWDER	1	OTC Over the Counter
CVS TODDLER BEGINNINGS-IRON POWDER	1	OTC Over the Counter
CVS TODDLER & INFANT/IRON POWDER	1	OTC Over the Counter
CVS WOMENS ACTIVE DAILY TAB	1	OTC Over the Counter
cyanocobalamin 1000 mcg/ml solution	1	
CYSTINE500 500 MG PACKET	1	PA OTC Over the Counter
CYSTINE 500 MG PACKET	1	PA OTC Over the Counter
CYTO-Q 80 MG/10ML LIQUID	1	PA OTC Over the Counter
cyto-q max 100 mg/ml liquid	1	PA OTC Over the Counter
CYTO-Q T/F 80 MG/10ML LIQUID	1	PA OTC Over the Counter
daily amino acid tab	1	OTC Over the Counter
DAILY BETIC TAB	1	OTC Over the Counter
DAILY COMBO MULTI VITAMINS TAB	1	OTC Over the Counter
DAILY MULTIPLE VITAMINS/MIN TAB	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DERMACINRX PRETRATE 1 MG TAB	1	
DEXIFOL 5 MG TAB	1	
DIABETES HEALTH FORMULA TAB	1	OTC Over the Counter
DIALYVITE 800/ULTRA D TAB	1	OTC Over the Counter
DIALYVITE TAB	1	
dodex 1000 mcg/ml solution	1	
DOJOLVI 100 % LIQUID	1	PA SP Specialty
DR BROWN GOOD START GENTLE PRO POWDER	1	OTC Over the Counter
DR BROWN GOOD START SOOTHE PRO POWDER	1	OTC Over the Counter
DR BROWN GOOD ST SOY-EASE PRO POWDER	1	OTC Over the Counter
EFFER-K 25 MEQ EFFER TAB	1	
ELECARE DHA/ARA/IRON INFANT POWDER	1	OTC Over the Counter
ENBRACE HR CAP	1	
ENFAGROW PREMIUM LIPIL POWDER	1	OTC Over the Counter
ENFAGROW PREMIUM OLDER TODDLER POWDER	1	OTC Over the Counter
ENFAGROW PREMIUM TODDLER GENTL POWDER	1	OTC Over the Counter
ENFAGROW PREMIUM TODDLER POWDER	1	OTC Over the Counter
ENFAMIL A.R. INFANT POWDER	1	OTC Over the Counter
ENFAMIL AR SPIT-UP POWDER	1	OTC Over the Counter
ENFAMIL ENSPIRE GENTLEASE POWDER	1	OTC Over the Counter
ENFAMIL ENSPIRE/IRON POWDER	1	OTC Over the Counter
ENFAMIL ENSPIRE OPTIMUM POWDER	1	OTC Over the Counter
ENFAMIL GENTLEASE POWDER	1	OTC Over the Counter
ENFAMIL HUMAN MILK FORTIFIER CONC	1	OTC Over the Counter
ENFAMIL HUMAN MILK FORTIFIER PACKET	1	OTC Over the Counter
ENFAMIL INFANT POWDER	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ENFAMIL MILK-BASED W/IRON POWDER	1	OTC Over the Counter
ENFAMIL NEUROPRO ENFACARE POWDER	1	OTC Over the Counter
ENFAMIL NEUROPRO GENTLEASE PACKET	1	OTC Over the Counter
ENFAMIL NEUROPRO GENTLEASE POWDER	1	OTC Over the Counter
ENFAMIL NEUROPRO INFANT PACKET	1	OTC Over the Counter
ENFAMIL NEUROPRO INFANT POWDER	1	OTC Over the Counter
ENFAMIL NEUROPRO SENSITIVE POWDER	1	OTC Over the Counter
ENFAMIL NUTRAMIGEN CONC	1	OTC Over the Counter
ENFAMIL NUTRAMIGEN PROBIOT LGG POWDER	1	OTC Over the Counter
ENFAMIL NUTRAMIGEN TOD/ENF LGG POWDER	1	OTC Over the Counter
ENFAMIL PREMIUM INFANT POWDER	1	OTC Over the Counter
ENFAMIL PREMIUM LIPIL CONC	1	OTC Over the Counter
ENFAMIL PREMIUM NEWBORN POWDER	1	OTC Over the Counter
ENFAMIL PROSOBEE LIPIL CONC	1	OTC Over the Counter
ENFAMIL PROSOBEE SOY POWDER	1	OTC Over the Counter
ENFAMIL REGULINE-IRON POWDER	1	OTC Over the Counter
EQ COMPLETE MULTIVIT ADULT 50+ TAB	1	OTC Over the Counter
EQL CENTURY MATURE MEN 50+ TAB	1	OTC Over the Counter
EQL CENTURY MATURE TAB	1	OTC Over the Counter
EQL CENTURY MATURE WOMEN 50+ TAB	1	OTC Over the Counter
EQL CENTURY TAB	1	OTC Over the Counter
eql fish oil 1000 mg cap	1	OTC Over the Counter
eql omega 3 fish oil 1000 mg cap	1	OTC Over the Counter
EQL ONE DAILY MENS 50+ ADVANCE TAB	1	OTC Over the Counter
EQL ONE DAILY MENS HEALTH TAB	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EQL ONE DAILY WOMENS 50+ ADV TAB	1	OTC Over the Counter
EQL VISION FORMULA TAB	1	OTC Over the Counter
EQ ONE DAILY WOMENS HEALTH TAB	1	OTC Over the Counter
ESSENTIAL BALANCE TAB	1	OTC Over the Counter
ESSENTIA TAB	1	OTC Over the Counter
EXTENSIVE HA POWDER	1	OTC Over the Counter
EYE-VITES TAB	1	OTC Over the Counter
fa-vitamin b-6-vitamin b-12 2.2-25-0.5 mg tab	1	
fer-in-sol 75 (15 fe) mg/ml solution	1	ACA Affordable Care Act OTC Over the Counter
FEROTRINSIC CAP	1	
FERRALET 90 90-1 MG TAB	1	
ferrous sulfate 220 (44 fe) mg/5ml solution	1	ACA Affordable Care Act OTC Over the Counter
ferrous sulfate 300 (60 fe) mg/5ml solution	1	ACA Affordable Care Act OTC Over the Counter
ferrous sulfate 75 (15 fe) mg/ml solution	1	ACA Affordable Care Act OTC Over the Counter
ferrous sulfate er 45 mg tab er	1	ACA Affordable Care Act OTC Over the Counter
fe-vite iron 75 (15 fe) mg/ml solution	1	ACA Affordable Care Act OTC Over the Counter
fish oil 1000 mg cap	1	OTC Over the Counter
fish oil burp-less 1000 mg cap	1	OTC Over the Counter
fish oil concentrate 1000 mg cap	1	OTC Over the Counter
fish oil high potency 1000 mg cap	1	OTC Over the Counter
fish oil omega-3 1000 mg cap	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FLORAFOL PEDIATRIC 0.25 MG/ML SUSPENSION	1	PD Preventive Drug
FLORIVA PLUS 0.25 MG/ML SUSPENSION	1	PD Preventive Drug
folate 400 mcg tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
folbee 2.5-25-1 mg tab	1	OTC Over the Counter
FOLBEE PLUS TAB	1	OTC Over the Counter
folbic 2.5-25-2 mg tab	1	OTC Over the Counter
FOLGARD OS 500-1.1 MG TAB	1	
folic acid 1 mg tab	1	RX4L Rx4Less Program OTC Over the Counter
folic acid 400 mcg tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
folic acid 5 mg/ml solution	1	
folic acid 800 mcg tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
FOLIVANE-PLUS CAP	1	
FOLPLEX 2.2 2.2-25-0.5 MG TAB	1	
FOLTRIN CAP	1	
ft folic acid 400 mcg tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
ft folic acid 800 mcg tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
ft iron slow release 45 mg tab er	1	ACA Affordable Care Act OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GERBER GOOD START A2-IRON POWDER	1	OTC Over the Counter
GERBER GOOD START A2-TODDLER POWDER	1	OTC Over the Counter
GERBER GOOD START GENTLE 2 POWDER	1	OTC Over the Counter
GERBER GOOD START GENTLE CONC	1	OTC Over the Counter
GERBER GOOD START GENTLE POWDER	1	OTC Over the Counter
GERBER GOOD START GENTLEPRO 2 POWDER	1	OTC Over the Counter
GERBER GOOD START GENTLEPRO/FE CONC	1	OTC Over the Counter
GERBER GOOD START GENTLEPRO/FE POWDER	1	OTC Over the Counter
GERBER GOOD START GENTLEPRO POWDER	1	OTC Over the Counter
GERBER GOOD START GROW 3 POWDER	1	OTC Over the Counter
GERBER GOOD START NOURISH POWDER	1	OTC Over the Counter
GERBER GOOD START PROTECT/IRON POWDER	1	OTC Over the Counter
GERBER GOOD START SOOTHE 1 POWDER	1	OTC Over the Counter
GERBER GOOD START SOOTHE 2 POWDER	1	OTC Over the Counter
GERBER GOOD START SOOTHE POWDER	1	OTC Over the Counter
GERBER GOOD START SOOTHEPRO/FE POWDER	1	OTC Over the Counter
GERBER GOOD START SOOTHEPRO POWDER	1	OTC Over the Counter
GERBER GOOD START SOY/IRON CONC	1	OTC Over the Counter
GERBER GOOD START SOY/IRON POWDER	1	OTC Over the Counter
GERBER GOOD START SOY POWDER	1	OTC Over the Counter
GERBER GOOD START SUPREME/IRON CONC	1	OTC Over the Counter
GERBER GOOD START SUPREME/IRON POWDER	1	OTC Over the Counter
GERBER GRADUATES GENTLE/IRON POWDER	1	OTC Over the Counter
GERBER GRADUATES PROTECT/IRON POWDER	1	OTC Over the Counter
GERBER GRADUATES SOOTHE POWDER	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GERBER GRADUATES SOY/IRON POWDER	1	OTC Over the Counter
GERBER NATURA STAGE 1 POWDER	1	OTC Over the Counter
GERBER NATURA STAGE 2 POWDER	1	OTC Over the Counter
GERBER NATURA STAGE 3 POWDER	1	OTC Over the Counter
GERIVITE COMPLETE TAB	1	OTC Over the Counter
GERI-VITE LIQUID	1	OTC Over the Counter
g-levocarnitine s/f 1 gm/10ml solution	1	PA OTC Over the Counter
GNP CENTURY MATURE WOMEN'S 50+ TAB	1	OTC Over the Counter
gnp fish oil 1000 mg cap	1	OTC Over the Counter
gnp folic acid 400 mcg tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
GNP HAIR/SKIN/NAILS TAB	1	OTC Over the Counter
GNP HEALTHY EYES TAB	1	OTC Over the Counter
gnp iron 45 mg tab er	1	ACA Affordable Care Act OTC Over the Counter
GNP MEGA MULTI FOR MEN TAB	1	OTC Over the Counter
GNP MEGA MULTI FOR WOMEN TAB	1	OTC Over the Counter
GNP ONE DAILY MENS HEALTH 50+ TAB	1	OTC Over the Counter
GNP ONE DAILY MENS/LYCOPENE TAB	1	OTC Over the Counter
GNP ONE DAILY WOMENS 50+ TAB	1	OTC Over the Counter
GNP ONE DAILY WOMENS TAB	1	OTC Over the Counter
GNP THERAPEUTIC-M TAB	1	OTC Over the Counter
GOOD START 2 ESSENTIALS/IRON CONC	1	OTC Over the Counter
GOOD START 2 ESSENTIALS SOY/FE POWDER	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GOOD START 2 SUPREME/IRON CONC	1	OTC Over the Counter
GOOD START 2 SUPREME/IRON POWDER	1	OTC Over the Counter
GOOD START ESSENTIALS/IRON POWDER	1	OTC Over the Counter
GOOD START ESSENTIALS SOY/IRON CONC	1	OTC Over the Counter
GOOD START ESSENTIALS SOY/IRON POWDER	1	OTC Over the Counter
GOOD START/FE CONC	1	OTC Over the Counter
GOOD START/FE POWDER	1	OTC Over the Counter
GOOD START GENTLE PLUS CONC	1	OTC Over the Counter
GOOD START GENTLE PLUS POWDER	1	OTC Over the Counter
GOOD START NATURAL CULTURES POWDER	1	OTC Over the Counter
GOOD START POWDER	1	OTC Over the Counter
GOOD START SOY PLUS 2 POWDER	1	OTC Over the Counter
GOOD START SUPREME/IRON CONC	1	OTC Over the Counter
GOOD START SUPREME/IRON POWDER	1	OTC Over the Counter
HAIR SKIN AND NAILS FORMULA TAB	1	OTC Over the Counter
HAIR/SKIN/NAILS TAB	1	OTC Over the Counter
HEALTHY EYES TAB	1	OTC Over the Counter
HI-KOVITE 2-PART FORMULA TAB	1	OTC Over the Counter
hm complete women tab	1	OTC Over the Counter
hm fish oil 1000 mg cap	1	OTC Over the Counter
hm womens 50+ advanced daily tab	1	OTC Over the Counter
ICAPS MV TAB	1	OTC Over the Counter
icar 15 mg/1.25ml suspension	1	ACA Affordable Care Act OTC Over the Counter
ICAR-C PLUS 100-250-0.025-1 MG TAB	1	
iferex 150 forte 150-25-1 mg-mcg-mg cap	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
INATAL GT TAB	1	
iron high-potency 45 mg tab er	1	ACA Affordable Care Act OTC Over the Counter
iron slow release 45 mg tab er	1	ACA Affordable Care Act OTC Over the Counter
iron supplement 220 (44 fe) mg/5ml solution	1	ACA Affordable Care Act OTC Over the Counter
ISOMIL 2 POWDER	1	OTC Over the Counter
ISOMIL/IRON CONC	1	OTC Over the Counter
ISOMIL/IRON POWDER	1	OTC Over the Counter
ISOMIL SF/IRON CONC	1	OTC Over the Counter
ISOMIL SOY/IRON POWDER	1	OTC Over the Counter
I-VITE TAB	1	OTC Over the Counter
KALE/QUINOA/BERRIES POWDER	1	OTC Over the Counter
KENDAMIL GOAT POWDER	1	OTC Over the Counter
KENDAMIL ORGANIC POWDER	1	OTC Over the Counter
KENDAMIL POWDER	1	OTC Over the Counter
klor-con/ef 25 meq effer tab	1	
KP ADULTS 50+ DAILY FORMULA TAB	1	OTC Over the Counter
KP ADULTS DAILY FORMULA TAB	1	OTC Over the Counter
kp folic acid 1 mg tab	1	OTC Over the Counter
kp folic acid 800 mcg tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
KP MENS 50+ DAILY FORMULA TAB	1	OTC Over the Counter
KP MENS DAILY FORMULA TAB	1	OTC Over the Counter
k-prime 25 meq effer tab	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KP VISION FORMULA/LUTEIN TAB	1	OTC Over the Counter
KP VISION FORMULA TAB	1	OTC Over the Counter
KP WOMENS 50+ DAILY FORMULA TAB	1	OTC Over the Counter
KP WOMENS DAILY FORMULA TAB	1	OTC Over the Counter
LACTATED RINGERS SOLUTION	1	
LACTATED RINGERS SOLUTION	1	
lactated ringers solution	1	
levocarnitine 1 gm/10ml solution	1	
levocarnitine 330 mg tab	1	
levocarnitine (dietary) 1 gm/10ml solution	1	PA OTC Over the Counter
levocarnitine sf 1 gm/10ml solution	1	
LIPISTART POWDER	1	OTC Over the Counter
LYSIPLEX PLUS LIQUID	1	OTC Over the Counter
LYSIPLEX PLUS TAB	1	
MACUVITE EYE CARE TAB	1	OTC Over the Counter
macuvite/lutein tab	1	OTC Over the Counter
MACUVITE TAB	1	OTC Over the Counter
MAXIMUM DAILY GREEN TAB	1	OTC Over the Counter
maximum epa 1000 mg cap	1	OTC Over the Counter
MEIJER ADVANCED FORMULA TAB	1	OTC Over the Counter
MENS LIFE PACK TAB	1	OTC Over the Counter
MSUD ANALOG POWDER	1	OTC Over the Counter
MULTI COMPLETE/IRON TAB	1	OTC Over the Counter
MULTI FOR HER 50+ TAB	1	OTC Over the Counter
MULTI FOR HER TAB	1	OTC Over the Counter
MULTI FOR HIM 50+ TAB	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MULTI FOR HIM TAB	1	OTC Over the Counter
MULTIGEN 70 MG TAB	1	
MULTIGEN FOLIC 70-150-2-1 MG TAB	1	
MULTIPLE VITAMINS-MINERALS LIQUID	1	OTC Over the Counter
MULTIPLE VITAMINS/WOMENS TAB	1	OTC Over the Counter
MULTIPLE VIT/MINERALS/NO IRON TAB	1	OTC Over the Counter
MULTIPRO CAP	1	
MULTIVITAMIN ADULTS 50+ TAB	1	OTC Over the Counter
MULTIVITAMIN ADULTS TAB	1	OTC Over the Counter
MULTIVITAMIN/FLUORIDE 0.25 MG CHEW TAB	1	PD Preventive Drug OTC Over the Counter
MULTI-VITAMIN/FLUORIDE 0.25 MG/ML SUSPENSION	1	PD Preventive Drug
MULTIVITAMIN/FLUORIDE 0.25 MG/ML SUSPENSION	1	PD Preventive Drug OTC Over the Counter
MULTIVITAMIN/FLUORIDE 0.5 MG CHEW TAB	1	PD Preventive Drug OTC Over the Counter
MULTI-VITAMIN/FLUORIDE 0.5 MG/ML SUSPENSION	1	PD Preventive Drug
MULTIVITAMIN/FLUORIDE 0.5 MG/ML SUSPENSION	1	PD Preventive Drug OTC Over the Counter
MULTIVITAMIN/FLUORIDE 1 MG CHEW TAB	1	PD Preventive Drug OTC Over the Counter
MULTI-VITAMIN/FLUORIDE/IRON 0.25-10 MG/ML SOLUTION	1	PD Preventive Drug
MULTIVITAMIN LIQUID	1	OTC Over the Counter
MULTIVITAMIN MEN 50+ TAB	1	OTC Over the Counter
MULTI VITAMIN/MINERALS TAB	1	OTC Over the Counter
MULTI-VITAMIN/MINERALS TAB	1	OTC Over the Counter
MULTIVITAMIN WOMEN 50+ TAB	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MULTIVITAMIN WOMENS 50+ ADV TAB	1	OTC Over the Counter
MULTIVITAMIN WOMEN TAB	1	OTC Over the Counter
MYAMULTI TAB	1	OTC Over the Counter
nac 600 600 mg cap	1	OTC Over the Counter
nac 600 mg cap	1	OTC Over the Counter
n-acetyl cysteine 600 mg cap	1	OTC Over the Counter
NATALVIT TAB	1	
NEOCATE SYNEO INFANT POWDER	1	OTC Over the Counter
NEO-VITAL RX 1 MG TAB	1	
nephronex tab	1	
nf formulas nac 600 mg cap	1	OTC Over the Counter
norwegian salmon oil 1000 mg cap	1	OTC Over the Counter
NOVYRA 27-1 MG TAB	1	
NUFOL 2.5-25-1 MG TAB	1	
NUTRIFAC ZX TAB	1	
OBSTETRIX DHA 29-1 & 350 MG MISC	1	OTC Over the Counter
OCUTABS-LUTEIN TAB	1	OTC Over the Counter
OCUTABS TAB	1	OTC Over the Counter
OCUVITE EXTRA TAB	1	OTC Over the Counter
OCUVITE EYE + MULTI TAB	1	OTC Over the Counter
OCUVITE-LUTEIN TAB	1	OTC Over the Counter
omega 3 1000 mg cap	1	OTC Over the Counter
omega-3 1000 mg cap	1	OTC Over the Counter
omega-3 cf 1000 mg cap	1	OTC Over the Counter
omega 3 fish oil 1000 mg cap	1	OTC Over the Counter
omega-3 fish oil 1000 mg cap	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
one-a-day teen advantage/her tab	1	OTC Over the Counter
ONE DAILY 50 PLUS TAB	1	OTC Over the Counter
ONE DAILY CALCIUM/IRON TAB	1	OTC Over the Counter
ONE DAILY COMPLETE FOR MEN TAB	1	OTC Over the Counter
ONE DAILY COMPLETE TAB	1	OTC Over the Counter
ONE DAILY FOR MEN 50+ ADVANCED TAB	1	OTC Over the Counter
ONE DAILY FOR MEN/LYCOPENE TAB	1	OTC Over the Counter
ONE DAILY FOR WOMEN 50+ ADV TAB	1	OTC Over the Counter
ONE DAILY FOR WOMEN TAB	1	OTC Over the Counter
ONE DAILY HEALTHY WEIGHT ADV TAB	1	OTC Over the Counter
ONE DAILY HEALTHY WEIGHT TAB	1	OTC Over the Counter
ONE DAILY MAXIMUM TAB	1	OTC Over the Counter
ONE DAILY MENS 50+/LYCOPENE TAB	1	OTC Over the Counter
ONE DAILY MENS 50+ MULTIVIT TAB	1	OTC Over the Counter
ONE DAILY MENS HEALTH TAB	1	OTC Over the Counter
ONE DAILY MENS TAB	1	OTC Over the Counter
ONE DAILY/MINERALS TAB	1	OTC Over the Counter
ONE DAILY MULTIVITAMIN MEN TAB	1	OTC Over the Counter
ONE DAILY MULTIVITAMIN WOMEN TAB	1	OTC Over the Counter
ONE DAILY MULTIVIT/IRON-FREE TAB	1	OTC Over the Counter
ONE-DAILY MULTI-VIT/MINERAL TAB	1	OTC Over the Counter
ONE DAILY WOMENS 50 PLUS TAB	1	OTC Over the Counter
ONE DAILY WOMENS 50+ TAB	1	OTC Over the Counter
ONE DAILY WOMENS TAB	1	OTC Over the Counter
ONENATAL RX 1 MG TAB	1	
OPTIC-VITES TAB	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OPTIC-VITES WITH LUTEIN TAB	1	OTC Over the Counter
OPTIMUM PMS TAB	1	OTC Over the Counter
OSTEOPRIME ULTRA TAB	1	OTC Over the Counter
pc pediatric iron drops 15 mg/ml solution	1	ACA Affordable Care Act OTC Over the Counter
PEDIASMART PEA PROTEIN POWDER	1	OTC Over the Counter
PEPTICATE POWDER	1	OTC Over the Counter
PERIFLEX INFANT POWDER	1	OTC Over the Counter
phenylade40 drink mix packet	1	OTC Over the Counter
phenylade amino acid blend packet	1	OTC Over the Counter
phenylade mte amino acid blend packet	1	OTC Over the Counter
phenylade phebloc tab	1	OTC Over the Counter
PHENYL-FREE 1 POWDER	1	OTC Over the Counter
phlexy-10 tab	1	OTC Over the Counter
pku golike plus 16+ packet	1	OTC Over the Counter
pku golike plus 4-16 packet	1	OTC Over the Counter
PKU START POWDER	1	OTC Over the Counter
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-IRON 150 FORTE 150-25-1 MG-MCG-MG CAP	1	
POLYSACCHARIDE IRON FORTE 150-25-1 MG-MCG-MG CAP	1	
POLY-VI-FLOR 0.25 MG/ML SUSPENSION	1	PD Preventive Drug
POLY-VI-FLOR/IRON 0.25-7 MG/ML SUSPENSION	1	PD Preventive Drug OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
POTASSIUM PHOSPHATES 150 MMOLE/50ML SOLUTION	1	
potassium phosphates 150 mmole/50ml solution	1	
POTASSIUM PHOSPHATES 15 MMOLE/5ML SOLUTION	1	
potassium phosphates 15 mmole/5ml solution	1	
potassium phosphates 45 mmole/15ml solution	1	
POTASSIUM PHOSPHATES(66 MEQ K) 45 MMOLE/15ML SOLUTION	1	
potassium phosphates(66 meq k) 45 mmole/15ml solution	1	
PREGESTIMIL POWDER	1	OTC Over the Counter
PREMIUM INFANT FORMULA/IRON POWDER	1	OTC Over the Counter
PRENA1 1.4 MG CHEW TAB	1	
PRENA1 PEARL 30-1.4-200 MG CAP ER	1	
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
PRENATAL 19 29-1 MG CHEW TAB	1	
PRENATAL 19 29-1 MG TAB	1	
PRENATAL 19 CHEW TAB	1	
PRENATAL 19 TAB	1	OTC Over the Counter
PRENATAL-U 106.5-1 MG CAP	1	
PRENATE 0.6-0.4 MG CHEW TAB	1	
PRENATE AM 1 MG TAB	1	
PRENATE DHA 18-0.6-0.4-300 MG CAP	1	
PRENATE ELITE 20-0.6-0.4 MG TAB	1	
PRENATE ENHANCE 28-0.6-0.4-400 MG CAP	1	
PRENATE ESSENTIAL 18-0.6-0.4-300 MG CAP	1	
PRENATE MINI 18-0.6-0.4-350 MG CAP	1	
PRENATE PIXIE 10-0.6-0.4-200 MG CAP	1	
PRENATE RESTORE 27-0.6-0.4-400 MG CAP	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PRENYRA 13-1 MG TAB	1	
pre protein tab	1	OTC Over the Counter
PRIMACARE 30-1-470 MG CAP	1	
PROSIGHT TAB	1	OTC Over the Counter
prosource no carb liquid	1	OTC Over the Counter
prosource protein liquid	1	OTC Over the Counter
proteinex tab	1	OTC Over the Counter
PURAMINO DHA/ARA POWDER	1	OTC Over the Counter
PURAMINO JR POWDER	1	OTC Over the Counter
PURE BLISS ORG/A2 MILK/IRON POWDER	1	OTC Over the Counter
PURE BLISS ORGANIC/IRON POWDER	1	OTC Over the Counter
PYRIDOXINE HCL 100 MG/ML SOLUTION	1	
QC DAILY MULTIVIT/MULTIMINERAL TAB	1	OTC Over the Counter
qc fish oil 1000 mg cap	1	OTC Over the Counter
qc folic acid 800 mcg tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
QC HAIR SKIN & NAILS TAB	1	OTC Over the Counter
QC MENS DAILY MULTIVITAMIN TAB	1	OTC Over the Counter
QC MULTI-VITE 50 & OVER TAB	1	OTC Over the Counter
QC MULTI-VITE TAB	1	OTC Over the Counter
QC THERIN-M TAB	1	OTC Over the Counter
QC WOMENS DAILY MULTIVITAMIN TAB	1	OTC Over the Counter
QUFLORA PEDIATRIC 0.25 MG/ML SUSPENSION	1	PD Preventive Drug
QUINTABS-M TAB	1	OTC Over the Counter
ra central-vite mens mature tab	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ra central-vite womens mature tab	1	OTC Over the Counter
ra fish oil 1000 mg cap	1	OTC Over the Counter
ra folic acid 400 mcg tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
ra folic acid 800 mcg tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
ra one daily maximum tab	1	OTC Over the Counter
ra one daily mens 50+ w/vit d3 tab	1	OTC Over the Counter
ra one daily mens multi tab	1	OTC Over the Counter
ra one daily mens/vit d-3 tab	1	OTC Over the Counter
RCF CONC	1	OTC Over the Counter
RCF LOW-IRON CONC	1	OTC Over the Counter
RELNATE DHA 28-1-200 MG CAP	1	
RENAPLEX TAB	1	OTC Over the Counter
RENO CAPS 1 MG CAP	1	OTC Over the Counter
RESTORE FUSION RENAL SUPPORT POWDER	1	OTC Over the Counter
RESTORE RENAL SUPPORT POWDER	1	OTC Over the Counter
sb omega-3 fish oil 1000 mg cap	1	OTC Over the Counter
sea-omega 1000 mg cap	1	OTC Over the Counter
SENIOR TABS TAB	1	OTC Over the Counter
SENTRY SENIOR TAB	1	OTC Over the Counter
SENTRY TAB	1	OTC Over the Counter
