

# 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).

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

লক্ষ্য করুন: 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 (TTY: 711) 1-800-388-2994

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).

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

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](http://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 "A" 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](mailto:pharmacy@cdphp.com)  
Internet: [www.cdphp.com](http://www.cdphp.com)

## LEGEND

<b>ACA</b>	Covered under the Affordable Care Act
<b>DUR</b>	Subject to drug utilization review
<b>OTC</b>	Over the counter
<b>PA</b>	Prior Authorization, refer to Prior Authorization section
<b>PD</b>	Preventive Drug
<b>QL</b>	Quantity limit applied on number of doses per day
<b>QLC</b>	Quantity Limit applied over a specific time period
<b>Rx4L</b>	Rx4Less Program Applies at select pharmacies
<b>SP</b>	Specialty Drug
<b>ST</b>	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		
<i>aspirin 325 mg tab</i>	1	<ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul>
<i>aspirin 325 mg tab</i>	1	<ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul>
<i>aspirin 325 mg tab dr</i>	1	<ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul>
<i>aspirin 81 81 mg chew tab</i>	1	<ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul>
<i>aspirin 81 81 mg tab dr</i>	1	<ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul>
<i>aspirin 81 mg chew tab</i>	1	<ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul>
<i>aspirin 81 mg tab dr</i>	1	<ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul>
<i>aspirin adult low dose 81 mg tab dr</i>	1	<ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul>
<i>aspirin adult low strength 81 mg tab dr</i>	1	<ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul>

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

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

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

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

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

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

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

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>st joseph low dose 81 mg tab dr</i>	1	<ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul>
<i>butalbital-aspirin-caffeine 50-325-40 mg cap</i>	1	<ul style="list-style-type: none"> <li>QL 180 ea / 30 day(s)</li> </ul>
<i>celecoxib 100 mg cap</i>	1	<ul style="list-style-type: none"> <li>QL 60 EA / 30 day(s)</li> </ul>
<i>celecoxib 200 mg cap</i>	1	<ul style="list-style-type: none"> <li>QL 60 EA / 30 day(s)</li> </ul>
<i>celecoxib 400 mg cap</i>	1	<ul style="list-style-type: none"> <li>QL 60 EA / 30 day(s)</li> </ul>
<i>celecoxib 50 mg cap</i>	1	<ul style="list-style-type: none"> <li>QL 60 EA / 30 day(s)</li> </ul>
<i>diclofenac potassium 50 mg tab</i>	1	
<i>diclofenac sodium 25 mg tab dr</i>	1	
<i>diclofenac sodium 25 mg tab dr</i>	1	
<i>diclofenac sodium 50 mg tab dr</i>	1	<ul style="list-style-type: none"> <li>RX4L Rx4Less Program</li> </ul>
<i>diclofenac sodium 75 mg tab dr</i>	1	<ul style="list-style-type: none"> <li>RX4L Rx4Less Program</li> </ul>
<i>diclofenac sodium er 100 mg tab er 24h</i>	1	
<i>diclofenac sodium 1.5 % solution</i>	1	
<i>diclofenac sodium 1 % gel</i>	1	<ul style="list-style-type: none"> <li>QL 1000 GM / 30 day(s)</li> <li>OTC Over the Counter</li> </ul>
<i>diflunisal 500 mg tab</i>	1	
<i>etodolac 200 mg cap</i>	1	
<i>etodolac 300 mg cap</i>	1	
<i>etodolac 400 mg tab</i>	1	
<i>etodolac 500 mg tab</i>	1	
<i>etodolac er 400 mg tab er 24h</i>	1	
<i>etodolac er 500 mg tab er 24h</i>	1	
<i>etodolac er 600 mg tab er 24h</i>	1	
FENOPROFEN CALCIUM 400 MG CAP	1	
FENOPROFEN CALCIUM 600 MG TAB	1	
<i>flurbiprofen 100 mg tab</i>	1	
FLURBIPROFEN 100 MG TAB	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FLURBIPROFEN 50 MG TAB	1	
LURBIPR 100 MG TAB	1	
<i>ibu 400 mg tab</i>	1	RX4L Rx4Less Program
<i>ibu 600 mg tab</i>	1	RX4L Rx4Less Program
<i>ibu 800 mg tab</i>	1	RX4L Rx4Less Program
<i>ibuprofen 100 mg/5ml suspension</i>	1	
<i>ibuprofen 200 mg/10ml suspension</i>	1	
<i>ibuprofen 400 mg tab</i>	1	RX4L Rx4Less Program
<i>ibuprofen 600 mg tab</i>	1	RX4L Rx4Less Program
<i>ibuprofen 800 mg tab</i>	1	RX4L Rx4Less Program
<i>indomethacin 25 mg cap</i>	1	RX4L Rx4Less Program
<i>indomethacin 50 mg cap</i>	1	
<i>indomethacin er 75 mg cap er</i>	1	
KETOPROFEN 50 MG CAP	1	
<i>ketorolac tromethamine 10 mg tab</i>	1	QLC 20 EA / 365 day(s)
<i>meloxicam 15 mg tab</i>	1	RX4L Rx4Less Program
MELOXICAM 7.5 MG/5ML SUSPENSION	1	
<i>meloxicam 7.5 mg tab</i>	1	RX4L Rx4Less Program
<i>nabumetone 500 mg tab</i>	1	
<i>nabumetone 750 mg tab</i>	1	
<i>ec-naproxen 375 mg tab dr</i>	1	
<i>naproxen 250 mg tab</i>	1	
<i>naproxen 375 mg tab</i>	1	RX4L Rx4Less Program
<i>naproxen 375 mg tab dr</i>	1	
<i>naproxen 500 mg tab</i>	1	RX4L Rx4Less Program
<i>naproxen sodium 275 mg tab</i>	1	
<i>naproxen sodium 550 mg tab</i>	1	
<i>oxaprozin 600 mg tab</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>piroxicam 10 mg cap</i>	1	
<i>piroxicam 20 mg cap</i>	1	
<i>salsalate 500 mg tab</i>	1	
SALSALATE 500 MG TAB	1	
<i>salsalate 750 mg tab</i>	1	
SALSALATE 750 MG TAB	1	
<i>sulindac 150 mg tab</i>	1	
<i>sulindac 200 mg tab</i>	1	
OPIOID ANALGESICS, LONG-ACTING		
<i>buprenorphine 10 mcg/hr patch wk</i>	1	QL 4 EA / 28 day(s)
<i>buprenorphine 15 mcg/hr patch wk</i>	1	QL 4 EA / 28 day(s)
<i>buprenorphine 20 mcg/hr patch wk</i>	1	QL 4 EA / 28 day(s)
<i>buprenorphine 5 mcg/hr patch wk</i>	1	QL 4 EA / 28 day(s)
<i>buprenorphine 7.5 mcg/hr patch wk</i>	1	QL 4 EA / 28 day(s)
<i>fentanyl 100 mcg/hr patch 72hr</i>	1	QL 10 EA / 30 day(s) PA
<i>fentanyl 100 mcg/hr patch 72hr</i>	1	QL 10 EA / 30 day(s) PA
<i>fentanyl 12 mcg/hr patch 72hr</i>	1	QL 10 EA / 30 day(s) PA
<i>fentanyl 12 mcg/hr patch 72hr</i>	1	QL 10 EA / 30 day(s) PA
<i>fentanyl 25 mcg/hr patch 72hr</i>	1	QL 10 EA / 30 day(s) PA
<i>fentanyl 25 mcg/hr patch 72hr</i>	1	QL 10 EA / 30 day(s) PA
<i>fentanyl 50 mcg/hr patch 72hr</i>	1	QL 10 EA / 30 day(s) PA
<i>fentanyl 50 mcg/hr patch 72hr</i>	1	QL 10 EA / 30 day(s) PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fentanyl 75 mcg/hr patch 72hr</i>	1	QL 10 EA / 30 day(s) PA
<i>fentanyl 75 mcg/hr patch 72hr</i>	1	QL 10 EA / 30 day(s) PA
<i>hydromorphone hcl er 12 mg tab er 24h</i>	1	QL 60 EA / 30 day(s) PA
<i>hydromorphone hcl er 16 mg tab er 24h</i>	1	QL 60 EA / 30 day(s) PA
<i>hydromorphone hcl er 32 mg tab er 24h</i>	1	QL 60 EA / 30 day(s) PA
<i>hydromorphone hcl er 8 mg tab er 24h</i>	1	QL 60 EA / 30 day(s) PA
<i>methadone hcl 10 mg tab</i>	1	QL 90 EA / 30 day(s) PA
<i>methadone hcl 5 mg tab</i>	1	QL 90 EA / 30 day(s) PA
<i>morphine sulfate er 15 mg tab er</i>	1	QL 90 EA / 30 day(s) PA
<i>morphine sulfate er 30 mg tab er</i>	1	QL 90 EA / 30 day(s) PA
<i>morphine sulfate er 60 mg tab er</i>	1	QL 60 EA / 30 day(s) PA
XTAMPZA ER 13.5 MG CP12 DETER	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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XTAMPZA ER 9 MG CP12 DETER	1	QL 2 EA / 1 DAYS PA
OXYCODONE HCL ER 10 MG TB12 DETER	1	QL 90 EA / 30 day(s) PA
OXYCODONE HCL ER 20 MG TB12 DETER	1	QL 90 EA / 30 day(s) PA
OXYCODONE HCL ER 40 MG TB12 DETER	1	QL 90 EA / 30 day(s) PA
OXYCODONE HCL ER 80 MG TB12 DETER	1	QL 90 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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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
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
<i>TraMADol HCl ER 100 MG TAB ER 24H (generic of RYZOLT)</i>	1	QL 30 EA / 30 day(s)
<i>TraMADol HCl ER 100 MG TAB ER 24H (generic of RYZOLT)</i>	1	QL 30 EA / 30 day(s)
<i>TraMADol HCl ER 200 MG TAB ER 24H (generic of RYZOLT)</i>	1	QL 30 EA / 30 day(s)
<i>TraMADol HCl ER 200 MG TAB ER 24H (generic of RYZOLT)</i>	1	QL 30 EA / 30 day(s)
<i>TraMADol HCl ER 300 MG TAB ER 24H (generic of RYZOLT)</i>	1	QL 30 EA / 30 day(s)
<i>TraMADol HCl ER 300 MG TAB ER 24H (generic of RYZOLT)</i>	1	QL 30 EA / 30 day(s)
OPIOID ANALGESICS, SHORT-ACTING		
ACETAMINOPHEN-CODEINE 120-12 MG/5ML SOLUTION	1	QL 3750 / 30 day(s)
<i>acetaminophen-codeine 300-15 mg tab</i>	1	QL 300 EA / 30 day(s)
ACETAMINOPHEN-CODEINE 300-30 MG/12.5ML SOLUTION	1	QL 3750 / 30 day(s)
<i>acetaminophen-codeine 300-30 mg tab</i>	1	QL 240 EA / 30 day(s)
<i>acetaminophen-codeine 300-60 mg tab</i>	1	QL 240 EA / 30 day(s)
BELLADONNA ALKALOIDS-OPIUM 16.2-30 MG SUPPOS	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>butalbital-apap-caff-cod 50-300-40-30 mg cap</i>	1	QL 180 ea / 30 day(s)
<i>butalbital-apap-caff-cod 50-325-40-30 mg cap</i>	1	QL 180 EA / 30 day(s)
<i>ascomp-codeine 50-325-40-30 mg cap</i>	1	QL 180 ea / 30 day(s)
<i>butalbital-asa-caff-codeine 50-325-40-30 mg cap</i>	1	QL 180 ea / 30 day(s)
<i>butorphanol tartrate 10 mg/ml solution</i>	1	
<i>fentanyl citrate 1200 mcg loz handle</i>	1	QL 120 EA / 30 day(s) PA
FENTANYL CITRATE 1200 MCG LOZ HANDLE	1	QL 120 EA / 30 day(s) PA
<i>fentanyl citrate 1600 mcg loz handle</i>	1	QL 120 EA / 30 day(s) PA
FENTANYL CITRATE 1600 MCG LOZ HANDLE	1	QL 120 EA / 30 day(s) PA
<i>fentanyl citrate 200 mcg loz handle</i>	1	QL 120 EA / 30 day(s) PA
FENTANYL CITRATE 200 MCG LOZ HANDLE	1	QL 120 EA / 30 day(s) PA
<i>fentanyl citrate 400 mcg loz handle</i>	1	QL 120 EA / 30 day(s) PA
FENTANYL CITRATE 400 MCG LOZ HANDLE	1	QL 120 EA / 30 day(s) PA
<i>fentanyl citrate 600 mcg loz handle</i>	1	QL 120 EA / 30 day(s) PA
FENTANYL CITRATE 600 MCG LOZ HANDLE	1	QL 120 EA / 30 day(s) PA
<i>fentanyl citrate 800 mcg loz handle</i>	1	QL 120 EA / 30 day(s) PA
FENTANYL CITRATE 800 MCG LOZ HANDLE	1	QL 120 EA / 30 day(s) PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>hydrocodone-acetaminophen 10-325 mg tab</i>	1	QL 240 EA / 30 day(s)
<i>hydrocodone-acetaminophen 10-325 mg tab</i>	1	QL 240 EA / 30 day(s)
<i>hydrocodone-acetaminophen 2.5-108 mg/5ml solution</i>	1	QL 4500 ML / 30 day(s)
<i>hydrocodone-acetaminophen 5-217 mg/10ml solution</i>	1	QL 4500 ML / 30 day(s)
<i>hydrocodone-acetaminophen 5-325 mg tab</i>	1	QL 240 EA / 30 day(s)
<i>hydrocodone-acetaminophen 5-325 mg tab</i>	1	QL 240 EA / 30 day(s)
<i>hydrocodone-acetaminophen 7.5-325 mg/15ml solution</i>	1	QL 4500 ML / 30 day(s)
<i>hydrocodone-acetaminophen 7.5-325 mg/15ml solution</i>	1	QL 4500 ML / 30 day(s)
<i>hydrocodone-acetaminophen 7.5-325 mg tab</i>	1	QL 240 EA / 30 day(s)
<i>hydrocodone-acetaminophen 7.5-325 mg tab</i>	1	QL 240 EA / 30 day(s)
HYDROCODONE-IBUPROFEN 10-200 MG TAB	1	QL 180 EA / 30 day(s)
HYDROCODONE-IBUPROFEN 5-200 MG TAB	1	QL 180 EA / 30 day(s)
<i>hydrocodone-ibuprofen 7.5-200 mg tab</i>	1	QL 180 EA / 30 day(s)
<i>hydromorphone hcl 1 mg/ml liquid</i>	1	QL 180 ML / 30 day(s)
<i>hydromorphone hcl 2 mg tab</i>	1	QL 180 EA / 30 day(s)
<i>hydromorphone hcl 4 mg tab</i>	1	QL 180 EA / 30 day(s)
<i>hydromorphone hcl 8 mg tab</i>	1	QL 120 EA / 30 day(s) PA
MEPERIDINE HCL 50 MG/5ML SOLUTION	1	
<i>morphine sulfate 10 mg/5ml solution</i>	1	QL 900 ML / 30 day(s)
MORPHINE SULFATE 10 MG/5ML SOLUTION	1	QL 900 ML / 30 day(s)
MORPHINE SULFATE 10 MG SUPPOS	1	QL 180 EA / 30 day(s)
<i>morphine sulfate 15 mg tab</i>	1	QL 180 EA / 30 day(s)
MORPHINE SULFATE 15 MG TAB	1	QL 180 EA / 30 day(s)
<i>morphine sulfate 20 mg/5ml solution</i>	1	QL 900 ML / 30 day(s)
MORPHINE SULFATE 20 MG/5ML SOLUTION	1	QL 900 ML / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MORPHINE SULFATE 20 MG SUPPOS	1	QL 180 EA / 30 day(s)
MORPHINE SULFATE 30 MG SUPPOS	1	QL 180 EA / 30 day(s)
<i>morphine sulfate 30 mg tab</i>	1	QL 120 EA / 30 day(s)
MORPHINE SULFATE 30 MG TAB	1	QL 120 EA / 30 day(s)
MORPHINE SULFATE 5 MG SUPPOS	1	QL 180 EA / 30 day(s)
<i>morphine sulfate (concentrate) 100 mg/5ml solution</i>	1	QL 180 ML / 30 day(s)
MORPHINE SULFATE (CONCENTRATE) 100 MG/5ML SOLUTION	1	QL 180 ML / 30 day(s)
<i>morphine sulfate (concentrate) 20 mg/ml solution</i>	1	QL 180 ML / 30 day(s)
<i>oxycodone hcl 10 mg tab</i>	1	QL 240 EA / 30 day(s)
<i>oxycodone hcl 10 mg tab</i>	1	QL 240 EA / 30 day(s)
<i>oxycodone hcl 15 mg tab</i>	1	QL 120 EA / 30 day(s) PA
<i>oxycodone hcl 15 mg tab</i>	1	QL 120 EA / 30 day(s) PA
<i>oxycodone hcl 20 mg tab</i>	1	QL 120 EA / 30 day(s) PA
<i>oxycodone hcl 20 mg tab</i>	1	QL 120 EA / 30 day(s) PA
<i>oxycodone hcl 30 mg tab</i>	1	QL 60 EA / 30 day(s) PA
<i>oxycodone hcl 30 mg tab</i>	1	QL 60 EA / 30 day(s) PA
<i>oxycodone hcl 5 mg/5ml solution</i>	1	QL 900 ML / 30 day(s)
<i>oxycodone hcl 5 mg/5ml solution</i>	1	QL 900 ML / 30 day(s)
<i>oxycodone hcl 5 mg cap</i>	1	QL 180 EA / 30 day(s)
<i>oxycodone hcl 5 mg tab</i>	1	QL 240 EA / 30 day(s)
<i>oxycodone hcl 5 mg tab</i>	1	QL 240 EA / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>endocet 10-325 mg tab</i>	1	QL 180 EA / 30 day(s)
<i>endocet 2.5-325 mg tab</i>	1	QL 240 EA / 30 day(s)
<i>endocet 5-325 mg tab</i>	1	QL 240 EA / 30 day(s)
<i>endocet 7.5-325 mg tab</i>	1	QL 240 EA / 30 day(s)
<i>oxycodone-acetaminophen 10-325 mg tab</i>	1	QL 180 EA / 30 day(s)
<i>oxycodone-acetaminophen 10-325 mg tab</i>	1	QL 180 EA / 30 day(s)
<i>oxycodone-acetaminophen 2.5-325 mg tab</i>	1	QL 240 EA / 30 day(s)
<i>oxycodone-acetaminophen 2.5-325 mg tab</i>	1	QL 240 EA / 30 day(s)
OXYCODONE-ACETAMINOPHEN 5-325 MG/5ML SOLUTION	1	
<i>oxycodone-acetaminophen 5-325 mg tab</i>	1	QL 240 EA / 30 day(s)
<i>oxycodone-acetaminophen 5-325 mg tab</i>	1	QL 240 EA / 30 day(s)
<i>oxycodone-acetaminophen 7.5-325 mg tab</i>	1	QL 240 EA / 30 day(s)
<i>oxycodone-acetaminophen 7.5-325 mg tab</i>	1	QL 240 EA / 30 day(s)
<i>oxymorphone hcl 10 mg tab</i>	1	QL 120 EA / 30 day(s) PA
<i>oxymorphone hcl 10 mg tab</i>	1	QL 120 EA / 30 day(s) PA
<i>oxymorphone hcl 5 mg tab</i>	1	QL 120 EA / 30 day(s) PA
<i>oxymorphone hcl 5 mg tab</i>	1	QL 120 EA / 30 day(s) PA
<i>pentazocine-naloxone hcl 50-0.5 mg tab</i>	1	PA
<i>tapentadol hcl 100 mg tab</i>	1	QL 4 / 1 DAY
<i>tapentadol hcl 50 mg tab</i>	1	QL 4 / 1 DAY
<i>tapentadol hcl 75 mg tab</i>	1	QL 4 / 1 DAY
<i>tramadol-acetaminophen 37.5-325 mg tab</i>	1	QL 240 EA / 30 day(s)
<i>tramadol hcl 50 mg tab</i>	1	QL 240 EA / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>tramadol hcl 50 mg tab</i>	1	QL 240 EA / 30 day(s)
ANESTHETICS		
LOCAL ANESTHETICS		
<i>lidocaine 5 % ointment</i>	1	
<i>lidocaine 5 % patch</i>	1	QL 90 EA / 30 day(s)
<i>lidocan 5 % patch</i>	1	QL 90 EA / 30 day(s)
PREMIUM LIDOCAINE 5 % OINTMENT	1	
<i>tridacaine ii 5 % patch</i>	1	QL 90 EA / 30 day(s)
<i>tridacaine iii 5 % patch</i>	1	QL 90 EA / 30 day(s)
<i>glydo 2 % prsy</i>	1	
<i>lidocaine hcl 3 % cream</i>	1	
LIDOCAINE HCL 3 % CREAM	1	
LIDOCAINE HCL 3 % LOTION	1	
<i>lidocaine hcl 4 % solution</i>	1	
LIDOCAINE HCL URETHRAL/MUCOSAL 2 % GEL	1	
<i>lidocaine hcl urethral/mucosal 2 % prsy</i>	1	
LIDOPIN 3 % CREAM	1	
LIDO-SORB 3 % LOTION	1	
PROXIVOL 2 % GEL	1	
ZIONODIL 100 3 % LOTION	1	
ZIONODIL 3 % LOTION	1	
<i>lidocaine hcl 0.5 % solution</i>	1	
<i>lidocaine hcl 1 % solution</i>	1	
<i>lidocaine hcl 2 % solution</i>	1	
<i>lidocaine hcl (pf) 0.5 % solution</i>	1	
<i>lidocaine hcl (pf) 1.5 % solution</i>	1	
<i>lidocaine hcl (pf) 1 % solution</i>	1	
<i>lidocaine hcl (pf) 2 % solution</i>	1	
<i>lidocaine hcl (pf) 4 % solution</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lidocaine viscous hcl 2 % solution</i>	1	
<i>lidocaine-prilocaine 2.5-2.5 % cream</i>	1	
NAYZILAM 5 MG/0.1ML SOLUTION	1	QL 4 EA / 30 day(s)
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
ALCOHOL DETERRENTS/ANTI-CRAVING		
<i>acamprosate calcium 333 mg tab dr</i>	1	
<i>disulfiram 250 mg tab</i>	1	
<i>disulfiram 500 mg tab</i>	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
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
<i>buprenorphine hcl 2 mg sl tab</i>	1	QL 90 EA / 30 day(s)
<i>buprenorphine hcl 8 mg sl tab</i>	1	QL 90 EA / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>buprenorphine hcl-naloxone hcl 12-3 mg film</i>	1	QL 60 EA / 30 day(s)
<i>buprenorphine hcl-naloxone hcl 2-0.5 mg film</i>	1	QL 90 EA / 30 day(s)
<i>buprenorphine hcl-naloxone hcl 2-0.5 mg sl tab</i>	1	
<i>buprenorphine hcl-naloxone hcl 4-1 mg film</i>	1	QL 90 EA / 30 day(s)
<i>buprenorphine hcl-naloxone hcl 8-2 mg film</i>	1	QL 90 EA / 30 day(s)
<i>buprenorphine hcl-naloxone hcl 8-2 mg sl tab</i>	1	QL 90 EA / 30 day(s)
<b>OPIOID REVERSAL AGENTS</b>		
KLOXXADO 8 MG/0.1ML LIQUID	1	
<i>naloxone hcl 2 mg/2ml soln prsy</i>	1	
<i>naloxone hcl 4 mg/0.1ml liquid</i>	1	
NARCAN 4 MG/0.1ML LIQUID	1	
REXTOVY 4 MG/0.25ML LIQUID	1	
ZIMHI 5 MG/0.5ML SOLN PRSYR	1	
<i>naltrexone hcl 50 mg tab</i>	1	
<b>SMOKING CESSATION AGENTS</b>		
<i>bupropion hcl er (smoking det) 150 mg tab er 12h</i>	1	PD Preventive Drug ACA Affordable Care Act
<i>bupropion hcl er (smoking det) 150 mg tab er 12h</i>	1	PD Preventive Drug ACA Affordable Care Act
<i>cvx nicotine 14 mg/24hr patch 24hr</i>	1	PD Preventive Drug ACA Affordable Care Act OTC Over the Counter
<i>cvx nicotine 21 mg/24hr patch 24hr</i>	1	PD Preventive Drug ACA Affordable Care Act OTC Over the Counter
<i>cvx nicotine 7 mg/24hr patch 24hr</i>	1	PD Preventive Drug ACA Affordable Care Act OTC Over the Counter
<i>eq nicotine 14 mg/24hr patch 24hr</i>	1	PD Preventive Drug ACA Affordable Care Act OTC Over the Counter

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nicoderm cq 21 mg/24hr patch 24hr</i>	1	PD Preventive Drug ACA Affordable Care Act OTC Over the Counter
<i>nicoderm cq 7 mg/24hr patch 24hr</i>	1	PD Preventive Drug ACA Affordable Care Act OTC Over the Counter
<i>nicotine 14 mg/24hr patch 24hr</i>	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
<i>nicotine 21 mg/24hr patch 24hr</i>	1	PD Preventive Drug ACA Affordable Care Act OTC Over the Counter
<i>nicotine 7 mg/24hr patch 24hr</i>	1	PD Preventive Drug ACA Affordable Care Act OTC Over the Counter
<i>nicotine step 1 21 mg/24hr patch 24hr</i>	1	PD Preventive Drug ACA Affordable Care Act OTC Over the Counter
<i>nicotine step 2 14 mg/24hr patch 24hr</i>	1	PD Preventive Drug ACA Affordable Care Act OTC Over the Counter
<i>nicotine step 3 7 mg/24hr patch 24hr</i>	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

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

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

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

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

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

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

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sm nicotine polacrilex 4 mg lozenge</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> <div>Preventive Drug</div> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">ACA</div> <div>Affordable Care Act</div> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> <div>Over the Counter</div> </div>
<i>thrive 2 mg gum</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> <div>Preventive Drug</div> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">ACA</div> <div>Affordable Care Act</div> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> <div>Over the Counter</div> </div>
CHANTIX 0.5 MG TAB	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> <div>Preventive Drug</div> </div>
<i>varenicline tartrate 0.5 mg tab</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> <div>Preventive Drug</div> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">ACA</div> <div>Affordable Care Act</div> </div>
<i>varenicline tartrate 1 mg tab</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> <div>Preventive Drug</div> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">ACA</div> <div>Affordable Care Act</div> </div>
<i>varenicline tartrate(continue) 1 mg tab</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> <div>Preventive Drug</div> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">ACA</div> <div>Affordable Care Act</div> </div>
<i>varenicline tartrate (starter) 0.5 mg x 11 &amp; 1 mg x 42 tab thpk</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> <div>Preventive Drug</div> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">ACA</div> <div>Affordable Care Act</div> </div>
ANTIBACTERIALS		
AMINOGLYCOSIDES		
ARIKAYCE 590 MG/8.4ML SUSPENSION	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">SP</div> <div>Specialty</div> </div>
<i>gentamicin sulfate 40 mg/ml solution</i>	1	
<i>gentamicin sulfate 0.1 % cream</i>	1	
<i>gentamicin sulfate 0.1 % ointment</i>	1	
<i>neomycin sulfate 500 mg tab</i>	1	
TOBRAMYCIN SULFATE 10 MG/ML SOLUTION	1	
<i>tobramycin sulfate 1.2 gm/30ml solution</i>	1	
<i>tobramycin sulfate 1.2 gm recon soln</i>	1	
TOBRAMYCIN SULFATE 1.2 GM RECON SOLN	1	
<i>tobramycin sulfate 80 mg/2ml solution</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIBACTERIALS, OTHER		
<i>acetic acid 0.25 % solution</i>	1	
<i>acetic acid 2 % solution</i>	1	
<i>clindamycin hcl 150 mg cap</i>	1	
<i>clindamycin hcl 300 mg cap</i>	1	
<i>clindamycin hcl 75 mg cap</i>	1	
<i>clindamycin palmitate hcl 75 mg/5ml recon soln</i>	1	
<i>clindacin etz 1 % swab</i>	1	
<i>clindacin-p 1 % swab</i>	1	
<i>clindamycin phosphate 1 % swab</i>	1	
<i>clindamycin phosphate 2 % cream</i>	1	
<i>linezolid 100 mg/5ml recon susp</i>	1	
<i>linezolid 600 mg tab</i>	1	
ZYVOX 100 MG/5ML RECON SUSP	1	
<i>methenamine hippurate 1 gm tab</i>	1	
ME/NAPHOS/MB/HYO1 81.6 MG TAB	1	
UROGESIC-BLUE 81.6 MG TAB	1	
URIBEL 81.6 MG TAB	1	
MB CAPS 120 MG CAP	1	
URIMAR-T 120 MG CAP	1	
<i>urin ds 81.6 mg tab</i>	1	
URNEVA 120 MG CAP	1	
METHENAMINE MANDELATE 0.5 GM TAB	1	
METHENAMINE MANDELATE 1 GM TAB	1	
<i>metronidazole 250 mg tab</i>	1	
<i>metronidazole 250 mg tab</i>	1	
<i>metronidazole 500 mg tab</i>	1	
<i>metronidazole 500 mg tab</i>	1	
<i>metronidazole 0.75 % cream</i>	1	
<i>metronidazole 0.75 % cream</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>metronidazole 0.75 % gel</i>	1	
<i>metronidazole 0.75 % gel</i>	1	
<i>metronidazole 0.75 % lotion</i>	1	
<i>metronidazole 0.75 % lotion</i>	1	
<i>metronidazole 1 % gel</i>	1	
<i>metronidazole 1 % gel</i>	1	
<i>metronidazole vaginal gel 0.75%</i>	1	
<i>metronidazole vaginal gel 0.75%</i>	1	
NEOMYCIN-POLYMYXIN B GU 40-200000 SOLUTION	1	
<i>nitrofurantoin 25 mg/5ml suspension</i>	1	
<i>nitrofurantoin 50 mg/10ml suspension</i>	1	
NITROFURANTOIN 50 MG/5ML SUSPENSION	1	
<i>nitrofurantoin macrocrystal 100 mg cap</i>	1	
<i>nitrofurantoin macrocrystal 25 mg cap</i>	1	
<i>nitrofurantoin macrocrystal 50 mg cap</i>	1	
<i>nitrofurantoin monohyd macro 100 mg cap</i>	1	
<i>tinidazole 250 mg tab</i>	1	
<i>tinidazole 500 mg tab</i>	1	
<i>trimethoprim 100 mg tab</i>	1	
TRIMETHOPRIM 100 MG TAB	1	
<i>vancomycin hcl 10 gm recon soln</i>	1	
<i>vancomycin hcl 1.25 gm recon soln</i>	1	
<i>vancomycin hcl 125 mg cap</i>	1	
<i>vancomycin hcl 1.5 gm recon soln</i>	1	
<i>vancomycin hcl 1 gm recon soln</i>	1	
<i>vancomycin hcl 250 mg/5ml recon soln</i>	1	
<i>vancomycin hcl 250 mg cap</i>	1	
<i>vancomycin hcl 25 mg/ml recon soln</i>	1	
<i>vancomycin hcl 500 mg recon soln</i>	1	
<i>vancomycin hcl 50 mg/ml recon soln</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>vancomycin hcl 5 gm recon soln</i>	1	
<i>vancomycin hcl 750 mg recon soln</i>	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	
<i>cefadroxil 250 mg/5ml recon susp</i>	1	
<i>cefadroxil 500 mg/5ml recon susp</i>	1	
<i>cefadroxil 500 mg cap</i>	1	
<i>cefdinir 125 mg/5ml recon susp</i>	1	
<i>cefdinir 250 mg/5ml recon susp</i>	1	
<i>cefdinir 300 mg cap</i>	1	
<i>cefixime 100 mg/5ml recon susp</i>	1	
<i>cefixime 200 mg/5ml recon susp</i>	1	
<i>cefixime 400 mg cap</i>	1	
CEFPODOXIME PROXETIL 100 MG/5ML RECON SUSP	1	
<i>cefpodoxime proxetil 100 mg tab</i>	1	
<i>cefpodoxime proxetil 200 mg tab</i>	1	
CEFPODOXIME PROXETIL 50 MG/5ML RECON SUSP	1	
<i>cefprozil 125 mg/5ml recon susp</i>	1	
<i>cefprozil 250 mg/5ml recon susp</i>	1	
<i>cefprozil 250 mg tab</i>	1	
<i>cefprozil 500 mg tab</i>	1	
<i>cefuroxime axetil 250 mg tab</i>	1	
<i>cefuroxime axetil 500 mg tab</i>	1	
<i>cephalexin 125 mg/5ml recon susp</i>	1	
<i>cephalexin 250 mg/5ml recon susp</i>	1	
<i>cephalexin 250 mg cap</i>	1	

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

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>QUINOLONES</b>		
<i>ciprofloxacin hcl 250 mg tab</i>	1	
<i>ciprofloxacin hcl 500 mg tab</i>	1	
<i>ciprofloxacin hcl 750 mg tab</i>	1	
<i>ciprofloxacin hcl 0.3 % solution</i>	1	
<i>levofloxacin 250 mg tab</i>	1	
<i>levofloxacin 250 mg tab</i>	1	
<i>levofloxacin 25 mg/ml solution</i>	1	
<i>levofloxacin 25 mg/ml solution</i>	1	
<i>levofloxacin 500 mg tab</i>	1	
<i>levofloxacin 500 mg tab</i>	1	
<i>levofloxacin 750 mg tab</i>	1	
<i>levofloxacin 750 mg tab</i>	1	
<i>moxifloxacin hcl 400 mg tab</i>	1	
OFLOXACIN 300 MG TAB	1	
OFLOXACIN 400 MG TAB	1	
<b>SULFONAMIDES</b>		
<i>sulfacetamide sodium (acne) 10 % lotion</i>	1	
<i>sulfadiazine 500 mg tab</i>	1	
<i>sulfamethoxazole-trimethoprim 200-40 mg/5ml suspension</i>	1	
<i>sulfamethoxazole-trimethoprim 400-80 mg tab</i>	1	
<i>sulfamethoxazole-trimethoprim 400-80 mg tab</i>	1	
<i>sulfamethoxazole-trimethoprim 800-160 mg/20ml suspension</i>	1	
<i>sulfamethoxazole-trimethoprim 800-160 mg tab</i>	1	
<i>sulfamethoxazole-trimethoprim 800-160 mg tab</i>	1	
<i>sulfatrim pediatric 200-40 mg/5ml suspension</i>	1	
<b>TETRACYCLINES</b>		
<i>demeclocycline hcl 150 mg tab</i>	1	
<i>demeclocycline hcl 300 mg tab</i>	1	
<i>doxycycline hyclate 100 mg cap</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>doxycycline hyclate 100 mg tab</i>	1	
<i>doxycycline hyclate 20 mg tab</i>	1	
<i>doxycycline hyclate 50 mg cap</i>	1	
<i>avidoxy 100 mg tab</i>	1	
<i>doxycycline monohydrate 100 mg cap</i>	1	
<i>doxycycline monohydrate 100 mg tab</i>	1	
<i>doxycycline monohydrate 150 mg cap</i>	1	
<i>doxycycline monohydrate 25 mg/5ml recon susp</i>	1	
<i>doxycycline monohydrate 50 mg cap</i>	1	
<i>doxycycline monohydrate 50 mg tab</i>	1	
<i>doxycycline monohydrate 75 mg cap</i>	1	
<i>doxycycline monohydrate 75 mg tab</i>	1	
<i>mondoxyne nl 100 mg cap</i>	1	
<i>minocycline hcl 100 mg cap</i>	1	
<i>minocycline hcl 100 mg tab</i>	1	
<i>minocycline hcl 50 mg cap</i>	1	
<i>minocycline hcl 50 mg tab</i>	1	
<i>minocycline hcl 75 mg cap</i>	1	
<i>minocycline hcl 75 mg tab</i>	1	
NUZYRA 150 MG TAB	1	PA
<i>tetracycline hcl 250 mg cap</i>	1	
<i>tetracycline hcl 500 mg cap</i>	1	
ANTICONVULSANTS		
ANTICONVULSANTS, OTHER		
EPIDIOLEX 100 MG/ML SOLUTION	1	PA SP Specialty
<i>divalproex sodium 125 mg cap dr</i>	1	PD Preventive Drug
<i>divalproex sodium 125 mg tab dr</i>	1	PD Preventive Drug
<i>divalproex sodium 250 mg tab dr</i>	1	PD Preventive Drug