SIMILAC 2 ADVANCE POWDER	1	OTC Over the Counter
SIMILAC 2-IRON POWDER	1	OTC Over the Counter
SIMILAC 360 TOTAL CARE 5 HMO POWDER	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SIMILAC 360 TOTAL CARE 5 HMO POWDER	1	OTC Over the Counter
SIMILAC 360 TOTAL CARE POWDER	1	OTC Over the Counter
SIMILAC 360 TOTAL CARE SENS POWDER	1	OTC Over the Counter
SIMILAC ADVANCE COMPLETE POWDER	1	OTC Over the Counter
SIMILAC ADVANCE EARLY SHIELD CONC	1	OTC Over the Counter
SIMILAC ADVANCE EARLY SHIELD POWDER	1	OTC Over the Counter
SIMILAC ADVANCE/IRON CONC	1	OTC Over the Counter
SIMILAC ADVANCE/IRON PACKET	1	OTC Over the Counter
SIMILAC ADVANCE-IRON POWDER	1	OTC Over the Counter
SIMILAC ADVANCE LAMEHADRIN POWDER	1	OTC Over the Counter
SIMILAC ADVANCE NON-GMO POWDER	1	OTC Over the Counter
SIMILAC ADVANCE OPTIGRO/IRON POWDER	1	OTC Over the Counter
SIMILAC ADVANCE ORGANIC POWDER	1	OTC Over the Counter
SIMILAC ALIMENTUM-IRON POWDER	1	OTC Over the Counter
SIMILAC ALIMENTUM TODDLER POWDER	1	OTC Over the Counter
SIMILAC FOR SPIT-UP/OPTIGRO POWDER	1	OTC Over the Counter
SIMILAC FOR SPIT-UP POWDER	1	OTC Over the Counter
SIMILAC FOR SUPPLEMENTATION POWDER	1	OTC Over the Counter
SIMILAC GO & GROW EARLY SHIELD POWDER	1	OTC Over the Counter
SIMILAC GO & GROW HMO POWDER	1	OTC Over the Counter
SIMILAC GO & GROW NON-GMO POWDER	1	OTC Over the Counter
SIMILAC GO & GROW OPTIGRO POWDER	1	OTC Over the Counter
SIMILAC GO & GROW TODDLER PACKET	1	OTC Over the Counter
SIMILAC GO & GROW TODDLER POWDER	1	OTC Over the Counter
SIMILAC HUMAN MILK FORTIFIER CONC	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SIMILAC HUMAN MILK FORTIFIER POWDER	1	OTC Over the Counter
SIMILAC/IRON CONC	1	OTC Over the Counter
SIMILAC/IRON PACKET	1	OTC Over the Counter
SIMILAC/IRON POWDER	1	OTC Over the Counter
SIMILAC LACTOSE FREE ADVANCE POWDER	1	OTC Over the Counter
SIMILAC LACTOSE FREE POWDER	1	OTC Over the Counter
SIMILAC LOW-IRON CONC	1	OTC Over the Counter
SIMILAC LOW-IRON POWDER	1	OTC Over the Counter
SIMILAC NEOSURE OPTIGRO POWDER	1	OTC Over the Counter
SIMILAC NEOSURE POWDER	1	OTC Over the Counter
SIMILAC ORGANIC/A2 MILK/IRON POWDER	1	OTC Over the Counter
SIMILAC ORGANIC/IRON POWDER	1	OTC Over the Counter
SIMILAC PM POWDER	1	OTC Over the Counter
SIMILAC POWDER	1	OTC Over the Counter
SIMILAC PRO-ADVANCE OPTIGRO POWDER	1	OTC Over the Counter
SIMILAC PRO-ADVANCE WITH IRON POWDER	1	OTC Over the Counter
SIMILAC PRO-SENSITIVE/IRON POWDER	1	OTC Over the Counter
SIMILAC PRO-SENSITIVE OPTIGRO POWDER	1	OTC Over the Counter
SIMILAC PRO-TOTAL COMFORT POWDER	1	OTC Over the Counter
SIMILAC PURE BLISS/IRON POWDER	1	OTC Over the Counter
SIMILAC PURE BLISS POWDER	1	OTC Over the Counter
SIMILAC SENSITIVE CONC	1	OTC Over the Counter
SIMILAC SENSITIVE EARLY SHIELD CONC	1	OTC Over the Counter
SIMILAC SENSITIVE EARLY SHIELD POWDER	1	OTC Over the Counter
SIMILAC SENSITIVE FUSSINESS POWDER	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SIMILAC SENSITIVE NON-GMO POWDER	1	OTC Over the Counter
SIMILAC SENSITIVE OPTIGRO/IRON POWDER	1	OTC Over the Counter
SIMILAC SENSITIVE POWDER	1	OTC Over the Counter
SIMILAC SOY ISOMIL CONC	1	OTC Over the Counter
SIMILAC SOY ISOMIL/IRON CONC	1	OTC Over the Counter
SIMILAC SOY ISOMIL/IRON POWDER	1	OTC Over the Counter
SIMILAC SOY ISOMIL PACKET	1	OTC Over the Counter
SIMILAC SOY ISOMIL POWDER	1	OTC Over the Counter
SIMILAC SPIT-UP OPTIGRO/IRON POWDER	1	OTC Over the Counter
SIMILAC TOTAL CMFRT OPTIGRO/FE POWDER	1	OTC Over the Counter
SIMILAC TOTAL COMFORT POWDER	1	OTC Over the Counter
slow fe 45 mg tab er	1	ACA Affordable Care Act OTC Over the Counter
sm antioxidant vitamins tab	1	OTC Over the Counter
sm complete 50+ tab	1	OTC Over the Counter
sm complete 50+ ultimate mens tab	1	OTC Over the Counter
sm complete 50+ ultimate women tab	1	OTC Over the Counter
sm complete advanced formula tab	1	OTC Over the Counter
sm complete senior formula tab	1	OTC Over the Counter
sm complete tab	1	OTC Over the Counter
sm daily diet support tab	1	OTC Over the Counter
sm fish oil 1000 mg cap	1	OTC Over the Counter
sm folic acid 400 mcg tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
sm hair/skin/nails tab	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
sm opti-vitamins tab	1	OTC Over the Counter
sm slow release iron 45 mg tab er	1	ACA Affordable Care Act OTC Over the Counter
SOD ANAMIX EARLY YEARS POWDER	1	OTC Over the Counter
SODIUM FLUORIDE 1.1 (0.5 F) MG/ML SOLUTION	1	ACA Affordable Care Act
SODIUM FLUORIDE 1.1 (0.5 F) MG TAB	1	ACA Affordable Care Act
SODIUM FLUORIDE 2.2 (1 F) MG TAB	1	
sodium phosphates 150 mmole/50ml solution	1	
SODIUM PHOSPHATES 15 MMOLE/5ML SOLUTION	1	
sodium phosphates 15 mmole/5ml solution	1	
sodium phosphates 45 mmole/15ml solution	1	
STRESS B COMPLEX/ANTIOXID/ZINC TAB	1	OTC Over the Counter
STRESSTABS ADVANCED TAB	1	OTC Over the Counter
SUPER AYTINAL 50 PLUS TAB	1	OTC Over the Counter
SUPER AYTINAL TAB	1	OTC Over the Counter
super dha gems 1000 mg cap	1	OTC Over the Counter
super multiple tab	1	OTC Over the Counter
super omega-3 1000 mg cap	1	OTC Over the Counter
SUPER THERA VITE M TAB	1	OTC Over the Counter
SUPER VITA-MINS TAB	1	OTC Over the Counter
THERABASIC-M TAB	1	OTC Over the Counter
THERAPEUTIC FORMULA/HEMATINICS TAB	1	OTC Over the Counter
THERAPEUTIC-M TAB	1	OTC Over the Counter
THERATRUM COMPLETE 50 PLUS TAB	1	OTC Over the Counter
theratrum complete 50 plus tab	1	OTC Over the Counter
THERATRUM COMPLETE TAB	1	OTC Over the Counter
theratrum complete tab	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
THERA VITAL M TAB	1	OTC Over the Counter
THERA VITAL-M TAB	1	OTC Over the Counter
theromega 1000 mg cap	1	OTC Over the Counter
THRIVE FOR LIFE WOMENS TAB	1	OTC Over the Counter
THRIVITE RX 29-1 MG TAB	1	
TM-VITE RX 1 MG TAB	1	
triamino tab	1	OTC Over the Counter
TRICON CAP	1	
TRIGELS-F FORTE 460-60-0.01-1 MG CAP	1	
TRINATE TAB	1	
TRISTART DHA 31-0.6-0.4-200 MG CAP	1	
TRI-VI-FLOR 0.25 MG/ML SUSPENSION	1	PD Preventive Drug
TRI-VITAMIN WITH FLUORIDE 0.25 MG/ML SUSPENSION	1	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
TRONVITE 1 MG TAB	1	
TROPICAL LIQUID NUTRITION LIQUID	1	OTC Over the Counter
true folic acid 1 mg tab	1	OTC Over the Counter
true folic acid 400 mcg tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
UCD ANAMIX INFANT POWDER	1	OTC Over the Counter
ULTRACHOICE ADVANCED FORMULA TAB	1	OTC Over the Counter
ULTRACHOICE ADV FORMULA MATURE TAB	1	OTC Over the Counter
ULTRA FREEDA/IRON TAB	1	OTC Over the Counter
ULTRA FREEDA TAB	1	OTC Over the Counter
ultra omega 3 1000 mg cap	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
V-C FORTE CAP	1	
VIC-FORTE CAP	1	
VINATE CARE 40-1 MG CHEW TAB	1	OTC Over the Counter
VINATE DHA RF 27-1.13 MG CAP	1	
VISION FORMULA/LUTEIN TAB	1	OTC Over the Counter
VISION VITAMINS TAB	1	OTC Over the Counter
VITABASIC COMPLETE TAB	1	OTC Over the Counter
VITABASIC SENIOR TAB	1	OTC Over the Counter
VITACEL TAB	1	
VITAFOL FE+ 90-0.6-0.4-200 MG CAP	1	
VITAFOL GUMMIES 3.33-0.333-34.8 MG CHEW TAB	1	
VITAFOL-ONE 29-1-200 MG CAP	1	
VITAFOL ULTRA 29-0.6-0.4-200 MG CAP	1	
VITA HAIR TAB	1	OTC Over the Counter
VITAMEDMD ONE RX/QUATREFOLIC 30-0.6-0.4-200 MG CAP	1	
VITAMINS ACD-FLUORIDE 0.25 MG/ML SOLUTION	1	PD Preventive Drug OTC Over the Counter
VITAMINS ACD-FLUORIDE 0.5 MG/ML SOLUTION	1	PD Preventive Drug OTC Over the Counter
VITAMINS A-D-E/SELENIUM TAB	1	OTC Over the Counter
VITAROCA PLUS TAB	1	
VITA S FORTE TAB	1	
VITASURE 1 MG TAB	1	
VITATRUE 30-1.4 & 300 MG MISC	1	
wee care 15 mg/1.25ml suspension	1	ACA Affordable Care Act OTC Over the Counter
WESCAP-C DHA 53.5-38-1 MG CAP	1	
WESNATAL DHA COMPLETE 29-1-200 & 200 MG MISC	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
westab max 2.5-25-2 mg tab	1	OTC Over the Counter
westab one 2.5-25-1 mg tab	1	OTC Over the Counter
WOMENS DAILY FORMULA TAB	1	OTC Over the Counter
WOMENS LIFE PACK TAB	1	OTC Over the Counter
WOMENS MULTIVITAMIN TAB	1	OTC Over the Counter
XLEU ANALOG POWDER	1	OTC Over the Counter
XLYS XTRP ANALOG POWDER	1	OTC Over the Counter
XMET ANALOG POWDER	1	OTC Over the Counter
XMTVI ANALOG POWDER	1	OTC Over the Counter
xphe maxamum packet	1	OTC Over the Counter
XPHE-XTYR ANALOG POWDER	1	OTC Over the Counter
XPTM ANALOG POWDER	1	OTC Over the Counter
yl folic acid 400 mcg tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
GASTROINTESTINAL AGENTS		
ANTI-CONSTIPATION AGENTS		
clearlax 17 gm/scoop powder	1	ACA Affordable Care Act OTC Over the Counter
constulose 10 gm/15ml solution	1	
cvs purelax 17 gm/scoop powder	1	ACA Affordable Care Act OTC Over the Counter
enulose 10 gm/15ml solution	1	
eq clearlax 17 gm/scoop powder	1	ACA Affordable Care Act OTC Over the Counter
eql clearlax 17 gm/scoop powder	1	ACA Affordable Care Act OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ft clearlax 17 gm/scoop powder	1	ACA Affordable Care Act OTC Over the Counter
gavilax 17 gm/scoop powder	1	ACA Affordable Care Act OTC Over the Counter
gavilyte-n with flavor pack 420 gm recon soln	1	ACA Affordable Care Act
generlac 10 gm/15ml solution	1	
gentlelax 17 gm/scoop powder	1	ACA Affordable Care Act OTC Over the Counter
glycolax 17 gm/scoop powder	1	ACA Affordable Care Act OTC Over the Counter
gnp clearlax 17 gm/scoop powder	1	ACA Affordable Care Act OTC Over the Counter
goodsense clearlax 17 gm/scoop powder	1	ACA Affordable Care Act OTC Over the Counter
hm clearlax 17 gm/scoop powder	1	ACA Affordable Care Act OTC Over the Counter
instalax 17 gm/scoop powder	1	ACA Affordable Care Act OTC Over the Counter
kls laxaclear 17 gm/scoop powder	1	ACA Affordable Care Act OTC Over the Counter
kristalose 10 gm packet	1	PA
kristalose 20 gm packet	1	PA
lactulose 10 gm/15ml solution	1	
lactulose 10 gm packet	1	PA
lactulose 20 gm/30ml solution	1	
lactulose 20 gm packet	1	PA
lactulose encephalopathy 10 gm/15ml solution	1	
laxative osmotic 17 gm/scoop powder	1	ACA Affordable Care Act OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
miralax 17 gm/scoop powder	1	ACA Affordable Care Act OTC Over the Counter
miralax 17 gm/scoop powder	1	ACA Affordable Care Act OTC Over the Counter
mm clearlax 17 gm/scoop powder	1	ACA Affordable Care Act OTC Over the Counter
peg 3350 17 gm/scoop powder	1	ACA Affordable Care Act OTC Over the Counter
peg 3350-kcl-na bicarb-nacl 420 gm recon soln	1	ACA Affordable Care Act
polyethylene glycol 3350 17 gm/scoop powder	1	ACA Affordable Care Act OTC Over the Counter
prucalopride succinate 1 mg tab	1	QL 30 / 30 days
prucalopride succinate 2 mg tab	1	QL 30 / 30 days
qc natura-lax 17 gm/scoop powder	1	ACA Affordable Care Act OTC Over the Counter
qc oral laxative 17 gm/scoop powder	1	ACA Affordable Care Act OTC Over the Counter
ra laxative 17 gm/scoop powder	1	ACA Affordable Care Act OTC Over the Counter
sb polyethylene glycol 3350 17 gm/scoop powder	1	ACA Affordable Care Act OTC Over the Counter
sm clearlax 17 gm/scoop powder	1	ACA Affordable Care Act OTC Over the Counter
smooth lax 17 gm/scoop powder	1	ACA Affordable Care Act OTC Over the Counter
true laxative 17 gm/scoop powder	1	ACA Affordable Care Act OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTI-DIARRHEAL AGENTS		
alosetron hcl 0.5 mg tab	1	
alosetron hcl 1 mg tab	1	
DIPHENOXYLATE-ATROPINE 2.5-0.025 MG/5ML LIQUID	1	
diphenoxylate-atropine 2.5-0.025 mg tab	1	
loperamide hcl 2 mg cap	1	
MYTESI 125 MG TAB DR	1	
XERMELO 250 MG TAB	1	PA SP Specialty
ANTISPASMODICS, GASTROINTESTINAL		
dicyclomine hcl 10 mg/5ml solution	1	
dicyclomine hcl 10 mg cap	1	
dicyclomine hcl 20 mg tab	1	
glycopyrrolate 1 mg/5ml solution	1	PA
glycopyrrolate 1 mg tab	1	
glycopyrrolate 2 mg tab	1	
HYOSCYAMINE SULFATE 0.125 MG/5ML ELIXIR	1	
HYOSCYAMINE SULFATE 0.125 MG/ML SOLUTION	1	
HYOSCYAMINE SULFATE 0.125 MG SL TAB	1	
hyoscyamine sulfate 0.125 mg sl tab	1	
HYOSCYAMINE SULFATE 0.125 MG TAB	1	
hyoscyamine sulfate 0.125 mg tab	1	
HYOSCYAMINE SULFATE ER 0.375 MG TAB ER 12H	1	
hyoscyamine sulfate er 0.375 mg tab er 12h	1	
HYOSYNE 0.125 MG/5ML ELIXIR	1	
HYOSYNE 0.125 MG/ML SOLUTION	1	
methscopolamine bromide 2.5 mg tab	1	
methscopolamine bromide 5 mg tab	1	
OSCIMIN 0.125 MG SL TAB	1	
OSCIMIN 0.125 MG TAB	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PB-HYOSCY-ATROPINE-SCOPOLAMINE 16.2 MG/5ML ELIXIR	1	
PB-HYOSCY-ATROPINE-SCOPOLAMINE 16.2 MG TAB	1	
PHENOHYTRO 16.2 MG/5ML ELIXIR	1	
PHENOHYTRO 16.2 MG TAB	1	
GASTROINTESTINAL AGENTS, OTHER		
ALUMINUM HYDROXIDE GEL 320 MG/5ML SUSPENSION	1	OTC Over the Counter
alvimopan 12 mg cap	1	
AMOXICILL-CLARITHRO-LANSOPRAZ 500 & 500 & 30 MG THER PACK	1	
GATTEX 5 MG KIT	1	QL 2 / 1 day(s) PA SP Specialty
GAVILYTE-C 240 GM RECON SOLN	1	ACA Affordable Care Act
gavilyte-g 236 gm recon soln	1	ACA Affordable Care Act
MYALEPT 11.3 MG RECON SOLN	1	PA SP Specialty
OPIUM 10 MG/ML (1%) TINCTURE	1	
ORLISTAT 120 MG CAP	1	PA
peg-3350/electrolytes 236 gm recon soln	1	ACA Affordable Care Act
RELTONE 200 MG CAP	1	PA
URSODIOL 200 MG CAP	1	PA
ursodiol 250 mg tab	1	
ursodiol 300 mg cap	1	
ursodiol 500 mg tab	1	
VOQUEZNA 10 MG TAB	1	PA
VOQUEZNA 20 MG TAB	1	PA
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS		
cimetidine 200 mg tab	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
cimetidine 300 mg tab	1	
cimetidine 400 mg tab	1	
cimetidine 800 mg tab	1	
cimetidine hcl 300 mg/5ml solution	1	
famotidine 20 mg tab	1	
famotidine 40 mg/5ml recon susp	1	
famotidine 40 mg tab	1	
nizatidine 150 mg cap	1	
NIZATIDINE 300 MG CAP	1	
PROTECTANTS		
misoprostol 100 mcg tab	1	
misoprostol 200 mcg tab	1	
sucralfate 1 gm tab	1	
PROTON PUMP INHIBITORS		
cvs esomeprazole magnesium 20 mg cap dr	1	OTC Over the Counter
cvs omeprazole-sod bicarbonate 20-1100 mg cap	1	OTC Over the Counter
eq esomeprazole magnesium 20 mg cap dr	1	OTC Over the Counter
esomeprazole magnesium 10 mg packet	1	
esomeprazole magnesium 20 mg cap dr	1	OTC Over the Counter
esomeprazole magnesium 20 mg packet	1	
esomeprazole magnesium 40 mg cap dr	1	
esomeprazole magnesium 40 mg packet	1	
FIRST-PANTOPRAZOLE 4 MG/ML SUSPENSION	1	
ft acid reducer 20 mg cap dr	1	OTC Over the Counter
gnp esomeprazole magnesium 20 mg cap dr	1	OTC Over the Counter
goodsense esomeprazole 20 mg cap dr	1	OTC Over the Counter
goodsense omep/sod bicarb 20-1100 mg cap	1	OTC Over the Counter
hm esomeprazole magnesium dr 20 mg cap dr	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
kls esomeprazole magnesium 20 mg cap dr	1	OTC Over the Counter
lansoprazole 15 mg cap dr	1	! See important benefit information at end of document
lansoprazole 15 mg tab dr disp	1	
lansoprazole 30 mg cap dr	1	! See important benefit information at end of document
lansoprazole 30 mg tab dr disp	1	
nexium 24hr 20 mg cap dr	1	OTC Over the Counter
nexium 24hr clear minis 20 mg cap dr	1	OTC Over the Counter
omeprazole 10 mg cap dr	1	! See important benefit information at end of document
omeprazole 20 mg cap dr	1	! See important benefit information at end of document
omeprazole 40 mg cap dr	1	! See important benefit information at end of document
omeprazole-sodium bicarbonate 20-1100 mg cap	1	OTC Over the Counter
pantoprazole sodium 20 mg tab dr	1	! See important benefit information at end of document
pantoprazole sodium 40 mg tab dr	1	! See important benefit information at end of document
qc esomeprazole magnesium 20 mg cap dr	1	OTC Over the Counter
rabeprazole sodium 20 mg tab dr	1	QL 60 ea / 30 day(s)
ra esomeprazole magnesium 20 mg cap dr	1	OTC Over the Counter
sm esomeprazole magnesium 20 mg cap dr	1	OTC Over the Counter
zegerid otc 20-1100 mg cap	1	OTC Over the Counter
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
ARALAST NP 1000 MG RECON SOLN	1	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ARALAST NP 500 MG RECON SOLN	1	SP Specialty
BYLVAY 1200 MCG CAP	1	PA SP Specialty
BYLVAY 400 MCG CAP	1	PA SP Specialty
BYLVAY (PELLETS) 200 MCG CAP SPRINK	1	PA SP Specialty
BYLVAY (PELLETS) 600 MCG CAP SPRINK	1	PA SP Specialty
CERDELGA 84 MG CAP	1	PA SP Specialty
CHOLBAM 250 MG CAP	1	PA
CHOLBAM 50 MG CAP	1	PA
CREON 12000-38000 UNIT CP DR PART	1	
CREON 24000-76000 UNIT CP DR PART	1	
CREON 3000-9500 UNIT CP DR PART	1	
CREON 36000-114000 UNIT CP DR PART	1	
CREON 6000-19000 UNIT CP DR PART	1	
cromolyn sodium 100 mg/5ml conc	1	PD Preventive Drug
CYSTADROPS 0.37 % SOLUTION	1	PA
CYSTAGON 150 MG CAP	1	PA SP Specialty
CYSTAGON 50 MG CAP	1	PA SP Specialty
CYSTARAN 0.44 % SOLUTION	1	PA
DAYBUE 200 MG/ML SOLUTION	1	PA SP Specialty
GALAFOLD 123 MG CAP	1	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
javygtor 100 mg packet	1	PA SP Specialty
javygtor 100 mg tab	1	PA SP Specialty
javygtor 500 mg packet	1	PA SP Specialty
JOENJA 40 MG TAB	1	QL 60 / 30 days PA SP Specialty
JOENJA 50 MG TAB	1	QL 60 / 30 days PA SP Specialty
JOENJA 70 MG TAB	1	PA SP Specialty
l-glutamine 5 gm packet	1	PA SP Specialty
LIVMARLI 19 MG/ML SOLUTION	1	PA SP Specialty
LIVMARLI 9.5 MG/ML SOLUTION	1	PA SP Specialty
miglustat 100 mg cap	1	PA SP Specialty
nitisinone 10 mg cap	1	PA SP Specialty
nitisinone 20 mg cap	1	PA SP Specialty
nitisinone 2 mg cap	1	PA SP Specialty
nitisinone 5 mg cap	1	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NITYR 10 MG TAB	1	PA SP Specialty
NITYR 2 MG TAB	1	PA SP Specialty
NITYR 5 MG TAB	1	PA SP Specialty
OLPRUVA (2 GM DOSE) 2 GM THER PACK	1	PA SP Specialty
OLPRUVA (3 GM DOSE) 3 GM THER PACK	1	PA SP Specialty
OLPRUVA (4 GM DOSE) 2 & 2 GM THER PACK	1	PA SP Specialty
OLPRUVA (5 GM DOSE) 2 & 3 GM THER PACK	1	PA SP Specialty
OLPRUVA (6.67 GM DOSE) 3 & 3.67 GM THER PACK	1	PA SP Specialty
OLPRUVA (6 GM DOSE) 3 & 3 GM THER PACK	1	PA SP Specialty
OPFOLDA 65 MG CAP	1	SP Specialty
PROCYSBI 25 MG CAP DR	1	PA SP Specialty
PROCYSBI 300 MG PACKET	1	PA SP Specialty
PROCYSBI 75 MG CAP DR	1	PA SP Specialty
PROCYSBI 75 MG PACKET	1	PA SP Specialty
REVCOVI 2.4 MG/1.5ML SOLUTION	1	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RYPLAZIM 68.8 MG RECON SOLN	1	PA
sapropterin dihydrochloride 100 mg packet	1	PA SP Specialty
sapropterin dihydrochloride 100 mg tab	1	PA SP Specialty
sapropterin dihydrochloride 500 mg packet	1	PA SP Specialty
SKYCLARYS 50 MG CAP	1	PA SP Specialty
sodium phenylbutyrate 3 gm/tsp powder	1	PA SP Specialty
sodium phenylbutyrate 500 mg tab	1	PA SP Specialty
SOHONOS 10 MG CAP	1	PA SP Specialty
SOHONOS 1.5 MG CAP	1	PA SP Specialty
SOHONOS 1 MG CAP	1	PA SP Specialty
SOHONOS 2.5 MG CAP	1	PA SP Specialty
SOHONOS 5 MG CAP	1	PA SP Specialty
STRENSIQ 18 MG/0.45ML SOLUTION	1	PA SP Specialty
STRENSIQ 28 MG/0.7ML SOLUTION	1	PA SP Specialty
STRENSIQ 40 MG/ML SOLUTION	1	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
STRENSIQ 80 MG/0.8ML SOLUTION	1	PA SP Specialty
SUCRAID 8500 UNIT/ML SOLUTION	1	PA SP Specialty
VOXZOGO 0.4 MG RECON SOLN	1	PA SP Specialty
VOXZOGO 0.56 MG RECON SOLN	1	PA SP Specialty
VOXZOGO 1.2 MG RECON SOLN	1	PA SP Specialty
VYNDAQEL 20 MG CAP	1	PA SP Specialty
yargesa 100 mg cap	1	PA SP Specialty
zelvysia 100 mg packet	1	PA SP Specialty
zelvysia 500 mg packet	1	PA SP Specialty
ZEMAIRA 1000 MG RECON SOLN	1	PA SP Specialty
ZEMAIRA 4000 MG RECON SOLN	1	PA SP Specialty
ZEMAIRA 5000 MG RECON SOLN	1	PA SP Specialty
ZENPEP 10000-32000 UNIT CP DR PART	1	
ZENPEP 15000-47000 UNIT CP DR PART	1	
ZENPEP 20000-63000 UNIT CP DR PART	1	
ZENPEP 25000-79000 UNIT CP DR PART	1	
ZENPEP 3000-10000 UNIT CP DR PART	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZENPEP 40000-126000 UNIT CP DR PART	1	
ZENPEP 5000-24000 UNIT CP DR PART	1	
ZENPEP 60000-189600 UNIT CP DR PART	1	
ZOKINVY 50 MG CAP	1	PA SP Specialty
ZOKINVY 75 MG CAP	1	PA SP Specialty
GENITOURINARY AGENTS		
ANTISPASMODICS, URINARY		
darifenacin hydrobromide er 15 mg tab er 24h	1	
darifenacin hydrobromide er 7.5 mg tab er 24h	1	
fesoterodine fumarate er 4 mg tab er 24h	1	
fesoterodine fumarate er 8 mg tab er 24h	1	
flavoxate hcl 100 mg tab	1	
GELNIQUE 10 % GEL	1	
GEMTESA 75 MG TAB	1	QL 30 EA / 30 day(s)
mirabegron er 25 mg tab er 24h	1	
mirabegron er 50 mg tab er 24h	1	
MYRBETRIQ 25 MG TAB ER 24H	1	