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lamotrigine 150 mg tab</i>	1	PD Preventive Drug
<i>lamotrigine 150 mg tab</i>	1	PD Preventive Drug
<i>lamotrigine 200 mg tab</i>	1	PD Preventive Drug
<i>lamotrigine 200 mg tab</i>	1	PD Preventive Drug
<i>lamotrigine 200 mg tab disp</i>	1	PD Preventive Drug
<i>lamotrigine 200 mg tab disp</i>	1	PD Preventive Drug
<i>lamotrigine 21 x 25 mg &amp; 7 x 50 mg kit</i>	1	
<i>lamotrigine 25 &amp; 50 &amp; 100 mg kit</i>	1	PD Preventive Drug
<i>lamotrigine 25 mg chew tab</i>	1	PD Preventive Drug
<i>lamotrigine 25 mg chew tab</i>	1	PD Preventive Drug
<i>lamotrigine 25 mg tab</i>	1	PD Preventive Drug
<i>lamotrigine 25 mg tab</i>	1	PD Preventive Drug
<i>lamotrigine 25 mg tab disp</i>	1	PD Preventive Drug
<i>lamotrigine 25 mg tab disp</i>	1	PD Preventive Drug
<i>lamotrigine 50 mg tab disp</i>	1	PD Preventive Drug
<i>lamotrigine 50 mg tab disp</i>	1	PD Preventive Drug
<i>lamotrigine 5 mg chew tab</i>	1	PD Preventive Drug
<i>lamotrigine 5 mg chew tab</i>	1	PD Preventive Drug
<i>lamotrigine er 100 mg tab er 24h</i>	1	PD Preventive Drug
<i>lamotrigine er 100 mg tab er 24h</i>	1	PD Preventive Drug
<i>lamotrigine er 200 mg tab er 24h</i>	1	PD Preventive Drug
<i>lamotrigine er 200 mg tab er 24h</i>	1	PD Preventive Drug
<i>lamotrigine er 250 mg tab er 24h</i>	1	PD Preventive Drug
<i>lamotrigine er 250 mg tab er 24h</i>	1	PD Preventive Drug
<i>lamotrigine er 25 mg tab er 24h</i>	1	PD Preventive Drug
<i>lamotrigine er 25 mg tab er 24h</i>	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lamotrigine er 300 mg tab er 24h</i>	1	PD Preventive Drug
<i>lamotrigine er 300 mg tab er 24h</i>	1	PD Preventive Drug
<i>lamotrigine er 50 mg tab er 24h</i>	1	PD Preventive Drug
<i>lamotrigine er 50 mg tab er 24h</i>	1	PD Preventive Drug
<i>lamotrigine starter kit-blue 35 x 25 mg kit</i>	1	PD Preventive Drug
<i>lamotrigine starter kit-green 84 x 25 mg &amp; 14x100 mg kit</i>	1	PD Preventive Drug
<i>lamotrigine starter kit-orange 42 x 25 mg &amp; 7 x 100 mg kit</i>	1	PD Preventive Drug
<i>subvenite 100 mg tab</i>	1	PD Preventive Drug
<i>subvenite 150 mg tab</i>	1	PD Preventive Drug
<i>subvenite 200 mg tab</i>	1	PD Preventive Drug
<i>subvenite 25 mg tab</i>	1	PD Preventive Drug
<i>subvenite starter kit-blue 35 x 25 mg kit</i>	1	PD Preventive Drug
<i>subvenite starter kit-green 84 x 25 mg &amp; 14x100 mg kit</i>	1	PD Preventive Drug
<i>subvenite starter kit-orange 42 x 25 mg &amp; 7 x 100 mg kit</i>	1	PD Preventive Drug
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
<i>levetiracetam 1000 mg tab</i>	1	PD Preventive Drug
<i>levetiracetam 1000 mg tab</i>	1	PD Preventive Drug
<i>levetiracetam 100 mg/ml solution</i>	1	PD Preventive Drug
<i>levetiracetam 100 mg/ml solution</i>	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>levetiracetam 250 mg tab</i>	1	PD Preventive Drug
<i>levetiracetam 250 mg tab</i>	1	PD Preventive Drug
<i>levetiracetam 500 mg/5ml solution</i>	1	PD Preventive Drug
<i>levetiracetam 500 mg tab</i>	1	PD Preventive Drug
<i>levetiracetam 500 mg tab</i>	1	PD Preventive Drug
<i>levetiracetam 750 mg tab</i>	1	PD Preventive Drug
<i>levetiracetam 750 mg tab</i>	1	PD Preventive Drug
<i>levetiracetam er 500 mg tab er 24h</i>	1	PD Preventive Drug
<i>levetiracetam er 500 mg tab er 24h</i>	1	PD Preventive Drug
<i>levetiracetam er 750 mg tab er 24h</i>	1	PD Preventive Drug
<i>levetiracetam er 750 mg tab er 24h</i>	1	PD Preventive Drug
<i>roweepra 500 mg tab</i>	1	PD Preventive Drug
EPRONTIA 25 MG/ML SOLUTION	1	
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
<i>topiramate 100 mg tab</i>	1	PD Preventive Drug
<i>topiramate 15 mg cap sprink</i>	1	PD Preventive Drug
<i>topiramate 200 mg tab</i>	1	PD Preventive Drug
<i>topiramate 25 mg cap sprink</i>	1	PD Preventive Drug
<i>topiramate 25 mg tab</i>	1	PD Preventive Drug
<i>topiramate 50 mg tab</i>	1	PD Preventive Drug
<i>topiramate er 100 mg cap er 24h</i>	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>topiramate er 200 mg cp24 sprnk</i>	1	PD Preventive Drug
<i>valproic acid 250 mg/5ml solution</i>	1	PD Preventive Drug
<i>valproic acid 500 mg/10ml solution</i>	1	PD Preventive Drug
<i>valproic acid 250 mg cap</i>	1	PD Preventive Drug
CALCIUM CHANNEL MODIFYING AGENTS		
<i>ethosuximide 250 mg/5ml solution</i>	1	PD Preventive Drug
<i>ethosuximide 250 mg cap</i>	1	PD Preventive Drug
GAMMA-AMINOBUTYRIC ACID (GABA) AUGMENTING AGENTS		
<i>clobazam 10 mg tab</i>	1	PD Preventive Drug
<i>clobazam 10 mg tab</i>	1	PD Preventive Drug
<i>clobazam 20 mg tab</i>	1	PD Preventive Drug
<i>clobazam 20 mg tab</i>	1	PD Preventive Drug
<i>clobazam 2.5 mg/ml suspension</i>	1	PD Preventive Drug
<i>clobazam 2.5 mg/ml suspension</i>	1	PD Preventive Drug
<i>diazepam 10 mg gel</i>	1	
<i>diazepam 10 mg gel</i>	1	
<i>diazepam 20 mg gel</i>	1	
<i>diazepam 20 mg gel</i>	1	
<i>diazepam 2.5 mg gel</i>	1	
<i>diazepam 2.5 mg gel</i>	1	
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
<i>gabapentin 100 mg cap</i>	1	
<i>gabapentin 250 mg/5ml solution</i>	1	
<i>gabapentin 300 mg/6ml solution</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>gabapentin 300 mg cap</i>	1	
<i>gabapentin 400 mg cap</i>	1	
<i>gabapentin 600 mg tab</i>	1	
<i>gabapentin 800 mg tab</i>	1	
<i>phenobarbital 15 mg tab</i>	1	PD Preventive Drug
PHENOBARBITAL 15 MG TAB	1	PD Preventive Drug
<i>phenobarbital 16.2 mg tab</i>	1	PD Preventive Drug
PHENOBARBITAL 16.2 MG TAB	1	PD Preventive Drug
<i>phenobarbital 20 mg/5ml elixir</i>	1	PD Preventive Drug
PHENOBARBITAL 20 MG/5ML ELIXIR	1	PD Preventive Drug
PHENOBARBITAL 30 MG/7.5ML ELIXIR	1	PD Preventive Drug
<i>phenobarbital 30 mg tab</i>	1	PD Preventive Drug
PHENOBARBITAL 30 MG TAB	1	PD Preventive Drug
<i>phenobarbital 32.4 mg tab</i>	1	PD Preventive Drug
PHENOBARBITAL 32.4 MG TAB	1	PD Preventive Drug
PHENOBARBITAL 60 MG/15ML ELIXIR	1	PD Preventive Drug
<i>phenobarbital 60 mg tab</i>	1	PD Preventive Drug
PHENOBARBITAL 60 MG TAB	1	PD Preventive Drug
<i>phenobarbital 64.8 mg tab</i>	1	PD Preventive Drug
PHENOBARBITAL 64.8 MG TAB	1	PD Preventive Drug
<i>phenobarbital 97.2 mg tab</i>	1	PD Preventive Drug
PHENOBARBITAL 97.2 MG TAB	1	PD Preventive Drug
PRIMIDONE 125 MG TAB	1	PD Preventive Drug
<i>primidone 250 mg tab</i>	1	PD Preventive Drug
<i>primidone 50 mg tab</i>	1	PD Preventive Drug
TIAGABINE HCL 12 MG TAB	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>tiagabine hcl 12 mg tab</i>	1	PD Preventive Drug
TIAGABINE HCL 16 MG TAB	1	PD Preventive Drug
<i>tiagabine hcl 16 mg tab</i>	1	PD Preventive Drug
<i>vigabatrin 500 mg tab</i>	1	PD Preventive Drug SP Specialty
<i>vigadrone 500 mg tab</i>	1	PD Preventive Drug SP Specialty
<b>SODIUM CHANNEL AGENTS</b>		
<i>carBAMazepine 100 MG/5ML SUSPENSION (generic of TEGRETOL)</i>	1	PD Preventive Drug
<i>carBAMazepine 100 MG/5ML SUSPENSION (generic of TEGRETOL)</i>	1	PD Preventive Drug
<i>carbamazepine 100 mg chew tab</i>	1	PD Preventive Drug
<i>carBAMazepine 100 MG/5ML SUSPENSION (generic of TEGRETOL)</i>	1	PD Preventive Drug
<i>carbamazepine 200 mg tab</i>	1	PD Preventive Drug
<i>carbamazepine 200 mg tab</i>	1	PD Preventive Drug
<i>CarBAMazepine ER 100 MG CAP ER 12H (generic of CARBATROL)</i>	1	PD Preventive Drug
<i>CarBAMazepine ER 100 MG TAB ER 12H (generic of TEGRETOL-XR)</i>	1	PD Preventive Drug
<i>CarBAMazepine ER 100 MG TAB ER 12H (generic of TEGRETOL-XR)</i>	1	PD Preventive Drug
<i>carBAMazepine ER 200 MG CAP ER 12H (generic of CARBATROL)</i>	1	PD Preventive Drug
<i>carBAMazepine ER 200 MG CAP ER 12H (generic of CARBATROL)</i>	1	PD Preventive Drug
<i>CarBAMazepine ER 200 MG TAB ER 12H (generic of TEGRETOL-XR)</i>	1	PD Preventive Drug
<i>CarBAMazepine ER 200 MG TAB ER 12H (generic of TEGRETOL-XR)</i>	1	PD Preventive Drug
<i>CarBAMazepine ER 300 MG CAP ER 12H (generic of CARBATROL)</i>	1	PD Preventive Drug

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>oxcarbazepine 600 mg tab</i>	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
TRILEPTAL 150 MG TAB	1	PD Preventive Drug
TRILEPTAL 300 MG/5ML SUSPENSION	1	PD Preventive Drug
TRILEPTAL 300 MG TAB	1	PD Preventive Drug
TRILEPTAL 600 MG TAB	1	PD Preventive Drug
DILANTIN-125 125 MG/5ML SUSPENSION	1	PD Preventive Drug
DILANTIN 125 MG/5ML SUSPENSION	1	PD Preventive Drug
DILANTIN INFATABS 50 MG CHEW TAB	1	PD Preventive Drug
<i>phenytoin 100 mg/4ml suspension</i>	1	PD Preventive Drug
<i>phenytoin 125 mg/5ml suspension</i>	1	PD Preventive Drug
<i>phenytoin 50 mg chew tab</i>	1	PD Preventive Drug
<i>phenytoin infatabs 50 mg chew tab</i>	1	PD Preventive Drug
DILANTIN 100 MG CAP	1	PD Preventive Drug
DILANTIN 30 MG CAP	1	PD Preventive Drug
<i>phenytek 200 mg cap</i>	1	PD Preventive Drug
<i>phenytek 300 mg cap</i>	1	PD Preventive Drug
<i>phenytoin sodium extended 100 mg cap</i>	1	PD Preventive Drug
<i>phenytoin sodium extended 200 mg cap</i>	1	PD Preventive Drug
<i>phenytoin sodium extended 300 mg cap</i>	1	PD Preventive Drug
<i>rufinamide 200 mg tab</i>	1	PD Preventive Drug
<i>rufinamide 400 mg tab</i>	1	PD Preventive Drug
<i>rufinamide 40 mg/ml suspension</i>	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>zonisamide 100 mg cap</i>	1	PD Preventive Drug
<i>zonisamide 25 mg cap</i>	1	PD Preventive Drug
<i>zonisamide 50 mg cap</i>	1	PD Preventive Drug
ANTIDEPRESSANTS		
ANTIDEPRESSANTS, OTHER		
<i>bupropion hcl 100 mg tab</i>	1	
<i>bupropion hcl 100 mg tab</i>	1	
<i>bupropion hcl 75 mg tab</i>	1	
<i>bupropion hcl 75 mg tab</i>	1	
<i>bupropion hcl er (sr) 100 mg tab er 12h</i>	1	
<i>bupropion hcl er (sr) 100 mg tab er 12h</i>	1	
<i>bupropion hcl er (sr) 150 mg tab er 12h</i>	1	
<i>bupropion hcl er (sr) 150 mg tab er 12h</i>	1	
<i>bupropion hcl er (sr) 200 mg tab er 12h</i>	1	
<i>bupropion hcl er (sr) 200 mg tab er 12h</i>	1	
<i>bupropion hcl er (xl) 150 mg tab er 24h</i>	1	
<i>bupropion hcl er (xl) 150 mg tab er 24h</i>	1	
<i>bupropion hcl er (xl) 300 mg tab er 24h</i>	1	
<i>bupropion hcl er (xl) 300 mg tab er 24h</i>	1	
BUPROPION HCL ER (XL) 450 MG TAB ER 24H	1	
BUPROPION HCL ER (XL) 450 MG TAB ER 24H	1	
FORFIVO XL 450 MG TAB ER 24H	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
<i>mirtazapine 15 mg tab</i>	1	
<i>mirtazapine 15 mg tab disp</i>	1	
<i>mirtazapine 30 mg tab</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>mirtazapine 30 mg tab disp</i>	1	
<i>mirtazapine 45 mg tab</i>	1	
<i>mirtazapine 45 mg tab disp</i>	1	
<i>mirtazapine 7.5 mg tab</i>	1	
<i>olanzapine-fluoxetine hcl 12-25 mg cap</i>	1	
<i>olanzapine-fluoxetine hcl 12-50 mg cap</i>	1	
<i>olanzapine-fluoxetine hcl 3-25 mg cap</i>	1	
<i>olanzapine-fluoxetine hcl 6-25 mg cap</i>	1	
<i>olanzapine-fluoxetine hcl 6-50 mg cap</i>	1	
PERPHENAZINE-AMITRIPTYLINE 2-10 MG TAB	1	
PERPHENAZINE-AMITRIPTYLINE 2-25 MG TAB	1	
PERPHENAZINE-AMITRIPTYLINE 4-10 MG TAB	1	
PERPHENAZINE-AMITRIPTYLINE 4-25 MG TAB	1	
PERPHENAZINE-AMITRIPTYLINE 4-50 MG TAB	1	
ZURZUVAE 20 MG CAP	1	PA QLC 28 EA / 180 days
ZURZUVAE 25 MG CAP	1	PA QLC 28 EA / 180 days
ZURZUVAE 30 MG CAP	1	PA 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)		
<i>citalopram hydrobromide 10 mg/5ml solution</i>	1	PD Preventive Drug
<i>citalopram hydrobromide 10 mg tab</i>	1	PD Preventive Drug
<i>citalopram hydrobromide 20 mg/10ml solution</i>	1	PD Preventive Drug
<i>citalopram hydrobromide 20 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>citalopram hydrobromide 40 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>desvenlafaxine succinate er 100 mg tab er 24h</i>	1	
<i>desvenlafaxine succinate er 25 mg tab er 24h</i>	1	
<i>desvenlafaxine succinate er 50 mg tab er 24h</i>	1	
<i>escitalopram oxalate 10 mg/10ml solution</i>	1	PD Preventive Drug
<i>escitalopram oxalate 10 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>escitalopram oxalate 20 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>escitalopram oxalate 5 mg/5ml solution</i>	1	PD Preventive Drug
<i>escitalopram oxalate 5 mg tab</i>	1	PD Preventive Drug
<i>fluoxetine hcl 10 mg cap</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>fluoxetine hcl 20 mg/5ml solution</i>	1	PD Preventive Drug
<i>fluoxetine hcl 20 mg cap</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>fluoxetine hcl 40 mg cap</i>	1	PD Preventive Drug
FLUOXETINE HCL 90 MG CAP DR	1	PD Preventive Drug
<i>fluvoxamine maleate 100 mg tab</i>	1	PD Preventive Drug
<i>fluvoxamine maleate 100 mg tab</i>	1	PD Preventive Drug
<i>fluvoxamine maleate 25 mg tab</i>	1	PD Preventive Drug
<i>fluvoxamine maleate 25 mg tab</i>	1	PD Preventive Drug
<i>fluvoxamine maleate 50 mg tab</i>	1	PD Preventive Drug
<i>fluvoxamine maleate 50 mg tab</i>	1	PD Preventive Drug
<i>fluvoxamine maleate er 100 mg cap er 24h</i>	1	PD Preventive Drug
<i>fluvoxamine maleate er 100 mg cap er 24h</i>	1	PD Preventive Drug
<i>fluvoxamine maleate er 150 mg cap er 24h</i>	1	PD Preventive Drug
<i>fluvoxamine maleate er 150 mg cap er 24h</i>	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NEFAZODONE HCL 100 MG TAB	1	
NEFAZODONE HCL 150 MG TAB	1	
NEFAZODONE HCL 200 MG TAB	1	
NEFAZODONE HCL 250 MG TAB	1	
NEFAZODONE HCL 50 MG TAB	1	
<i>paroxetine hcl 10 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>paroxetine hcl 20 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>paroxetine hcl 30 mg tab</i>	1	PD Preventive Drug
<i>paroxetine hcl 40 mg tab</i>	1	PD Preventive Drug
<i>paroxetine hcl er 12.5 mg tab er 24h</i>	1	PD Preventive Drug
<i>paroxetine hcl er 25 mg tab er 24h</i>	1	PD Preventive Drug
<i>paroxetine hcl er 37.5 mg tab er 24h</i>	1	PD Preventive Drug
<i>sertraline hcl 100 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>sertraline hcl 20 mg/ml conc</i>	1	PD Preventive Drug
<i>sertraline hcl 25 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>sertraline hcl 50 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>trazodone hcl 100 mg tab</i>	1	RX4L Rx4Less Program
<i>trazodone hcl 100 mg tab</i>	1	RX4L Rx4Less Program
<i>trazodone hcl 150 mg tab</i>	1	RX4L Rx4Less Program
<i>trazodone hcl 150 mg tab</i>	1	RX4L Rx4Less Program
<i>trazodone hcl 300 mg tab</i>	1	
<i>trazodone hcl 300 mg tab</i>	1	
<i>trazodone hcl 50 mg tab</i>	1	RX4L Rx4Less Program

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>trazodone hcl 50 mg tab</i>	1	RX4L Rx4Less Program
<i>venlafaxine hcl 100 mg tab</i>	1	
<i>venlafaxine hcl 25 mg tab</i>	1	
<i>venlafaxine hcl 37.5 mg tab</i>	1	
<i>venlafaxine hcl 50 mg tab</i>	1	
<i>venlafaxine hcl 75 mg tab</i>	1	
<i>venlafaxine hcl er 150 mg cap er 24h</i>	1	RX4L Rx4Less Program
<i>venlafaxine hcl er 37.5 mg cap er 24h</i>	1	RX4L Rx4Less Program
<i>venlafaxine hcl er 75 mg cap er 24h</i>	1	RX4L Rx4Less Program
TRICYCLICS		
<i>amitriptyline hcl 100 mg tab</i>	1	
<i>amitriptyline hcl 10 mg tab</i>	1	
<i>amitriptyline hcl 150 mg tab</i>	1	
<i>amitriptyline hcl 25 mg tab</i>	1	
<i>amitriptyline hcl 50 mg tab</i>	1	
<i>amitriptyline hcl 75 mg tab</i>	1	
<i>amoxapine 100 mg tab</i>	1	
<i>amoxapine 150 mg tab</i>	1	
<i>amoxapine 25 mg tab</i>	1	
<i>amoxapine 50 mg tab</i>	1	
<i>clomipramine hcl 25 mg cap</i>	1	PA
<i>clomipramine hcl 25 mg cap</i>	1	PA
<i>clomipramine hcl 25 mg cap</i>	1	PA
<i>clomipramine hcl 50 mg cap</i>	1	PA
<i>clomipramine hcl 50 mg cap</i>	1	PA
<i>clomipramine hcl 50 mg cap</i>	1	PA
<i>clomipramine hcl 75 mg cap</i>	1	PA
<i>clomipramine hcl 75 mg cap</i>	1	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>clomipramine hcl 75 mg cap</i>	1	PA
<i>desipramine hcl 100 mg tab</i>	1	
<i>desipramine hcl 10 mg tab</i>	1	
<i>desipramine hcl 150 mg tab</i>	1	
<i>desipramine hcl 25 mg tab</i>	1	
<i>desipramine hcl 50 mg tab</i>	1	
<i>desipramine hcl 75 mg tab</i>	1	
<i>doxepin hcl 100 mg cap</i>	1	
<i>doxepin hcl 10 mg cap</i>	1	
<i>doxepin hcl 10 mg/ml conc</i>	1	
DOXEPIN HCL 10 MG/ML CONC	1	
<i>doxepin hcl 150 mg cap</i>	1	
<i>doxepin hcl 25 mg cap</i>	1	
<i>doxepin hcl 50 mg cap</i>	1	
<i>doxepin hcl 75 mg cap</i>	1	
<i>imipramine hcl 10 mg tab</i>	1	
<i>imipramine hcl 25 mg tab</i>	1	
<i>imipramine hcl 50 mg tab</i>	1	
<i>nortriptyline hcl 10 mg/5ml solution</i>	1	
<i>nortriptyline hcl 10 mg cap</i>	1	RX4L Rx4Less Program
<i>nortriptyline hcl 25 mg cap</i>	1	RX4L Rx4Less Program
<i>nortriptyline hcl 50 mg cap</i>	1	
<i>nortriptyline hcl 75 mg cap</i>	1	
<i>protriptyline hcl 10 mg tab</i>	1	
<i>protriptyline hcl 5 mg tab</i>	1	
ANTIEMETICS		
ANTIEMETICS, OTHER		
<i>doxylamine-pyridoxine 10-10 mg tab dr</i>	1	PA QLC 360 EA / 365 day(s)
<i>cvs motion sickness ii 25 mg tab</i>	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>dramamine 25 mg tab</i>	1	OTC Over the Counter
<i>dramamine less drowsy 25 mg tab</i>	1	OTC Over the Counter
<i>eql motion sickness relief 25 mg tab</i>	1	OTC Over the Counter
<i>ft motion sickness 25 mg tab</i>	1	OTC Over the Counter
<i>gnp motion sickness relief 25 mg tab</i>	1	OTC Over the Counter
<i>meclizine hcl 12.5 mg tab</i>	1	OTC Over the Counter
<i>meclizine hcl 25 mg tab</i>	1	OTC Over the Counter
<i>medi-meclizine 25 mg tab</i>	1	OTC Over the Counter
<i>motion sickness relief 25 mg tab</i>	1	OTC Over the Counter
<i>sm motion sickness 25 mg tab</i>	1	OTC Over the Counter
<i>travel-ease 25 mg tab</i>	1	OTC Over the Counter
GIMOTI 15 MG/ACT SOLUTION	1	PA
<i>metoclopramide hcl 10 mg/10ml solution</i>	1	
<i>metoclopramide hcl 10 mg tab</i>	1	
<i>metoclopramide hcl 5 mg/5ml solution</i>	1	
<i>metoclopramide hcl 5 mg tab</i>	1	
<i>perphenazine 16 mg tab</i>	1	
<i>perphenazine 2 mg tab</i>	1	
<i>perphenazine 4 mg tab</i>	1	
<i>perphenazine 8 mg tab</i>	1	
<i>compro 25 mg suppos</i>	1	
<i>prochlorperazine 25 mg suppos</i>	1	
<i>prochlorperazine maleate 10 mg tab</i>	1	
<i>prochlorperazine maleate 5 mg tab</i>	1	
<i>promethazine hcl 12.5 mg suppos</i>	1	
<i>promethazine hcl 12.5 mg tab</i>	1	
<i>promethazine hcl 25 mg suppos</i>	1	
<i>promethazine hcl 25 mg tab</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>promethazine hcl 50 mg tab</i>	1	
<i>promethegan 12.5 mg suppos</i>	1	
<i>promethegan 25 mg suppos</i>	1	
<i>trimethobenzamide hcl 300 mg cap</i>	1	
EMETOGENIC THERAPY ADJUNCTS		
<i>aprepitant 125 mg cap</i>	1	<ul style="list-style-type: none"> <li>QL 2 EA / 30 day(s)</li> <li>QLC 6 / 68 days</li> </ul>
<i>aprepitant 40 mg cap</i>	1	<ul style="list-style-type: none"> <li>QL 2 EA / 30 day(s)</li> <li>QLC 12 / 68 days</li> </ul>
<i>aprepitant 80 &amp; 125 mg cap</i>	1	<ul style="list-style-type: none"> <li>QL 6 EA / 30 day(s)</li> <li>QLC 18 / 68 days</li> </ul>
<i>aprepitant 80 mg cap</i>	1	<ul style="list-style-type: none"> <li>QL 4 EA / 30 day(s)</li> <li>QLC 12 / 68 days</li> </ul>
<i>dronabinol 10 mg cap</i>	1	
<i>dronabinol 2.5 mg cap</i>	1	
<i>dronabinol 5 mg cap</i>	1	
SYNDROS 5 MG/ML SOLUTION	1	PA
SANCUSO 3.1 MG/24HR PATCH	1	QL 2 EA / 30 day(s)
<i>granisetron hcl 1 mg tab</i>	1	
<i>ondansetron 4 mg tab disp</i>	1	
<i>ondansetron 8 mg tab disp</i>	1	
<i>ondansetron hcl 4 mg/5ml solution</i>	1	
<i>ondansetron hcl 4 mg tab</i>	1	
<i>ondansetron hcl 8 mg tab</i>	1	
ANTIFUNGALS		
AMPHOTERICIN B 50 MG RECON SOLN	1	
<i>ciclopirox olamine 0.77 % cream</i>	1	
<i>ciclopirox olamine 0.77 % suspension</i>	1	
<i>clotrimazole 10 mg troche</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>clotrimazole 1 % cream</i>	1	
<i>clotrimazole 1 % solution</i>	1	
<i>econazole nitrate 1 % cream</i>	1	
<i>fluconazole 100 mg tab</i>	1	
<i>fluconazole 10 mg/ml recon susp</i>	1	
<i>fluconazole 150 mg tab</i>	1	
<i>fluconazole 200 mg tab</i>	1	
<i>fluconazole 40 mg/ml recon susp</i>	1	
<i>fluconazole 50 mg tab</i>	1	
<i>griseofulvin microsize 125 mg/5ml suspension</i>	1	
<i>griseofulvin microsize 500 mg tab</i>	1	
<i>griseofulvin ultramicrosize 125 mg tab</i>	1	
<i>griseofulvin ultramicrosize 250 mg tab</i>	1	
BREXAFEMME 150 MG TAB	1	PA
<i>itraconazole 100 mg cap</i>	1	
<i>itraconazole 10 mg/ml solution</i>	1	
<i>ketoconazole 200 mg tab</i>	1	
<i>ketoconazole 2 % cream</i>	1	
<i>ketoconazole 2 % shampoo</i>	1	
MICONAZOLE 3 200 MG SUPPOS	1	
MICONAZOLE-ZINC OXIDE-PETROLAT 0.25-15-81.35 % OINTMENT	1	
<i>naftifine hcl 2 % gel</i>	1	
<i>nystatin 500000 unit tab</i>	1	
<i>nystatin 100000 unit/ml suspension</i>	1	
<i>nyamyc 100000 unit/gm powder</i>	1	
<i>nystatin 100000 unit/gm cream</i>	1	
<i>nystatin 100000 unit/gm ointment</i>	1	
<i>nystatin 100000 unit/gm powder</i>	1	
<i>nystop 100000 unit/gm powder</i>	1	
VIVJOA 150 MG CAP THPK	1	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>tavaborole 5 % solution</i>	1	
<i>terbinafine hcl 250 mg tab</i>	1	
<i>terconazole 0.4 % cream</i>	1	
<i>terconazole 0.8 % cream</i>	1	
<i>terconazole 80 mg suppos</i>	1	
<i>voriconazole 200 mg tab</i>	1	
<i>voriconazole 50 mg tab</i>	1	
<b>ANTIGOUT AGENTS</b>		
<i>allopurinol 100 mg tab</i>	1	RX4L Rx4Less Program
<i>allopurinol 300 mg tab</i>	1	RX4L Rx4Less Program
<i>colchicine 0.6 mg tab</i>	1	
<i>colchicine-probenecid 0.5-500 mg tab</i>	1	
<i>febuxostat 40 mg tab</i>	1	
<i>febuxostat 80 mg tab</i>	1	
<i>probenecid 500 mg tab</i>	1	
<b>ANTIMYCOBACTERIALS</b>		
<b>ANTIMYCOBACTERIALS, OTHER</b>		
<i>dapsone 100 mg tab</i>	1	
<i>dapsone 25 mg tab</i>	1	
<i>rifabutin 150 mg cap</i>	1	
<b>ANTITUBERCULARS</b>		
CYCLOSERINE 250 MG CAP	1	
CYCLOSERINE 250 MG CAP	1	
<i>ethambutol hcl 100 mg tab</i>	1	
<i>ethambutol hcl 400 mg tab</i>	1	
<i>isoniazid 100 mg tab</i>	1	
<i>isoniazid 300 mg tab</i>	1	
<i>isoniazid 50 mg/5ml syrup</i>	1	
<i>pyrazinamide 500 mg tab</i>	1	
<i>rifampin 150 mg cap</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>rifampin 150 mg cap</i>	1	
<i>rifampin 300 mg cap</i>	1	
<i>rifampin 300 mg cap</i>	1	
ANTINEOPLASTICS		
ALKYLATING AGENTS		
LEUKERAN 2 MG TAB	1	
<i>cyclophosphamide 25 mg cap</i>	1	
CYCLOPHOSPHAMIDE 25 MG CAP	1	
<i>cyclophosphamide 50 mg cap</i>	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
VALCHLOR 0.016 % GEL	1	PA
MATULANE 50 MG CAP	1	SP Specialty
<i>temozolomide 100 mg cap</i>	1	SP Specialty
<i>temozolomide 140 mg cap</i>	1	SP Specialty
<i>temozolomide 180 mg cap</i>	1	SP Specialty
<i>temozolomide 20 mg cap</i>	1	SP Specialty
<i>temozolomide 250 mg cap</i>	1	SP Specialty
<i>temozolomide 5 mg cap</i>	1	SP Specialty
ANTIANDROGENS		
<i>abiraterone acetate 250 mg tab</i>	1	QL 120 ea / 30 day(s) SP Specialty
<i>abirtega 250 mg tab</i>	1	QL 120 ea / 30 day(s) SP Specialty
YONSA 125 MG TAB	1	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ERLEADA 240 MG TAB	1	PA SP Specialty
ERLEADA 60 MG TAB	1	PA SP Specialty
<i>bicalutamide 50 mg tab</i>	1	
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
NILANDRON 150 MG TAB	1	SP Specialty
ANTIANGIOGENIC AGENTS		
<i>lenalidomide 10 mg cap</i>	1	SP Specialty
<i>lenalidomide 15 mg cap</i>	1	SP Specialty
<i>lenalidomide 20 mg cap</i>	1	SP Specialty
<i>lenalidomide 2.5 mg cap</i>	1	SP Specialty
<i>lenalidomide 25 mg cap</i>	1	SP Specialty
<i>lenalidomide 5 mg cap</i>	1	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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>pomalidomide 1 mg cap</i>	1	<ul style="list-style-type: none"> <li>QL 21 EA / 28 days</li> <li>PA</li> <li>SP Specialty</li> </ul>
<i>pomalidomide 2 mg cap</i>	1	<ul style="list-style-type: none"> <li>QL 21 EA / 28 days</li> <li>PA</li> <li>SP Specialty</li> </ul>
<i>pomalidomide 3 mg cap</i>	1	<ul style="list-style-type: none"> <li>QL 21 EA / 28 days</li> <li>PA</li> <li>SP Specialty</li> </ul>
<i>pomalidomide 4 mg cap</i>	1	<ul style="list-style-type: none"> <li>QL 21 EA / 28 days</li> <li>PA</li> <li>SP Specialty</li> </ul>
POMALYST 1 MG CAP	1	<ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>
POMALYST 2 MG CAP	1	<ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>
POMALYST 3 MG CAP	1	<ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>
POMALYST 4 MG CAP	1	<ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>
THALOMID 100 MG CAP	1	<ul style="list-style-type: none"> <li>SP Specialty</li> </ul>
THALOMID 150 MG CAP	1	<ul style="list-style-type: none"> <li>SP Specialty</li> </ul>
THALOMID 200 MG CAP	1	<ul style="list-style-type: none"> <li>SP Specialty</li> </ul>
THALOMID 50 MG CAP	1	<ul style="list-style-type: none"> <li>SP Specialty</li> </ul>
ANTIESTROGENS/MODIFIERS		
SOLTAMOX 10 MG/5ML SOLUTION	1	<ul style="list-style-type: none"> <li>PA</li> </ul>
<i>tamoxifen citrate 10 mg tab</i>	1	<ul style="list-style-type: none"> <li>ACA Affordable Care Act</li> </ul>
<i>tamoxifen citrate 20 mg tab</i>	1	<ul style="list-style-type: none"> <li>ACA Affordable Care Act</li> </ul>
<i>toremifene citrate 60 mg tab</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>ANTIMETABOLITES</b>		
<i>capecitabine 150 mg tab</i>	1	SP Specialty
<i>capecitabine 500 mg tab</i>	1	SP Specialty
<i>cytarabine (pf) 100 mg/ml solution</i>	1	
<i>cytarabine (pf) 20 mg/ml solution</i>	1	
INQOVI 35-100 MG TAB	1	PA SP Specialty
<i>hydroxyurea 500 mg cap</i>	1	
SIKLOS 1000 MG TAB	1	PA SP Specialty
DROXIA 200 MG CAP	1	
DROXIA 300 MG CAP	1	
DROXIA 400 MG CAP	1	
<i>mercaptopurine 50 mg tab</i>	1	
TABLOID 40 MG TAB	1	SP Specialty
<b>ANTINEOPLASTICS, OTHER</b>		
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
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
ONUREG 200 MG TAB	1	PA SP Specialty
ONUREG 300 MG TAB	1	PA SP Specialty
WELIREG 40 MG TAB	1	PA
TABRECTA 150 MG TAB	1	PA SP Specialty
TABRECTA 200 MG TAB	1	PA SP Specialty
IDHIFA 100 MG TAB	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
INREBIC 100 MG CAP	1	PA SP Specialty
ONIVYDE 43 MG/10ML SUSPENSION	1	SP Specialty
NINLARO 2.3 MG CAP	1	PA SP Specialty
NINLARO 3 MG CAP	1	PA SP Specialty
NINLARO 4 MG CAP	1	PA SP Specialty
LEDERLE LEUCOVORIN 5 MG TAB	1	QL 4 / 28 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>leucovorin calcium 10 mg tab</i>	1	QL 4 EA / 28 days
<i>leucovorin calcium 15 mg tab</i>	1	QL 4 EA / 28 days
<i>leucovorin calcium 25 mg tab</i>	1	QL 4 EA / 28 days
<i>leucovorin calcium 5 mg tab</i>	1	QL 4 EA / 28 days
<i>mesna 400 mg tab</i>	1	
MESNEX 400 MG TAB	1	SP Specialty
LYSODREN 500 MG TAB	1	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
KISQALI FEMARA (200 MG DOSE) 200 & 2.5 MG TAB THPK	1	PA SP Specialty
KISQALI FEMARA (400 MG DOSE) 200 & 2.5 MG TAB THPK	1	PA SP Specialty
KISQALI FEMARA (600 MG DOSE) 200 & 2.5 MG TAB THPK	1	PA SP Specialty
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
RETEVMO 40 MG CAP	1	PA SP Specialty
RETEVMO 80 MG CAP	1	PA SP Specialty
KOSELUGO 10 MG CAP	1	PA SP Specialty
KOSELUGO 25 MG CAP	1	PA SP Specialty
TAZVERIK 200 MG TAB	1	PA SP Specialty
LONSURF 15-6.14 MG TAB	1	PA SP Specialty
LONSURF 20-8.19 MG TAB	1	PA SP Specialty
ZOLINZA 100 MG CAP	1	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BRUKINSA 80 MG CAP	1	PA SP Specialty
AROMATASE INHIBITORS, 3RD GENERATION		
<i>anastrozole 1 mg tab</i>	1	
<i>exemestane 25 mg tab</i>	1	
<i>letrozole 2.5 mg tab</i>	1	
ENZYME INHIBITORS		
ETOPOSIDE 50 MG CAP	1	
OJJAARA 100 MG TAB	1	PA SP Specialty
OJJAARA 150 MG TAB	1	PA SP Specialty
OJJAARA 200 MG TAB	1	PA SP Specialty
HYCAMTIN 0.25 MG CAP	1	SP Specialty
HYCAMTIN 1 MG CAP	1	SP Specialty
MOLECULAR TARGET INHIBITORS		
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
CALQUENCE 100 MG TAB	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
ALECENSA 150 MG CAP	1	PA SP Specialty
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
SCSEMBLIX 100 MG TAB	1	SP Specialty
INLYTA 1 MG TAB	1	PA SP Specialty
INLYTA 5 MG TAB	1	PA SP Specialty
MEKTOVI 15 MG TAB	1	PA SP Specialty
BOSULIF 100 MG TAB	1	PA SP Specialty
BOSULIF 400 MG TAB	1	PA SP Specialty
BOSULIF 500 MG TAB	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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CABOMETYX 20 MG TAB	1	PA SP Specialty
CABOMETYX 40 MG TAB	1	PA SP Specialty
CABOMETYX 60 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
ZYKADIA 150 MG TAB	1	PA SP Specialty
COTELLIC 20 MG TAB	1	PA SP Specialty
XALKORI 150 MG CAP SPRINK	1	SP Specialty
XALKORI 200 MG CAP	1	PA SP Specialty
XALKORI 20 MG CAP SPRINK	1	SP Specialty
XALKORI 250 MG CAP	1	PA SP Specialty
XALKORI 50 MG CAP SPRINK	1	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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VIZIMPRO 15 MG TAB	1	PA SP Specialty
VIZIMPRO 30 MG TAB	1	PA SP Specialty
VIZIMPRO 45 MG TAB	1	PA SP Specialty
<i>dasatinib 100 mg tab</i>	1	PA SP Specialty
<i>dasatinib 140 mg tab</i>	1	PA SP Specialty
<i>dasatinib 20 mg tab</i>	1	PA SP Specialty
<i>dasatinib 50 mg tab</i>	1	PA SP Specialty
<i>dasatinib 70 mg tab</i>	1	PA SP Specialty
<i>dasatinib 80 mg tab</i>	1	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
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
SPRYCEL 50 MG TAB	1	PA SP Specialty ! See important benefit information at end of document
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
COPIKTRA 15 MG CAP	1	PA SP Specialty
COPIKTRA 25 MG CAP	1	PA SP Specialty
BRAFTOVI 75 MG CAP	1	SP Specialty
BALVERSA 3 MG TAB	1	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BALVERSA 4 MG TAB	1	PA SP Specialty
BALVERSA 5 MG TAB	1	PA SP Specialty
<i>everolimus 2 mg tab sol</i>	1	PA SP Specialty
<i>everolimus 3 mg tab sol</i>	1	PA SP Specialty
<i>everolimus 5 mg tab sol</i>	1	PA SP Specialty
XOSPATA 40 MG TAB	1	PA SP Specialty
DAURISMO 100 MG TAB	1	PA SP Specialty
DAURISMO 25 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
IMBRUVICA 70 MG/ML SUSPENSION	1	PA SP Specialty
ZYDELIG 100 MG TAB	1	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZYDELIG 150 MG TAB	1	PA SP Specialty
<i>imatinib mesylate 100 mg tab</i>	1	PA SP Specialty
<i>imatinib mesylate 400 mg tab</i>	1	PA SP Specialty
TIBSOVO 250 MG TAB	1	PA SP Specialty
<i>lapatinib ditosylate 250 mg tab</i>	1	PA SP Specialty
LENVIMA (10 MG DAILY DOSE) 10 MG CAP THPK	1	PA SP Specialty
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RYDAPT 25 MG CAP	1	PA SP Specialty
NERLYNX 40 MG TAB	1	PA SP Specialty
<i>nilotinib hcl 150 mg cap</i>	1	QL 112 EA / 28 Days PA SP Specialty
<i>nilotinib hcl 200 mg cap</i>	1	QL 112 EA / 28 Days PA SP Specialty
<i>nilotinib hcl 50 mg cap</i>	1	QL 120 EA / 30 Days PA SP Specialty
TASIGNA 150 MG CAP	1	PA SP Specialty
TASIGNA 200 MG CAP	1	PA SP Specialty
TASIGNA 50 MG CAP	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
LYNPARZA 100 MG TAB	1	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LYNPARZA 150 MG TAB	1	PA SP Specialty
REZLIDHIA 150 MG CAP	1	PA SP Specialty
TAGRISSO 40 MG TAB	1	PA SP Specialty
TAGRISSO 80 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
<i>pazopanib hcl 200 mg tab</i>	1	PA SP Specialty
PAZOPANIB HCL 400 MG TAB	1	QL 60 / 30 day(s) PA SP Specialty
GAVRETO 100 MG CAP	1	PA SP Specialty
STIVARGA 40 MG TAB	1	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
RUBRACA 200 MG TAB	1	PA SP Specialty
RUBRACA 250 MG TAB	1	PA SP Specialty
RUBRACA 300 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
ODOMZO 200 MG CAP	1	PA SP Specialty
TALZENNA 0.25 MG CAP	1	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
TUKYSA 150 MG TAB	1	PA SP Specialty
TUKYSA 50 MG TAB	1	PA SP Specialty
CAPRELSA 100 MG TAB	1	PA SP Specialty
CAPRELSA 300 MG TAB	1	PA SP Specialty
ZELBORAF 240 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
ERIVEDGE 150 MG CAP	1	PA SP Specialty
<b>RETINOIDS</b>		
<i>bexarotene 75 mg cap</i>	1	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>tretinoin 10 mg cap</i>	1	
ANTIPARASITICS		
ANTHELMINTHICS		
<i>albendazole 200 mg tab</i>	1	
<i>ivermectin 3 mg tab</i>	1	
EMVERM 100 MG CHEW TAB	1	PA
<i>praziquantel 600 mg tab</i>	1	
ANTIPROTOZOALS		
<i>atovaquone 750 mg/5ml suspension</i>	1	
<i>atovaquone-proguanil hcl 250-100 mg tab</i>	1	
<i>atovaquone-proguanil hcl 250-100 mg tab</i>	1	
<i>atovaquone-proguanil hcl 62.5-25 mg tab</i>	1	
BENZNIDAZOLE 100 MG TAB	1	
BENZNIDAZOLE 12.5 MG TAB	1	
<i>chloroquine phosphate 250 mg tab</i>	1	
CHLOROQUINE PHOSPHATE 250 MG TAB	1	
<i>chloroquine phosphate 500 mg tab</i>	1	
<i>hydroxychloroquine sulfate 100 mg tab</i>	1	
<i>hydroxychloroquine sulfate 200 mg tab</i>	1	
<i>hydroxychloroquine sulfate 300 mg tab</i>	1	
<i>hydroxychloroquine sulfate 400 mg tab</i>	1	
<i>mefloquine hcl 250 mg tab</i>	1	
ALINIA 100 MG/5ML RECON SUSP	1	
<i>nitazoxanide 500 mg tab</i>	1	
<i>primaquine phosphate 26.3 (15 base) mg tab</i>	1	
<i>pyrimethamine 25 mg tab</i>	1	PA SP Specialty
<i>quinine sulfate 324 mg cap</i>	1	PA