MYRBETRIQ 8 MG/ML SRER	1	
oxybutynin chloride 2.5 mg tab	1	
oxybutynin chloride 5 mg/5ml solution	1	
oxybutynin chloride 5 mg tab	1	
oxybutynin chloride er 10 mg tab er 24h	1	
oxybutynin chloride er 15 mg tab er 24h	1	
oxybutynin chloride er 5 mg tab er 24h	1	
solifenacin succinate 10 mg tab	1	
solifenacin succinate 5 mg tab	1	
tolterodine tartrate 1 mg tab	1	
tolterodine tartrate 2 mg tab	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
tolterodine tartrate er 2 mg cap er 24h	1	
tolterodine tartrate er 4 mg cap er 24h	1	
trospium chloride 20 mg tab	1	
trospium chloride er 60 mg cap er 24h	1	
BENIGN PROSTATIC HYPERTROPHY AGENTS		
alfuzosin hcl er 10 mg tab er 24h	1	
dutasteride 0.5 mg cap	1	
finasteride 5 mg tab	1	
silodosin 4 mg cap	1	
silodosin 8 mg cap	1	
tadalafil 10 mg tab	1	QL 4 EA / 30 day(s)
tadalafil 20 mg tab	1	QL 4 EA / 30 day(s)
tadalafil 2.5 mg tab	1	QL 4 EA / 30 day(s)
tadalafil (pah) 20 mg tab	1	QL 4 EA / 30 day(s) PA SP Specialty
tamsulosin hcl 0.4 mg cap	1	
GENITOURINARY AGENTS, OTHER		
bethanechol chloride 10 mg tab	1	
bethanechol chloride 25 mg tab	1	
bethanechol chloride 50 mg tab	1	
bethanechol chloride 5 mg tab	1	
CAVERJECT 20 MCG RECON SOLN	1	QL 6 EA / 30 day(s)
CAVERJECT 40 MCG RECON SOLN	1	QL 6 EA / 30 day(s)
EDEX (2 CARTRIDGE) 10 MCG CART KIT	1	QL 6 EA / 30 day(s)
EDEX (2 CARTRIDGE) 20 MCG CART KIT	1	QL 6 EA / 30 day(s)
EDEX (2 CARTRIDGE) 40 MCG CART KIT	1	QL 6 EA / 30 day(s)
EDEX (6 CARTRIDGE) 10 MCG CART KIT	1	QL 6 EA / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EDEX (6 CARTRIDGE) 20 MCG CART KIT	1	QL 6 EA / 30 day(s)
EDEX (6 CARTRIDGE) 40 MCG CART KIT	1	QL 6 EA / 30 day(s)
ELMIRON 100 MG CAP	1	
ENCARE 100 MG SUPPOS	1	ACA Affordable Care Act OTC Over the Counter
K-PHOS 500 MG TAB	1	
K-PHOS-NEUTRAL 155-852-130 MG TAB	1	
K-PHOS NO 2 305-700 MG TAB	1	
OPTIONS GYNOL II CONTRACEPTIVE 3 % GEL	1	ACA Affordable Care Act OTC Over the Counter
penicillamine 250 mg cap	1	PA SP Specialty
penicillamine 250 mg tab	1	SP Specialty
phenazo 200 mg tab	1	
PHENAZOPYRIDINE HCL 100 MG TAB	1	
phenazopyridine hcl 100 mg tab	1	
PHENAZOPYRIDINE HCL 200 MG TAB	1	
phenazopyridine hcl 200 mg tab	1	
sildenafil citrate 100 mg tab	1	QL 4 EA / 30 day(s)
sildenafil citrate 25 mg tab	1	QL 4 EA / 30 day(s)
sildenafil citrate 50 mg tab	1	QL 4 EA / 30 day(s)
tiopronin 100 mg tab	1	PA SP Specialty
tiopronin 100 mg tab dr	1	PA SP Specialty
tiopronin 300 mg tab dr	1	PA SP Specialty
TODAY SPONGE 1000 MG MISC	1	ACA Affordable Care Act OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VCF VAGINAL CONTRACEPTIVE 28 % FILM	1	ACA Affordable Care Act OTC Over the Counter
VCF VAGINAL CONTRACEPTIVE 4 % GEL	1	ACA Affordable Care Act OTC Over the Counter
venxxiva 100 mg tab dr	1	PA SP Specialty
venxxiva 300 mg tab dr	1	PA SP Specialty
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
ACTHAR 80 UNIT/ML GEL	1	PA SP Specialty
ALCLOMETASONE DIPROPIONATE 0.05 % CREAM	1	
alclometasone dipropionate 0.05 % cream	1	
ANUCORT-HC 25 MG SUPPOS	1	
ANUSOL-HC 25 MG SUPPOS	1	
betamethasone dipropionate 0.05 % ointment	1	
betamethasone dipropionate aug 0.05 % cream	1	
betamethasone dipropionate aug 0.05 % lotion	1	
clobetasol prop emollient base 0.05 % cream	1	
CORTISONE ACETATE 25 MG TAB	1	
CORTROPHIN 80 UNIT/ML GEL	1	PA SP Specialty
deflazacort 18 mg tab	1	PA SP Specialty
deflazacort 22.75 mg/ml suspension	1	PA SP Specialty
deflazacort 30 mg tab	1	PA SP Specialty
deflazacort 36 mg tab	1	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
deflazacort 6 mg tab	1	PA SP Specialty
desonide 0.05 % lotion	1	
dexamethasone 0.5 mg/5ml elixir	1	
DEXAMETHASONE 0.5 MG/5ML SOLUTION	1	
dexamethasone 0.5 mg tab	1	
dexamethasone 0.75 mg tab	1	
dexamethasone 1.5 mg tab	1	
dexamethasone 1 mg tab	1	
dexamethasone 2 mg tab	1	
dexamethasone 4 mg tab	1	
dexamethasone 6 mg tab	1	
DEXAMETHASONE INTENSOL 1 MG/ML CONC	1	
dexamethasone sodium phosphate 20 mg/5ml solution	1	PA
DEXAMETHASONE SODIUM PHOSPHATE 4 MG/ML SOLN PRSYR	1	
dexamethasone sodium phosphate 4 mg/ml solution	1	
fludrocortisone acetate 0.1 mg tab	1	
HEMMOREX-HC 25 MG SUPPOS	1	
HEMMOREX-HC 30 MG SUPPOS	1	
HYDROCORTISONE ACETATE 25 MG SUPPOS	1	
hydrocortisone acetate 25 mg suppos	1	
HYDROCORTISONE ACETATE 30 MG SUPPOS	1	
hydrocortisone acetate 30 mg suppos	1	
HYDROCORTISONE BUTYRATE 0.1 % OINTMENT	1	
hydrocortisone valerate 0.2 % ointment	1	
ISTURISA 1 MG TAB	1	PA SP Specialty
ISTURISA 5 MG TAB	1	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
jaythari 18 mg tab	1	PA SP Specialty
jaythari 22.75 mg/ml suspension	1	PA SP Specialty
jaythari 30 mg tab	1	PA SP Specialty
jaythari 36 mg tab	1	PA SP Specialty
jaythari 6 mg tab	1	PA SP Specialty
kymbee 18 mg tab	1	PA SP Specialty
kymbee 22.75 mg/ml suspension	1	PA SP Specialty
kymbee 30 mg tab	1	PA SP Specialty
kymbee 36 mg tab	1	PA SP Specialty
kymbee 6 mg tab	1	PA SP Specialty
medi-first hydrocortisone 1 % cream	1	OTC Over the Counter
methylprednisolone 16 mg tab	1	
methylprednisolone 32 mg tab	1	
methylprednisolone 4 mg tab	1	
methylprednisolone 4 mg tab thpk	1	
methylprednisolone 8 mg tab	1	
methylprednisolone acetate 40 mg/ml suspension	1	
methylprednisolone acetate 80 mg/ml suspension	1	
mifepristone 200 mg tab	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
mifepristone 300 mg tab	1	PA SP Specialty
mometasone furoate 0.1 % cream	1	
mometasone furoate 0.1 % ointment	1	
prednisolone 15 mg/5ml solution	1	
PREDNISOLONE SODIUM PHOSPHATE 10 MG TAB DISP	1	
prednisolone sodium phosphate 15 mg/5ml solution	1	
PREDNISOLONE SODIUM PHOSPHATE 15 MG TAB DISP	1	
prednisolone sodium phosphate 25 mg/5ml solution	1	
PREDNISOLONE SODIUM PHOSPHATE 30 MG TAB DISP	1	
prednisolone sodium phosphate 5 mg/5ml solution	1	
prednisolone sodium phosphate 6.7 (5 base) mg/5ml solution	1	
prednisone 10 mg (21) tab thpk	1	
prednisone 10 mg tab	1	RX4L Rx4Less Program
prednisone 1 mg tab	1	
prednisone 20 mg tab	1	
prednisone 2.5 mg tab	1	
prednisone 50 mg tab	1	
prednisone 5 mg (21) tab thpk	1	
PREDNISONE 5 MG/5ML SOLUTION	1	
prednisone 5 mg tab	1	RX4L Rx4Less Program
PREDNISONE INTENSOL 5 MG/ML CONC	1	
pyquvi 22.75 mg/ml suspension	1	PA SP Specialty
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
desmopressin ace spray refrig 0.01 % solution	1	
desmopressin acetate 0.1 mg tab	1	
desmopressin acetate 0.2 mg tab	1	
desmopressin acetate 4 mcg/ml solution	1	
desmopressin acetate pf 4 mcg/ml solution	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DESMOPRESSIN ACETATE SPRAY 0.01 % SOLUTION	1	
desmopressin acetate spray 0.01 % solution	1	
EGRIFTA SV 2 MG RECON SOLN	1	PA SP Specialty
INCRELEX 40 MG/4ML SOLUTION	1	PA SP Specialty
MENOPUR 75 UNIT RECON SOLN	1	PA SP Specialty
NOCDURNA 27.7 MCG SL TAB	1	PA
NOCDURNA 55.3 MCG SL TAB	1	PA
OMNITROPE 10 MG/1.5ML SOLN CART	1	PA SP Specialty
OMNITROPE 5.8 MG RECON SOLN	1	PA SP Specialty
OMNITROPE 5 MG/1.5ML SOLN CART	1	PA SP Specialty
PREGNYL 10000 UNIT RECON SOLN	1	PA SP Specialty
SEROSTIM 4 MG RECON SOLN	1	PA SP Specialty
SEROSTIM 5 MG RECON SOLN	1	PA SP Specialty
SEROSTIM 6 MG RECON SOLN	1	PA SP Specialty
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
ANDROGENS		
danazol 100 mg cap	1	
danazol 200 mg cap	1	
danazol 50 mg cap	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
depo-testosterone 100 mg/ml solution	1	
depo-testosterone 200 mg/ml solution	1	
TESTOSTERONE 20.25 MG/1.25GM (1.62%) GEL	1	QL 150 GM / 30 day(s)
testosterone cypionate 100 mg/ml solution	1	
testosterone cypionate 200 mg/ml solution	1	
TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION	1	
ESTROGENS		
abigale 1-0.5 mg tab	1	
abigale lo 0.5-0.1 mg tab	1	
afirmelle 0.1-20 mg-mcg tab	1	ACA Affordable Care Act
ALORA 0.025 MG/24HR PATCH TW	1	
ALORA 0.075 MG/24HR PATCH TW	1	
ALORA 0.1 MG/24HR PATCH TW	1	
altavera 0.15-30 mg-mcg tab	1	ACA Affordable Care Act
alyacen 1/35 1-35 mg-mcg tab	1	ACA Affordable Care Act
alyacen 7/7/7 0.5/0.75/1-35 mg-mcg tab	1	ACA Affordable Care Act
amethyst 90-20 mcg tab	1	ACA Affordable Care Act
apri 0.15-30 mg-mcg tab	1	ACA Affordable Care Act
ARANELLE 0.5/1/0.5-35 MG-MCG TAB	1	ACA Affordable Care Act
ashlyna 0.15-0.03 &0.01 mg tab	1	ACA Affordable Care Act
aubra eq 0.1-20 mg-mcg tab	1	ACA Affordable Care Act
aurovela 1/20 1-20 mg-mcg tab	1	ACA Affordable Care Act
aurovela 1.5/30 1.5-30 mg-mcg tab	1	ACA Affordable Care Act
aurovela 24 fe 1-20 mg-mcg(24) tab	1	ACA Affordable Care Act
aurovela fe 1/20 1-20 mg-mcg tab	1	ACA Affordable Care Act
aurovela fe 1.5/30 1.5-30 mg-mcg tab	1	ACA Affordable Care Act
aviane 0.1-20 mg-mcg tab	1	ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ayuna 0.15-30 mg-mcg tab	1	ACA Affordable Care Act
azurette 0.15-0.02/0.01 mg (21/5) tab	1	ACA Affordable Care Act
balziva 0.4-35 mg-mcg tab	1	ACA Affordable Care Act
blisovi 24 fe 1-20 mg-mcg(24) tab	1	ACA Affordable Care Act
blisovi fe 1/20 1-20 mg-mcg tab	1	ACA Affordable Care Act
blisovi fe 1.5/30 1.5-30 mg-mcg tab	1	ACA Affordable Care Act
briellyn 0.4-35 mg-mcg tab	1	ACA Affordable Care Act
camrese 0.15-0.03 &0.01 mg tab	1	ACA Affordable Care Act
camrese lo 0.1-0.02 & 0.01 mg tab	1	ACA Affordable Care Act
charlotte 24 fe 1-20 mg-mcg(24) chew tab	1	ACA Affordable Care Act
chateal eq 0.15-30 mg-mcg tab	1	ACA Affordable Care Act
CLIMARA PRO 0.045-0.015 MG/DAY PATCH WK	1	
clomid 50 mg tab	1	
clomiphene citrate 50 mg tab	1	
COMBIPATCH 0.05-0.14 MG/DAY PATCH TW	1	
COMBIPATCH 0.05-0.25 MG/DAY PATCH TW	1	
COVARYX 1.25-2.5 MG TAB	1	
COVARYX HS 0.625-1.25 MG TAB	1	
cryselle 0.3-30 mg-mcg tab	1	ACA Affordable Care Act
cryselle-28 0.3-30 mg-mcg tab	1	ACA Affordable Care Act
cyred eq 0.15-30 mg-mcg tab	1	ACA Affordable Care Act
dasetta 1/35 1-35 mg-mcg tab	1	ACA Affordable Care Act
dasetta 7/7/7 0.5/0.75/1-35 mg-mcg tab	1	ACA Affordable Care Act
daysee 0.15-0.03 &0.01 mg tab	1	ACA Affordable Care Act
delyla 0.1-20 mg-mcg tab	1	ACA Affordable Care Act
desogestrel-ethinyl estradiol 0.15-0.02/0.01 mg (21/5) tab	1	ACA Affordable Care Act
desogestrel-ethinyl estradiol 0.15-30 mg-mcg tab	1	ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
dolishale 90-20 mcg tab	1	ACA Affordable Care Act
dotti 0.025 mg/24hr patch tw	1	
dotti 0.0375 mg/24hr patch tw	1	
dotti 0.05 mg/24hr patch tw	1	
dotti 0.075 mg/24hr patch tw	1	
dotti 0.1 mg/24hr patch tw	1	
drospiren-eth estrad-levomefol 3-0.02-0.451 mg tab	1	ACA Affordable Care Act
drospiren-eth estrad-levomefol 3-0.03-0.451 mg tab	1	ACA Affordable Care Act
drospirenone-ethinyl estradiol 3-0.02 mg tab	1	ACA Affordable Care Act
drospirenone-ethinyl estradiol 3-0.03 mg tab	1	ACA Affordable Care Act
DUAVEE 0.45-20 MG TAB	1	
EEMT 1.25-2.5 MG TAB	1	
EEMT HS 0.625-1.25 MG TAB	1	
elinest 0.3-30 mg-mcg tab	1	ACA Affordable Care Act
eluryng 0.12-0.015 mg/24hr ring	1	ACA Affordable Care Act
enilloring 0.12-0.015 mg/24hr ring	1	ACA Affordable Care Act
enpresse-28 50-30/75-40/ 125-30 mcg tab	1	ACA Affordable Care Act
enskyce 0.15-30 mg-mcg tab	1	ACA Affordable Care Act
estarylla 0.25-35 mg-mcg tab	1	ACA Affordable Care Act
EST ESTROGENS-METHYLTEST 1.25-2.5 MG TAB	1	
est estrogens-methyltest 1.25-2.5 mg tab	1	
EST ESTROGENS-METHYLTEST DS 1.25-2.5 MG TAB	1	
EST ESTROGENS-METHYLTEST HS 0.625-1.25 MG TAB	1	
est estrogens-methyltest hs 0.625-1.25 mg tab	1	
estradiol 0.01 % cream	1	
estradiol 0.025 mg/24hr patch tw	1	
estradiol 0.025 mg/24hr patch wk	1	
estradiol 0.0375 mg/24hr patch tw	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
estradiol 0.0375 mg/24hr patch wk	1	
estradiol 0.05 mg/24hr patch tw	1	
estradiol 0.05 mg/24hr patch wk	1	
estradiol 0.06 mg/24hr patch wk	1	
estradiol 0.075 mg/24hr patch tw	1	
estradiol 0.075 mg/24hr patch wk	1	
estradiol 0.1 mg/24hr patch tw	1	
estradiol 0.1 mg/24hr patch wk	1	
estradiol 0.5 mg tab	1	
estradiol 1 mg tab	1	
estradiol 2 mg tab	1	
estradiol-norethindrone acet 0.5-0.1 mg tab	1	
estradiol-norethindrone acet 1-0.5 mg tab	1	
estratest f.s. 1.25-2.5 mg tab	1	
ESTRATEST H.S. 0.625-1.25 MG TAB	1	
ESTRING 7.5 MCG/24HR RING	1	
ethynodiol diac-eth estradiol 1-35 mg-mcg tab	1	ACA Affordable Care Act
ethynodiol diac-eth estradiol 1-50 mg-mcg tab	1	ACA Affordable Care Act
etonogestrel-ethinyl estradiol 0.12-0.015 mg/24hr ring	1	ACA Affordable Care Act
EVAMIST 1.53 MG/SPRAY SOLUTION	1	
falmina 0.1-20 mg-mcg tab	1	ACA Affordable Care Act
feirza 1/20 1-20 mg-mcg tab	1	ACA Affordable Care Act
feirza 1.5/30 1.5-30 mg-mcg tab	1	ACA Affordable Care Act
finzala 1-20 mg-mcg(24) chew tab	1	ACA Affordable Care Act
fyavolv 0.5-2.5 mg-mcg tab	1	
fyavolv 1-5 mg-mcg tab	1	
galbriela 0.8-25 mg-mcg chew tab	1	ACA Affordable Care Act
gemmily 1-20 mg-mcg(24) cap	1	ACA Affordable Care Act
GWYN LO 220-20 MCG/24HR PATCH WK	1	ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
hailey 1.5/30 1.5-30 mg-mcg tab	1	ACA Affordable Care Act
hailey 24 fe 1-20 mg-mcg(24) tab	1	ACA Affordable Care Act
hailey fe 1/20 1-20 mg-mcg tab	1	ACA Affordable Care Act
hailey fe 1.5/30 1.5-30 mg-mcg tab	1	ACA Affordable Care Act
haloette 0.12-0.015 mg/24hr ring	1	ACA Affordable Care Act
iclevia 0.15-0.03 mg tab	1	ACA Affordable Care Act
introvale 0.15-0.03 mg tab	1	ACA Affordable Care Act
isibloom 0.15-30 mg-mcg tab	1	ACA Affordable Care Act
jaimiess 0.15-0.03 &0.01 mg tab	1	ACA Affordable Care Act
jasmiel 3-0.02 mg tab	1	ACA Affordable Care Act
jinteli 1-5 mg-mcg tab	1	
jolessa 0.15-0.03 mg tab	1	ACA Affordable Care Act
joyeaux 0.1-20 mg-mcg(21) tab	1	ACA Affordable Care Act
juleber 0.15-30 mg-mcg tab	1	ACA Affordable Care Act
junel 1/20 1-20 mg-mcg tab	1	ACA Affordable Care Act
junel 1.5/30 1.5-30 mg-mcg tab	1	ACA Affordable Care Act
junel fe 1/20 1-20 mg-mcg tab	1	ACA Affordable Care Act
junel fe 1.5/30 1.5-30 mg-mcg tab	1	ACA Affordable Care Act
junel fe 24 1-20 mg-mcg(24) tab	1	ACA Affordable Care Act
kaitlib fe 0.8-25 mg-mcg chew tab	1	ACA Affordable Care Act
kalliga 0.15-30 mg-mcg tab	1	ACA Affordable Care Act
kariva 0.15-0.02/0.01 mg (21/5) tab	1	ACA Affordable Care Act
kelnor 1/35 1-35 mg-mcg tab	1	ACA Affordable Care Act
kelnor 1/50 1-50 mg-mcg tab	1	ACA Affordable Care Act
kurvelo 0.15-30 mg-mcg tab	1	ACA Affordable Care Act
larin 1/20 1-20 mg-mcg tab	1	ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
larin 1.5/30 1.5-30 mg-mcg tab	1	ACA Affordable Care Act
larin 24 fe 1-20 mg-mcg(24) tab	1	ACA Affordable Care Act
larin fe 1/20 1-20 mg-mcg tab	1	ACA Affordable Care Act
larin fe 1.5/30 1.5-30 mg-mcg tab	1	ACA Affordable Care Act
layolis fe 0.8-25 mg-mcg chew tab	1	ACA Affordable Care Act
leena 0.5/1/0.5-35 mg-mcg tab	1	ACA Affordable Care Act
lessina 0.1-20 mg-mcg tab	1	ACA Affordable Care Act
levonest 50-30/75-40/ 125-30 mcg tab	1	ACA Affordable Care Act
levonorgest-eth estrad 91-day 0.1-0.02 & 0.01 mg tab	1	ACA Affordable Care Act
levonorgest-eth estrad 91-day 0.15-0.03 &0.01 mg tab	1	ACA Affordable Care Act
levonorgest-eth estrad 91-day 0.15-0.03 mg tab	1	ACA Affordable Care Act
levonorgest-eth estradiol-iron 0.1-20 mg-mcg(21) tab	1	ACA Affordable Care Act
levonorgestrel-ethinyl estrad 0.1-20 mg-mcg tab	1	ACA Affordable Care Act
levonorgestrel-ethinyl estrad 0.15-30 mg-mcg tab	1	ACA Affordable Care Act
levonorgestrel-ethinyl estrad 90-20 mcg tab	1	ACA Affordable Care Act
levonorg-eth estrad triphasic 50-30/75-40/ 125-30 mcg tab	1	ACA Affordable Care Act
levora 0.15/30 (28) 0.15-30 mg-mcg tab	1	ACA Affordable Care Act
lojaimiess 0.1-0.02 & 0.01 mg tab	1	ACA Affordable Care Act
LO LOESTRIN FE 1 MG-10 MCG / 10 MCG TAB	1	ACA Affordable Care Act
loryna 3-0.02 mg tab	1	ACA Affordable Care Act
low-ogestrel 0.3-30 mg-mcg tab	1	ACA Affordable Care Act
lo-zumandimine 3-0.02 mg tab	1	ACA Affordable Care Act
luizza 1/20 1-20 mg-mcg tab	1	ACA Affordable Care Act
luizza 1.5/30 1.5-30 mg-mcg tab	1	ACA Affordable Care Act
lutera 0.1-20 mg-mcg tab	1	ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
lyllana 0.025 mg/24hr patch tw	1	
lyllana 0.0375 mg/24hr patch tw	1	
lyllana 0.05 mg/24hr patch tw	1	
lyllana 0.075 mg/24hr patch tw	1	
lyllana 0.1 mg/24hr patch tw	1	
marlissa 0.15-30 mg-mcg tab	1	ACA Affordable Care Act
MENOSTAR 14 MCG/24HR PATCH WK	1	
merzee 1-20 mg-mcg(24) cap	1	ACA Affordable Care Act
mibelas 24 fe 1-20 mg-mcg(24) chew tab	1	ACA Affordable Care Act
microgestin 1/20 1-20 mg-mcg tab	1	ACA Affordable Care Act
microgestin 1.5/30 1.5-30 mg-mcg tab	1	ACA Affordable Care Act
microgestin fe 1/20 1-20 mg-mcg tab	1	ACA Affordable Care Act
microgestin fe 1.5/30 1.5-30 mg-mcg tab	1	ACA Affordable Care Act
mili 0.25-35 mg-mcg tab	1	ACA Affordable Care Act
milophene 50 mg tab	1	
mimvey 1-0.5 mg tab	1	
minzoya 0.1-20 mg-mcg(21) tab	1	ACA Affordable Care Act
mono-linyah 0.25-35 mg-mcg tab	1	ACA Affordable Care Act
necon 0.5/35 (28) 0.5-35 mg-mcg tab	1	ACA Affordable Care Act
nikki 3-0.02 mg tab	1	ACA Affordable Care Act
norelgestromin-eth estradiol 150-35 mcg/24hr patch wk	1	QL 3 EA / 28 day(s) ACA Affordable Care Act
norethin ace-eth estrad-fe 1-20 mg-mcg(24) cap	1	ACA Affordable Care Act
norethin ace-eth estrad-fe 1-20 mg-mcg(24) chew tab	1	ACA Affordable Care Act
norethin ace-eth estrad-fe 1-20 mg-mcg tab	1	ACA Affordable Care Act
norethin ace-eth estrad-fe 1.5-30 mg-mcg tab	1	ACA Affordable Care Act
norethindrone acet-ethinyl est 1-20 mg-mcg tab	1	ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
norethindrone acet-ethinyl est 1.5-30 mg-mcg tab	1	ACA Affordable Care Act
norethindrone-eth estradiol 0.5-2.5 mg-mcg tab	1	
norethindrone-eth estradiol 1-5 mg-mcg tab	1	
norethindron-ethinyl estrad-fe 1-20/1-30/1-35 mg-mcg tab	1	ACA Affordable Care Act
norethin-eth estradiol-fe 0.4-35 mg-mcg chew tab	1	ACA Affordable Care Act
norethin-eth estradiol-fe 0.8-25 mg-mcg chew tab	1	ACA Affordable Care Act
norgestimate-eth estradiol 0.25-35 mg-mcg tab	1	ACA Affordable Care Act
norgestim-eth estrad triphasic 0.18/0.215/0.25 mg-25 mcg tab	1	ACA Affordable Care Act
norgestim-eth estrad triphasic 0.18/0.215/0.25 mg-35 mcg tab	1	ACA Affordable Care Act
nortrel 0.5/35 (28) 0.5-35 mg-mcg tab	1	ACA Affordable Care Act
nortrel 1/35 (21) 1-35 mg-mcg tab	1	ACA Affordable Care Act
nortrel 1/35 (28) 1-35 mg-mcg tab	1	ACA Affordable Care Act
nortrel 7/7/7 0.5/0.75/1-35 mg-mcg tab	1	ACA Affordable Care Act
nylia 1/35 1-35 mg-mcg tab	1	ACA Affordable Care Act
nylia 7/7/7 0.5/0.75/1-35 mg-mcg tab	1	ACA Affordable Care Act
ocella 3-0.03 mg tab	1	ACA Affordable Care Act
OSPHENA 60 MG TAB	1	
philith 0.4-35 mg-mcg tab	1	ACA Affordable Care Act
pimtrea 0.15-0.02/0.01 mg (21/5) tab	1	ACA Affordable Care Act
portia-28 0.15-30 mg-mcg tab	1	ACA Affordable Care Act
PREMARIN 0.3 MG TAB	1	
PREMARIN 0.45 MG TAB	1	
PREMARIN 0.625 MG/GM CREAM	1	
PREMARIN 0.625 MG TAB	1	
PREMARIN 0.9 MG TAB	1	
PREMARIN 1.25 MG TAB	1	
PREMARIN 25 MG RECON SOLN	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PREMPHASE 0.625-5 MG TAB	1	
PREMPRO 0.3-1.5 MG TAB	1	
PREMPRO 0.45-1.5 MG TAB	1	
PREMPRO 0.625-2.5 MG TAB	1	
PREMPRO 0.625-5 MG TAB	1	
raloxifene hcl 60 mg tab	1	PD Preventive Drug
reclipsen 0.15-30 mg-mcg tab	1	ACA Affordable Care Act
setlakin 0.15-0.03 mg tab	1	ACA Affordable Care Act
simliya 0.15-0.02/0.01 mg (21/5) tab	1	ACA Affordable Care Act
simpesse 0.15-0.03 &0.01 mg tab	1	ACA Affordable Care Act
sprintec 28 0.25-35 mg-mcg tab	1	ACA Affordable Care Act
sronyx 0.1-20 mg-mcg tab	1	ACA Affordable Care Act
syeda 3-0.03 mg tab	1	ACA Affordable Care Act
tarina 24 fe 1-20 mg-mcg(24) tab	1	ACA Affordable Care Act
tarina fe 1/20 eq 1-20 mg-mcg tab	1	ACA Affordable Care Act
taysofy 1-20 mg-mcg(24) cap	1	ACA Affordable Care Act
tilia fe 1-20/1-30/1-35 mg-mcg tab	1	ACA Affordable Care Act
tri-estarylla 0.18/0.215/0.25 mg-35 mcg tab	1	ACA Affordable Care Act
tri-legest fe 1-20/1-30/1-35 mg-mcg tab	1	ACA Affordable Care Act
tri-linyah 0.18/0.215/0.25 mg-35 mcg tab	1	ACA Affordable Care Act
tri-lo-estarylla 0.18/0.215/0.25 mg-25 mcg tab	1	ACA Affordable Care Act
tri-lo-marzia 0.18/0.215/0.25 mg-25 mcg tab	1	ACA Affordable Care Act
tri-lo-mili 0.18/0.215/0.25 mg-25 mcg tab	1	ACA Affordable Care Act
tri-lo-sprintec 0.18/0.215/0.25 mg-25 mcg tab	1	ACA Affordable Care Act
tri-mili 0.18/0.215/0.25 mg-35 mcg tab	1	ACA Affordable Care Act
tri-sprintec 0.18/0.215/0.25 mg-35 mcg tab	1	ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
trivora (28) 50-30/75-40/ 125-30 mcg tab	1	ACA Affordable Care Act
tri-vylibra 0.18/0.215/0.25 mg-35 mcg tab	1	ACA Affordable Care Act
tri-vylibra lo 0.18/0.215/0.25 mg-25 mcg tab	1	ACA Affordable Care Act
turqoz 0.3-30 mg-mcg tab	1	ACA Affordable Care Act
TWIRLA 120-30 MCG/24HR PATCH WK	1	ACA Affordable Care Act
tydemy 3-0.03-0.451 mg tab	1	ACA Affordable Care Act
valtya 1/35 1-35 mg-mcg tab	1	ACA Affordable Care Act
VALTYA 1/50 1-50 MG-MCG TAB	1	ACA Affordable Care Act
VELIVET 0.1/0.125/0.15 -0.025 MG TAB	1	ACA Affordable Care Act
vestura 3-0.02 mg tab	1	ACA Affordable Care Act
vienva 0.1-20 mg-mcg tab	1	ACA Affordable Care Act
viorele 0.15-0.02/0.01 mg (21/5) tab	1	ACA Affordable Care Act
volnea 0.15-0.02/0.01 mg (21/5) tab	1	ACA Affordable Care Act
vyfemla 0.4-35 mg-mcg tab	1	ACA Affordable Care Act
vylibra 0.25-35 mg-mcg tab	1	ACA Affordable Care Act
wera 0.5-35 mg-mcg tab	1	ACA Affordable Care Act
wymzya fe 0.4-35 mg-mcg chew tab	1	ACA Affordable Care Act
xarah fe 1-20/1-30/1-35 mg-mcg tab	1	ACA Affordable Care Act
xelria fe 0.4-35 mg-mcg chew tab	1	ACA Affordable Care Act
XULANE	1	QL 3 EA / 28 day(s) ACA Affordable Care Act
ZAFEMY	1	QL 3 EA / 28 day(s) ACA Affordable Care Act
zafemy 150-35 mcg/24hr patch wk	1	QL 3 EA / 28 day(s) ACA Affordable Care Act
zovia 1/35 (28) 1-35 mg-mcg tab	1	ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
zumandimine 3-0.03 mg tab	1	ACA Affordable Care Act
PROGESTINS		
camila 0.35 mg tab	1	ACA Affordable Care Act
deblitane 0.35 mg tab	1	ACA Affordable Care Act
DEPO-SUBQ PROVERA 104 104 MG/0.65ML SUSP PRSYR	1	ACA Affordable Care Act
ELLA 30 MG TAB	1	ACA Affordable Care Act
emzahh 0.35 mg tab	1	ACA Affordable Care Act
ENDOMETRIN 100 MG INSERT	1	PA
errin 0.35 mg tab	1	ACA Affordable Care Act
gallifrey 5 mg tab	1	
heather 0.35 mg tab	1	ACA Affordable Care Act
incassia 0.35 mg tab	1	ACA Affordable Care Act
jencycla 0.35 mg tab	1	ACA Affordable Care Act
KYLEENA 19.5 MG IUD	1	ACA Affordable Care Act
LILETTA (52 MG) 20.1 MCG/DAY IUD	1	ACA Affordable Care Act
lyleq 0.35 mg tab	1	ACA Affordable Care Act
lyza 0.35 mg tab	1	ACA Affordable Care Act
medroxyprogesterone acetate 10 mg tab	1	
medroxyprogesterone acetate 150 mg/ml suspension	1	ACA Affordable Care Act
medroxyprogesterone acetate 150 mg/ml susp prsyr	1	ACA Affordable Care Act
medroxyprogesterone acetate 2.5 mg tab	1	
medroxyprogesterone acetate 5 mg tab	1	
megestrol acetate 20 mg tab	1	
megestrol acetate 400 mg/10ml suspension	1	
megestrol acetate 40 mg/ml suspension	1	
megestrol acetate 40 mg tab	1	
MEGESTROL ACETATE 625 MG/5ML SUSPENSION	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
megestrol acetate 800 mg/20ml suspension	1	
meleya 0.35 mg tab	1	ACA Affordable Care Act
MIRENA (52 MG) 21 MCG/DAY IUD	1	ACA Affordable Care Act
NEXPLANON 68 MG IMPLANT	1	ACA Affordable Care Act
nora-be 0.35 mg tab	1	ACA Affordable Care Act
norethindrone 0.35 mg tab	1	ACA Affordable Care Act
norethindrone acetate 5 mg tab	1	
norlyroc 0.35 mg tab	1	ACA Affordable Care Act
orquidea 0.35 mg tab	1	ACA Affordable Care Act
PHEXX 1.8-1-0.4 % GEL	1	ACA Affordable Care Act
PHEXXI 1.8-1-0.4 % GEL	1	ACA Affordable Care Act
progesterone 100 mg cap	1	
progesterone 100 mg insert	1	PA
progesterone 200 mg cap	1	
progesterone 50 mg/ml oil	1	
sharobel 0.35 mg tab	1	ACA Affordable Care Act
SKYLA 13.5 MG IUD	1	ACA Affordable Care Act
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
ADTHYZA 120 MG TAB	1	
ADTHYZA 130 MG TAB	1	
ADTHYZA 15 MG TAB	1	
ADTHYZA 16.25 MG TAB	1	
ADTHYZA 30 MG TAB	1	
ADTHYZA 32.5 MG TAB	1	
ADTHYZA 60 MG TAB	1	
ADTHYZA 65 MG TAB	1	
ADTHYZA 90 MG TAB	1	
ADTHYZA 97.5 MG TAB	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AMERITHROID 120 MG TAB	1	
AMERITHROID 15 MG TAB	1	
AMERITHROID 180 MG TAB	1	
AMERITHROID 240 MG TAB	1	
AMERITHROID 300 MG TAB	1	
AMERITHROID 30 MG TAB	1	
AMERITHROID 60 MG TAB	1	
AMERITHROID 90 MG TAB	1	
ARMOUR THYROID 120 MG TAB	1	
ARMOUR THYROID 15 MG TAB	1	
ARMOUR THYROID 180 MG TAB	1	
ARMOUR THYROID 240 MG TAB	1	
ARMOUR THYROID 300 MG TAB	1	
ARMOUR THYROID 30 MG TAB	1	
ARMOUR THYROID 60 MG TAB	1	
ARMOUR THYROID 90 MG TAB	1	
euthyrox 100 mcg tab	1	
euthyrox 112 mcg tab	1	
euthyrox 125 mcg tab	1	
euthyrox 137 mcg tab	1	
euthyrox 150 mcg tab	1	
euthyrox 175 mcg tab	1	
euthyrox 200 mcg tab	1	
euthyrox 25 mcg tab	1	
euthyrox 50 mcg tab	1	
euthyrox 75 mcg tab	1	
euthyrox 88 mcg tab	1	
EVEXITHROID 120 MG TAB	1	
EVEXITHROID 15 MG TAB	1	
EVEXITHROID 180 MG TAB	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EVEXITHROID 30 MG TAB	1	
EVEXITHROID 60 MG TAB	1	
EVEXITHROID 90 MG TAB	1	
levo-t 100 mcg tab	1	
levo-t 112 mcg tab	1	
levo-t 125 mcg tab	1	
levo-t 137 mcg tab	1	
levo-t 150 mcg tab	1	
levo-t 175 mcg tab	1	
levo-t 200 mcg tab	1	
levo-t 25 mcg tab	1	
levo-t 300 mcg tab	1	
levo-t 50 mcg tab	1	
levo-t 75 mcg tab	1	
levo-t 88 mcg tab	1	
levothyroxine sodium 100 mcg tab	1	
levothyroxine sodium 112 mcg tab	1	
levothyroxine sodium 125 mcg tab	1	
levothyroxine sodium 137 mcg tab	1	
levothyroxine sodium 150 mcg tab	1	
levothyroxine sodium 175 mcg tab	1	
levothyroxine sodium 200 mcg tab	1	
levothyroxine sodium 25 mcg tab	1	
levothyroxine sodium 300 mcg tab	1	
levothyroxine sodium 50 mcg tab	1	
levothyroxine sodium 75 mcg tab	1	
levothyroxine sodium 88 mcg tab	1	
levoxyl 100 mcg tab	1	
levoxyl 112 mcg tab	1	
levoxyl 125 mcg tab	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
levoxyl 137 mcg tab	1	
levoxyl 150 mcg tab	1	
levoxyl 175 mcg tab	1	
levoxyl 200 mcg tab	1	
levoxyl 25 mcg tab	1	
levoxyl 50 mcg tab	1	
levoxyl 75 mcg tab	1	
levoxyl 88 mcg tab	1	
liomny 25 mcg tab	1	
liomny 50 mcg tab	1	
liomny 5 mcg tab	1	
liothyronine sodium 25 mcg tab	1	
liothyronine sodium 50 mcg tab	1	
liothyronine sodium 5 mcg tab	1	
NIVA THYROID 120 MG TAB	1	
NIVA THYROID 15 MG TAB	1	
NIVA THYROID 30 MG TAB	1	
NIVA THYROID 60 MG TAB	1	
NIVA THYROID 90 MG TAB	1	
NP THYROID 120 MG TAB	1	
NP THYROID 15 MG TAB	1	
NP THYROID 180 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 45 MG TAB	1	
RENTHYROID 60 MG TAB	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RENTHYROID 75 MG TAB	1	
RENTHYROID 90 MG TAB	1	
SYNTHROID 100 MCG TAB	1	
SYNTHROID 112 MCG TAB	1	
SYNTHROID 125 MCG TAB	1	
SYNTHROID 137 MCG TAB	1	
SYNTHROID 150 MCG TAB	1	
SYNTHROID 175 MCG TAB	1	
SYNTHROID 200 MCG TAB	1	
SYNTHROID 25 MCG TAB	1	
SYNTHROID 300 MCG TAB	1	
SYNTHROID 50 MCG TAB	1	
SYNTHROID 75 MCG TAB	1	
SYNTHROID 88 MCG TAB	1	
THYROID 120 MG TAB	1	
THYROID 15 MG TAB	1	
THYROID 30 MG TAB	1	
THYROID 60 MG TAB	1	
THYROID 90 MG TAB	1	
unithroid 100 mcg tab	1	
unithroid 112 mcg tab	1	
unithroid 125 mcg tab	1	
unithroid 137 mcg tab	1	
unithroid 150 mcg tab	1	
unithroid 175 mcg tab	1	
unithroid 200 mcg tab	1	
unithroid 25 mcg tab	1	
unithroid 300 mcg tab	1	
unithroid 50 mcg tab	1	
unithroid 75 mcg tab	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
unithroid 88 mcg tab	1	
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
cabergoline 0.5 mg tab	1	
cetrorelix acetate 0.25 mg kit	1	PA
CETROTIDE 0.25 MG KIT	1	PA
fyremadel 250 mcg/0.5ml soln prsyr	1	PA SP Specialty
ganirelix acetate 250 mcg/0.5ml soln prsyr	1	PA SP Specialty
lanreotide acetate 120 mg/0.5ml solution	1	SP Specialty
leuprolide acetate 1 mg/0.2ml kit	1	SP Specialty
LUPRON DEPOT (1-MONTH) 3.75 MG KIT	1	SP Specialty
LUPRON DEPOT (1-MONTH) 7.5 MG KIT	1	SP Specialty
LUPRON DEPOT (3-MONTH) 11.25 MG KIT	1	SP Specialty
LUPRON DEPOT (3-MONTH) 22.5 MG KIT	1	SP Specialty
LUPRON DEPOT (4-MONTH) 30 MG KIT	1	SP Specialty
LUPRON DEPOT (6-MONTH) 45 MG KIT	1	SP Specialty
LUPRON DEPOT-PED (3-MONTH) 30 MG KIT	1	SP Specialty
octreotide acetate 1000 mcg/ml solution	1	SP Specialty
OCTREOTIDE ACETATE 100 MCG/ML SOLN PRSYR	1	SP Specialty
octreotide acetate 100 mcg/ml solution	1	SP Specialty
octreotide acetate 200 mcg/ml solution	1	SP Specialty
OCTREOTIDE ACETATE 500 MCG/ML SOLN PRSYR	1	SP Specialty
octreotide acetate 500 mcg/ml solution	1	SP Specialty
OCTREOTIDE ACETATE 50 MCG/ML SOLN PRSYR	1	SP Specialty
octreotide acetate 50 mcg/ml solution	1	SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SIGNIFOR 0.3 MG/ML SOLUTION	1	PA SP Specialty
SIGNIFOR 0.6 MG/ML SOLUTION	1	PA SP Specialty
SIGNIFOR 0.9 MG/ML SOLUTION	1	PA SP Specialty
SOMATULINE DEPOT 120 MG/0.5ML SOLUTION	1	QL 0.04 / 1 SP Specialty
SOMATULINE DEPOT 60 MG/0.2ML SOLUTION	1	QL 0.04 / 1 SP Specialty
SOMATULINE DEPOT 90 MG/0.3ML SOLUTION	1	QL 0.04 / 1 SP Specialty
SOMAVERT 10 MG RECON SOLN	1	PA SP Specialty
SOMAVERT 15 MG RECON SOLN	1	PA SP Specialty
SOMAVERT 20 MG RECON SOLN	1	PA SP Specialty
SOMAVERT 25 MG RECON SOLN	1	PA SP Specialty
SOMAVERT 30 MG RECON SOLN	1	PA SP Specialty
SYNAREL 2 MG/ML SOLUTION	1	PA
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
ANTITHYROID AGENTS		
methimazole 10 mg tab	1	
methimazole 5 mg tab	1	
propylthiouracil 50 mg tab	1	
SSKI 1 GM/ML SOLUTION	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
IMMUNOLOGICAL AGENTS		
ANGIOEDEMA AGENTS		
BERINERT 500 UNIT KIT	1	PA SP Specialty
CINRYZE 500 UNIT RECON SOLN	1	PA SP Specialty
icatibant acetate 30 mg/3ml soln prsyr	1	PA SP Specialty
KALBITOR 10 MG/ML SOLUTION	1	PA SP Specialty
ORLADEYO 110 MG CAP	1	PA SP Specialty
ORLADEYO 150 MG CAP	1	PA SP Specialty
RUCONEST 2100 UNIT RECON SOLN	1	PA SP Specialty
sajazir 30 mg/3ml soln prsyr	1	PA SP Specialty
TAKHZYRO 150 MG/ML SOLN PRSYR	1	PA SP Specialty
TAKHZYRO 300 MG/2ML SOLN PRSYR	1	SP Specialty
TAKHZYRO 300 MG/2ML SOLUTION	1	PA SP Specialty
IMMUNOLOGICAL AGENTS, OTHER		
ACTEMRA 162 MG/0.9ML SOLN PRSYR	1	PA SP Specialty
ACTEMRA ACTPEN 162 MG/0.9ML SOLN A-INJ	1	PA SP Specialty
ARCALYST 220 MG RECON SOLN	1	PA SP Specialty

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ORENCIA 125 MG/ML SOLN PRSYR	1	PA SP Specialty
ORENCIA 50 MG/0.4ML SOLN PRSYR	1	PA SP Specialty
ORENCIA 87.5 MG/0.7ML SOLN PRSYR	1	PA SP Specialty
ORENCIA CLICKJECT 125 MG/ML SOLN A-INJ	1	PA SP Specialty
OTEZLA 10 & 20 & 30 MG TAB THPK	1	QL 55 EA / 28 day(s) PA SP Specialty
OTEZLA 4 X 10 & 51 X20 MG TAB THPK	1	QL 55 EA / 28 DAYS PA SP Specialty
OTEZLA/OTEZLA XR INITIATION PK 10&20&30&(ER)75 MG TAB THPK	1	QL 41 EA / 28 day(s) PA SP Specialty
PALFORZIA (120 MG DAILY DOSE) 20 MG & 100 MG CSPK	1	PA SP Specialty
PALFORZIA (12 MG DAILY DOSE) 2 X 1 MG & 10 MG CSPK	1	PA SP Specialty
PALFORZIA (160 MG DAILY DOSE) 3 X 20 MG & 100 MG CSPK	1	PA SP Specialty
PALFORZIA (1 MG DAILY DOSE) 1 X 1 MG CSPK	1	QL 15 EA / 15 DAYS PA SP Specialty
PALFORZIA (200 MG DAILY DOSE) 2 X 100 MG CSPK	1	PA SP Specialty
PALFORZIA (20 MG DAILY DOSE) 20 MG CSPK	1	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PALFORZIA (240 MG DAILY DOSE) 2 X 20 MG & 2 X 100 MG CSPK	1	PA SP Specialty
PALFORZIA (300 MG MAINTENANCE) 300 MG PACKET	1	PA SP Specialty
PALFORZIA (300 MG TITRATION) 300 MG PACKET	1	PA SP Specialty
PALFORZIA (3 MG DAILY DOSE) 3 X 1 MG CSPK	1	PA SP Specialty
PALFORZIA (40 MG DAILY DOSE) 2 X 20 MG CSPK	1	PA SP Specialty
PALFORZIA (6 MG DAILY DOSE) 6 X 1 MG CSPK	1	PA SP Specialty
PALFORZIA (80 MG DAILY DOSE) 4 X 20 MG CSPK	1	PA SP Specialty
PALFORZIA INITIAL DOSE 1-3YRS 0.5 & 1 & 1.5 & 3 MG CSPK	1	QL 7 EA / 1 day(s) PA SP Specialty
PALFORZIA INITIAL DOSE 4-17YRS 0.5 & 1 & 1.5 & 3 & 6 MG CSPK	1	PA SP Specialty
PALFORZIA INITIAL ESCALATION 0.5 & 1 & 1.5 & 3 & 6 MG CSPK	1	PA SP Specialty
SKYRIZI 150 MG/ML SOLN PRSYR	1	PA QLC 1 ML / 84 days SP Specialty
SKYRIZI 180 MG/1.2ML SOLN CART	1	PA QLC 1.2 ML / 56 days SP Specialty
SKYRIZI 360 MG/2.4ML SOLN CART	1	PA QLC 2.4 ML / 56 days SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SKYRIZI 55 MG/0.37ML SOLN PRSYR	1	QL 0.37 ML / 84 day(s) PA SP Specialty
SKYRIZI PEN 150 MG/ML SOLN A-INJ	1	PA QLC 1 ML / 84 days SP Specialty
SOTYKTU 6 MG TAB	1	PA SP Specialty
STELARA 45 MG/0.5ML SOLN PRSYR	1	QL 0.5 mL / 84 days PA QLC 0.5 mL / 84 days SP Specialty
STELARA 45 MG/0.5ML SOLUTION	1	QL 0.5 mL / 84 days PA QLC 0.5 mL / 84 days SP Specialty
STELARA 90 MG/ML SOLN PRSYR	1	QL 1 mL / 56 days PA QLC 1 ML / 56 days SP Specialty
TALTZ 20 MG/0.25ML SOLN PRSYR	1	PA SP Specialty
TALTZ 40 MG/0.5ML SOLN PRSYR	1	PA SP Specialty
TALTZ 80 MG/ML SOLN A-INJ	1	PA SP Specialty
TALTZ 80 MG/ML SOLN PRSYR	1	PA SP Specialty
tofacitinib citrate 10 mg tab	1	QL 60 / 30 days PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
tofacitinib citrate 1 mg/ml solution	1	QL 300 / 30 days PA SP Specialty
tofacitinib citrate 5 mg tab	1	QL 60 / 30 days PA SP Specialty
TREMFYA 100 MG/ML SOLN PRSYR	1	PA QLC 1 ML / 56 days SP Specialty
TREMFYA 200 MG/2ML SOLN PRSYR	1	PA QLC 2 mL / 28 days SP Specialty
TREMFYA-CD/UC INDUCTION 200 MG/2ML SOLN A-INJ	1	QL 4 ML / 28 day(s) PA QLC 2 mL / 28 days SP Specialty
TREMFYA ONE-PRESS 100 MG/ML SOLN PEN	1	PA QLC 1 ML / 56 days SP Specialty
TREMFYA PEN 100 MG/ML SOLN A-INJ	1	PA QLC 1 ML / 56 days SP Specialty
TREMFYA PEN 200 MG/2ML SOLN A-INJ	1	PA QLC 2 mL / 28 days SP Specialty
XELJANZ 10 MG TAB	1	QL 60 EA / 30 day(s) PA SP Specialty
XELJANZ 1 MG/ML SOLUTION	1	QL 240 mL / 24 day(s) PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XELJANZ 5 MG TAB	1	QL 60 EA / 30 day(s) PA SP Specialty
XOLAIR 150 MG/ML SOLN PRSYR	1	QL 2 ml / 28 day(s) PA SP Specialty
XOLAIR 300 MG/2ML SOLN PRSYR	1	QL 8 ml / 28 day(s) PA SP Specialty
XOLAIR 75 MG/0.5ML SOLN PRSYR	1	QL 1 ml / 28 day(s) PA SP Specialty
IMMUNOSTIMULANTS		
PEGASYS 180 MCG/0.5ML SOLN PRSYR	1	PA SP Specialty
PEGASYS 180 MCG/ML SOLUTION	1	PA SP Specialty
IMMUNOSUPPRESSANTS		
CIMZIA (1 SYRINGE) 200 MG/ML PREF SY KT	1	PA SP Specialty
CIMZIA (2 SYRINGE) 200 MG/ML PREF SY KT	1	PA SP Specialty
CIMZIA-STARTER 200 MG/ML PREF SY KT	1	PA SP Specialty
cyclosporine 100 mg cap	1	
cyclosporine 25 mg cap	1	
cyclosporine modified 100 mg cap	1	
cyclosporine modified 100 mg/ml solution	1	
cyclosporine modified 25 mg cap	1	
cyclosporine modified 50 mg cap	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ENBREL 25 MG/0.5ML SOLN PRSYR	1	QL 4 mL / 28 day(s) PA SP Specialty
ENBREL 25 MG/0.5ML SOLUTION	1	QL 4 mL / 28 day(s) PA SP Specialty
ENBREL 50 MG/ML SOLN PRSYR	1	QL 4 mL / 28 day(s) PA SP Specialty
ENBREL MINI 50 MG/ML SOLN CART	1	QL 8 ML / 30 day(s) PA SP Specialty
ENBREL SURECLICK 50 MG/ML SOLN A-INJ	1	QL 4 mL / 28 day(s) PA SP Specialty
ENVARSUS XR 0.75 MG TAB ER 24H	1	PA
ENVARSUS XR 1 MG TAB ER 24H	1	PA
ENVARSUS XR 4 MG TAB ER 24H	1	PA
gengraf 100 mg cap	1	
gengraf 100 mg/ml solution	1	
gengraf 25 mg cap	1	
HADLIMA 40 MG/0.4ML SOLN PRSYR	1	PA SP Specialty
HADLIMA 40 MG/0.8ML SOLN PRSYR	1	PA SP Specialty
HADLIMA PUSHTOUCH 40 MG/0.4ML SOLN A-INJ	1	PA SP Specialty
HADLIMA PUSHTOUCH 40 MG/0.8ML SOLN A-INJ	1	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HUMIRA 10 MG/0.1ML PREF SY KT	1	QL 2 EA / 28 day(s) PA SP Specialty
HUMIRA (2 PEN) 40 MG/0.4ML AUT-IJ KIT	1	QL 4 EA / 28 day(s) PA SP Specialty
HUMIRA (2 PEN) 40 MG/0.8ML AUT-IJ KIT	1	QL 4 EA / 28 day(s) PA SP Specialty
HUMIRA (2 PEN) 80 MG/0.8ML AUT-IJ KIT	1	QL 3 EA / 28 day(s) PA SP Specialty
HUMIRA (2 SYRINGE) 10 MG/0.1ML PREF SY KT	1	QL 2 EA / 28 day(s) PA SP Specialty
HUMIRA (2 SYRINGE) 20 MG/0.2ML PREF SY KT	1	QL 2 EA / 28 day(s) PA SP Specialty
HUMIRA (2 SYRINGE) 40 MG/0.4ML PREF SY KT	1	QL 4 EA / 28 day(s) PA SP Specialty
HUMIRA (2 SYRINGE) 40 MG/0.8ML PREF SY KT	1	QL 4 ea / 28 day(s) PA SP Specialty
HUMIRA-CD/UC/HS STARTER 80 MG/0.8ML AUT-IJ KIT	1	QL 3 EA / 28 day(s) PA SP Specialty
HUMIRA-PSORIASIS/UVEIT STARTER 80 MG/0.8ML & 40MG/0.4ML AUT-IJ KIT	1	QL 3 ea / 28 day(s) PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HYFTOR 0.2 % GEL	1	PA
leflunomide 10 mg tab	1	
leflunomide 20 mg tab	1	
methotrexate sodium 1 gm recon soln	1	
METHOTREXATE SODIUM 250 MG/10ML SOLUTION	1	
methotrexate sodium 2.5 mg tab	1	
METHOTREXATE SODIUM 50 MG/2ML SOLUTION	1	
METHOTREXATE SODIUM (PF) 1000 MG/40ML SOLUTION	1	
METHOTREXATE SODIUM (PF) 1 GM/40ML SOLUTION	1	
methotrexate sodium (pf) 1 gm/40ml solution	1	
methotrexate sodium (pf) 50 mg/2ml solution	1	
mycophenolate mofetil 200 mg/ml recon susp	1	
mycophenolate mofetil 250 mg cap	1	
mycophenolate mofetil 500 mg tab	1	
mycophenolate sodium 180 mg tab dr	1	
mycophenolate sodium 360 mg tab dr	1	
MYFORTIC 360 MG TAB DR	1	
RAPAMUNE 1 MG/ML SOLUTION	1	
REZUROCK 200 MG TAB	1	PA
RINVOQ 15 MG TAB ER 24H	1	QL 30 EA / 30 day(s) PA SP Specialty
RINVOQ 30 MG TAB ER 24H	1	QL 30 EA / 30 day(s) PA SP Specialty
RINVOQ 45 MG TAB ER 24H	1	QL 30 EA / 30 day(s) PA SP Specialty
SIMPONI 100 MG/ML SOLN A-INJ	1	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SIMPONI 100 MG/ML SOLN PRSYR	1	PA SP Specialty
SIMPONI 50 MG/0.5ML SOLN A-INJ	1	PA SP Specialty
SIMPONI 50 MG/0.5ML SOLN PRSYR	1	PA SP Specialty
sirolimus 0.5 mg tab	1	
sirolimus 1 mg/ml solution	1	
sirolimus 1 mg tab	1	
sirolimus 2 mg tab	1	
tacrolimus 0.5 mg cap	1	
tacrolimus 1 mg cap	1	
tacrolimus 5 mg cap	1	
tofacitinib citrate er 11 mg tab er 24h	1	QL 30 / 30 days PA SP Specialty
tofacitinib citrate er 22 mg tab er 24h	1	QL 30 / 30 days PA SP Specialty
XELJANZ XR 11 MG TAB ER 24H	1	QL 30 EA / 30 day(s) PA SP Specialty
XELJANZ XR 22 MG TAB ER 24H	1	QL 30 EA / 30 day(s) PA SP Specialty
VACCINES		
MNEXSPIKE 10 MCG/0.2ML SUSP PRSYR	1	ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
INFLAMMATORY BOWEL DISEASE AGENTS		
AMINOSALICYLATES		
balsalazide disodium 750 mg cap	1	
DIPENTUM 250 MG CAP	1	
mesalamine 1000 mg suppos	1	
mesalamine 1.2 gm tab dr	1	
MESALAMINE 400 MG CAP DR	1	
mesalamine 400 mg cap dr	1	
mesalamine 4 gm enema	1	
mesalamine 800 mg tab dr	1	
mesalamine er 0.375 gm cap er 24h	1	
PENTASA 250 MG CAP ER	1	
sulfasalazine 500 mg tab	1	
sulfasalazine 500 mg tab dr	1	
GLUCOCORTICOIDS		
ALKINDI SPRINKLE 0.5 MG CAP SPRINK	1	PA
ALKINDI SPRINKLE 1 MG CAP SPRINK	1	PA
ALKINDI SPRINKLE 2 MG CAP SPRINK	1	PA
ALKINDI SPRINKLE 5 MG CAP SPRINK	1	PA
budesonide 2 mg/act foam	1	PA
budesonide 2 mg foam	1	PA
budesonide 3 mg cp dr part	1	
budesonide er 9 mg tab er 24h	1	QLC 90 EA / 365 days
hydrocortisone 100 mg/60ml enema	1	
hydrocortisone 10 mg tab	1	
hydrocortisone 20 mg tab	1	
hydrocortisone 5 mg tab	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
METABOLIC BONE DISEASE AGENTS		
alendronate sodium 10 mg tab	1	PD Preventive Drug
alendronate sodium 35 mg tab	1	PD Preventive Drug RX4L Rx4Less Program
ALENDRONATE SODIUM 5 MG TAB	1	PD Preventive Drug
alendronate sodium 70 mg/75ml solution	1	PD Preventive Drug
alendronate sodium 70 mg tab	1	PD Preventive Drug RX4L Rx4Less Program
aqueous vitamin d 10 mcg/ml liquid	1	OTC Over the Counter
baby ddrops 10 mcg /0.028ml liquid	1	OTC Over the Counter
babys super daily d3 10 mcg /0.028ml liquid	1	OTC Over the Counter
baby vitamin d3 10 mcg /0.028ml liquid	1	OTC Over the Counter
bprotected pedia d-vite 10 mcg/ml liquid	1	OTC Over the Counter
calcidol 200 mcg/ml solution	1	OTC Over the Counter
calcitonin (salmon) 200 unit/act solution	1	PD Preventive Drug
calcitriol 0.25 mcg cap	1	
calcitriol 0.5 mcg cap	1	
calcitriol 1 mcg/ml solution	1	
cinacalcet hcl 30 mg tab	1	SP Specialty
cinacalcet hcl 60 mg tab	1	SP Specialty
cinacalcet hcl 90 mg tab	1	SP Specialty
cvs d3 10 mcg (400 unit) cap	1	OTC Over the Counter
d3 high potency 10 mcg (400 unit) tab	1	OTC Over the Counter
d3 kids 10 mcg (400 unit) chew tab	1	OTC Over the Counter
D3 LIQUID 25 MCG/0.04ML LIQUID	1	OTC Over the Counter
d-400 10 mcg (400 unit) tab	1	OTC Over the Counter
delta d3 10 mcg (400 unit) tab	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DOXERCALCIFEROL 0.5 MCG CAP	1	
DOXERCALCIFEROL 1 MCG CAP	1	
DOXERCALCIFEROL 2.5 MCG CAP	1	
d-vi-sol 10 mcg/ml liquid	1	OTC Over the Counter
d-vite pediatric 10 mcg/ml liquid	1	OTC Over the Counter