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

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BARACLUDE 1 MG TAB	1	
<i>entecavir 0.5 mg tab</i>	1	
<i>entecavir 1 mg tab</i>	1	
<i>lamivudine 100 mg tab</i>	1	
ANTI-HEPATITIS C (HCV) AGENTS		
MAVYRET 100-40 MG TAB	1	PA SP Specialty
MAVYRET 50-20 MG PACKET	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
RIBAVIRIN 200 MG CAP	1	PA SP Specialty
RIBAVIRIN 200 MG TAB	1	PA SP Specialty
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EPCLUSA 400-100 MG TAB	1	PA SP Specialty
SOFOSBUVIR-VELPATASVIR 400-100 MG TAB	1	PA SP Specialty
ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)		
BIKTARVY 30-120-15 MG TAB	1	
BIKTARVY 50-200-25 MG TAB	1	
APRETUDE 600 MG/3ML SUSP	1	QLC 27 mL / 365 days SP Specialty ACA Affordable Care Act
TIVICAY 50 MG TAB	1	
TIVICAY PD 5 MG TAB SOL	1	
DOVATO 50-300 MG TAB	1	
JULUCA 50-25 MG TAB	1	
GENVOYA 150-150-200-10 MG TAB	1	
STRIBILD 150-150-200-300 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	
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)		
EFAVIRENZ 200 MG CAP	1	
EFAVIRENZ 50 MG CAP	1	
<i>efavirenz 600 mg tab</i>	1	
<i>efavirenz-emtricitab-tenofo df 600-200-300 mg tab</i>	1	
EFAVIRENZ-LAMIVUDINE-TENOFOVIR 400-300-300 MG TAB	1	
<i>efavirenz-lamivudine-tenofovir 600-300-300 mg tab</i>	1	
ODEFSEY 200-25-25 MG TAB	1	
COMPLERA 200-25-300 MG TAB	1	

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lamivudine 300 mg tab</i>	1	
CIMDUO 300-300 MG TAB	1	
<i>lamivudine-zidovudine 150-300 mg tab</i>	1	
<i>lamivudine-zidovudine 150-300 mg tab</i>	1	
<i>tenofovir disoproxil fumarate 300 mg tab</i>	1	ACA Affordable Care Act
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
<i>zidovudine 100 mg cap</i>	1	
<i>zidovudine 300 mg tab</i>	1	
<i>zidovudine 50 mg/5ml syrup</i>	1	
ANTI-HIV AGENTS, OTHER		
TYBOST 150 MG TAB	1	
FUZEON 90 MG RECON SOLN	1	
RUKOBIA 600 MG TAB ER 12H	1	
YEZTUGO 463.5 MG/1.5ML SOLUTION	1	QL 3 ML / 168 day(s) SP Specialty ACA Affordable Care Act
<i>maraviroc 150 mg tab</i>	1	
<i>maraviroc 300 mg tab</i>	1	
SELZENTRY 20 MG/ML SOLUTION	1	
ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)		
<i>atazanavir sulfate 150 mg cap</i>	1	
<i>atazanavir sulfate 200 mg cap</i>	1	
<i>atazanavir sulfate 300 mg cap</i>	1	
REYATAZ 50 MG PACKET	1	
<i>darunavir 600 mg tab</i>	1	
<i>darunavir 800 mg tab</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SYMTUZA 800-150-200-10 MG TAB	1	
PREZISTA 100 MG/ML SUSPENSION	1	
<i>fosamprenavir calcium 700 mg tab</i>	1	
<i>lopinavir-ritonavir 100-25 mg tab</i>	1	
<i>lopinavir-ritonavir 200-50 mg tab</i>	1	
<i>lopinavir-ritonavir 400-100 mg/5ml solution</i>	1	
VIRACEPT 250 MG TAB	1	
VIRACEPT 625 MG TAB	1	
<i>ritonavir 100 mg tab</i>	1	
APTIVUS 250 MG CAP	1	
ANTI-INFLUENZA AGENTS		
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)
<i>oseltamivir phosphate 30 mg cap</i>	1	QLC 14 EA / 180 days
<i>oseltamivir phosphate 45 mg cap</i>	1	QLC 14 EA / 180 days
<i>oseltamivir phosphate 6 mg/ml recon susp</i>	1	QLC 180 ML / 180 day(s)
<i>oseltamivir phosphate 75 mg cap</i>	1	QLC 14 EA / 180 days
RIMANTADINE HCL 100 MG TAB	1	QLC 28 EA / 365 day(s)
ANTIHERPETIC AGENTS		
<i>acyclovir 200 mg/5ml suspension</i>	1	
<i>acyclovir 200 mg cap</i>	1	
<i>acyclovir 400 mg tab</i>	1	
<i>acyclovir 800 mg/20ml suspension</i>	1	
<i>acyclovir 800 mg tab</i>	1	
<i>abreva 10 % cream</i>	1	OTC Over the Counter
<i>famciclovir 125 mg tab</i>	1	
<i>famciclovir 250 mg tab</i>	1	
<i>famciclovir 500 mg tab</i>	1	
ALFERON N 5000000 UNIT/ML SOLUTION	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRIFLURIDINE 1 % SOLUTION	1	
<i>valacyclovir hcl 1 gm tab</i>	1	
<i>valacyclovir hcl 1 gm tab</i>	1	
<i>valacyclovir hcl 500 mg tab</i>	1	
<i>valacyclovir hcl 500 mg tab</i>	1	
BLOOD GLUCOSE REGULATORS		
ANTIDIABETIC AGENTS		
<i>acarbose 100 mg tab</i>	1	PD Preventive Drug
<i>acarbose 25 mg tab</i>	1	PD Preventive Drug
<i>acarbose 50 mg tab</i>	1	PD Preventive Drug
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 5-500 MG TAB ER 24H	1	PD Preventive Drug
FARXIGA 10 MG TAB	1	PD Preventive Drug
FARXIGA 5 MG TAB	1	PD Preventive Drug
XIGDUO XR 10-1000 MG TAB ER 24H	1	PD Preventive Drug
XIGDUO XR 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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GLYXAMBI 10-5 MG TAB	1	<p>QL 30 EA / 30 day(s)</p> <p>PD Preventive Drug</p>
GLYXAMBI 25-5 MG TAB	1	<p>QL 30 EA / 30 day(s)</p> <p>PD Preventive Drug</p>
TRIJARDY XR 10-5-1000 MG TAB ER 24H	1	<p>PD Preventive Drug</p>
TRIJARDY XR 12.5-2.5-1000 MG TAB ER 24H	1	<p>PD Preventive Drug</p>
TRIJARDY XR 25-5-1000 MG TAB ER 24H	1	<p>PD Preventive Drug</p>
TRIJARDY XR 5-2.5-1000 MG TAB ER 24H	1	<p>PD Preventive Drug</p>
<i>glimepiride 1 mg tab</i>	1	<p>PD Preventive Drug</p> <p>RX4L Rx4Less Program</p>
<i>glimepiride 2 mg tab</i>	1	<p>PD Preventive Drug</p> <p>RX4L Rx4Less Program</p>
<i>glimepiride 4 mg tab</i>	1	<p>PD Preventive Drug</p> <p>RX4L Rx4Less Program</p>
<i>glipizide 10 mg tab</i>	1	<p>PD Preventive Drug</p> <p>RX4L Rx4Less Program</p>
<i>glipizide 10 mg tab</i>	1	<p>PD Preventive Drug</p> <p>RX4L Rx4Less Program</p>
GLIPIZIDE 2.5 MG TAB	1	
<i>glipizide 5 mg tab</i>	1	<p>PD Preventive Drug</p> <p>RX4L Rx4Less Program</p>
<i>glipizide 5 mg tab</i>	1	<p>PD Preventive Drug</p> <p>RX4L Rx4Less Program</p>
<i>glipizide er 10 mg tab er 24h</i>	1	<p>PD Preventive Drug</p> <p>RX4L Rx4Less Program</p>
<i>glipizide er 10 mg tab er 24h</i>	1	<p>PD Preventive Drug</p> <p>RX4L Rx4Less Program</p>
<i>glipizide er 2.5 mg tab er 24h</i>	1	<p>PD Preventive Drug</p> <p>RX4L Rx4Less Program</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>glipizide er 2.5 mg tab er 24h</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>glipizide er 5 mg tab er 24h</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>glipizide er 5 mg tab er 24h</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>glipizide xl 10 mg tab er 24h</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>glipizide xl 2.5 mg tab er 24h</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>glipizide xl 5 mg tab er 24h</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>glipizide-metformin hcl 2.5-250 mg tab</i>	1	PD Preventive Drug
<i>glipizide-metformin hcl 2.5-250 mg tab</i>	1	PD Preventive Drug
<i>glipizide-metformin hcl 2.5-500 mg tab</i>	1	PD Preventive Drug
<i>glipizide-metformin hcl 2.5-500 mg tab</i>	1	PD Preventive Drug
<i>glipizide-metformin hcl 5-500 mg tab</i>	1	PD Preventive Drug
<i>glipizide-metformin hcl 5-500 mg tab</i>	1	PD Preventive Drug
<i>glyburide 1.25 mg tab</i>	1	PD Preventive Drug
<i>glyburide 1.25 mg tab</i>	1	PD Preventive Drug
<i>glyburide 2.5 mg tab</i>	1	PD Preventive Drug
<i>glyburide 2.5 mg tab</i>	1	PD Preventive Drug
<i>glyburide 5 mg tab</i>	1	PD Preventive Drug
<i>glyburide 5 mg tab</i>	1	PD Preventive Drug
<i>glyburide-metformin 1.25-250 mg tab</i>	1	PD Preventive Drug
<i>glyburide-metformin 2.5-500 mg tab</i>	1	PD Preventive Drug
<i>glyburide-metformin 5-500 mg tab</i>	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GLYBURIDE MICRONIZED 1.5 MG TAB	1	PD Preventive Drug
GLYBURIDE MICRONIZED 3 MG TAB	1	PD Preventive Drug
GLYBURIDE MICRONIZED 6 MG TAB	1	PD Preventive Drug
XULTOPHY 100-3.6 UNIT-MG/ML SOLN PEN	1	PD Preventive Drug
SOLIQUA 100-33 UNT-MCG/ML SOLN PEN	1	PD Preventive Drug
TRADJENTA 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
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
<i>metformin hcl 1000 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>metformin hcl 1000 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>metformin hcl 500 mg/5ml solution</i>	1	PD Preventive Drug
<i>metformin hcl 500 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>metformin hcl 500 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>metformin hcl 850 mg tab</i>	1	PD Preventive Drug ACA Affordable Care Act RX4L Rx4Less Program

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>metformin hcl 850 mg tab</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #800040; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> <div>Preventive Drug</div> <div style="background-color: #800040; color: white; padding: 2px 5px; border-radius: 3px;">ACA</div> <div>Affordable Care Act</div> <div style="background-color: #800040; color: white; padding: 2px 5px; border-radius: 3px;">RX4L</div> <div>Rx4Less Program</div> </div>
METFORMIN HCL ER 500 MG TAB ER 24H (GENERIC OF GLUCOPHAGE XR)	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #800040; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> <div>Preventive Drug</div> <div style="background-color: #800040; color: white; padding: 2px 5px; border-radius: 3px;">RX4L</div> <div>Rx4Less Program</div> </div>
<i>metformin hcl er 500 mg tab er 24h</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #800040; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> <div>Preventive Drug</div> <div style="background-color: #800040; color: white; padding: 2px 5px; border-radius: 3px;">RX4L</div> <div>Rx4Less Program</div> </div>
METFORMIN HCL ER 500 MG TAB ER 24H (GENERIC OF GLUCOPHAGE XR)	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #800040; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> <div>Preventive Drug</div> <div style="background-color: #800040; color: white; padding: 2px 5px; border-radius: 3px;">RX4L</div> <div>Rx4Less Program</div> </div>
METFORMIN HCL ER 750 MG TAB ER 24H (GENERIC OF GLUCOPHAGE XR)	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #800040; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> <div>Preventive Drug</div> <div style="background-color: #800040; color: white; padding: 2px 5px; border-radius: 3px;">RX4L</div> <div>Rx4Less Program</div> </div>
<i>metformin hcl er 750 mg tab er 24h</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #800040; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> <div>Preventive Drug</div> <div style="background-color: #800040; color: white; padding: 2px 5px; border-radius: 3px;">RX4L</div> <div>Rx4Less Program</div> </div>
METFORMIN HCL ER 750 MG TAB ER 24H (GENERIC OF GLUCOPHAGE XR)	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #800040; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> <div>Preventive Drug</div> <div style="background-color: #800040; color: white; padding: 2px 5px; border-radius: 3px;">RX4L</div> <div>Rx4Less Program</div> </div>
MIGLITOL 100 MG TAB	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #800040; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> <div>Preventive Drug</div> </div>
MIGLITOL 25 MG TAB	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #800040; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> <div>Preventive Drug</div> </div>
MIGLITOL 50 MG TAB	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #800040; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> <div>Preventive Drug</div> </div>
<i>nateglinide 120 mg tab</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #800040; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> <div>Preventive Drug</div> </div>
<i>nateglinide 60 mg tab</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #800040; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> <div>Preventive Drug</div> </div>
<i>pioglitazone hcl 15 mg tab</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #800040; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> <div>Preventive Drug</div> </div>
<i>pioglitazone hcl 30 mg tab</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #800040; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> <div>Preventive Drug</div> </div>
<i>pioglitazone hcl 45 mg tab</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #800040; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> <div>Preventive Drug</div> </div>
<i>pioglitazone hcl-glimepiride 30-2 mg tab</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #800040; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> <div>Preventive Drug</div> </div>
<i>pioglitazone hcl-glimepiride 30-4 mg tab</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #800040; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> <div>Preventive Drug</div> </div>
<i>pioglitazone hcl-metformin hcl 15-500 mg tab</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #800040; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> <div>Preventive Drug</div> </div>
<i>pioglitazone hcl-metformin hcl 15-850 mg tab</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #800040; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> <div>Preventive Drug</div> </div>

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
<i>repaglinide 0.5 mg tab</i>	1	PD Preventive Drug
<i>repaglinide 1 mg tab</i>	1	PD Preventive Drug
<i>repaglinide 2 mg tab</i>	1	PD Preventive Drug
<i>saxagliptin hcl 2.5 mg tab</i>	1	
<i>saxagliptin hcl 5 mg tab</i>	1	
<i>saxagliptin-metformin er 2.5-1000 mg tab er 24h</i>	1	
<i>saxagliptin-metformin er 5-1000 mg tab er 24h</i>	1	
<i>saxagliptin-metformin er 5-500 mg tab er 24h</i>	1	
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 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
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
MOUNJARO 10 MG/0.5ML SOLN A-INJ	1	QL 0.08 / 1 DAYS DUR PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MOUNJARO 12.5 MG/0.5ML SOLN A-INJ	1	<p>QL 0.08 / 1 DAYS</p> <p>DUR</p> <p>PD Preventive Drug</p>
MOUNJARO 15 MG/0.5ML SOLN A-INJ	1	<p>QL 0.08 / 1 DAYS</p> <p>DUR</p> <p>PD Preventive Drug</p>
MOUNJARO 2.5 MG/0.5ML SOLN A-INJ	1	<p>QL 0.08 / 1 DAYS</p> <p>DUR</p> <p>PD Preventive Drug</p>
MOUNJARO 5 MG/0.5ML SOLN A-INJ	1	<p>QL 0.08 / 1 DAYS</p> <p>DUR</p> <p>PD Preventive Drug</p>
MOUNJARO 7.5 MG/0.5ML SOLN A-INJ	1	<p>QL 0.08 / 1 DAYS</p> <p>DUR</p> <p>PD Preventive Drug</p>
<b>GLYCEMIC AGENTS</b>		
BD GLUCOSE 5 GM CHEW TAB	1	OTC Over the Counter
<i>cvs glucose 15 gm/38gm gel</i>	1	OTC Over the Counter
<i>cvs glucose 40 % gel</i>	1	OTC Over the Counter
<i>cvs glucose 4 gm chew tab</i>	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
<i>cvs glucose shot 15 gm/59ml liquid</i>	1	OTC Over the Counter
<i>cvs soft glucose 4 gm chew tab</i>	1	OTC Over the Counter
DEX4 QUICK DISSOLVE GLUCOSE 4 GM CHEW TAB	1	OTC Over the Counter
<i>ft glucose 4 gm chew tab</i>	1	OTC Over the Counter
GLUCOSE 15 GM/59ML LIQUID	1	OTC Over the Counter
<i>glucose 40 % gel</i>	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>glucose 4 gm chew tab</i>	1	OTC Over the Counter
<i>glucose gummies 2 gm chew tab</i>	1	OTC Over the Counter
<i>gluco to go 15 40 % gel</i>	1	OTC Over the Counter
<i>gluco to go 4 gm chew tab</i>	1	OTC Over the Counter
<i>glutose 15 40 % gel</i>	1	OTC Over the Counter
<i>glutose 45 40 % gel</i>	1	OTC Over the Counter
<i>glutose 5 40 % gel</i>	1	OTC Over the Counter
<i>gnp glucose 4 gm chew tab</i>	1	OTC Over the Counter
<i>gnp glucose gummies 2 gm chew tab</i>	1	OTC Over the Counter
GNP QUICK DISSOLVE GLUCOSE 4 GM CHEW TAB	1	OTC Over the Counter
LEADER QUICK DISSOLVE GLUCOSE 4 GM CHEW TAB	1	OTC Over the Counter
<i>relion glucose 15 gm/38gm gel</i>	1	OTC Over the Counter
SM GLUCOSE 4 GM CHEW TAB	1	OTC Over the Counter
<i>sweet cheeks 40 % gel</i>	1	OTC Over the Counter
<i>trueplus glucose 4 gm chew tab</i>	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
<i>value plus glucose 40 % gel</i>	1	OTC Over the Counter
<i>walgreens glucose 4 gm chew tab</i>	1	OTC Over the Counter
<i>yumvs glucose gummies 2 gm chew tab</i>	1	OTC Over the Counter
<i>diazoxide 50 mg/ml suspension</i>	1	PD Preventive Drug
BAQSIMI ONE PACK 3 MG/DOSE POWDER	1	PD Preventive Drug
BAQSIMI TWO PACK 3 MG/DOSE POWDER	1	PD Preventive Drug
<i>glucagon emergency 1 mg recon soln</i>	1	PD Preventive Drug
GVOKE HYPOPEN 1-PACK 0.5 MG/0.1ML SOLN A-INJ	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
GLUCAGEN HYPOKIT 1 MG RECON SOLN	1	PD Preventive Drug
GLUCAGON EMERGENCY 1 MG/ML RECON SOLN	1	PD Preventive Drug
<i>glucose 4-6 gm-mg chew tab</i>	1	OTC Over the Counter
GLUCOSE 4-6 GM-MG 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
GOODSENSE GLUCOSE 4-6 GM-MG CHEW TAB	1	OTC Over the Counter
<i>hy-vee glucose 4-6 gm-mg chew tab</i>	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
LONGS GLUCOSE 4-6 GM-MG CHEW TAB	1	OTC Over the Counter
<i>meijer glucose 4-6 gm-mg chew tab</i>	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
<i>relion glucose 4-6 gm-mg chew tab</i>	1	OTC Over the Counter
SMART SENSE GLUCOSE 4-6 GM-MG CHEW TAB	1	OTC Over the Counter
UP & UP GLUCOSE 4-6 GM-MG CHEW TAB	1	OTC Over the Counter
WALGREENS GLUCOSE 4-6 GM-MG CHEW TAB	1	OTC Over the Counter
<b>INSULINS</b>		
BASAGLAR KWIKPEN 100 UNIT/ML SOLN PEN	1	PD Preventive Drug
BASAGLAR TEMPO PEN 100 UNIT/ML SOLN PEN	1	PD Preventive Drug
INSULIN GLARGINE MAX SOLOSTAR 300 UNIT/ML SOLN PEN	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
INSULIN GLARGINE SOLOSTAR 300 UNIT/ML SOLN 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
INSULIN GLARGINE-YFGN 100 UNIT/ML SOLN PEN	1	PD Preventive Drug
INSULIN GLARGINE-YFGN 100 UNIT/ML SOLUTION	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 TEMPO PEN 100 UNIT/ML SOLN PEN	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
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
INSULIN LISPRO PROT & LISPRO (75-25) 100 UNIT/ML SUSP PEN	1	PD Preventive Drug
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HUMULIN 70/30 (70-30) 100 UNIT/ML SUSPENSION	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> <div>Preventive Drug</div> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> <div>Over the Counter</div> </div>
HUMULIN 70/30 KWIKPEN (70-30) 100 UNIT/ML SUSP PEN	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> <div>Preventive Drug</div> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> <div>Over the Counter</div> </div>
HUMULIN R 100 UNIT/ML SOLUTION	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> <div>Preventive Drug</div> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> <div>Over the Counter</div> </div>
HUMULIN R U-500 (CONCENTRATED) 500 UNIT/ML SOLUTION	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> <div>Preventive Drug</div> </div>
HUMULIN R U-500 KWIKPEN 500 UNIT/ML SOLN PEN	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>18 ML / 30 day(s)</div> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> <div>Preventive Drug</div> </div>
BLOOD PRODUCTS AND MODIFIERS		
ANTICOAGULANTS		
ELIQUIS 2.5 MG TAB	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> <div>Preventive Drug</div> </div>
ELIQUIS 5 MG TAB	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> <div>Preventive Drug</div> </div>
ELIQUIS DVT/PE STARTER PACK 5 MG TAB THPK	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> <div>Preventive Drug</div> </div>
<i>argatroban 250 mg/2.5ml solution</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
ARGATROBAN 50 MG/50ML SOLUTION	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
ANGIOMAX 250 MG RECON SOLN	1	
<i>bivalirudin trifluoroacetate 250 mg recon soln</i>	1	
<i>dabigatran etexilate mesylate 110 mg cap</i>	1	
<i>dabigatran etexilate mesylate 150 mg cap</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> <div>Preventive Drug</div> </div>
<i>dabigatran etexilate mesylate 75 mg cap</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> <div>Preventive Drug</div> </div>
FRAGMIN 10000 UNIT/4ML SOLUTION	1	
FRAGMIN 95000 UNIT/3.8ML SOLUTION	1	
<i>enoxaparin sodium 100 mg/ml soln prsyr</i>	1	
<i>enoxaparin sodium 120 mg/0.8ml soln prsyr</i>	1	
<i>enoxaparin sodium 150 mg/ml soln prsyr</i>	1	
<i>enoxaparin sodium 300 mg/3ml solution</i>	1	
<i>enoxaparin sodium 30 mg/0.3ml soln prsyr</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>enoxaparin sodium 40 mg/0.4ml soln prsyr</i>	1	
<i>enoxaparin sodium 60 mg/0.6ml soln prsyr</i>	1	
<i>enoxaparin sodium 80 mg/0.8ml soln prsyr</i>	1	
<i>fondaparinux sodium 10 mg/0.8ml solution</i>	1	
<i>fondaparinux sodium 2.5 mg/0.5ml solution</i>	1	
<i>fondaparinux sodium 5 mg/0.4ml solution</i>	1	
<i>fondaparinux sodium 7.5 mg/0.6ml solution</i>	1	
<i>heparin (porcine) in nacl 1000-0.9 ut/500ml-% solution</i>	1	
HEPARIN (PORCINE) IN NACL 1000-0.9 UT/500ML-% SOLUTION	1	
<i>heparin (porcine) in nacl 2000-0.9 unit/l-% solution</i>	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	
<i>heparin sodium (porcine) 10000 unit/ml solution</i>	1	
<i>heparin sodium (porcine) 1000 unit/ml solution</i>	1	
<i>heparin sodium (porcine) 20000 unit/ml solution</i>	1	
<i>heparin sodium (porcine) 5000 unit/ml solution</i>	1	
<i>heparin sodium (porcine) pf 1000 unit/ml solution</i>	1	
<i>heparin sodium (porcine) pf 5000 unit/0.5ml solution</i>	1	
BD HEPARIN POSIFLUSH 100 UNIT/ML SOLUTION	1	
BD HEPARIN POSIFLUSH 10 UNIT/ML SOLUTION	1	
HEPARIN NA (PORK) LOCK FLSH PF 100 UNIT/ML SOLUTION	1	
HEPARIN NA (PORK) LOCK FLSH PF 10 UNIT/ML SOLUTION	1	
HEPARIN NA (PORK) LOCK FLSH PF 1 UNIT/ML SOLUTION	1	
HEPARIN SOD (PORK) LOCK FLUSH 100 UNIT/ML SOLUTION	1	
HEPARIN SOD (PORK) LOCK FLUSH 10 UNIT/ML SOLUTION	1	