eql vitamin d3 10 mcg (400 unit) cap	1	OTC Over the Counter
ergocalciferol 1.25 mg (50000 ut) cap	1	
ergocalciferol 200 mcg/ml solution	1	OTC Over the Counter
gnp vitamin d 10 mcg (400 unit) chew tab	1	OTC Over the Counter
gnp vitamin d3 10 mcg (400 unit) tab	1	OTC Over the Counter
ibandronate sodium 150 mg tab	1	PD Preventive Drug
kp vitamin d 10 mcg (400 unit) chew tab	1	OTC Over the Counter
paricalcitol 1 mcg cap	1	
paricalcitol 2 mcg cap	1	
paricalcitol 4 mcg cap	1	
pharmacist choice d-vitamin 400 unit/ml liquid	1	OTC Over the Counter
qc vitamin d3 10 mcg (400 unit) tab	1	OTC Over the Counter
risedronate sodium 150 mg tab	1	PD Preventive Drug
risedronate sodium 35 mg tab	1	PD Preventive Drug
risedronate sodium 35 mg tab dr	1	PD Preventive Drug
risedronate sodium 5 mg tab	1	PD Preventive Drug
sm vitamin d 10 mcg (400 unit) tab	1	OTC Over the Counter
true vitamin d3 10 mcg (400 unit) cap	1	OTC Over the Counter
true vitamin d3 10 mcg (400 unit) tab	1	OTC Over the Counter
TYMLOS 3120 MCG/1.56ML SOLN PEN	1	QL 1.56 ML / 30 day(s) SP Specialty
vitamin d 10 mcg/ml liquid	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
vitamin d3 10 mcg (400 unit) cap	1	OTC Over the Counter
vitamin d3 10 mcg (400 unit) chew tab	1	OTC Over the Counter
vitamin d3 10 mcg (400 unit) tab	1	OTC Over the Counter
vitamin d3 10 mcg/ml liquid	1	OTC Over the Counter
vitamin d (cholecalciferol) 10 mcg (400 unit) cap	1	OTC Over the Counter
vitamin d (cholecalciferol) 10 mcg (400 unit) tab	1	OTC Over the Counter
vitamin d (ergocalciferol) 1.25 mg (50000 ut) cap	1	
vitamin d (ergocalciferol) 50000 unit cap	1	
vitamin d infant 10 mcg/ml liquid	1	OTC Over the Counter
MISCELLANEOUS THERAPEUTIC AGENTS		
3232A INFANT FORMULA POWDER	1	OTC Over the Counter
ACCU-CHEK AVIVA PLUS STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
ACCU-CHEK AVIVA PLUS W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
LANCETS	1	OTC Over the Counter
ACCU-CHEK GUIDE ME W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
ACCU-CHEK GUIDE TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
ACCU-CHEK GUIDE W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
ACCU-CHEK SMARTVIEW STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
ACCUTREND GLUCOSE STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ACERFLEX POWDER	1	OTC Over the Counter
acetylcysteine 200 mg/ml solution	1	
ADVANCE INTUITION METER DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
ADVANCE INTUITION MONITOR KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
ADVANCE INTUITION TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
ADVANCE MICRO-DRAW METER DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
ADVANCE MICRO-DRAW TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
ADVOCATE BLOOD GLUCOSE MONITOR DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
ADVOCATE BLOOD GLUCOSE SYSTEM W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
ADVOCATE REDI-CODE DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
ADVOCATE REDI-CODE+ DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
ADVOCATE REDI-CODE STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
ADVOCATE REDI-CODE+ TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ADVOCATE REDI-CODE W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
ADVOCATE TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
AGAMATRIX AMP DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
AGAMATRIX AMP TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
AGAMATRIX JAZZ TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
AGAMATRIX JAZZ WIRELESS 2 W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
AGAMATRIX KEYNOTE TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
AGAMATRIX PRESTO PRO METER DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
AGAMATRIX PRESTO TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
AGAMATRIX PRESTO W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
ALCOHOL SWABS	1	OTC Over the Counter
ALSOY SOY FORMULA LIQUID	1	OTC Over the Counter
AQ INSULIN SYRINGE 31G X 5/16" 1 ML MISC	1	
ARGYLE STERILE WATER SOLUTION	1	
PEAK FLOW METERS	1	PD Preventive Drug OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ASSURE 3 TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
ASSURE 4 METER DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
ASSURE 4 TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
ASSURE II CHECK STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
ASSURE II STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
ASSURE PLATINUM METER DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
ASSURE PLATINUM STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
ASSURE PRISM MULTI METER DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
ASSURE PRISM MULTI TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
ASSURE PRO BLOOD GLUCOSE METER DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
ASSURE PRO TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
AUTOKEEPER SAFETY PEN NEEDLE 30G X 5 MM MISC	1	
baclofen 25 mg/5ml suspension	1	PA
BARIUM SULFATE POWDER	1	
BCAD 1 POWDER	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BCAD 2 POWDER	1	OTC Over the Counter
BD LATITUDE DIABETES KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
BD LOGIC BLOOD GLUCOSE MONITOR W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
BIOTEL CARE BLOOD GLUCOSE SYST W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
BIOTEL CARE BLOOD GLUCOSE W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
BIOTEL CARE TEST STRIPS STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
BLOOD GLUCOSE MONITORING 333 DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
BLOOD GLUCOSE MONITOR SYSTEM W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
BLOOD GLUCOSE SYSTEM PAK KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
BLOOD GLUCOSE TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
BLOOD GLUCOSE TEST STRIPS 333 STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
BLULINK GLUCOSE MONITORING SYS DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BLULINK GLUCOSE TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
CAREONE BLOOD GLUCOSE SYSTEM W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
CAREONE BLOOD GLUCOSE TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
CARESENS N FELIZ BT DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
CARESENS N FELIZ DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
CARESENS N GLUCOSE SYSTEM DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
CARESENS N GLUCOSE TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
CARESENS N PLUS BT W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
CARESENS N VOICE SYSTEM DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
CARESENS S FIT BLOOD GLUC MON DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
CARESENS S FIT BT BLOOD GLUC DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CARESENS S GLUCOSE TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
CARETOUCH MONITOR SYSTEM W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
CARETOUCH TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
CAYA DIAPHRAGM	1	ACA Affordable Care Act
CHEMSTRIP 2 STRIP	1	OTC Over the Counter
CHOLEXTRA POWDER	1	OTC Over the Counter
CLEVER CHEK AUTO-CODE SYSTEM DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
CLEVER CHEK AUTO-CODE TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
CLEVER CHEK AUTO-CODE VOICE DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
CLEVER CHEK AUTO-CODE VOICE STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
CLEVER CHEK SYSTEM W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
CLEVER CHEK TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
CLEVER CHOICE AUTO-CODE SYSTEM DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
CLEVER CHOICE AUTO-CODE TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CLEVER CHOICE MICRO SYSTEM W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
CLEVER CHOICE MICRO TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
CLEVER CHOICE MINI SYSTEM DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
CLEVER CHOICE NO CODING STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
CLEVER CHOICE TALK SYSTEM DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
CLEVER CHOICE TALK SYSTEM STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
CLICK ESPRESSO PROTEIN DRINK POWDER	1	OTC Over the Counter
CONTOUR BLOOD GLUCOSE SYSTEM W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
CONTOUR MONITOR DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
CONTOUR NEXT EZ W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
CONTOUR NEXT GEN MONITOR W/DEVICE KIT	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
CONTOUR NEXT LINK W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CONTOUR NEXT MONITOR W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
CONTOUR NEXT ONE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
CONTOUR NEXT ONE W/DEVICE KIT	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
CONTOUR NEXT STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
CONTOUR NEXT TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
CONTOUR PLUS BLUE W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
CONTOUR PLUS TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
CONTOUR TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
COOL BLOOD GLUCOSE TEST STRIPS STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
COOL MONITOR DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
COOL MONITOR KIT W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
cromolyn sodium 5.2 mg/act aero soln	1	OTC Over the Counter
CVS ADVANCED GLUCOSE TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CVS BLOOD GLUCOSE METER DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
CVS BLOOD GLUCOSE METER W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
CVS GLUCOSE METER TEST STRIPS STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
CVS TRUE METRIX GLUCOSE TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
CYCLINEX-1 POWDER	1	OTC Over the Counter
CYCLINEX-2 POWDER	1	OTC Over the Counter
DEXCOM G6 RECEIVER DEVICE	1	QLC 1 / 365 days
DEXCOM G6 SENSOR MISC	1	QL 3 / 30 day(s)
DEXCOM G6 TRANSMITTER MISC	1	QLC 1 / 84 days
DEXCOM G7 15 DAY SENSOR MISC	1	QL 2 EA / 30 day(s)
DEXCOM G7 RECEIVER DEVICE	1	QLC 1 / 365 day(s)
DEXCOM G7 SENSOR MISC	1	QL 3 / 30 day(s)
DIATHRIVE BLOOD GLUCOSE METER DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
DIATHRIVE BLOOD GLUCOSE TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
DIATHRIVE+ GLUCOSE MONITOR DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
DIATHRIVE GLUCOSE TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DIATHRIVE+ GLUCOSE TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
DIATRUE PLUS BLOOD GLUCOSE DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
DIATRUE PLUS TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 0.5 ML MISC	1	
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 1 ML MISC	1	
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 0.3 ML MISC	1	
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 0.5 ML MISC	1	
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 1 ML MISC	1	
DUOCAL POWDER	1	OTC Over the Counter
DUO-CARE TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
D-XYLOSE POWDER	1	
EASY COMFORT INSULIN SYRINGE 31G X 1/2" 0.3 ML MISC	1	PD Preventive Drug OTC Over the Counter
EASYGLUCO STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
EASYMAX 15 TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
EASY MAX BLOOD GLUCOSE TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
EASYMAX NG BLOOD GLUCOSE DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EASYMAX NG BLOOD GLUCOSE W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
EASY MAX T1 GLUCOSE SYSTEM W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
EASYMAX TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
EASYMAX V BLOOD GLUCOSE DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
EASY PLUS II GLUCOSE SYSTEM DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
EASY PLUS II GLUCOSE TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
EASYPRO BLOOD GLUCOSE MONITOR W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
EASYPRO BLOOD GLUCOSE TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
EASYPRO PLUS STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
EASYPRO PLUS W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
EASY STEP GLUCOSE MONITOR DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
EASY STEP TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EASY TALK BLOOD GLUCOSE SYSTEM DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
EASY TALK BLOOD GLUCOSE TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
EASY TALK PLUS II TEST STRIPS STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
EASY TOUCH GLUCOSE SYSTEM W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
EASY TOUCH HEALTHPRO GLUCOSE STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
EASY TOUCH HEALTHPRO GLUCOSE W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
EASY TOUCH TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
EASY TRAK BLOOD GLUCOSE SYSTEM DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
EASY TRAK BLOOD GLUCOSE TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
EASY TRAK II BLOOD GLUCOSE SYS DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
EASY TRAK II GLUCOSE TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
EGG/PRO POWDER	1	OTC Over the Counter
ELECARE DHA/ARA INFANT POWDER	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ELECARE DHA/ARA POWDER	1	OTC Over the Counter
ELECARE JR POWDER	1	OTC Over the Counter
ELECARE POWDER	1	OTC Over the Counter
ELEMENT AUTOCODE SYSTEM W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
ELEMENT COMPACT GLUCOSE SYSTEM DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
ELEMENT COMPACT TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
ELEMENT COMPACT V GLUCOSE SYS DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
ELEMENT PLUS DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
ELEMENT TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
EMBRACE BLOOD GLUCOSE MONITOR DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
EMBRACE BLOOD GLUCOSE TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
EMBRACE EVO BLOOD GLUCOSE TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
EMBRACE EVO GLUCOSE MONITOR DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EMBRACE EVO GLUCOSE MONITORING W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
EMBRACE PRO GLUCOSE METER DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
EMBRACE PRO GLUCOSE TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
EMBRACE TALK BLOOD GLUCOSE DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
EMBRACE TALK GLUCOSE TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
EMBRACE TALK MONITORING SYSTEM W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
EMBRACE WAVE BLOOD GLUCOSE DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
EMBRACE WAVE BLOOD GLUCOSE STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
EMBRACE WAVE GLUCOSE METER DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
ENCALA POWDER	1	OTC Over the Counter
ENFAGROW NEUROPRO TODDLER LIQUID	1	OTC Over the Counter
ENFAGROW NEXT STEP LIQUID	1	OTC Over the Counter
ENFAMIL 24 LIQUID	1	OTC Over the Counter
ENFAMIL AR LIPIL LIQUID	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ENFAMIL AR SPIT-UP LIQUID	1	OTC Over the Counter
ENFAMIL DHA & ARA SUPPLEMENT 20-40 MG/0.5ML LIQUID	1	OTC Over the Counter
ENFAMIL DHA & ARA SUPPLEMENT LIQUID	1	OTC Over the Counter
ENFAMIL ENFACARE LIQUID	1	OTC Over the Counter
ENFAMIL GENTLEASE LIPIL LIQUID	1	OTC Over the Counter
ENFAMIL GENTLEASE LIQUID	1	OTC Over the Counter
ENFAMIL HUMAN MILK FORTIFIER LIQUID	1	OTC Over the Counter
ENFAMIL MILK-BASED W/IRON LIQUID	1	OTC Over the Counter
ENFAMIL NEUROPRO ENFACARE LIQUID	1	OTC Over the Counter
ENFAMIL NEUROPRO GENTLEASE LIQUID	1	OTC Over the Counter
ENFAMIL NEUROPRO INFANT LIQUID	1	OTC Over the Counter
ENFAMIL NUTRAMIGEN LIQUID	1	OTC Over the Counter
ENFAMIL PREGESTIMIL LIPIL LIQUID	1	OTC Over the Counter
ENFAMIL PREMATURE LIQUID	1	OTC Over the Counter
ENFAMIL PREMIUM INFANT LIQUID	1	OTC Over the Counter
ENFAMIL PROSOBEE LIPIL LIQUID	1	OTC Over the Counter
ENFAMIL PROSOBEE/SENSITIVE LIQUID	1	OTC Over the Counter
ENFAPORT LIQUID	1	OTC Over the Counter
ENSURE HIGH PROTEIN POWDER	1	OTC Over the Counter
ENSURE ORIGINAL POWDER	1	OTC Over the Counter
ENSURE POWDER	1	OTC Over the Counter
EQ BLOOD GLUCOSE TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
EVOLUTION AUTOCODE DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EVOLUTION AUTOCODE STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
EVRYSDI 0.75 MG/ML RECON SOLN	1	PA SP Specialty
FEMCAP 22 MM DEVICE	1	ACA Affordable Care Act
FEMCAP 26 MM DEVICE	1	ACA Affordable Care Act
FEMCAP 30 MM DEVICE	1	ACA Affordable Care Act
FIFTY50 GLUCOSE METER 2.0 W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
FIFTY50 GLUCOSE TEST 2.0 STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
FIRST-LANSOPRAZOLE 3 MG/ML SUSPENSION	1	
FIRST-MOUTHWASH BLM SUSPENSION	1	
FIRST-PROGESTERONE VGS 100 MG SUPPOS	1	
FIRST-PROGESTERONE VGS 200 MG SUPPOS	1	
FIXODENT EXTRA HOLD POWDER	1	OTC Over the Counter
FONDCIRCLE BLOOD GLUCOSE MONIT W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
FONDCIRCLE BLOOD GLUCOSE TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
FORA 6 CONNECT/GTEL TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
FORA 6 CONNECT STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
FORA BLOOD GLUCOSE TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
FORACARE GD40 MONITOR DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FORACARE GD40 TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
FORACARE PREMIUM V10 DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
FORACARE PREMIUM V10 TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
FORACARE TEST N GO MONITOR DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
FORACARE TEST N GO TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
FORA D15G BLOOD GLUCOSE TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
FORA D20 BLOOD GLUCOSE TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
FORA D40/G31 BLOOD GLUCOSE STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
FORA G20 BLOOD GLUCOSE SYSTEM W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
FORA G20 BLOOD GLUCOSE TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
FORA G30A BLOOD GLUCOSE SYSTEM DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
FORA G30/PREM V10 GLUCOSE TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
FORA GD20 BLOOD GLUCOSE SYSTEM DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FORA GD20 TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
FORA GD50 BLOOD GLUCOSE SYSTEM DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
FORA GD50 BLOOD GLUCOSE TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
FORA GTEL BLOOD GLUCOSE SYSTEM DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
FORA GTEL BLOOD GLUCOSE TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
FORA GTEL BLOOD KETONE TEST STRIP	1	OTC Over the Counter
FORA PREMIUM V10 BLE SYSTEM DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
FORA TEST N'GO ADV-VOICE-6 CON STRIP	1	OTC Over the Counter
FORA TEST N' GO MONITOR DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
FORA TN'G ADVANCE PRO STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
FORA TN'G/TN'G VOICE STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
FORA TN'G VOICE W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
FORA V10 BLOOD GLUCOSE SYSTEM DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FORA V10 BLOOD GLUCOSE TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
FORA V12 BLOOD GLUCOSE SYSTEM DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
FORA V12 BLOOD GLUCOSE TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
FORA V20 BLOOD GLUCOSE SYSTEM DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
FORA V20 BLOOD GLUCOSE TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
FORA V30A BLOOD GLUCOSE SYSTEM DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
FORA V30A BLOOD GLUCOSE SYSTEM W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
FORA V30A BLOOD GLUCOSE TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
FORTA DRINK POWDER	1	OTC Over the Counter
FORTA SHAKE POWDER	1	OTC Over the Counter
FORTINI INFANT FORMULA LIQUID	1	OTC Over the Counter
FREESTYLE FREEDOM LITE W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
FREESTYLE INSULINX TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
FREESTYLE LIBRE 14 DAY READER DEVICE	1	QLC 1 / 365 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FREESTYLE LIBRE 14 DAY SENSOR MISC	1	QL 2 / 28 day(s)
FREESTYLE LIBRE 2 PLUS SENSOR MISC	1	QL 2 EA / 28 day(s)
FREESTYLE LIBRE 2 READER DEVICE	1	QLC 1 / 365 days
FREESTYLE LIBRE 2 SENSOR MISC	1	QL 2 / 28 day(s)
FREESTYLE LIBRE 3 PLUS SENSOR MISC	1	QL 2 EA / 28 DAYS
FREESTYLE LIBRE 3 READER DEVICE	1	QLC 1 /365 Days
FREESTYLE LIBRE 3 SENSOR MISC	1	QL 2 / 28 day(s)
FREESTYLE LITE DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
FREESTYLE LITE TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
FREESTYLE LITE W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
FREESTYLE PRECISION NEO SYSTEM W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
FREESTYLE PRECISION NEO TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
FREESTYLE TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
GA-1 ANAMIX EARLY YEARS POWDER	1	OTC Over the Counter
GA POWDER	1	OTC Over the Counter
GE100 BLOOD GLUCOSE SYSTEM DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
GE100 BLOOD GLUCOSE SYSTEM W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GE100 BLOOD GLUCOSE TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
GENULTIMATE TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
GERBER GOOD START GENTLE LIQUID	1	OTC Over the Counter
GERBER GOOD START NOURISH LIQUID	1	OTC Over the Counter
GERBER GOOD START PREMATURE LIQUID	1	OTC Over the Counter
GERBER GOOD START SOY/IRON LIQUID	1	OTC Over the Counter
GERBER GOOD START SUPREME/IRON LIQUID	1	OTC Over the Counter
GHT BLOOD GLUCOSE MONITOR W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
GHT TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
GLUCOCARD 01 BLOOD GLUCOSE DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
GLUCOCARD 01 BLOOD GLUCOSE W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
GLUCOCARD 01-MINI GLUCOSE W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
GLUCOCARD 01 SENSOR PLUS STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
GLUCOCARD EXPRESSION MONITOR W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
GLUCOCARD EXPRESSION TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GLUCOCARD SHINE CONNEX W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
GLUCOCARD SHINE DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
GLUCOCARD SHINE EXPRESS W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
GLUCOCARD SHINE TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
GLUCOCARD SHINE W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
GLUCOCARD SHINE XL DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
GLUCOCARD VITAL MONITOR W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
GLUCOCARD VITAL TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
GLUCOCARD X-METER W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
GLUCOCARD X-SENSOR STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
GLUCOCOM BLOOD GLUCOSE MONITOR DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GLUCOCOM MONITOR W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
GLUCOCOM TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
GLUCONAVII BLOOD GLUCOSE SYS W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
GLUCONAVII BLOOD GLUCOSE TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
GLUCO PERFECT 3 METER DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
GLUCO PERFECT 3 TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
GLUCOSE METER TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
GLUTAREX-1 POWDER	1	OTC Over the Counter
GLUTAREX-2 POWDER	1	OTC Over the Counter
GNP EASY TOUCH GLUCOSE METER DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
GNP EASY TOUCH GLUCOSE TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
GNP TRUE METRIX AIR METER W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
GNP TRUE METRIX GLUCOSE METER W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GNP TRUE METRIX GLUCOSE STRIPS STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
GNP TRUETRACK SMART SYSTEM STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
GNP TRUETRACK TEST STRIPS STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
GOJJI BLOOD GLUCOSE TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
GOJJI BLOOD KETONE TEST STRIP	1	OTC Over the Counter
GOJJI BLOOD TEST STRIP/LANCETS STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
GOODSENSE BLOOD GLUCOSE STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
GOODSENSE BLOOD GLUCOSE W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
GOOD START 2 ESSENTIALS/IRON LIQUID	1	OTC Over the Counter
GOOD START 2 SUPREME/IRON LIQUID	1	OTC Over the Counter
GOOD START ESSENTIALS SOY/IRON LIQUID	1	OTC Over the Counter
GOOD START/FE LIQUID	1	OTC Over the Counter
GOOD START LIQUID	1	OTC Over the Counter
GOOD START SUPREME/IRON LIQUID	1	OTC Over the Counter
HCU ANAMIX EARLY YEARS POWDER	1	OTC Over the Counter
HCU ANAMIX NEXT POWDER	1	OTC Over the Counter
HCU MAXAMUM POWDER	1	OTC Over the Counter
HCY 1 POWDER	1	OTC Over the Counter
HCY 2 POWDER	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HEALTHPRO BLOOD GLUCOSE MONITO W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
HEALTH SOURCE POWDER	1	OTC Over the Counter
HM EMBRACE TALK SYSTEM W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
HOM 2 POWDER	1	OTC Over the Counter
HOMINEX-1 POWDER	1	OTC Over the Counter
HOMINEX-2 POWDER	1	OTC Over the Counter
HW EMBRACE PRO GLUCOSE METER DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
HW EMBRACE PRO GLUCOSE TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
HW EMBRACE TALK BLOOD GLUCOSE DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
HW EMBRACE TALK GLUCOSE TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
IGLUCOSE MONITORING SYSTEM W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
IGLUCOSE TEST STRIPS STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
IHEALTH BLOOD GLUCOSE TEST STR STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
IMMULIFE POWDER	1	OTC Over the Counter
INFINITY BLOOD GLUCOSE SYSTEM W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
INFINITY BLOOD GLUCOSE TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
INFINITY VOICE STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
INFINITY VOICE W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
INSULIN SYRINGE-NEEDLE U-100 27G X 1/2" 0.5 ML MISC	1	
INSULIN SYRINGE-NEEDLE U-100 30G X 1/2" 1 ML MISC	1	
INSULIN SYRINGE-NEEDLE U-100 31G X 5/16" 0.5 ML MISC	1	
INSULIN SYRINGE-NEEDLE U-100 31G X 5/16" 1 ML MISC	1	
IN TOUCH BLOOD GLUCOSE TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
IN TOUCH DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
ISOMIL ADVANCE SOY FORMULA-FE LIQUID	1	OTC Over the Counter
ISOMIL DF LIQUID	1	OTC Over the Counter
ISOMIL/IRON LIQUID	1	OTC Over the Counter
ISOMIL SOY FORMULA/IRON LIQUID	1	OTC Over the Counter
IVA ANAMIX EARLY YEARS POWDER	1	OTC Over the Counter
IVA ANAMIX NEXT POWDER	1	OTC Over the Counter
I-VALEX-1 POWDER	1	OTC Over the Counter
I-VALEX-2 POWDER	1	OTC Over the Counter
IVA MAXAMUM POWDER	1	OTC Over the Counter
iv prep wipes 70 % pad	1	OTC Over the Counter
JUVEN POWDER	1	OTC Over the Counter
KETOCAL 3:1 POWDER	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KETOCAL 4:1 POWDER	1	OTC Over the Counter
KETOGEN POWDER	1	OTC Over the Counter
KETONEX-1 POWDER	1	OTC Over the Counter
KETONEX-2 POWDER	1	OTC Over the Counter
KLUTCH POWDER	1	OTC Over the Counter
K-PAX PROTEIN BLEND IMMUNE POWDER	1	OTC Over the Counter
KROGER BLOOD GLUCOSE TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
KROGER BLOOD GLUCOSE W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
KROGER HEALTHPRO GLUCOSE TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
KROGER PREMIUM BLOOD GLUCOSE W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
KROGER PREMIUM GLUCOSE TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
LAGEVRIO 200 MG CAP	1	QLC 80 EA / 30 day(s)
LIBERTY BLOOD GLUCOSE METER DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
LIBERTY NEXT GENERATION TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
LIBERTY NXT GENERATION MONITOR DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
LIBERTY TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LIPISTART POWDER	1	OTC Over the Counter
LMD POWDER	1	OTC Over the Counter
MEIJER BLOOD GLUCOSE TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
MEIJER BLOOD GLUCOSE W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
MEIJER ESSENTIAL BLOOD GLUCOSE W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
MEIJER ESSENTIAL GLUCOSE TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
MEIJER PREMIUM BLOOD GLUCOSE W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
MEIJER TRUE2GO BLOOD GLUCOSE W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
MEIJER TRUERESULT GLUCOSE SYS W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
MEIJER TRUETEST TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
MEIJER TRUETRACK GLUCOSE SYS W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
MEIJER TRUETRACK TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
methergine 0.2 mg tab	1	
METHIONAID POWDER	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
methylergonovine maleate 0.2 mg/ml solution	1	
methylergonovine maleate 0.2 mg tab	1	
MICRODOT BLOOD GLUCOSE SYSTEM W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
MICRODOT TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
MINT REFILL KIT MISC	1	QL 15 EA / 30 day(s)
MINT STARTER KIT KIT	1	QLC 1 EA / 700 Days
MMA/PA ANAMIX EARLY YEARS POWDER	1	OTC Over the Counter
MMA/PA ANAMIX NEXT POWDER	1	OTC Over the Counter
MMA/PA MAXAMUM POWDER	1	OTC Over the Counter
MM BLOOD GLUCOSE SYSTEM W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
MM BLULINK GLUCOSE MONIT SYS DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
MM BLULINK GLUCOSE TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
MM EASY TOUCH GLUCOSE METER W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
MM EASY TOUCH GLUCOSE STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
MOBI CONNECT GLUCOSE MONITOR DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
MOBI CONNECT GLUCOSE MONITOR W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MOBI CONNECT TEST STRIPS STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
MODD1 PATIENT WELCOME KIT KIT	1	QLC 1 EA / 700 Days
MODD1 SUPPLY KIT KIT	1	QLC 1/365 days
MODULEN POWDER	1	OTC Over the Counter
MONOGEN POWDER	1	OTC Over the Counter
MSUD 2 POWDER	1	OTC Over the Counter
MSUD AID POWDER	1	OTC Over the Counter
MSUD ANAMIX EARLY YEARS POWDER	1	OTC Over the Counter
MSUD MAXAMAID POWDER	1	OTC Over the Counter
MSUD MAXAMUM POWDER	1	OTC Over the Counter
MYGLUCOHEALTH BLOOD GLUCOSE W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
MYGLUCOHEALTH TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
nasalcrom 5.2 mg/act aero soln	1	OTC Over the Counter
NEOCATE INFANT HYPOALLERGENIC POWDER	1	OTC Over the Counter
NEOCATE JUNIOR POWDER	1	OTC Over the Counter
NEOCATE JUNIOR PREBIOTICS POWDER	1	OTC Over the Counter
NEOCATE SPOON POWDER	1	OTC Over the Counter
NEUTEK 2TEK TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
NOVA MAX BLOOD GLUCOSE SYSTEM DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
NOVA MAX BLOOD GLUCOSE SYSTEM W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NOVA MAX GLUCOSE TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
NOVA MAX PLUS KETONE TEST STRIP	1	OTC Over the Counter
NUTRITIONAL DRINK MIX POWDER	1	OTC Over the Counter
NUTRITIONAL DRINK SHAKE MIX POWDER	1	OTC Over the Counter
OA 1 POWDER	1	OTC Over the Counter
OA 2 POWDER	1	OTC Over the Counter
OMEPRAZOLE+SYRSPEND SF ALKA 2 MG/ML SUSPENSION	1	
OMNIFLEX DIAPHRAGM DIAPHRAGM	1	ACA Affordable Care Act
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	1	QLC 1 EA / 700 Days
Omnipod 5 DexG7G6 Pods Gen 5 MISC	1	QL 15 EA / 30 day(s)
OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC	1	QL 15 EA / 30 day(s)
OMNIPOD 5 LIBRE INTRO KIT	1	QLC 1 EA / 700 Days
OMNIPOD 5 LIBRE PODS MISC	1	QL 15 EA / 30 day(s)
OMNIPOD CLASSIC PODS (GEN 3) MISC	1	QL 15 EA / 30 day(s)
OMNIPOD DASH INTRO (GEN 4) KIT	1	QLC 1 EA / 700 Days
OMNIPOD DASH PDM (GEN 4) KIT	1	QLC 1 EA / 700 Days
OMNIPOD DASH PODS (GEN 4) MISC	1	QL 15 EA / 30 day(s)
OMNIPOD GO 10 UNIT/24HR KIT	1	PD Preventive Drug
OMNIPOD GO 15 UNIT/24HR KIT	1	PD Preventive Drug
OMNIPOD GO 20 UNIT/24HR KIT	1	PD Preventive Drug
OMNIPOD GO 25 UNIT/24HR KIT	1	PD Preventive Drug
OMNIPOD GO 30 UNIT/24HR KIT	1	PD Preventive Drug
OMNIPOD GO 35 UNIT/24HR KIT	1	PD Preventive Drug
OMNIPOD GO 40 UNIT/24HR KIT	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OMNIPOD POD PALS MISC	1	QL 10 / 30 day(s) OTC Over the Counter
ON CALL EXPRESS BLOOD GLUCOSE STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
ON CALL EXPRESS MONITORING SYS W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
ONE DROP BLOOD GLUCOSE MONITOR W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
ONE DROP TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
ONETOUCH VERIO FLEX SYSTEM DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
OPSITE 11"X11-3/4" MISC	1	OTC Over the Counter
OPSITE 11"X17-3/4" MISC	1	OTC Over the Counter
OPSITE 11"X6" MISC	1	OTC Over the Counter
OPSITE 17-3/4"X21-5/8" MISC	1	OTC Over the Counter
OPSITE 4"X5-1/2" MISC	1	OTC Over the Counter
OPSITE FLEXIGRID 2-3/8"X2-3/4" MISC	1	OTC Over the Counter
OPSITE FLEXIGRID 4-3/4"X10" MISC	1	OTC Over the Counter
OPSITE FLEXIGRID 4"X4-3/4" MISC	1	OTC Over the Counter
OPSITE FLEXIGRID 6"X8" MISC	1	OTC Over the Counter
OPSITE IV 3000 MISC	1	OTC Over the Counter
OPSITE POST-OP 10"X4" MISC	1	OTC Over the Counter
OPSITE POST-OP 13-3/4"X4" MISC	1	OTC Over the Counter
OPSITE POST-OP 4-3/4"X4" MISC	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OPSITE POST-OP 8"X4" MISC	1	OTC Over the Counter
OPSITE POST-OP VISIBLE 10"X4" MISC	1	OTC Over the Counter
OPSITE POST-OP VISIBLE 4X3-1/8 MISC	1	OTC Over the Counter
OPSITE POST-OP VISIBLE 6"X4" MISC	1	OTC Over the Counter
OPSITE POST-OP VISIBLE MISC	1	OTC Over the Counter
OPTICLEANSE GHI POWDER	1	OTC Over the Counter
OPTIUMEZ TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
OPVEE 2.7 MG/0.1ML SOLUTION	1	
ORGANIC PEDIA SMART POWDER	1	OTC Over the Counter
OS 2 POWDER	1	OTC Over the Counter
PAXLOVID (150/100) 10 X 150 MG & 10 X 100MG TAB THPK	1	QLC 20 EA /30 days
PAXLOVID (300/100 & 150/100) 6 X 150 MG & 5 X 100MG TAB THPK	1	QLC 11 EA / 90 DAYS
PAXLOVID (300/100) 20 X 150 MG & 10 X 100MG TAB THPK	1	QLC 30 EA /30 days
PEDIASURE GROW & GAIN POWDER	1	OTC Over the Counter
PEDIASURE SHAKE MIX POWDER	1	OTC Over the Counter
PEDIASURE SIDEKICKS POWDER	1	OTC Over the Counter
PEN NEEDLES 30G X 5 MM MISC	1	
PERIFLEX ADVANCE POWDER	1	OTC Over the Counter
PERIFLEX JUNIOR POWDER	1	OTC Over the Counter
PFD 2 POWDER	1	OTC Over the Counter
PFD POWDER	1	OTC Over the Counter
PHARMACIST CHOICE AUTOCODE STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
PHARMACIST CHOICE AUTOCODE SYS W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PHARMACIST CHOICE MINI SYSTEM DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
PHARMACIST CHOICE NO CODING STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
PHENEX-1 POWDER	1	OTC Over the Counter
PHENEX-2 POWDER	1	OTC Over the Counter
PHENYLADE60 DRINK MIX POWDER	1	OTC Over the Counter
PHENYLADE DRINK MIX POWDER	1	OTC Over the Counter
PHENYLADE ESSENTIAL DRINK MIX POWDER	1	OTC Over the Counter
PHENYLADE ESSENTIAL MIX/FIBER POWDER	1	OTC Over the Counter
PHENYLADE GMP MIX-IN POWDER	1	OTC Over the Counter
PHENYLADE GMP POWDER	1	OTC Over the Counter
PHENYL-FREE 2HP POWDER	1	OTC Over the Counter
PHENYL-FREE 2 POWDER	1	OTC Over the Counter
PH STRIPS TEST	1	
PIP BLOOD GLUCOSE MONITORING DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
PIP BLOOD GLUCOSE TEST STRIP STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
PIVOT INSULIN PUMP STARTER KIT KIT	1	QLC 1 EA / 700 Days
PIVOT SUPPLY KIT KIT	1	
PKU 2 POWDER	1	OTC Over the Counter
PKU 3 POWDER	1	OTC Over the Counter
PKU PERIFLEX EARLY YEARS POWDER	1	OTC Over the Counter
PKU PERIFLEX JUNIOR PLUS POWDER	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PKU TRIO POWDER	1	OTC Over the Counter
POCKETCHEM EZ SYSTEM W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
POCKETCHEM EZ TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
POGO AUTOMATIC BLOOD GLUCOSE DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
POLIGRIP SUPER STRONG EX ST POWDER	1	OTC Over the Counter
POLYCAL POWDER	1	OTC Over the Counter
PORTAGEN POWDER	1	OTC Over the Counter
PRECISION XTRA BLOOD GLUCOSE STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
PRECISION XTRA-GLUCOSE/KETONE DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
PRECISION XTRA KETONE STRIP	1	OTC Over the Counter
PRECISION XTRA W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
PREMIUM BLOOD GLUCOSE TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
PRODIGY AUTOCODE BLOOD GLUCOSE DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
PRODIGY AUTOCODE BLOOD GLUCOSE W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PRODIGY NO CODING BLOOD GLUC STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
PRODIGY NO CODING BLOOD GLUC W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
PRODIGY POCKET BLOOD GLUCOSE W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
PRODIGY VOICE BLOOD GLUCOSE W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
PROMOD POWDER	1	OTC Over the Counter
PRO-PHREE POWDER	1	OTC Over the Counter
PROPIMEX-1 POWDER	1	OTC Over the Counter
PROPIMEX-2 POWDER	1	OTC Over the Counter
PROSOURCE POWDER	1	OTC Over the Counter
PROTEIN FORTIFIER LIQUID	1	OTC Over the Counter
PROVIMIN POWDER	1	OTC Over the Counter
PRO VOICE V8 GLUCOSE SYSTEM DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
PRO VOICE V8/V9 GLUCOSE STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
PRO VOICE V9 GLUCOSE SYSTEM DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
PTS PANELSEGLU TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
PURE BLISS ORGANIC/IRON LIQUID	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PURECARB POWDER	1	OTC Over the Counter
QUICKTEK/METER KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
QUICKTEK TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
QUICK TOUCH BLOOD GLUCOSE TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
QUICK TOUCH BLOOD GLUCOSE W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