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>warfarin sodium 1 mg tab</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> <div>Preventive Drug</div> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">RX4L</div> <div>Rx4Less Program</div> </div>
<i>warfarin sodium 2.5 mg tab</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> <div>Preventive Drug</div> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">RX4L</div> <div>Rx4Less Program</div> </div>
<i>warfarin sodium 2 mg tab</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> <div>Preventive Drug</div> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">RX4L</div> <div>Rx4Less Program</div> </div>
<i>warfarin sodium 3 mg tab</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> <div>Preventive Drug</div> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">RX4L</div> <div>Rx4Less Program</div> </div>
<i>warfarin sodium 4 mg tab</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> <div>Preventive Drug</div> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">RX4L</div> <div>Rx4Less Program</div> </div>
<i>warfarin sodium 5 mg tab</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> <div>Preventive Drug</div> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">RX4L</div> <div>Rx4Less Program</div> </div>
<i>warfarin sodium 6 mg tab</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> <div>Preventive Drug</div> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">RX4L</div> <div>Rx4Less Program</div> </div>
<i>warfarin sodium 7.5 mg tab</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> <div>Preventive Drug</div> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">RX4L</div> <div>Rx4Less Program</div> </div>
<b>BLOOD PRODUCTS AND MODIFIERS, OTHER</b>		
<i>anagrelide hcl 0.5 mg cap</i>	1	
<i>anagrelide hcl 1 mg cap</i>	1	
JESDUVROQ 1 MG TAB	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">SP</div> <div>Specialty</div> </div>
JESDUVROQ 2 MG TAB	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">SP</div> <div>Specialty</div> </div>
JESDUVROQ 4 MG TAB	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">SP</div> <div>Specialty</div> </div>
JESDUVROQ 6 MG TAB	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">SP</div> <div>Specialty</div> </div>
JESDUVROQ 8 MG TAB	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">SP</div> <div>Specialty</div> </div>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
<i>eltrombopag olamine 12.5 mg packet</i>	1	QL 30 EA / 30 days PA SP Specialty
<i>eltrombopag olamine 12.5 mg tab</i>	1	QL 30 EA / 30 days PA SP Specialty
<i>eltrombopag olamine 25 mg packet</i>	1	QL 30 EA / 30 days PA SP Specialty
<i>eltrombopag olamine 25 mg tab</i>	1	QL 30 EA / 30 days PA SP Specialty
<i>eltrombopag olamine 50 mg tab</i>	1	QL 30 EA / 30 days PA SP Specialty
<i>eltrombopag olamine 75 mg tab</i>	1	QL 30 EA / 30 days PA SP Specialty
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
PROCRIT 4000 UNIT/ML SOLUTION	1	SP Specialty
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
MULPLETA 3 MG TAB	1	PA 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
NEULASTA 6 MG/0.6ML SOLN PRSYR	1	SP Specialty
NEULASTA ONPRO 6 MG/0.6ML SOLN PRSYR	1	SP Specialty
UDENYCA 6 MG/0.6ML SOLN A-INJ	1	SP Specialty
UDENYCA 6 MG/0.6ML SOLN PRSYR	1	SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
UDENYCA ONBODY 6 MG/0.6ML SOLN PRSYR	1	SP Specialty
<i>plerixafor 24 mg/1.2ml solution</i>	1	SP Specialty
<i>tranexamic acid 650 mg tab</i>	1	
HEMOSTASIS AGENTS		
<i>aminocaproic acid 0.25 gm/ml solution</i>	1	
<i>aminocaproic acid 1000 mg tab</i>	1	
<i>aminocaproic acid 500 mg tab</i>	1	
<i>phytonadione 5 mg tab</i>	1	
PLATELET MODIFYING AGENTS		
<i>aspirin-dipyridamole er 25-200 mg cap er 12h</i>	1	PD Preventive Drug
DOPTELET 20 MG TAB	1	PA SP Specialty
CABLIVI 11 MG KIT	1	PA SP Specialty
<i>cilostazol 100 mg tab</i>	1	
<i>cilostazol 50 mg tab</i>	1	
<i>clopidogrel bisulfate 300 mg tab</i>	1	QL 1 EA / 30 day(s) PD Preventive Drug
<i>clopidogrel bisulfate 75 mg tab</i>	1	PD Preventive Drug
<i>dipyridamole 25 mg tab</i>	1	PD Preventive Drug
<i>dipyridamole 50 mg tab</i>	1	PD Preventive Drug
<i>dipyridamole 75 mg tab</i>	1	PD Preventive Drug
TAVALISSE 150 MG TAB	1	PA SP Specialty
<i>prasugrel hcl 10 mg tab</i>	1	PD Preventive Drug
<i>prasugrel hcl 5 mg tab</i>	1	PD Preventive Drug
<i>ticagrelor 60 mg tab</i>	1	QL 60 EA / 30 day(s) PD Preventive Drug

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>guanfacine hcl 1 mg tab</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> <div>Preventive Drug</div> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">RX4L</div> <div>Rx4Less Program</div> </div>
<i>guanfacine hcl 1 mg tab</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> <div>Preventive Drug</div> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">RX4L</div> <div>Rx4Less Program</div> </div>
<i>guanfacine hcl 2 mg tab</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> <div>Preventive Drug</div> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">RX4L</div> <div>Rx4Less Program</div> </div>
<i>guanfacine hcl 2 mg tab</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> <div>Preventive Drug</div> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">RX4L</div> <div>Rx4Less Program</div> </div>
<i>methyldopa 250 mg tab</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> <div>Preventive Drug</div> </div>
METHYLDOPA 500 MG TAB	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> <div>Preventive Drug</div> </div>
<i>midodrine hcl 10 mg tab</i>	1	
<i>midodrine hcl 2.5 mg tab</i>	1	
<i>midodrine hcl 5 mg tab</i>	1	
ALPHA-ADRENERGIC BLOCKING AGENTS		
<i>doxazosin mesylate 1 mg tab</i>	1	
<i>doxazosin mesylate 2 mg tab</i>	1	
<i>doxazosin mesylate 4 mg tab</i>	1	
<i>doxazosin mesylate 8 mg tab</i>	1	
<i>prazosin hcl 1 mg cap</i>	1	
<i>prazosin hcl 2 mg cap</i>	1	
<i>prazosin hcl 5 mg cap</i>	1	
<i>terazosin hcl 10 mg cap</i>	1	
<i>terazosin hcl 1 mg cap</i>	1	
<i>terazosin hcl 2 mg cap</i>	1	
<i>terazosin hcl 5 mg cap</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil 16 mg tab</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> <div>Preventive Drug</div> </div>
<i>candesartan cilexetil 32 mg tab</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> <div>Preventive Drug</div> </div>
<i>candesartan cilexetil 4 mg tab</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> <div>Preventive Drug</div> </div>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>candesartan cilexetil 8 mg tab</i>	1	PD Preventive Drug
<i>irbesartan 150 mg tab</i>	1	PD Preventive Drug
<i>irbesartan 300 mg tab</i>	1	PD Preventive Drug
<i>irbesartan 75 mg tab</i>	1	PD Preventive Drug
<i>losartan potassium 100 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>losartan potassium 25 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>losartan potassium 50 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>olmesartan medoxomil 20 mg tab</i>	1	PD Preventive Drug
<i>olmesartan medoxomil 40 mg tab</i>	1	PD Preventive Drug
<i>olmesartan medoxomil 5 mg tab</i>	1	PD Preventive Drug
<i>telmisartan 20 mg tab</i>	1	PD Preventive Drug
<i>telmisartan 40 mg tab</i>	1	PD Preventive Drug
<i>telmisartan 80 mg tab</i>	1	PD Preventive Drug
<i>valsartan 160 mg tab</i>	1	PD Preventive Drug
<i>valsartan 320 mg tab</i>	1	PD Preventive Drug
<i>valsartan 40 mg tab</i>	1	PD Preventive Drug
<i>valsartan 80 mg tab</i>	1	PD Preventive Drug
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS		
<i>benazepril hcl 10 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>benazepril hcl 20 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>benazepril hcl 40 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>benazepril hcl 5 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>captopril 100 mg tab</i>	1	PD Preventive Drug
<i>captopril 12.5 mg tab</i>	1	PD Preventive Drug
<i>captopril 25 mg tab</i>	1	PD Preventive Drug
<i>captopril 50 mg tab</i>	1	PD Preventive Drug
<i>enalapril maleate 10 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>enalapril maleate 1 mg/ml solution</i>	1	PA PD Preventive Drug
<i>enalapril maleate 20 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>enalapril maleate 2.5 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>enalapril maleate 5 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>fosinopril sodium 10 mg tab</i>	1	PD Preventive Drug
<i>fosinopril sodium 20 mg tab</i>	1	PD Preventive Drug
<i>fosinopril sodium 40 mg tab</i>	1	PD Preventive Drug
<i>lisinopril 10 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>lisinopril 20 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>lisinopril 2.5 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>lisinopril 30 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>lisinopril 40 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lisinopril 5 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>moexipril hcl 15 mg tab</i>	1	PD Preventive Drug
<i>moexipril hcl 7.5 mg tab</i>	1	PD Preventive Drug
PERINDOPRIL ERBUMINE 2 MG TAB	1	PD Preventive Drug
<i>perindopril erbumine 4 mg tab</i>	1	PD Preventive Drug
PERINDOPRIL ERBUMINE 8 MG TAB	1	PD Preventive Drug
<i>quinapril hcl 10 mg tab</i>	1	PD Preventive Drug
<i>quinapril hcl 20 mg tab</i>	1	PD Preventive Drug
<i>quinapril hcl 40 mg tab</i>	1	PD Preventive Drug
<i>quinapril hcl 5 mg tab</i>	1	PD Preventive Drug
<i>ramipril 10 mg cap</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>ramipril 1.25 mg cap</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>ramipril 2.5 mg cap</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>ramipril 5 mg cap</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>trandolapril 1 mg tab</i>	1	PD Preventive Drug
<i>trandolapril 2 mg tab</i>	1	PD Preventive Drug
<i>trandolapril 4 mg tab</i>	1	PD Preventive Drug
ANTIARRHYTHMICS		
<i>amiodarone hcl 100 mg tab</i>	1	
<i>amiodarone hcl 200 mg tab</i>	1	
<i>amiodarone hcl 400 mg tab</i>	1	
<i>pacerone 100 mg tab</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>pacerone 200 mg tab</i>	1	
<i>pacerone 400 mg tab</i>	1	
<i>disopyramide phosphate 100 mg cap</i>	1	
<i>disopyramide phosphate 150 mg cap</i>	1	
<i>dofetilide 125 mcg cap</i>	1	
<i>dofetilide 250 mcg cap</i>	1	
<i>dofetilide 500 mcg cap</i>	1	
MULTAQ 400 MG TAB	1	
<i>flecainide acetate 100 mg tab</i>	1	
<i>flecainide acetate 150 mg tab</i>	1	
<i>flecainide acetate 50 mg tab</i>	1	
<i>mexiletine hcl 150 mg cap</i>	1	
<i>mexiletine hcl 200 mg cap</i>	1	
<i>mexiletine hcl 250 mg cap</i>	1	
<i>propafenone hcl 150 mg tab</i>	1	
<i>propafenone hcl 225 mg tab</i>	1	
<i>propafenone hcl 300 mg tab</i>	1	
<i>propafenone hcl er 225 mg cap er 12h</i>	1	
<i>propafenone hcl er 325 mg cap er 12h</i>	1	
<i>propafenone hcl er 425 mg cap er 12h</i>	1	
QUINIDINE SULFATE 200 MG TAB	1	
QUINIDINE SULFATE 300 MG TAB	1	
<i>sotalol hcl 120 mg tab</i>	1	PD Preventive Drug
<i>sotalol hcl 160 mg tab</i>	1	PD Preventive Drug
<i>sotalol hcl 240 mg tab</i>	1	PD Preventive Drug
<i>sotalol hcl 80 mg tab</i>	1	PD Preventive Drug
SOTYLIZE 5 MG/ML SOLUTION	1	PA PD Preventive Drug
<i>sotalol hcl (af) 120 mg tab</i>	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sotalol hcl (af) 160 mg tab</i>	1	PD Preventive Drug
<i>sotalol hcl (af) 80 mg tab</i>	1	PD Preventive Drug
BETA-ADRENERGIC BLOCKING AGENTS		
<i>acebutolol hcl 200 mg cap</i>	1	PD Preventive Drug
<i>acebutolol hcl 400 mg cap</i>	1	PD Preventive Drug
<i>atenolol 100 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>atenolol 25 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>atenolol 50 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>betaxolol hcl 10 mg tab</i>	1	PD Preventive Drug
<i>betaxolol hcl 20 mg tab</i>	1	PD Preventive Drug
<i>bisoprolol fumarate 10 mg tab</i>	1	PD Preventive Drug
<i>bisoprolol fumarate 5 mg tab</i>	1	PD Preventive Drug
<i>carvedilol 12.5 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>carvedilol 25 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>carvedilol 3.125 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>carvedilol 6.25 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>carvedilol phosphate er 10 mg cap er 24h</i>	1	PD Preventive Drug
<i>carvedilol phosphate er 20 mg cap er 24h</i>	1	PD Preventive Drug
<i>carvedilol phosphate er 40 mg cap er 24h</i>	1	PD Preventive Drug
<i>carvedilol phosphate er 80 mg cap er 24h</i>	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>labetalol hcl 100 mg tab</i>	1	PD Preventive Drug
<i>labetalol hcl 200 mg tab</i>	1	PD Preventive Drug
<i>labetalol hcl 300 mg tab</i>	1	PD Preventive Drug
<i>metoprolol succinate er 100 mg tab er 24h</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>metoprolol succinate er 200 mg tab er 24h</i>	1	PD Preventive Drug
<i>metoprolol succinate er 25 mg tab er 24h</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>metoprolol succinate er 50 mg tab er 24h</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>metoprolol tartrate 100 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>metoprolol tartrate 25 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>metoprolol tartrate 37.5 mg tab</i>	1	
<i>metoprolol tartrate 50 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>metoprolol tartrate 75 mg tab</i>	1	
<i>nadolol 20 mg tab</i>	1	PD Preventive Drug
<i>nadolol 40 mg tab</i>	1	PD Preventive Drug
<i>nadolol 80 mg tab</i>	1	PD Preventive Drug
<i>nebivolol hcl 10 mg tab</i>	1	PD Preventive Drug
<i>nebivolol hcl 20 mg tab</i>	1	PD Preventive Drug
<i>nebivolol hcl 2.5 mg tab</i>	1	PD Preventive Drug
<i>nebivolol hcl 5 mg tab</i>	1	PD Preventive Drug
<i>pindolol 10 mg tab</i>	1	PD Preventive Drug
<i>pindolol 5 mg tab</i>	1	PD Preventive Drug

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>felodipine er 5 mg tab er 24h</i>	1	PD Preventive Drug
<i>isradipine 2.5 mg cap</i>	1	PD Preventive Drug
<i>isradipine 5 mg cap</i>	1	PD Preventive Drug
<i>nifedipine 10 mg cap</i>	1	PD Preventive Drug
<i>nifedipine 20 mg cap</i>	1	PD Preventive Drug
<i>nifedipine er 30 mg tab er 24h</i>	1	PD Preventive Drug
<i>nifedipine er 60 mg tab er 24h</i>	1	PD Preventive Drug
<i>nifedipine er 90 mg tab er 24h</i>	1	PD Preventive Drug
<i>nifedipine er osmotic release 30 mg tab er 24h</i>	1	PD Preventive Drug
<i>nifedipine er osmotic release 60 mg tab er 24h</i>	1	PD Preventive Drug
<i>nifedipine er osmotic release 90 mg tab er 24h</i>	1	PD Preventive Drug
<i>nimodipine 30 mg cap</i>	1	
CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES		
<i>diltiazem hcl 120 mg tab</i>	1	PD Preventive Drug
<i>diltiazem hcl 120 mg tab</i>	1	PD Preventive Drug
<i>diltiazem hcl 30 mg tab</i>	1	PD Preventive Drug
<i>diltiazem hcl 30 mg tab</i>	1	PD Preventive Drug
<i>diltiazem hcl 60 mg tab</i>	1	PD Preventive Drug
<i>diltiazem hcl 60 mg tab</i>	1	PD Preventive Drug
<i>diltiazem hcl 90 mg tab</i>	1	PD Preventive Drug
<i>diltiazem hcl 90 mg tab</i>	1	PD Preventive Drug
<i>diltiazem hcl er 120 mg cap er 12h</i>	1	PD Preventive Drug
<i>diltiazem hcl er 120 mg cap er 12h</i>	1	PD Preventive Drug
<i>diltiazem hcl er 120 mg cap er 24h</i>	1	PD Preventive Drug
<i>diltiazem hcl er 120 mg tab er 24h</i>	1	PD Preventive Drug
<i>diltiazem hcl er 180 mg cap er 24h</i>	1	PD Preventive Drug

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

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VERAPAMIL HCL ER 200 MG CAP ER 24H	1	PD Preventive Drug
<i>verapamil hcl er 240 mg cap er 24h</i>	1	PD Preventive Drug
<i>verapamil hcl er 240 mg tab er</i>	1	PD Preventive Drug
VERAPAMIL HCL ER 300 MG CAP ER 24H	1	PD Preventive Drug
VERAPAMIL HCL ER 360 MG CAP ER 24H	1	PD Preventive Drug
CARDIOVASCULAR AGENTS, OTHER		
<i>acetazolamide 125 mg tab</i>	1	
<i>acetazolamide 125 mg tab</i>	1	
<i>acetazolamide 250 mg tab</i>	1	
<i>acetazolamide 250 mg tab</i>	1	
<i>aliskiren fumarate 150 mg tab</i>	1	PD Preventive Drug
<i>aliskiren fumarate 300 mg tab</i>	1	PD Preventive Drug
AMILORIDE-HYDROCHLOROTHIAZIDE 5-50 MG TAB	1	PD Preventive Drug
<i>amlodipine besy-benazepril hcl 10-20 mg cap</i>	1	PD Preventive Drug
<i>amlodipine besy-benazepril hcl 10-40 mg cap</i>	1	PD Preventive Drug
<i>amlodipine besy-benazepril hcl 10-40 mg cap</i>	1	PD Preventive Drug
<i>amlodipine besy-benazepril hcl 2.5-10 mg cap</i>	1	PD Preventive Drug
<i>amlodipine besy-benazepril hcl 2.5-10 mg cap</i>	1	PD Preventive Drug
<i>amlodipine besy-benazepril hcl 5-10 mg cap</i>	1	PD Preventive Drug
<i>amlodipine besy-benazepril hcl 5-20 mg cap</i>	1	PD Preventive Drug
<i>amlodipine besy-benazepril hcl 5-20 mg cap</i>	1	PD Preventive Drug
<i>amlodipine besy-benazepril hcl 5-40 mg cap</i>	1	PD Preventive Drug
<i>amlodipine-olmesartan 10-20 mg tab</i>	1	PD Preventive Drug
<i>amlodipine-olmesartan 10-20 mg tab</i>	1	PD Preventive Drug
<i>amlodipine-olmesartan 10-40 mg tab</i>	1	PD Preventive Drug
<i>amlodipine-olmesartan 10-40 mg tab</i>	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>amlodipine-olmesartan 5-20 mg tab</i>	1	PD Preventive Drug
<i>amlodipine-olmesartan 5-20 mg tab</i>	1	PD Preventive Drug
<i>amlodipine-olmesartan 5-40 mg tab</i>	1	PD Preventive Drug
<i>amlodipine-olmesartan 5-40 mg tab</i>	1	PD Preventive Drug
<i>amlodipine besylate-valsartan 10-160 mg tab</i>	1	PD Preventive Drug
<i>amlodipine besylate-valsartan 10-160 mg tab</i>	1	PD Preventive Drug
<i>amlodipine besylate-valsartan 10-320 mg tab</i>	1	PD Preventive Drug
<i>amlodipine besylate-valsartan 10-320 mg tab</i>	1	PD Preventive Drug
<i>amlodipine besylate-valsartan 5-160 mg tab</i>	1	PD Preventive Drug
<i>amlodipine besylate-valsartan 5-160 mg tab</i>	1	PD Preventive Drug
<i>amlodipine besylate-valsartan 5-320 mg tab</i>	1	PD Preventive Drug
<i>amlodipine besylate-valsartan 5-320 mg tab</i>	1	PD Preventive Drug
<i>amlodipine-valsartan-hctz 10-160-12.5 mg tab</i>	1	PD Preventive Drug
<i>amlodipine-valsartan-hctz 10-160-25 mg tab</i>	1	PD Preventive Drug
<i>amlodipine-valsartan-hctz 10-160-25 mg tab</i>	1	PD Preventive Drug
<i>amlodipine-valsartan-hctz 10-320-25 mg tab</i>	1	PD Preventive Drug
<i>amlodipine-valsartan-hctz 10-320-25 mg tab</i>	1	PD Preventive Drug
<i>amlodipine-valsartan-hctz 5-160-12.5 mg tab</i>	1	PD Preventive Drug
<i>amlodipine-valsartan-hctz 5-160-25 mg tab</i>	1	PD Preventive Drug
<i>amlodipine-valsartan-hctz 5-160-25 mg tab</i>	1	PD Preventive Drug
<i>atenolol-chlorthalidone 100-25 mg tab</i>	1	PD Preventive Drug
<i>atenolol-chlorthalidone 50-25 mg tab</i>	1	PD Preventive Drug
NEXLETOL 180 MG TAB	1	QL 30 EA / 30 day(s) ST
<i>benazepril-hydrochlorothiazide 10-12.5 mg tab</i>	1	PD Preventive Drug
<i>benazepril-hydrochlorothiazide 10-12.5 mg tab</i>	1	PD Preventive Drug

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fosinopril sodium-hctz 10-12.5 mg tab</i>	1	PD Preventive Drug
<i>fosinopril sodium-hctz 20-12.5 mg tab</i>	1	PD Preventive Drug
<i>irbesartan-hydrochlorothiazide 150-12.5 mg tab</i>	1	PD Preventive Drug
<i>irbesartan-hydrochlorothiazide 300-12.5 mg tab</i>	1	PD Preventive Drug
<i>irbesartan-hydrochlorothiazide 300-12.5 mg tab</i>	1	PD Preventive Drug
CORLANOR 5 MG/5ML SOLUTION	1	
<i>ivabradine hcl 5 mg tab</i>	1	
<i>ivabradine hcl 7.5 mg tab</i>	1	
<i>lisinopril-hydrochlorothiazide 10-12.5 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>lisinopril-hydrochlorothiazide 10-12.5 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>lisinopril-hydrochlorothiazide 20-12.5 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>lisinopril-hydrochlorothiazide 20-12.5 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>lisinopril-hydrochlorothiazide 20-25 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>lisinopril-hydrochlorothiazide 20-25 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>losartan potassium-hctz 100-12.5 mg tab</i>	1	PD Preventive Drug
<i>losartan potassium-hctz 100-25 mg tab</i>	1	PD Preventive Drug
<i>losartan potassium-hctz 50-12.5 mg tab</i>	1	PD Preventive Drug
<i>metoprolol-hydrochlorothiazide 100-25 mg tab</i>	1	PD Preventive Drug
<i>metoprolol-hydrochlorothiazide 100-25 mg tab</i>	1	PD Preventive Drug
<i>metoprolol-hydrochlorothiazide 100-50 mg tab</i>	1	PD Preventive Drug
<i>metoprolol-hydrochlorothiazide 50-25 mg tab</i>	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>metoprolol-hydrochlorothiazide 50-25 mg tab</i>	1	PD Preventive Drug
<i>olmesartan-amlodipine-hctz 20-5-12.5 mg tab</i>	1	PD Preventive Drug
<i>olmesartan-amlodipine-hctz 20-5-12.5 mg tab</i>	1	PD Preventive Drug
<i>olmesartan-amlodipine-hctz 40-10-12.5 mg tab</i>	1	PD Preventive Drug
<i>olmesartan-amlodipine-hctz 40-10-12.5 mg tab</i>	1	PD Preventive Drug
<i>olmesartan-amlodipine-hctz 40-10-25 mg tab</i>	1	PD Preventive Drug
<i>olmesartan-amlodipine-hctz 40-10-25 mg tab</i>	1	PD Preventive Drug
<i>olmesartan-amlodipine-hctz 40-5-12.5 mg tab</i>	1	PD Preventive Drug
<i>olmesartan-amlodipine-hctz 40-5-12.5 mg tab</i>	1	PD Preventive Drug
<i>olmesartan-amlodipine-hctz 40-5-25 mg tab</i>	1	PD Preventive Drug
<i>olmesartan-amlodipine-hctz 40-5-25 mg tab</i>	1	PD Preventive Drug
<i>olmesartan medoxomil-hctz 20-12.5 mg tab</i>	1	PD Preventive Drug
<i>olmesartan medoxomil-hctz 40-12.5 mg tab</i>	1	PD Preventive Drug
<i>olmesartan medoxomil-hctz 40-25 mg tab</i>	1	PD Preventive Drug
<i>pentoxifylline er 400 mg tab er</i>	1	
QUINAPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	1	PD Preventive Drug
QUINAPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	1	PD Preventive Drug RX4L Rx4Less Program
<i>quinapril-hydrochlorothiazide 20-12.5 mg tab</i>	1	PD Preventive Drug
<i>quinapril-hydrochlorothiazide 20-25 mg tab</i>	1	PD Preventive Drug
QUINAPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	1	PD Preventive Drug
<i>quinapril-hydrochlorothiazide 20-25 mg tab</i>	1	PD Preventive Drug
<i>ranolazine er 1000 mg tab er 12h</i>	1	
<i>ranolazine er 500 mg tab er 12h</i>	1	
ENTRESTO 24-26 MG TAB	1	
ENTRESTO 49-51 MG TAB	1	
ENTRESTO 97-103 MG TAB	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sacubitril-valsartan 24-26 mg tab</i>	1	
<i>sacubitril-valsartan 49-51 mg tab</i>	1	
<i>sacubitril-valsartan 97-103 mg tab</i>	1	
<i>spironolactone-hctz 25-25 mg tab</i>	1	PD Preventive Drug
VYNDAMAX 61 MG CAP	1	PA SP Specialty
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
<i>telmisartan-hctz 40-12.5 mg tab</i>	1	PD Preventive Drug
<i>telmisartan-hctz 80-12.5 mg tab</i>	1	PD Preventive Drug
<i>telmisartan-hctz 80-25 mg tab</i>	1	PD Preventive Drug
<i>triamterene-hctz 37.5-25 mg cap</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>triamterene-hctz 37.5-25 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>triamterene-hctz 75-50 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>valsartan-hydrochlorothiazide 160-12.5 mg tab</i>	1	PD Preventive Drug
<i>valsartan-hydrochlorothiazide 160-25 mg tab</i>	1	PD Preventive Drug
<i>valsartan-hydrochlorothiazide 320-12.5 mg tab</i>	1	PD Preventive Drug
<i>valsartan-hydrochlorothiazide 320-25 mg tab</i>	1	PD Preventive Drug
<i>valsartan-hydrochlorothiazide 80-12.5 mg tab</i>	1	PD Preventive Drug
DIURETICS, LOOP		
<i>bumetanide 0.5 mg tab</i>	1	PD Preventive Drug
<i>bumetanide 1 mg tab</i>	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>bumetanide 2 mg tab</i>	1	PD Preventive Drug
<i>ethacrynic acid 25 mg tab</i>	1	
<i>furosemide 10 mg/ml solution</i>	1	PA PD Preventive Drug
FUROSEMIDE 10 MG/ML SOLUTION	1	PA PD Preventive Drug
<i>furosemide 20 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>furosemide 40 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>furosemide 80 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
FUROSEMIDE 8 MG/ML SOLUTION	1	
<i>torseamide 100 mg tab</i>	1	
<i>torseamide 10 mg tab</i>	1	
<i>torseamide 20 mg tab</i>	1	
<i>torseamide 5 mg tab</i>	1	
DIURETICS, POTASSIUM-SPARING		
<i>amiloride hcl 5 mg tab</i>	1	
<i>amiloride hcl 5 mg tab</i>	1	
<i>eplerenone 25 mg tab</i>	1	
<i>eplerenone 50 mg tab</i>	1	
<i>spironolactone 100 mg tab</i>	1	PD Preventive Drug
<i>spironolactone 25 mg tab</i>	1	PD Preventive Drug
<i>spironolactone 50 mg tab</i>	1	PD Preventive Drug
<i>triamterene 100 mg cap</i>	1	
DIURETICS, THIAZIDE		
DIURIL 250 MG/5ML SUSPENSION	1	PD Preventive Drug
<i>chlorthalidone 25 mg tab</i>	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>chlorthalidone 50 mg tab</i>	1	PD Preventive Drug
<i>hydrochlorothiazide 12.5 mg cap</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>hydrochlorothiazide 12.5 mg cap</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>hydrochlorothiazide 12.5 mg tab</i>	1	PD Preventive Drug
<i>hydrochlorothiazide 12.5 mg tab</i>	1	PD Preventive Drug
<i>hydrochlorothiazide 25 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>hydrochlorothiazide 25 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>hydrochlorothiazide 50 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>hydrochlorothiazide 50 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>indapamide 1.25 mg tab</i>	1	PD Preventive Drug
<i>indapamide 2.5 mg tab</i>	1	PD Preventive Drug
<i>metolazone 10 mg tab</i>	1	
<i>metolazone 10 mg tab</i>	1	
<i>metolazone 2.5 mg tab</i>	1	
<i>metolazone 2.5 mg tab</i>	1	
<i>metolazone 5 mg tab</i>	1	
<i>metolazone 5 mg tab</i>	1	
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES		
<i>fenofibric acid 135 mg cap dr</i>	1	PD Preventive Drug
<i>fenofibric acid 45 mg cap dr</i>	1	PD Preventive Drug
<i>fenofibrate 145 mg tab</i>	1	PD Preventive Drug
FENOFIBRATE 150 MG CAP	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fenofibrate 160 mg tab</i>	1	PD Preventive Drug
<i>fenofibrate 48 mg tab</i>	1	PD Preventive Drug
FENOFIBRATE 50 MG CAP	1	PD Preventive Drug
<i>fenofibrate 54 mg tab</i>	1	PD Preventive Drug
<i>fenofibrate 134 mg cap</i>	1	PD Preventive Drug
<i>fenofibrate 200 mg cap</i>	1	PD Preventive Drug
<i>fenofibrate 67 mg cap</i>	1	PD Preventive Drug
<i>fenofibrate micronized 134 mg cap</i>	1	PD Preventive Drug
<i>fenofibrate micronized 200 mg cap</i>	1	PD Preventive Drug
<i>fenofibrate micronized 43 mg cap</i>	1	PD Preventive Drug
<i>fenofibrate micronized 67 mg cap</i>	1	PD Preventive Drug
FENOFIBRIC ACID 105 MG TAB	1	PD Preventive Drug
FENOFIBRIC ACID 35 MG TAB	1	PD Preventive Drug
<i>gemfibrozil 600 mg tab</i>	1	PD Preventive Drug
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium 10 mg tab</i>	1	PD Preventive Drug ACA Affordable Care Act RX4L Rx4Less Program
<i>atorvastatin calcium 20 mg tab</i>	1	PD Preventive Drug ACA Affordable Care Act RX4L Rx4Less Program
<i>atorvastatin calcium 40 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>atorvastatin calcium 80 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>fluvastatin sodium er 80 mg tab er 24h</i>	1	PD Preventive Drug ACA Affordable Care Act