QUINTET AC BLOOD GLUCOSE DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
QUINTET AC BLOOD GLUCOSE TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
QUINTET BLOOD GLUCOSE SYSTEM DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
QUINTET BLOOD GLUCOSE TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
REFUAH PLUS BLOOD GLUCOSE TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
REFUAH PLUS MONITORING SYSTEM W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
RELION BLOOD GLUCOSE TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
RELION CONFIRM GLUCOSE MONITOR W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RELION CONFIRM/MICRO TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
RELION GLUCOSE TEST STRIPS STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
RELION MICRO W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
RELION PREMIER BLU MONITOR DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
RELION PREMIER CLASSIC DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
RELION PREMIER COMPACT SYSTEM W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
RELION PREMIER TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
RELION PREMIER VOICE MONITOR DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
RELION PRIME MONITOR DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
RELION PRIME TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
RELION TRUE MET AIR GLUC METER W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
RELION TRUE METRIX TEST STRIPS STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RELION ULTIMA GLUCOSE SYSTEM W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
RELION ULTIMA TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
RENASTART POWDER	1	OTC Over the Counter
REXALL BLOOD GLUCOSE SYSTEM W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
REXALL BLOOD GLUCOSE TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
RIGHTEST GM100 BLOOD GLUCOSE W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
RIGHTEST GM300 BLOOD GLUCOSE W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
RIGHTEST GM550 BLOOD GLUCOSE W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
RIGHTEST GS100 BLOOD GLUCOSE STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
RIGHTEST GS300 BLOOD GLUCOSE STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
RIGHTEST GS550 BLOOD GLUCOSE STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
RIGHTEST GT333 BLOOD GLUCOSE DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
RIGHTEST GT333 BLOOD GLUCOSE STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RIGHTEST GT333 GLUCOSE TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
SCANDICAL POWDER	1	OTC Over the Counter
SCANDISHAKE POWDER	1	OTC Over the Counter
SIMILAC 360 TOTAL CARE 5 HMO LIQUID	1	OTC Over the Counter
SIMILAC 360 TOTAL CARE LIQUID	1	OTC Over the Counter
SIMILAC 360 TOT CARE SENS 5HMO LIQUID	1	OTC Over the Counter
SIMILAC ADVANCE COMPLETE LIQUID	1	OTC Over the Counter
SIMILAC ADVANCE EARLY SHIELD LIQUID	1	OTC Over the Counter
SIMILAC ADVANCE-IRON LIQUID	1	OTC Over the Counter
SIMILAC ADVANCE KOSHER LIQUID	1	OTC Over the Counter
SIMILAC ADVANCE ON-THE-GO LIQUID	1	OTC Over the Counter
SIMILAC ADVANCE ORGANIC LIQUID	1	OTC Over the Counter
SIMILAC ALIMENTUM ADVANCE-IRON LIQUID	1	OTC Over the Counter
SIMILAC ALIMENTUM IMMUNESUPP LIQUID	1	OTC Over the Counter
SIMILAC ALIMENTUM LIQUID	1	OTC Over the Counter
SIMILAC EXPERT CARE ALIMENTUM LIQUID	1	OTC Over the Counter
SIMILAC EXPERT CARE DIARRHEA LIQUID	1	OTC Over the Counter
SIMILAC EXPERT CARE NEOSURE/FE LIQUID	1	OTC Over the Counter
SIMILAC FOR SPIT-UP LIQUID	1	OTC Over the Counter
SIMILAC FOR SUPPLEMENTATION LIQUID	1	OTC Over the Counter
SIMILAC/IRON LIQUID	1	OTC Over the Counter
SIMILAC LACTOSE FREE ADVANCE LIQUID	1	OTC Over the Counter
SIMILAC LIQUID	1	OTC Over the Counter
SIMILAC LOW-IRON LIQUID	1	OTC Over the Counter
SIMILAC NATURAL CARE LIQUID	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SIMILAC NEOSURE ADVANCE/IRON LIQUID	1	OTC Over the Counter
SIMILAC NEOSURE OPTIGRO LIQUID	1	OTC Over the Counter
SIMILAC ORGANIC/IRON LIQUID	1	OTC Over the Counter
SIMILAC PRO-ADVANCE OPTIGRO LIQUID	1	OTC Over the Counter
SIMILAC PRO-ADVANCE WITH IRON LIQUID	1	OTC Over the Counter
SIMILAC PRO-SENSITIVE LIQUID	1	OTC Over the Counter
SIMILAC PRO-SENSITIVE OPTIGRO LIQUID	1	OTC Over the Counter
SIMILAC PRO-TOTAL COMFORT LIQUID	1	OTC Over the Counter
SIMILAC SENSITIVE EARLY SHIELD LIQUID	1	OTC Over the Counter
SIMILAC SENSITIVE OPTIGRO LIQUID	1	OTC Over the Counter
SIMILAC SENSITIVE SPIT-UP LIQUID	1	OTC Over the Counter
SIMILAC SOY ISOMIL LIQUID	1	OTC Over the Counter
SIMILAC SPECIAL CARE/IRON LIQUID	1	OTC Over the Counter
SIMILAC SPECIAL CARE LIQUID	1	OTC Over the Counter
SIMILAC SPECIAL CARE/LOW IRON LIQUID	1	OTC Over the Counter
SIMILAC SPECIAL CARE PREMATURE LIQUID	1	OTC Over the Counter
SIMILAC TOTAL COMFORT LIQUID	1	OTC Over the Counter
SMARTEST BLOOD GLUCOSE TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
SMARTEST EJECT DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
SMARTEST EJECT STARTER W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
SMARTEST PERSONA STARTER W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SMARTEST PRONTO STARTER W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
SMARTEST PROTEGE DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
SMARTEST PROTEGE STARTER W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
SMART SENSE PREMIUM SYSTEM W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
SMART SENSE PREMIUM TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
SMART SENSE VALUE GLUCOSE SYS W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
SMART SENSE VALUE TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
SODIUM SACCHARIN POWDER	1	OTC Over the Counter
SOL CARB POWDER	1	OTC Over the Counter
SOLUS V2 BLOOD GLUCOSE SYSTEM DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
SOLUS V2 BLOOD GLUCOSE SYSTEM W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
SOLUS V2 TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
STERILE WATER FOR INJECTION SOLUTION	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
STERILE WATER FOR IRRIGATION SOLUTION	1	
sterile water for irrigation solution	1	
SUPREME TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
TGT BLOOD GLUCOSE MONITORING W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
TGT BLOOD GLUCOSE TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
TRUE FOCUS BLOOD GLUCOSE METER DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
TRUE FOCUS BLOOD GLUCOSE STRIP STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
TRUE METRIX AIR GLUCOSE METER DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
TRUE METRIX AIR GLUCOSE METER W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
TRUE METRIX BLOOD GLUCOSE TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
TRUE METRIX GO GLUCOSE METER W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
TRUE METRIX METER DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
TRUE METRIX METER W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRUE METRIX PRO BLOOD GLUCOSE STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
TRUENESS BLOOD GLUCOSE MONITOR DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
TRUENESS BLOOD GLUCOSE STRIPS STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
TRUERESULT BLOOD GLUCOSE W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
TRUETEST TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
TRUETRACK BLOOD GLUCOSE DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
TRUETRACK BLOOD GLUCOSE W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
TRUETRACK SMART SYSTEM KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
TRUETRACK TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
TYR ANAMIX EARLY YEARS POWDER	1	OTC Over the Counter
TYR ANAMIX NEXT POWDER	1	OTC Over the Counter
TYREX-1 POWDER	1	OTC Over the Counter
TYREX-2 POWDER	1	OTC Over the Counter
TYROS 1 POWDER	1	OTC Over the Counter
TYROS 2 POWDER	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
UCD 2 POWDER	1	OTC Over the Counter
UCD ANAMIX JUNIOR POWDER	1	OTC Over the Counter
UCD TRIO POWDER	1	OTC Over the Counter
ULTRAMINO SOY PROTEIN POWDER	1	OTC Over the Counter
UNISTRIP1 GENERIC STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
VERASENS BLOOD GLUCOSE METER DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
VERASENS BLOOD GLUCOSE SYSTEM W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
VERASENS BLOOD GLUCOSE TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
VIVAGUARD INO GLUCOSE METER DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
VIVAGUARD INO SMART GLUC METER DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
VIVAGUARD INO TEST STRIPS STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
VIVONEX PLUS PACKET	1	OTC Over the Counter
water for irrigation, sterile solution	1	
WATER ORAL LIQUID	1	OTC Over the Counter
WAVESENSE AMP W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
WIDE-SEAL DIAPHRAGM 60 2 % DIAPHRAGM	1	ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
WIDE-SEAL DIAPHRAGM 65 2 % DIAPHRAGM	1	ACA Affordable Care Act
WIDE-SEAL DIAPHRAGM 70 2 % DIAPHRAGM	1	ACA Affordable Care Act
WIDE-SEAL DIAPHRAGM 75 2 % DIAPHRAGM	1	ACA Affordable Care Act
WIDE-SEAL DIAPHRAGM 80 2 % DIAPHRAGM	1	ACA Affordable Care Act
WIDE-SEAL DIAPHRAGM 85 2 % DIAPHRAGM	1	ACA Affordable Care Act
WIDE-SEAL DIAPHRAGM 90 2 % DIAPHRAGM	1	ACA Affordable Care Act
WIDE-SEAL DIAPHRAGM 95 2 % DIAPHRAGM	1	ACA Affordable Care Act
WND 1 POWDER	1	OTC Over the Counter
WND 2 POWDER	1	OTC Over the Counter
XLEU MAXAMAID POWDER	1	OTC Over the Counter
XLYS-XTRP MAXAMAID POWDER	1	OTC Over the Counter
XLYS-XTRP MAXAMUM POWDER	1	OTC Over the Counter
XMET MAXAMAID POWDER	1	OTC Over the Counter
XMET XCYS MAXAMAID POWDER	1	OTC Over the Counter
XMTVI MAXAMAID POWDER	1	OTC Over the Counter
XPHE MAXAMAID POWDER	1	OTC Over the Counter
XPHE-XTYR MAXAMAID POWDER	1	OTC Over the Counter
OPHTHALMIC AGENTS		
OPHTHALMIC AGENTS, OTHER		
ALTAFRIN 10 % SOLUTION	1	
ALTAFRIN 2.5 % SOLUTION	1	
ATROPINE SULFATE 0.025 % SOLUTION	1	
ATROPINE SULFATE 0.05 % SOLUTION	1	
ATROPINE SULFATE 1 % OINTMENT	1	
atropine sulfate 1 % solution	1	
BACITRACIN-POLYMYXIN B 500-10000 UNIT/GM OINTMENT	1	
BACITRA-NEOMYCIN-POLYMYXIN-HC 1 % OINTMENT	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
cyclopentolate hcl 1 % solution	1	
dorzolamide hcl-timolol mal 2-0.5 % solution	1	
dorzolamide hcl-timolol mal 22.3-6.8 mg/ml solution	1	
dorzolamide hcl-timolol mal pf 2-0.5 % solution	1	
HOMATROPAIRE 5 % SOLUTION	1	
neomycin-bacitracin zn-polymyx 3.5-400-10000 ointment	1	
NEOMYCIN-BACITRACIN ZN-POLYMYX 5-400-10000 OINTMENT	1	
neomycin-polymyxin-dexameth 0.1 % suspension	1	
neomycin-polymyxin-dexameth 3.5-10000-0.1 ointment	1	
neomycin-polymyxin-dexameth 3.5-10000-0.1 suspension	1	
NEOMYCIN-POLYMYXIN-GRAMICIDIN 1.75-10000-.025 SOLUTION	1	
NEOMYCIN-POLYMYXIN-HC 3.5-10000-1 SUSPENSION	1	
neo-polycin 3.5-400-10000 ointment	1	
neo-polycin hc 1 % ointment	1	
OXERVATE 0.002 % SOLUTION	1	PA SP Specialty
phenylephrine hcl 10 % solution	1	
phenylephrine hcl 2.5 % solution	1	
polycin 500-10000 unit/gm ointment	1	
proparacaine hcl 0.5 % solution	1	
SULFACETAMIDE-PREDNISOLONE 10-0.23 % SOLUTION	1	
TETRACAINE HCL 0.5 % SOLUTION	1	
TETRACAINE HCL 0.5 % SOLUTION	1	
tobramycin-dexamethasone 0.3-0.1 % suspension	1	
tropicamide 0.5 % solution	1	
tropicamide 1 % solution	1	
XDEMVY 0.25 % SOLUTION	1	PA
ZYLET 0.5-0.3 % SUSPENSION	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OPHTHALMIC ANTI-ALLERGY AGENTS		
ALOMIDE 0.1 % SOLUTION	1	
azelastine hcl 0.05 % solution	1	
CROMOLYN SODIUM 4 % SOLUTION	1	PD Preventive Drug
EPINASTINE HCL 0.05 % SOLUTION	1	
epinastine hcl 0.05 % solution	1	
olopatadine hcl 0.2 % solution	1	OTC Over the Counter
OPHTHALMIC ANTI-INFECTIVES		
BACITRACIN 500 UNIT/GM OINTMENT	1	
erythromycin 5 mg/gm ointment	1	
gatifloxacin 0.5 % solution	1	
gentamicin sulfate 0.3 % solution	1	
LEVOFLOXACIN 0.5 % SOLUTION	1	
LEVOFLOXACIN 1.5 % SOLUTION	1	
moxifloxacin hcl 0.5 % solution	1	
MOXIFLOXACIN HCL (2X DAY) 0.5 % SOLUTION	1	
ofloxacin 0.3 % solution	1	
polymyxin b-trimethoprim 10000-0.1 unit/ml-% solution	1	
SULFACETAMIDE SODIUM 10 % OINTMENT	1	
SULFACETAMIDE SODIUM 10 % SOLUTION	1	
sulfacetamide sodium 10 % solution	1	
tobramycin 0.3 % solution	1	
TOBREX 0.3 % OINTMENT	1	
OPHTHALMIC ANTI-INFLAMMATORIES		
bromfenac sodium (once-daily) 0.09 % solution	1	
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	1	
diclofenac sodium 0.1 % solution	1	
fluorometholone 0.1 % suspension	1	
FLURBIPROFEN SODIUM 0.03 % SOLUTION	1	
KETOROLAC TROMETHAMINE 0.4 % SOLUTION	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ketorolac tromethamine 0.5 % solution	1	
LOTEMAX 0.5 % OINTMENT	1	
LOTEMAX SM 0.38 % GEL	1	
loteprednol etabonate 0.5 % gel	1	
loteprednol etabonate 0.5 % suspension	1	
prednisolone acetate 1 % suspension	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	
timolol maleate 0.25 % solution	1	
timolol maleate 0.5 % solution	1	
OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER		
acetazolamide er 500 mg cap er 12h	1	
APRACLONIDINE HCL 0.5 % SOLUTION	1	
brimonidine tartrate 0.15 % solution	1	
brimonidine tartrate 0.1 % solution	1	
brimonidine tartrate 0.2 % solution	1	
dorzolamide hcl 2 % solution	1	
methazolamide 25 mg tab	1	
methazolamide 50 mg tab	1	
pilocarpine hcl 1 % solution	1	
pilocarpine hcl 2 % solution	1	
pilocarpine hcl 4 % solution	1	
QLOSI 0.4 % SOLUTION	1	
VUITY 1.25 % SOLUTION	1	
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS		
bimatoprost 0.01 % solution	1	
bimatoprost 0.03 % solution	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
bimatoprost 0.03 % solution	1	PA
latanoprost 0.005 % solution	1	
travoprost (bak free) 0.004 % solution	1	
OTIC AGENTS		
ciprofloxacin-dexamethasone 0.3-0.1 % suspension	1	
ciprofloxacin hcl 0.2 % solution	1	
ciprofloxacin-hydrocortisone 0.2-1 % suspension	1	
CIPRO HC 0.2-1 % SUSPENSION	1	
CIPRO HC 0.2-1 % SUSPENSION	1	
flac 0.01 % oil	1	
fluocinolone acetonide 0.01 % oil	1	
hydrocortisone-acetic acid 1-2 % solution	1	
neomycin-polymyxin-hc 1 % solution	1	
neomycin-polymyxin-hc 3.5-10000-1 solution	1	
neomycin-polymyxin-hc 3.5-10000-1 suspension	1	
ofloxacin 0.3 % solution	1	
RESPIRATORY TRACT/PULMONARY AGENTS		
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
ARNUITY ELLIPTA 100 MCG/ACT AER POW BA	1	QL 30 EA / 30 day(s) PD Preventive Drug
ARNUITY ELLIPTA 200 MCG/ACT AER POW BA	1	QL 30 EA / 30 day(s) PD Preventive Drug
ARNUITY ELLIPTA 50 MCG/ACT AER POW BA	1	QL 30 EA / 30 day(s) PD Preventive Drug
ASMANEX (120 METERED DOSES) 220 MCG/ACT AER POW BA	1	QL 1 EA / 30 day(s) PD Preventive Drug
ASMANEX (14 METERED DOSES) 220 MCG/ACT AER POW BA	1	QL 1 EA / 30 day(s) PD Preventive Drug
ASMANEX (30 METERED DOSES) 110 MCG/ACT AER POW BA	1	QL 1 EA / 30 day(s) PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ASMANEX (30 METERED DOSES) 220 MCG/ACT AER POW BA	1	QL 1 EA / 30 day(s) PD Preventive Drug
ASMANEX (60 METERED DOSES) 220 MCG/ACT AER POW BA	1	QL 1 EA / 30 day(s) PD Preventive Drug
ASMANEX HFA 100 MCG/ACT AEROSOL	1	QL 13 GM / 30 day(s) PD Preventive Drug
ASMANEX HFA 200 MCG/ACT AEROSOL	1	QL 13 GM / 30 day(s) PD Preventive Drug
ASMANEX HFA 50 MCG/ACT AEROSOL	1	QL 13 GM / 30 day(s)
budesonide 0.25 mg/2ml suspension	1	PD Preventive Drug
budesonide 0.5 mg/2ml suspension	1	PD Preventive Drug
budesonide 1 mg/2ml suspension	1	PD Preventive Drug
flunisolide 25 mcg/act (0.025%) solution	1	
fluticasone propionate 50 mcg/act suspension	1	
FLUTICASONE PROPIONATE DISKUS 100 MCG/ACT AER POW BA	1	QL 120 EA / 30 day(s) PD Preventive Drug
FLUTICASONE PROPIONATE DISKUS 250 MCG/ACT AER POW BA	1	QL 240 EA / 30 day(s) PD Preventive Drug
FLUTICASONE PROPIONATE DISKUS 50 MCG/ACT AER POW BA	1	QL 120 EA / 30 day(s) PD Preventive Drug
FLUTICASONE PROPIONATE HFA 110 MCG/ACT AEROSOL	1	QL 24 GM / 30 day(s) PD Preventive Drug
FLUTICASONE PROPIONATE HFA 220 MCG/ACT AEROSOL	1	QL 24 GM / 30 day(s) PD Preventive Drug
fluticasone propionate hfa 44 mcg/act aerosol	1	QL 21.2 GM / 30 day(s) PD Preventive Drug
mometasone furoate 50 mcg/act suspension	1	
QNASL 80 MCG/ACT AERO SOLN	1	QL 10.6 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
QVAR REDIHALER 40 MCG/ACT AERO BA	1	
QVAR REDIHALER 80 MCG/ACT AERO BA	1	
XHANCE 93 MCG/ACT EXHU	1	QL 16 ml / 30 day(s) PA
ANTIHISTAMINES		
azelastine-fluticasone 137-50 mcg/act suspension	1	PA
azelastine hcl 0.15 % solution	1	
azelastine hcl 0.1 % solution	1	
azelastine hcl 137 mcg/spray solution	1	
banophen 50 mg cap	1	OTC Over the Counter
CARBINOXAMINE MALEATE 4 MG/5ML SOLUTION	1	
carbinoxamine maleate 4 mg tab	1	
CARBZAH 4 MG/5ML SOLUTION	1	
CLEMASTINE FUMARATE 2.68 MG TAB	1	
cyproheptadine hcl 2 mg/5ml syrup	1	
cyproheptadine hcl 4 mg tab	1	
desloratadine 5 mg tab	1	
DESLORATADINE 5 MG TAB DISP	1	
dimetane allergy relief ex st 50 mg cap	1	OTC Over the Counter
diphenhydramine hcl 50 mg cap	1	OTC Over the Counter
hydroxyzine hcl 10 mg/5ml syrup	1	
hydroxyzine hcl 10 mg tab	1	
hydroxyzine hcl 25 mg tab	1	
hydroxyzine hcl 50 mg/25ml syrup	1	
hydroxyzine hcl 50 mg tab	1	
HYDROXYZINE PAMOATE 100 MG CAP	1	
hydroxyzine pamoate 25 mg cap	1	
hydroxyzine pamoate 50 mg cap	1	
kp diphenhydramine hcl 50 mg cap	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
levocetirizine dihydrochloride 2.5 mg/5ml solution	1	
levocetirizine dihydrochloride 5 mg tab	1	
olopatadine hcl 0.6 % solution	1	
pharbedryl 50 mg cap	1	OTC Over the Counter
promethazine hcl 12.5 mg/10ml solution	1	
promethazine hcl 6.25 mg/5ml solution	1	
ANTILEUKOTRIENES		
montelukast sodium 10 mg tab	1	PD Preventive Drug RX4L Rx4Less Program
montelukast sodium 4 mg chew tab	1	PD Preventive Drug
montelukast sodium 4 mg packet	1	PD Preventive Drug
montelukast sodium 5 mg chew tab	1	PD Preventive Drug
zafirlukast 10 mg tab	1	PD Preventive Drug
zafirlukast 20 mg tab	1	PD Preventive Drug
BRONCHODILATORS, ANTICHOLINERGIC		
ATROVENT HFA 17 MCG/ACT AERO SOLN	1	
ipratropium bromide 0.02 % solution	1	RX4L Rx4Less Program
ipratropium bromide 0.03 % solution	1	
ipratropium bromide 0.06 % solution	1	
SPIRIVA RESPIMAT 1.25 MCG/ACT AERO SOLN	1	QL 4 GM / 30 day(s)
SPIRIVA RESPIMAT 2.5 MCG/ACT AERO SOLN	1	QL 4 GM / 30 day(s)
tiotropium bromide 18 mcg cap	1	QL 30 EA / 30 day(s)
BRONCHODILATORS, SYMPATHOMIMETIC		
albuterol sulfate 0.63 mg/3ml nebu soln	1	
albuterol sulfate 1.25 mg/3ml nebu soln	1	
albuterol sulfate 2.5 mg/0.5ml nebu soln	1	
albuterol sulfate (2.5 mg/3ml) 0.083% nebu soln	1	RX4L Rx4Less Program
albuterol sulfate 2 mg/5ml syrup	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
albuterol sulfate 2 mg tab	1	
albuterol sulfate 4 mg tab	1	
albuterol sulfate (5 mg/ml) 0.5% nebu soln	1	
albuterol sulfate hfa 108 (90 base) mcg/act aero soln (generic of proair hfa)	1	QL 17 GM / 30 day(s)
albuterol sulfate hfa 108 (90 base) mcg/act aero soln (generic of proventil hfa)	1	QL 13.4 / 30 day(s)
albuterol sulfate hfa 108 (90 base) mcg/act aero soln (generic of ventolin hfa)	1	QL 36 / 30 day(s)
albuterol sulfate hfa 108 (90 base) mcg/act aero soln	1	QL 17 GM / 30 day(s)
AUVI-Q 0.15 MG/0.15ML SOLN A-INJ	1	QLC 6 EA / 365 day(s)
AUVI-Q 0.1 MG/0.1ML SOLN A-INJ	1	
AUVI-Q 0.3 MG/0.3ML SOLN A-INJ	1	QLC 6 EA / 365 day(s)
EPINEPHRINE 0.15 MG/0.15ML SOLN A-INJ	1	QLC 6 EA / 365 day(s)
epinephrine 0.15 mg/0.3ml soln a-inj	1	QLC 6 EA / 365 day(s)
EPINEPHRINE 0.3 MG/0.3ML SOLN A-INJ	1	QLC 6 EA / 365 day(s)
epinephrine 0.3 mg/0.3ml soln a-inj	1	QLC 6 EA / 365 day(s)
EPINEPHRINE 0.3 MG/0.3ML SOLN PRSYR	1	QLC 6 EA / 365 day(s)
levalbuterol hcl 0.31 mg/3ml nebu soln	1	
levalbuterol hcl 0.63 mg/3ml nebu soln	1	
levalbuterol hcl 1.25 mg/0.5ml nebu soln	1	
levalbuterol hcl 1.25 mg/3ml nebu soln	1	
LEVALBUTEROL TARTRATE 45 MCG/ACT AEROSOL	1	QL 30 GM / 30 day(s)
NEFFY 1 MG/0.1ML SOLUTION	1	QLC 6 ML / 365 DAYS
NEFFY 2 MG/0.1ML SOLUTION	1	QLC 6 mL / 365 DAY(S)
PROAIR RESPICLICK 108 (90 BASE) MCG/ACT AER POW BA	1	QL 0.07 / 1 day
SEREVENT DISKUS 50 MCG/ACT AER POW BA	1	QL 60 EA / 30 day(s)
STRIVERDI RESPIMAT 2.5 MCG/ACT AERO SOLN	1	
terbutaline sulfate 1 mg/ml solution	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
terbutaline sulfate 2.5 mg tab	1	
terbutaline sulfate 5 mg tab	1	
VENTOLIN HFA 108 (90 BASE) MCG/ACT AERO SOLN	1	QL 36 / 30 day(s)
CYSTIC FIBROSIS AGENTS		
KALYDECO 13.4 MG PACKET	1	PA SP Specialty
KALYDECO 150 MG TAB	1	PA SP Specialty
KALYDECO 25 MG PACKET	1	PA SP Specialty
KALYDECO 50 MG PACKET	1	PA SP Specialty
KALYDECO 5.8 MG PACKET	1	PA SP Specialty
KALYDECO 75 MG PACKET	1	PA SP Specialty
KITABIS PAK 300 MG/5ML NEBU SOLN	1	SP Specialty
ORKAMBI 100-125 MG PACKET	1	PA SP Specialty
ORKAMBI 100-125 MG TAB	1	PA SP Specialty
ORKAMBI 150-188 MG PACKET	1	PA SP Specialty
ORKAMBI 200-125 MG TAB	1	PA SP Specialty
ORKAMBI 75-94 MG PACKET	1	PA
PULMOZYME 2.5 MG/2.5ML SOLUTION	1	SP Specialty
SYMDEKO 100-150 & 150 MG TAB THPK	1	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SYMDEKO 50-75 & 75 MG TAB THPK	1	PA SP Specialty
tobramycin 300 mg/4ml nebu soln	1	SP Specialty
TOBRAMYCIN 300 MG/5ML NEBU SOLN	1	SP Specialty
tobramycin 300 mg/5ml nebu soln	1	SP Specialty
TRIKAFTA 100-50-75 & 150 MG TAB THPK	1	PA SP Specialty
TRIKAFTA 100-50-75 & 75 MG THER PACK	1	PA SP Specialty
TRIKAFTA 50-25-37.5 & 75 MG TAB THPK	1	PA SP Specialty
TRIKAFTA 80-40-60 & 59.5 MG THER PACK	1	PA SP Specialty
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE		
caffeine citrate 60 mg/3ml solution	1	
THEO-24 200 MG CAP ER 24H	1	
THEO-24 300 MG CAP ER 24H	1	
THEO-24 400 MG CAP ER 24H	1	
THEOPHYLLINE ER 100 MG TAB ER 12H	1	PD Preventive Drug
THEOPHYLLINE ER 200 MG TAB ER 12H	1	PD Preventive Drug
theophylline er 300 mg tab er 12h	1	
theophylline er 400 mg tab er 24h	1	
theophylline er 450 mg tab er 12h	1	
theophylline er 600 mg tab er 24h	1	
PULMONARY ANTIHYPERTENSIVES		
ADEMPAS 0.5 MG TAB	1	PA SP Specialty
ADEMPAS 1.5 MG TAB	1	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ADEMPAS 1 MG TAB	1	PA SP Specialty
ADEMPAS 2.5 MG TAB	1	PA SP Specialty
ADEMPAS 2 MG TAB	1	PA SP Specialty
alyq 20 mg tab	1	PA SP Specialty
ambrisentan 10 mg tab	1	QL 30 EA / 30 day(s) PA SP Specialty
ambrisentan 5 mg tab	1	QL 30 EA / 30 day(s) PA SP Specialty
AURLUMYN 100 MCG/ML SOLUTION	1	PA
bosentan 125 mg tab	1	QL 60 EA / 30 day(s) PA SP Specialty
bosentan 62.5 mg tab	1	QL 60 EA / 30 day(s) PA SP Specialty
ORENITRAM 0.125 MG TAB ER	1	PA SP Specialty
ORENITRAM 0.25 MG TAB ER	1	PA SP Specialty
ORENITRAM 1 MG TAB ER	1	PA SP Specialty
ORENITRAM 2.5 MG TAB ER	1	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ORENITRAM 5 MG TAB ER	1	PA SP Specialty
REMODULIN 8 MG/20ML SOLUTION	1	PA SP Specialty
riociguat 0.5 mg tab	1	QL 90 / 30 day(s) PA SP Specialty
riociguat 1.5 mg tab	1	QL 90 / 30 day(s) PA SP Specialty
riociguat 1 mg tab	1	QL 90 / 30 day(s) PA SP Specialty
riociguat 2.5 mg tab	1	QL 90 / 30 day(s) PA SP Specialty
riociguat 2 mg tab	1	QL 90 / 30 day(s) PA SP Specialty
sildenafil citrate 10 mg/ml recon susp	1	PA SP Specialty
sildenafil citrate 20 mg tab	1	PA SP Specialty
tadalafil (pah) 20 mg tab	1	PA SP Specialty
TYVASO 0.6 MG/ML SOLUTION	1	PA SP Specialty
TYVASO DPI INSTITUTIONAL KIT 16 MCG POWDER	1	PA SP Specialty
TYVASO DPI INSTITUTIONAL KIT 32 MCG POWDER	1	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TYVASO DPI INSTITUTIONAL KIT 48 MCG POWDER	1	PA SP Specialty
TYVASO DPI INSTITUTIONAL KIT 64 MCG POWDER	1	PA SP Specialty
TYVASO DPI INSTITUTIONAL KIT 80 MCG POWDER	1	SP Specialty
TYVASO DPI MAINTENANCE KIT 112 X 48MCG & 112 X80MCG POWDER	1	QL 224 / 28 days PA SP Specialty
TYVASO DPI MAINTENANCE KIT 16 MCG POWDER	1	PA SP Specialty
TYVASO DPI MAINTENANCE KIT 32 MCG POWDER	1	PA SP Specialty
TYVASO DPI MAINTENANCE KIT 48 MCG POWDER	1	PA SP Specialty
TYVASO DPI MAINTENANCE KIT 64 MCG POWDER	1	PA SP Specialty
TYVASO DPI MAINTENANCE KIT 80 MCG POWDER	1	SP Specialty
TYVASO DPI TITRATION KIT 16 & 32 & 48 MCG POWDER	1	PA SP Specialty
TYVASO REFILL 0.6 MG/ML SOLUTION	1	PA SP Specialty
TYVASO STARTER 0.6 MG/ML SOLUTION	1	PA SP Specialty
UPTRAVI 1000 MCG TAB	1	PA SP Specialty
UPTRAVI 100 MCG TAB	1	QL 140 / 28 days PA SP Specialty
UPTRAVI 1200 MCG TAB	1	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
UPTRAVI 1400 MCG TAB	1	PA SP Specialty
UPTRAVI 150 MCG TAB	1	QL 140 / 28 days PA SP Specialty
UPTRAVI 1600 MCG TAB	1	PA SP Specialty
UPTRAVI 1800 MCG RECON SOLN	1	PA SP Specialty
UPTRAVI 200 & 800 MCG TAB THPK	1	PA SP Specialty
UPTRAVI 200 MCG TAB	1	PA SP Specialty
UPTRAVI 400 MCG TAB	1	PA SP Specialty
UPTRAVI 600 MCG TAB	1	PA SP Specialty
UPTRAVI 800 MCG TAB	1	PA SP Specialty
VENTAVIS 10 MCG/ML SOLUTION	1	PA SP Specialty
VENTAVIS 20 MCG/ML SOLUTION	1	PA SP Specialty
PULMONARY FIBROSIS AGENTS		
nintedanib esylate 100 mg cap	1	QL 60 / 30 days PA SP Specialty
nintedanib esylate 150 mg cap	1	QL 60 / 30 days PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OFEV 100 MG CAP	1	PA SP Specialty
OFEV 150 MG CAP	1	PA SP Specialty
pirfenidone 267 mg cap	1	SP Specialty
pirfenidone 267 mg tab	1	SP Specialty
pirfenidone 801 mg tab	1	SP Specialty
RESPIRATORY TRACT AGENTS, OTHER		
acetylcysteine 10 % solution	1	
acetylcysteine 20 % solution	1	
ADVAIR HFA 115-21 MCG/ACT AEROSOL	1	QL 12 GM / 30 day(s) PD Preventive Drug
ADVAIR HFA 230-21 MCG/ACT AEROSOL	1	QL 12 GM / 30 day(s) PD Preventive Drug
ADVAIR HFA 45-21 MCG/ACT AEROSOL	1	QL 12 GM / 30 day(s) PD Preventive Drug
ANORO ELLIPTA 62.5-25 MCG/ACT AER POW BA	1	QL 60 EA / 30 day(s) PD Preventive Drug
aprodine 2.5-60 mg tab	1	OTC Over the Counter
benzonatate 100 mg cap	1	
BENZONATATE 150 MG CAP	1	
benzonatate 150 mg cap	1	
benzonatate 200 mg cap	1	
BREO ELLIPTA 100-25 MCG/ACT AER POW BA	1	QL 60 EA / 30 day(s) PD Preventive Drug
BREO ELLIPTA 200-25 MCG/ACT AER POW BA	1	QL 60 EA / 30 day(s) PD Preventive Drug
BREO ELLIPTA 50-25 MCG/INH AER POW BA	1	QL 60 EA / 30 day(s) PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
breyna 160-4.5 mcg/act aerosol	1	QL 10.3 GM / 30 day(s) PD Preventive Drug
breyna 80-4.5 mcg/act aerosol	1	QL 10.3 GM / 30 day(s) PD Preventive Drug
BREZTRI AEROSPHERE 160-18-4.8 MCG/ACT AEROSOL	1	QL 10.7 / 30 day(s)
BREZTRI AEROSPHERE 160-9-4.8 MCG/ACT AEROSOL	1	QL 23.6 GM / 28 day(s) PD Preventive Drug
budesonide-formoterol fumarate 160-4.5 mcg/act aerosol	1	QL 10.3 GM / 30 day(s) PD Preventive Drug
budesonide-formoterol fumarate 80-4.5 mcg/act aerosol	1	QL 10.3 GM / 30 day(s) PD Preventive Drug
CAPCOF 5-2-10 MG/5ML SYRUP	1	OTC Over the Counter
cold & allergy d 2.5-60 mg tab	1	OTC Over the Counter
cold & allergy d max strength 2.5-60 mg tab	1	OTC Over the Counter
COMBIVENT RESPIMAT 20-100 MCG/ACT AERO SOLN	1	
cromolyn sodium 20 mg/2ml nebu soln	1	PD Preventive Drug
DULERA 100-5 MCG/ACT AEROSOL	1	QL 13 GM / 30 day(s) PD Preventive Drug
DULERA 200-5 MCG/ACT AEROSOL	1	QL 13 GM / 30 day(s) PD Preventive Drug
DULERA 50-5 MCG/ACT AEROSOL	1	QL 13 GM / 30 day(s) PD Preventive Drug
FASENRA PEN 30 MG/ML SOLN A-INJ	1	QL 1 ml / 28 day(s) PA SP Specialty
fluticasone-salmeterol 100-50 mcg/act aer pow ba	1	QL 60 EA / 30 day(s) PD Preventive Drug
FLUTICASONE-SALMETEROL 113-14 MCG/ACT AER POW BA	1	QL 1 EA / 30 day(s) PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FLUTICASONE-SALMETEROL 232-14 MCG/ACT AER POW BA	1	QL 1 EA / 30 day(s) PD Preventive Drug
fluticasone-salmeterol 250-50 mcg/act aer pow ba	1	QL 60 EA / 30 day(s) PD Preventive Drug
fluticasone-salmeterol 500-50 mcg/act aer pow ba	1	QL 60 EA / 30 day(s) PD Preventive Drug
FLUTICASONE-SALMETEROL 55-14 MCG/ACT AER POW BA	1	QL 1 EA / 30 day(s) PD Preventive Drug
g tussin ac 100-10 mg/5ml solution	1	OTC Over the Counter
guaifenesin-codeine 100-10 mg/5ml solution	1	OTC Over the Counter
guaifenesin-codeine 200-20 mg/10ml solution	1	OTC Over the Counter
hydrocodone bit-homatrop mbr 5-1.5 mg/5ml solution	1	
HYDROCOD POLI-CHLORPHE POLI ER 10-8 MG/5ML SUSP	1	
hydromet 5-1.5 mg/5ml solution	1	
HYPERSAL 3.5 % NEBU SOLN	1	
HYPERSAL 7 % NEBU SOLN	1	
ipratropium-albuterol 0.5-2.5 (3) mg/3ml solution	1	
maxi-tuss ac 100-10 mg/5ml solution	1	OTC Over the Counter
NEBUSAL 3 % NEBU SOLN	1	
NUCALA 100 MG/ML SOLN A-INJ	1	QL 3 ml / 28 day(s) PA SP Specialty
NUCALA 100 MG/ML SOLN PRSYR	1	QL 3 ml / 28 day(s) PA SP Specialty
NUCALA 40 MG/0.4ML SOLN PRSYR	1	QL 0.4 ml / 28 day(s) PA SP Specialty
promethazine-codeine 6.25-10 mg/5ml solution	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
promethazine-codeine 6.25-10 mg/5ml syrup	1	
promethazine-dm 6.25-15 mg/5ml syrup	1	
PRO-RED AC 5-1-9 MG/5ML SYRUP	1	OTC Over the Counter
pseudoeph-bromphen-dm 30-2-10 mg/5ml syrup	1	
PULMOSAL 7 % NEBU SOLN	1	
SODIUM CHLORIDE 0.9 % NEBU SOLN	1	
SODIUM CHLORIDE 3 % NEBU SOLN	1	
SODIUM CHLORIDE 7 % NEBU SOLN	1	
TRELEGY ELLIPTA 100-62.5-25 MCG/ACT AER POW BA	1	QL 60 EA / 30 day(s) PD Preventive Drug
TRELEGY ELLIPTA 200-62.5-25 MCG/ACT AER POW BA	1	QL 60 EA / 30 day(s) PD Preventive Drug
wixela inhub 100-50 mcg/act aer pow ba	1	QL 60 EA / 30 day(s) PD Preventive Drug
wixela inhub 250-50 mcg/act aer pow ba	1	QL 60 EA / 30 day(s) PD Preventive Drug
wixela inhub 500-50 mcg/act aer pow ba	1	QL 60 EA / 30 day(s) PD Preventive Drug
SKELETAL MUSCLE RELAXANTS		
baclofen 10 mg/5ml solution	1	PA
baclofen 5 mg/5ml solution	1	PA
carisoprodol 350 mg tab	1	
chlorzoxazone 500 mg tab	1	
cyclobenzaprine hcl 10 mg tab	1	
cyclobenzaprine hcl 5 mg tab	1	
GABLOFEN 10000 MCG/20ML SOLUTION	1	PA
GABLOFEN 40000 MCG/20ML SOLUTION	1	PA
LIORESAL 0.05 MG/ML SOLUTION	1	PA
LIORESAL 10 MG/5ML SOLUTION	1	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
metaxalone 800 mg tab	1	
methocarbamol 500 mg tab	1	
methocarbamol 750 mg tab	1	
orphenadrine citrate er 100 mg tab er 12h	1	
SLEEP DISORDER AGENTS		
SLEEP PROMOTING AGENTS		
EDLUAR 10 MG SL TAB	1	
EDLUAR 5 MG SL TAB	1	
estazolam 1 mg tab	1	QL 30 EA / 30 day(s)
estazolam 2 mg tab	1	QL 30 EA / 30 day(s)
eszopiclone 1 mg tab	1	QL 30 EA / 30 day(s)
eszopiclone 2 mg tab	1	QL 30 EA / 30 day(s)
eszopiclone 3 mg tab	1	QL 30 EA / 30 day(s)
FLURAZEPAM HCL 15 MG CAP	1	
FLURAZEPAM HCL 30 MG CAP	1	
HETLIOZ LQ 4 MG/ML SUSPENSION	1	PA SP Specialty
ramelteon 8 mg tab	1	QL 30 EA / 30 day(s)
tasimelteon 20 mg cap	1	PA SP Specialty
temazepam 15 mg cap	1	QL 30 EA / 30 day(s)
temazepam 22.5 mg cap	1	QL 30 EA / 30 day(s)
temazepam 30 mg cap	1	QL 30 EA / 30 day(s)
temazepam 7.5 mg cap	1	QL 30 EA / 30 day(s)
triazolam 0.125 mg tab	1	
triazolam 0.25 mg tab	1	
zaleplon 10 mg cap	1	QL 30 EA / 30 day(s)
zaleplon 5 mg cap	1	QL 30 EA / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
zolpidem tartrate 10 mg tab	1	QL 30 EA / 30 day(s)
ZOLPIDEM TARTRATE 1.75 MG SL TAB	1	
ZOLPIDEM TARTRATE 3.5 MG SL TAB	1	
zolpidem tartrate 5 mg tab	1	QL 30 EA / 30 day(s)
zolpidem tartrate er 12.5 mg tab er	1	QL 30 EA / 30 day(s)
zolpidem tartrate er 6.25 mg tab er	1	QL 30 EA / 30 day(s)
WAKEFULNESS PROMOTING AGENTS		
armodafinil 150 mg tab	1	QL 30 EA / 30 day(s)
armodafinil 200 mg tab	1	QL 30 EA / 30 day(s)
armodafinil 250 mg tab	1	QL 30 EA / 30 day(s)
armodafinil 50 mg tab	1	QL 30 EA / 30 day(s)
modafinil 100 mg tab	1	QL 60 EA / 30 day(s)
modafinil 200 mg tab	1	QL 30 EA / 30 day(s)
SODIUM OXYBATE 500 MG/ML SOLUTION	1	PA SP Specialty
sodium oxybate 500 mg/ml solution	1	PA SP Specialty
SUNOSI 150 MG TAB	1	QL 30 EA / 30 day(s) PA
SUNOSI 75 MG TAB	1	QL 60 EA / 30 day(s) PA
XYWAV 500 MG/ML SOLUTION	1	PA SP Specialty
Uncategorized		
Unclassified		
ACTHAR GEL 40 UNIT/0.5ML PEN	1	PA SP Specialty
ACTHAR GEL 80 UNIT/ML PEN	1	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ADALIMUMAB-RYVK (1 PEN) 80 MG/0.8ML AUT-IJ KIT	1	PA SP Specialty
ADALIMUMAB-RYVK (2 PEN) 40 MG/0.4ML AUT-IJ KIT	1	PA SP Specialty
AGAMREE 40 MG/ML SUSPENSION	1	PA
ALHEMO 150 MG/1.5ML SOLN PEN	1	PA SP Specialty
ALHEMO 300 MG/3ML SOLN PEN	1	QL 3 mL / 28 days PA SP Specialty
ALHEMO 60 MG/1.5ML SOLN PEN	1	PA SP Specialty
ALVAIZ 18 MG TAB	1	SP Specialty
ALVAIZ 36 MG TAB	1	SP Specialty
ALVAIZ 54 MG TAB	1	SP Specialty
ALVAIZ 9 MG TAB	1	SP Specialty
ANDEMBRY 200 MG/1.2ML SOLN A-INJ	1	QL 1.2 mL / 28 days PA SP Specialty
AQNEURSA 1 GM PACKET	1	PA SP Specialty
AVERI 0.15-0.03 MG TAB	1	ACA Affordable Care Act
AVMAPKI FAKZYNJA CO-PACK 0.8 & 200 MG THER PACK	1	QL 66 EA / 28 days PA SP Specialty
BOSULIF 100 MG CAP	1	PA SP Specialty
BOSULIF 50 MG CAP	1	QL 30 EA / 30 Days PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BRUKINSA 160 MG TAB	1	QL 60 EA / 30 day(s) PA SP Specialty
COBENFY 100-20 MG CAP	1	PA
COBENFY 125-30 MG CAP	1	PA
COBENFY STARTER PACK 50-20 & 100-20 MG CAP THPK	1	PA
CORTROPHIN GEL 40 UNIT/0.5ML PRSYR	1	QL 2 mL / 30 days PA SP Specialty
CORTROPHIN GEL 80 UNIT/ML PRSYR	1	QL 4 mL / 30 days PA SP Specialty
CRENESSITY 100 MG CAP	1	QL 60 ea / 30 days PA SP Specialty
CRENESSITY 25 MG CAP	1	QL 60 EA / 30 day(s) SP Specialty
CRENESSITY 50 MG CAP	1	QL 60 ea / 30 days PA SP Specialty
CRENESSITY 50 MG/ML SOLUTION	1	QL 30 mL / 30 days PA SP Specialty
DAYBUE STIX 5000 MG PACKET	1	QL 60 / 30 days PA SP Specialty
DAYBUE STIX 6000 MG PACKET	1	QL 60 / 30 days PA SP Specialty
DAYBUE STIX 8000 MG PACKET	1	QL 60 / 30 days PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DOPTELET SPRINKLE 10 MG CAP SPRINK	1	QL 60 EA / 30 day(s) PA SP Specialty
DUVYZAT 8.86 MG/ML SUSPENSION	1	QL 420 ML / 30 days PA SP Specialty
EDURANT PED 2.5 MG TAB SOL	1	
EGRIFTA WR 11.6 MG KIT	1	QL 4 EA / 28 day(s) PA
EKTERLY 300 MG TAB	1	PA QLC 4 EA / 30 days SP Specialty
ELIQUIS 0.15 MG CAP SPRINK	1	QL 70 / 28 days PD Preventive Drug
ELIQUIS 0.5 MG TAB SOL	1	QL 560 / 28 days PD Preventive Drug
ELIQUIS (1.5 MG PACK) 3 X 0.5 MG TAB SOL	1	QL 560 / 28 days PD Preventive Drug
ELIQUIS (2 MG PACK) 4 X 0.5 MG TAB SOL	1	QL 560 / 28 days PD Preventive Drug
ENSACOVE 100 MG CAP	1	QL 60 EA / 30 days PA SP Specialty
ENSACOVE 25 MG CAP	1	QL 60 EA / 30 days PA SP Specialty
ENTRESTO 15-16 MG CAP SPRINK	1	
ENTRESTO 6-6 MG CAP SPRINK	1	
EURAX 10 % CREAM	1	
EVRYSDI 5 MG TAB	1	QL 30 EA / 30 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FILSUVEZ 10 % GEL	1	PA SP Specialty
GOMEKLI 1 MG CAP	1	PA QLC 168 EA / 28 days SP Specialty
GOMEKLI 1 MG TAB SOL	1	PA QLC 168 EA / 28 days SP Specialty
GOMEKLI 2 MG CAP	1	PA QLC 84 EA / 28 days SP Specialty
HYMPAVZI 150 MG/ML SOLN A-INJ	1	PA SP Specialty
HYMPAVZI 75 MG/0.5ML SOLN A-INJ	1	QL 2 / 28 days PA SP Specialty
IBTROZI 200 MG CAP	1	QL 90 EA / 30 days PA SP Specialty
IDVYNSO 100-0.25 MG TAB	1	QL 30 / 30 day(s) SP Specialty
IMKELDI 80 MG/ML SOLUTION	1	PA SP Specialty
INGREZZA 40 MG CAP SPRINK	1	PA SP Specialty
INGREZZA 60 MG CAP SPRINK	1	PA SP Specialty
INGREZZA 80 MG CAP SPRINK	1	PA SP Specialty
IQIRVO 80 MG TAB	1	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
IWILFIN 192 MG TAB	1	QL 240 EA / 30 days PA SP Specialty
LEQEMBI IQLIK 360 MG/1.8ML SOLN A-INJ	1	QL 7.2 ML / 28 day(s) PA SP Specialty
LEQSELVI 8 MG TAB	1	SP Specialty
LIBERVANT 10 MG FILM	1	
LIBERVANT 12.5 MG FILM	1	
LIBERVANT 15 MG FILM	1	
LIBERVANT 5 MG FILM	1	
LIBERVANT 7.5 MG FILM	1	
LIVDELZI 10 MG CAP	1	PA SP Specialty
LIVMARLI 10 MG TAB	1	QL 30 EA / 30 days PA SP Specialty
LIVMARLI 15 MG TAB	1	QL 30 EA / 30 days PA SP Specialty
LIVMARLI 20 MG TAB	1	QL 30 EA / 30 days PA SP Specialty
LIVMARLI 30 MG TAB	1	QL 30 EA / 30 days PA SP Specialty
MIPLYFFA 124 MG CAP	1	PA SP Specialty
MIPLYFFA 47 MG CAP	1	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MIPLYFFA 62 MG CAP	1	PA SP Specialty
MIPLYFFA 93 MG CAP	1	PA SP Specialty
MODEYSO 125 MG CAP	1	QL 20 / 28 days PA SP Specialty
OJEMDA 100 MG TAB	1	QL 24 EA / 28 days PA SP Specialty
OJEMDA 25 MG/ML RECON SUSP	1	QL 96 ML / 28 days PA SP Specialty
OMLYCLO 150 MG/ML SOLN PRSYR	1	QL 1 / 28 days PA SP Specialty
OMLYCLO 300 MG/2ML SOLN PRSYR	1	QL 2 / 28 days PA SP Specialty
OMLYCLO 75 MG/0.5ML SOLN PRSYR	1	QL 0.5 / 28 days PA SP Specialty
OPSYNVI 10-20 MG TAB	1	PA SP Specialty
OPSYNVI 10-40 MG TAB	1	PA SP Specialty
ORLADEYO 108 MG PACKET	1	QL 28 / 28 DAYS PA SP Specialty
ORLADEYO 132 MG PACKET	1	QL 28 / 28 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ORLADEYO 72 MG PACKET	1	QL 28 / 28 DAYS PA SP Specialty
ORLADEYO 96 MG PACKET	1	QL 28 / 28 DAYS PA SP Specialty
OTEZLA XR 75 MG TAB ER 24H	1	QL 30 EA / 30 day(s) PA SP Specialty
PENMENVY RECON SUSP	1	ACA Affordable Care Act
RETEVMO 120 MG TAB	1	PA SP Specialty
RETEVMO 160 MG TAB	1	PA SP Specialty
RETEVMO 40 MG TAB	1	PA SP Specialty
RETEVMO 80 MG TAB	1	PA SP Specialty
REVUFORJ 110 MG TAB	1	QL 120 ea / 30 day(s) PA SP Specialty
REVUFORJ 160 MG TAB	1	QL 60 ea / 30 day(s) PA SP Specialty
REVUFORJ 25 MG TAB	1	QL 240 EA / 30 day(s) PA SP Specialty
REZDIFFRA 100 MG TAB	1	PA SP Specialty
REZDIFFRA 80 MG TAB	1	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RINVOQ LQ 1 MG/ML SOLUTION	1	QL 360 ML / 30 DAYS PA SP Specialty
RIVFLOZA 128 MG/0.8ML SOLN PRSYR	1	QL 0.8 mL / 28 days PA SP Specialty
RIVFLOZA 160 MG/ML SOLN PRSYR	1	QL 1 mL / 28 days PA SP Specialty
RIVFLOZA 80 MG/0.5ML SOLUTION	1	QL 1 mL / 28 days PA SP Specialty
RIZAFILM 10 MG FILM	1	QL 18 / 28 day(s)
RIZAFILM 5 MG FILM	1	QL 18 / 28 day(s)
SELARSDI 45 MG/0.5ML SOLN PRSYR	1	QL 0.006 ML / 1 day(s) PA SP Specialty
SELARSDI 45 MG/0.5ML SOLUTION	1	PA SP Specialty
SELARSDI 90 MG/ML SOLN PRSYR	1	QL 0.012 / 1 day(s) PA SP Specialty
SHINGRIX 50 MCG/0.5ML SUSP PRSYR	1	ACA Affordable Care Act
SIMLANDI (1 PEN) 40 MG/0.4ML AUT-IJ KIT	1	PA SP Specialty
SIMLANDI (1 PEN) 80 MG/0.8ML AUT-IJ KIT	1	PA SP Specialty
SIMLANDI (1 SYRINGE) 80 MG/0.8ML PREF SY KT	1	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SIMLANDI (2 PEN) 40 MG/0.4ML AUT-IJ KIT	1	PA SP Specialty
SIMLANDI (2 SYRINGE) 20 MG/0.2ML PREF SY KT	1	PA SP Specialty
SIMLANDI (2 SYRINGE) 40 MG/0.4ML PREF SY KT	1	PA SP Specialty
SPEVIGO 150 MG/ML SOLN PRSYR	1	PA SP Specialty
SPEVIGO 300 MG/2ML SOLN PRSYR	1	PA
TRYPTYR 0.003 % SOLUTION	1	QL 60 EA / 30 day(s) PA
TYENNE 162 MG/0.9ML SOLN A-INJ	1	PA SP Specialty
TYENNE 162 MG/0.9ML SOLN PRSYR	1	PA SP Specialty
VANRAFIA 0.75 MG TAB	1	QL 30 EA / 30 days PA SP Specialty
VEPPANU 100 MG TAB	1	QL 30 / 30 days PA SP Specialty
VEPPANU 200 MG TAB	1	QL 30 / 30 days PA SP Specialty
VIGAFYDE 100 MG/ML SOLUTION	1	PA SP Specialty
VIJOICE 50 MG PACKET	1	QL 30 EA / 30 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VIZZ 1.44 % SOLUTION	1	QL 10 mL / 25 days
VORANIGO 10 MG TAB	1	QL 60 EA / 30 day(s) PA SP Specialty
VORANIGO 40 MG TAB	1	QL 30 EA / 30 day(s) PA SP Specialty
VOYDEYA 100 MG TAB	1	QL 180 EA / 30 days PA SP Specialty
VOYDEYA 50 & 100 MG TAB THPK	1	QL 180 EA / 30 days PA SP Specialty
VYKAT XR 150 MG TAB ER 24H	1	QL 30 EA / 30 days PA SP Specialty
VYKAT XR 25 MG TAB ER 24H	1	QL 30 EA / 30 days PA SP Specialty
VYKAT XR 75 MG TAB ER 24H	1	QL 30 EA / 30 days PA SP Specialty
WAINUA 45 MG/0.8ML SOLN A-INJ	1	QL 0.8 mL / 28 days PA SP Specialty
XOCOVA 125 MG TAB	1	QLC 7 / 274 days
XOLAIR 150 MG/ML SOLN A-INJ	1	QL 2 ml / 28 day(s) PA SP Specialty
XOLAIR 300 MG/2ML SOLN A-INJ	1	QL 8 ml / 28 day(s) PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XOLAIR 75 MG/0.5ML SOLN A-INJ	1	QL 1 ml / 28 day(s) PA SP Specialty
XOLREMDI 100 MG CAP	1	QL 120 EA / 30 days PA SP Specialty
XROMI 100 MG/ML SOLUTION	1	QL 148 ML / 30 day(s) PA
YESINTEK 45 MG/0.5ML SOLN PRSYR	1	PA SP Specialty
YESINTEK 45 MG/0.5ML SOLUTION	1	PA SP Specialty
YESINTEK 90 MG/ML SOLN PRSYR	1	PA SP Specialty
YEZTUGO 300 MG TAB	1	QLC 4 EA / 365 days SP Specialty ACA Affordable Care Act
YORVIPATH 168 MCG/0.56ML SOLN PEN	1	PA SP Specialty
YORVIPATH 294 MCG/0.98ML SOLN PEN	1	PA SP Specialty
YORVIPATH 420 MCG/1.4ML SOLN PEN	1	PA SP Specialty
YUVEZZI 2.75-0.1 % SOLUTION	1	QL 30 / 30 day(s)
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