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>rosuvastatin calcium 5 mg tab</i>	1	PD Preventive Drug ACA Affordable Care Act RX4L Rx4Less Program
<i>rosuvastatin calcium 5 mg tab</i>	1	PD Preventive Drug ACA Affordable Care Act RX4L Rx4Less Program
<i>simvastatin 10 mg tab</i>	1	PD Preventive Drug ACA Affordable Care Act RX4L Rx4Less Program
<i>simvastatin 20 mg tab</i>	1	PD Preventive Drug ACA Affordable Care Act RX4L Rx4Less Program
<i>simvastatin 40 mg tab</i>	1	PD Preventive Drug ACA Affordable Care Act RX4L Rx4Less Program
<i>simvastatin 40 mg tab</i>	1	PD Preventive Drug ACA Affordable Care Act RX4L Rx4Less Program
<i>simvastatin tab 5 mg</i>	1	PD Preventive Drug ACA Affordable Care Act
<i>simvastatin tab 80 mg</i>	1	PD Preventive Drug RX4L Rx4Less Program
DYSLIPIDEMICS, OTHER		
NEXLIZET 180-10 MG TAB	1	QL 30 EA / 30 day(s) ST
<i>cholestyramine 4 gm/dose powder</i>	1	PD Preventive Drug
<i>cholestyramine 4 gm packet</i>	1	PD Preventive Drug
<i>cholestyramine light 4 gm/dose powder</i>	1	PD Preventive Drug
<i>cholestyramine light 4 gm packet</i>	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>prevalite 4 gm/dose powder</i>	1	PD Preventive Drug
<i>prevalite 4 gm packet</i>	1	PD Preventive Drug
<i>colesevelam hcl 3.75 gm packet</i>	1	PD Preventive Drug
<i>colesevelam hcl 625 mg tab</i>	1	PD Preventive Drug
<i>colestipol hcl 1 gm tab</i>	1	PD Preventive Drug
<i>colestipol hcl 5 gm granules</i>	1	PD Preventive Drug
<i>colestipol hcl 5 gm packet</i>	1	PD Preventive Drug
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)
<i>ezetimibe 10 mg tab</i>	1	PD Preventive Drug
<i>ezetimibe-simvastatin 10-10 mg tab</i>	1	PD Preventive Drug
<i>ezetimibe-simvastatin 10-20 mg tab</i>	1	PD Preventive Drug
<i>ezetimibe-simvastatin 10-40 mg tab</i>	1	PD Preventive Drug
<i>ezetimibe-simvastatin 10-80 mg tab</i>	1	PD Preventive Drug
JUXTAPID 10 MG CAP	1	PA SP Specialty
JUXTAPID 20 MG CAP	1	PA SP Specialty
JUXTAPID 30 MG CAP	1	PA SP Specialty
JUXTAPID 5 MG CAP	1	PA SP Specialty
NIACIN (ANTIHYPERLIPIDEMIC) 500 MG TAB	1	PD Preventive Drug
<i>niacin er (antihyperlipidemic) 1000 mg tab er</i>	1	PD Preventive Drug
<i>niacin er (antihyperlipidemic) 500 mg tab er</i>	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>niacin er (antihyperlipidemic) 750 mg tab er</i>	1	PD Preventive Drug
NIACOR 500 MG TAB	1	PD Preventive Drug
<i>omega-3-acid ethyl esters 1 gm cap</i>	1	PD Preventive Drug
VASODILATORS, DIRECT-ACTING ARTERIAL		
<i>hydralazine hcl 100 mg tab</i>	1	PD Preventive Drug
<i>hydralazine hcl 100 mg tab</i>	1	PD Preventive Drug
<i>hydralazine hcl 10 mg tab</i>	1	PD Preventive Drug
<i>hydralazine hcl 10 mg tab</i>	1	PD Preventive Drug
<i>hydralazine hcl 25 mg tab</i>	1	PD Preventive Drug
<i>hydralazine hcl 25 mg tab</i>	1	PD Preventive Drug
<i>hydralazine hcl 50 mg tab</i>	1	PD Preventive Drug
<i>hydralazine hcl 50 mg tab</i>	1	PD Preventive Drug
<i>minoxidil 10 mg tab</i>	1	PD Preventive Drug
<i>minoxidil 2.5 mg tab</i>	1	PD Preventive Drug
VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS		
<i>isosorbide dinitrate 10 mg tab</i>	1	PD Preventive Drug
<i>isosorbide dinitrate 20 mg tab</i>	1	PD Preventive Drug
<i>isosorbide dinitrate 30 mg tab</i>	1	PD Preventive Drug
<i>isosorbide dinitrate 5 mg tab</i>	1	PD Preventive Drug
<i>isosorbide mononitrate 10 mg tab</i>	1	PD Preventive Drug
ISOSORBIDE MONONITRATE 10 MG TAB	1	PD Preventive Drug
<i>isosorbide mononitrate 20 mg tab</i>	1	PD Preventive Drug
ISOSORBIDE MONONITRATE 20 MG TAB	1	PD Preventive Drug
<i>isosorbide mononitrate er 120 mg tab er 24h</i>	1	PD Preventive Drug
<i>isosorbide mononitrate er 30 mg tab er 24h</i>	1	PD Preventive Drug
<i>isosorbide mononitrate er 60 mg tab er 24h</i>	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NITRO-BID 2 % OINTMENT	1	PD Preventive Drug
<i>nitroglycerin 0.1 mg/hr patch 24hr</i>	1	PD Preventive Drug
<i>nitroglycerin 0.2 mg/hr patch 24hr</i>	1	PD Preventive Drug
<i>nitroglycerin 0.3 mg sl tab</i>	1	
<i>nitroglycerin 0.4 mg/hr patch 24hr</i>	1	PD Preventive Drug
<i>nitroglycerin 0.4 mg sl tab</i>	1	
<i>nitroglycerin 0.6 mg/hr patch 24hr</i>	1	PD Preventive Drug
<i>nitroglycerin 0.6 mg sl tab</i>	1	
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	
<i>nitroglycerin 0.4 % ointment</i>	1	
RECTIV 0.4 % OINTMENT	1	
CENTRAL NERVOUS SYSTEM		
ANTIDEMENTIA		
<i>donepezil hcl 10 mg tab</i>	1	
<i>donepezil hcl 10 mg tab disp</i>	1	
<i>donepezil hcl 23 mg tab</i>	1	
<i>donepezil hcl 5 mg tab</i>	1	
<i>donepezil hcl 5 mg tab disp</i>	1	
<i>galantamine hydrobromide 12 mg tab</i>	1	
GALANTAMINE HYDROBROMIDE 4 MG/ML SOLUTION	1	
<i>galantamine hydrobromide 4 mg tab</i>	1	
<i>galantamine hydrobromide 8 mg tab</i>	1	
<i>galantamine hydrobromide er 16 mg cap er 24h</i>	1	
<i>galantamine hydrobromide er 24 mg cap er 24h</i>	1	
<i>galantamine hydrobromide er 8 mg cap er 24h</i>	1	
<i>memantine hcl 10 mg/5ml solution</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>memantine hcl 10 mg tab</i>	1	
MEMANTINE HCL 28 X 5 MG & 21 X 10 MG TAB	1	
<i>memantine hcl 2 mg/ml solution</i>	1	
<i>memantine hcl 5 mg tab</i>	1	
<i>memantine hcl er 14 mg cap er 24h</i>	1	
<i>memantine hcl er 21 mg cap er 24h</i>	1	
<i>memantine hcl er 28 mg cap er 24h</i>	1	
<i>memantine hcl er 7 mg cap er 24h</i>	1	
<i>rivastigmine 13.3 mg/24hr patch 24hr</i>	1	
<i>rivastigmine 4.6 mg/24hr patch 24hr</i>	1	
<i>rivastigmine 9.5 mg/24hr patch 24hr</i>	1	
<i>rivastigmine tartrate 1.5 mg cap</i>	1	
<i>rivastigmine tartrate 3 mg cap</i>	1	
<i>rivastigmine tartrate 4.5 mg cap</i>	1	
<i>rivastigmine tartrate 6 mg cap</i>	1	
<b>ANTIPSYCHOTICS</b>		
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)
<i>aripiprazole 10 mg tab</i>	1	
<i>aripiprazole 15 mg tab</i>	1	
<i>aripiprazole 1 mg/ml solution</i>	1	QL 600 ML / 30 day(s)
<i>aripiprazole 20 mg tab</i>	1	
<i>aripiprazole 2 mg tab</i>	1	
<i>aripiprazole 30 mg tab</i>	1	
<i>aripiprazole 5 mg tab</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
<i>asenapine maleate 10 mg sl tab</i>	1	
<i>asenapine maleate 2.5 mg sl tab</i>	1	
<i>asenapine maleate 5 mg sl tab</i>	1	
VRAYLAR 0.5 MG CAP	1	PA
VRAYLAR 0.75 MG CAP	1	PA
VRAYLAR 1.5 & 3 MG CAP THPK	1	QL 30 EA / 30 day(s) 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
<i>chlorpromazine hcl 100 mg/ml conc</i>	1	
<i>chlorpromazine hcl 100 mg tab</i>	1	
<i>chlorpromazine hcl 100 mg tab</i>	1	
<i>chlorpromazine hcl 10 mg tab</i>	1	
<i>chlorpromazine hcl 10 mg tab</i>	1	
<i>chlorpromazine hcl 200 mg tab</i>	1	
<i>chlorpromazine hcl 200 mg tab</i>	1	
<i>chlorpromazine hcl 25 mg/ml solution</i>	1	
<i>chlorpromazine hcl 25 mg/ml solution</i>	1	
<i>chlorpromazine hcl 25 mg tab</i>	1	
<i>chlorpromazine hcl 25 mg tab</i>	1	
<i>chlorpromazine hcl 50 mg/2ml solution</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>chlorpromazine hcl 50 mg/2ml solution</i>	1	
<i>chlorpromazine hcl 50 mg tab</i>	1	
<i>chlorpromazine hcl 50 mg tab</i>	1	
<i>clozapine 100 mg tab</i>	1	
<i>clozapine 100 mg tab</i>	1	
<i>clozapine 12.5 mg tab disp</i>	1	
<i>clozapine 200 mg tab</i>	1	
<i>clozapine 200 mg tab</i>	1	
<i>clozapine 25 mg tab</i>	1	
<i>clozapine 25 mg tab</i>	1	
<i>clozapine 50 mg tab</i>	1	
<i>clozapine 50 mg tab</i>	1	
<i>fluphenazine decanoate 25 mg/ml solution</i>	1	
<i>fluphenazine decanoate 25 mg/ml solution</i>	1	
<i>fluphenazine hcl 10 mg tab</i>	1	
<i>fluphenazine hcl 10 mg tab</i>	1	
<i>fluphenazine hcl 1 mg tab</i>	1	
<i>fluphenazine hcl 1 mg tab</i>	1	
FLUPHENAZINE HCL 2.5 MG/5ML ELIXIR	1	
FLUPHENAZINE HCL 2.5 MG/ML SOLUTION	1	
<i>fluphenazine hcl 2.5 mg tab</i>	1	
<i>fluphenazine hcl 2.5 mg tab</i>	1	
FLUPHENAZINE HCL 5 MG/ML CONC	1	
<i>fluphenazine hcl 5 mg tab</i>	1	
<i>fluphenazine hcl 5 mg tab</i>	1	
<i>haloperidol 0.5 mg tab</i>	1	
<i>haloperidol 10 mg tab</i>	1	
<i>haloperidol 1 mg tab</i>	1	
<i>haloperidol 20 mg tab</i>	1	
<i>haloperidol 2 mg tab</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>haloperidol 5 mg tab</i>	1	
HALDOL DECANOATE 100 MG/ML SOLUTION	1	
HALDOL DECANOATE 50 MG/ML SOLUTION	1	
<i>haloperidol decanoate 100 mg/ml solution</i>	1	
<i>haloperidol decanoate 50 mg/ml solution</i>	1	
<i>haloperidol lactate 2 mg/ml conc</i>	1	
<i>haloperidol lactate 5 mg/ml solution</i>	1	PA
FANAPT TITRATION PACK A 1 & 2 & 4 & 6 MG TAB	1	QL 60 EA / 30 day(s) PA
<i>loxapine succinate 10 mg cap</i>	1	
<i>loxapine succinate 25 mg cap</i>	1	
<i>loxapine succinate 50 mg cap</i>	1	
<i>loxapine succinate 5 mg cap</i>	1	
<i>lurasidone hcl 120 mg tab</i>	1	
<i>lurasidone hcl 20 mg tab</i>	1	
<i>lurasidone hcl 40 mg tab</i>	1	
<i>lurasidone hcl 60 mg tab</i>	1	
<i>lurasidone hcl 80 mg tab</i>	1	
MOLINDONE HCL 10 MG TAB	1	
MOLINDONE HCL 25 MG TAB	1	
MOLINDONE HCL 5 MG TAB	1	
<i>olanzapine 10 mg tab</i>	1	
<i>olanzapine 10 mg tab disp</i>	1	
<i>olanzapine 15 mg tab</i>	1	
<i>olanzapine 15 mg tab disp</i>	1	
<i>olanzapine 20 mg tab</i>	1	
<i>olanzapine 20 mg tab disp</i>	1	
<i>olanzapine 2.5 mg tab</i>	1	
<i>olanzapine 5 mg tab</i>	1	
<i>olanzapine 5 mg tab disp</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>olanzapine 7.5 mg tab</i>	1	
ZYPREXA RELPREVV 210 MG RECON SUSP	1	
ZYPREXA RELPREVV 300 MG RECON SUSP	1	
ZYPREXA RELPREVV 405 MG RECON SUSP	1	
<i>paliperidone er 1.5 mg tab er 24h</i>	1	
<i>paliperidone er 3 mg tab er 24h</i>	1	
<i>paliperidone er 6 mg tab er 24h</i>	1	
<i>paliperidone er 9 mg tab er 24h</i>	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	
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	
NUPLAZID 10 MG TAB	1	PA SP Specialty
NUPLAZID 34 MG CAP	1	PA SP Specialty
PIMOZIDE 1 MG TAB	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PIMOZIDE 2 MG TAB	1	
<i>quetiapine fumarate 100 mg tab</i>	1	RX4L Rx4Less Program
QUETIAPINE FUMARATE 150 MG TAB	1	
<i>quetiapine fumarate 200 mg tab</i>	1	RX4L Rx4Less Program
<i>quetiapine fumarate 25 mg tab</i>	1	
<i>quetiapine fumarate 300 mg tab</i>	1	RX4L Rx4Less Program
<i>quetiapine fumarate 400 mg tab</i>	1	
<i>quetiapine fumarate 50 mg tab</i>	1	RX4L Rx4Less Program
<i>quetiapine fumarate er 150 mg tab er 24h</i>	1	
<i>quetiapine fumarate er 200 mg tab er 24h</i>	1	
<i>quetiapine fumarate er 300 mg tab er 24h</i>	1	
<i>quetiapine fumarate er 400 mg tab er 24h</i>	1	
<i>quetiapine fumarate er 50 mg tab er 24h</i>	1	
PERSERIS 120 MG PRSYR	1	
PERSERIS 90 MG PRSYR	1	
<i>risperidone 0.25 mg tab</i>	1	RX4L Rx4Less Program
<i>risperidone 0.25 mg tab</i>	1	RX4L Rx4Less Program
<i>risperidone 0.5 mg tab</i>	1	RX4L Rx4Less Program
<i>risperidone 0.5 mg tab</i>	1	RX4L Rx4Less Program
<i>risperidone 1 mg/ml solution</i>	1	
<i>risperidone 1 mg/ml solution</i>	1	
<i>risperidone 1 mg tab</i>	1	RX4L Rx4Less Program
<i>risperidone 1 mg tab</i>	1	RX4L Rx4Less Program
<i>risperidone 2 mg tab</i>	1	RX4L Rx4Less Program
<i>risperidone 2 mg tab</i>	1	RX4L Rx4Less Program
<i>risperidone 3 mg tab</i>	1	
<i>risperidone 3 mg tab</i>	1	
<i>risperidone 4 mg tab</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>risperidone 4 mg tab</i>	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)
<i>risperidone microspheres er 12.5 mg srer</i>	1	
<i>risperidone microspheres er 25 mg srer</i>	1	
<i>risperidone microspheres er 37.5 mg srer</i>	1	
<i>risperidone microspheres er 50 mg srer</i>	1	
<i>thioridazine hcl 100 mg tab</i>	1	
<i>thioridazine hcl 10 mg tab</i>	1	
<i>thioridazine hcl 25 mg tab</i>	1	
<i>thioridazine hcl 50 mg tab</i>	1	
<i>thiothixene 10 mg cap</i>	1	
<i>thiothixene 1 mg cap</i>	1	
<i>thiothixene 2 mg cap</i>	1	
<i>thiothixene 5 mg cap</i>	1	
<i>trifluoperazine hcl 10 mg tab</i>	1	
<i>trifluoperazine hcl 1 mg tab</i>	1	
<i>trifluoperazine hcl 2 mg tab</i>	1	
<i>trifluoperazine hcl 5 mg tab</i>	1	
<i>ziprasidone hcl 20 mg cap</i>	1	
<i>ziprasidone hcl 40 mg cap</i>	1	
<i>ziprasidone hcl 60 mg cap</i>	1	
<i>ziprasidone hcl 80 mg cap</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>ANXIOLYTICS</b>		
<i>alprazolam 0.25 mg tab</i>	1	QL 150 EA / 30 day(s)
<i>alprazolam 0.5 mg tab</i>	1	QL 150 EA / 30 day(s)
<i>alprazolam 1 mg tab</i>	1	QL 150 EA / 30 day(s)
<i>alprazolam 2 mg tab</i>	1	QL 150 EA / 30 day(s)
<i>alprazolam er 0.5 mg tab er 24h</i>	1	
<i>alprazolam er 1 mg tab er 24h</i>	1	
<i>alprazolam er 2 mg tab er 24h</i>	1	
<i>alprazolam er 3 mg tab er 24h</i>	1	
<i>alprazolam xr 0.5 mg tab er 24h</i>	1	
<i>alprazolam xr 1 mg tab er 24h</i>	1	
<i>alprazolam xr 2 mg tab er 24h</i>	1	
<i>alprazolam xr 3 mg tab er 24h</i>	1	
<i>bupirone hcl 10 mg tab</i>	1	RX4L Rx4Less Program
<i>bupirone hcl 10 mg tab</i>	1	RX4L Rx4Less Program
<i>bupirone hcl 15 mg tab</i>	1	
<i>bupirone hcl 15 mg tab</i>	1	
<i>bupirone hcl 30 mg tab</i>	1	
<i>bupirone hcl 30 mg tab</i>	1	
<i>bupirone hcl 5 mg tab</i>	1	RX4L Rx4Less Program
<i>bupirone hcl 5 mg tab</i>	1	RX4L Rx4Less Program
<i>bupirone hcl 7.5 mg tab</i>	1	
<i>bupirone hcl 7.5 mg tab</i>	1	
<i>chlordiazepoxide hcl 10 mg cap</i>	1	
<i>chlordiazepoxide hcl 10 mg cap</i>	1	
<i>chlordiazepoxide hcl 25 mg cap</i>	1	
<i>chlordiazepoxide hcl 25 mg cap</i>	1	
<i>chlordiazepoxide hcl 5 mg cap</i>	1	
<i>chlordiazepoxide hcl 5 mg cap</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>clonazepam 0.125 mg tab disp</i>	1	PD Preventive Drug
<i>clonazepam 0.125 mg tab disp</i>	1	PD Preventive Drug
<i>clonazepam 0.25 mg tab disp</i>	1	PD Preventive Drug
<i>clonazepam 0.25 mg tab disp</i>	1	PD Preventive Drug
<i>clonazepam 0.5 mg tab</i>	1	QL 300 EA / 30 day(s) PD Preventive Drug
<i>clonazepam 0.5 mg tab</i>	1	QL 300 EA / 30 day(s) PD Preventive Drug
<i>clonazepam 0.5 mg tab disp</i>	1	PD Preventive Drug
<i>clonazepam 0.5 mg tab disp</i>	1	PD Preventive Drug
<i>clonazepam 1 mg tab</i>	1	QL 300 EA / 30 day(s) PD Preventive Drug
<i>clonazepam 1 mg tab</i>	1	QL 300 EA / 30 day(s) PD Preventive Drug
<i>clonazepam 1 mg tab disp</i>	1	PD Preventive Drug
<i>clonazepam 1 mg tab disp</i>	1	PD Preventive Drug
<i>clonazepam 2 mg tab</i>	1	QL 300 EA / 30 day(s) PD Preventive Drug
<i>clonazepam 2 mg tab</i>	1	QL 300 EA / 30 day(s) PD Preventive Drug
<i>clonazepam 2 mg tab disp</i>	1	PD Preventive Drug
<i>clonazepam 2 mg tab disp</i>	1	PD Preventive Drug
<i>clorazepate dipotassium 15 mg tab</i>	1	
<i>clorazepate dipotassium 3.75 mg tab</i>	1	
<i>clorazepate dipotassium 7.5 mg tab</i>	1	
<i>diazepam 10 mg tab</i>	1	QL 120 EA / 30 day(s)
<i>diazepam 10 mg tab</i>	1	QL 120 EA / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>diazepam 2 mg tab</i>	1	QL 120 EA / 30 day(s)
<i>diazepam 2 mg tab</i>	1	QL 120 EA / 30 day(s)
<i>diazepam 5 mg tab</i>	1	QL 120 EA / 30 day(s)
<i>diazepam 5 mg tab</i>	1	QL 120 EA / 30 day(s)
<i>lorazepam 0.5 mg tab</i>	1	QL 150 EA / 30 day(s)
<i>lorazepam 1 mg tab</i>	1	QL 150 EA / 30 day(s)
<i>lorazepam 2 mg tab</i>	1	QL 150 EA / 30 day(s)
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
<i>midazolam hcl 2 mg/ml syrup</i>	1	
MIGRAINE		
<i>almotriptan malate 12.5 mg tab</i>	1	QL 8 EA / 30 day(s)
<i>almotriptan malate 6.25 mg tab</i>	1	QL 8 EA / 30 day(s)
<i>candesartan cilexetil 16 mg tab</i>	1	PD Preventive Drug
<i>dihydroergotamine mesylate 1 mg/ml solution</i>	1	
<i>dihydroergotamine mesylate 4 mg/ml solution</i>	1	QL 8 ML / 30 day(s)
<i>eletriptan hydrobromide 20 mg tab</i>	1	QL 12 EA / 30 day(s)
<i>eletriptan hydrobromide 40 mg tab</i>	1	QL 12 EA / 30 day(s)
ERGOTAMINE-CAFFEINE 1-100 MG TAB	1	
MIGERGOT 2-100 MG SUPPOS	1	
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
<i>frovatriptan succinate 2.5 mg tab</i>	1	QLC 12 EA / 30 DAY(S)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>naratriptan hcl 1 mg tab</i>	1	QL 12 EA / 30 day(s)
<i>naratriptan hcl 2.5 mg tab</i>	1	QL 12 EA / 30 day(s)
<i>rizatriptan benzoate 10 mg tab</i>	1	QL 12 EA / 30 day(s)
<i>rizatriptan benzoate 10 mg tab disp</i>	1	QL 12 EA / 30 day(s)
<i>rizatriptan benzoate 5 mg tab</i>	1	QL 12 EA / 30 day(s)
<i>rizatriptan benzoate 5 mg tab disp</i>	1	QL 12 EA / 30 day(s)
<i>sumatriptan 20 mg/act solution</i>	1	QL 6 EA / 30 day(s)
<i>sumatriptan 5 mg/act solution</i>	1	QL 6 EA / 30 day(s)
<i>sumatriptan succinate 100 mg tab</i>	1	QL 12 EA / 30 day(s)
<i>sumatriptan succinate 25 mg tab</i>	1	QL 12 EA / 30 day(s)
<i>sumatriptan succinate 4 mg/0.5ml soln a-inj</i>	1	QL 3 ML / 30 day(s)
<i>sumatriptan succinate 50 mg tab</i>	1	QL 12 EA / 30 day(s)
<i>sumatriptan succinate 6 mg/0.5ml soln a-inj</i>	1	QL 3 ML / 30 day(s)
<i>sumatriptan succinate 6 mg/0.5ml solution</i>	1	QL 3 ML / 30 day(s)
SUMATRIPTAN SUCCINATE REFILL 4 MG/0.5ML SOLN CART	1	QL 3 ML / 30 day(s)
SUMATRIPTAN SUCCINATE REFILL 6 MG/0.5ML SOLN CART	1	QL 3 ML / 30 day(s)
<i>timolol maleate 10 mg tab</i>	1	PD Preventive Drug
<i>timolol maleate 20 mg tab</i>	1	PD Preventive Drug
TIMOLOL MALEATE 20 MG TAB	1	PD Preventive Drug
<i>timolol maleate 5 mg tab</i>	1	PD Preventive Drug
TIMOLOL MALEATE 5 MG TAB	1	PD Preventive Drug
<i>zolmitriptan 2.5 mg tab disp</i>	1	QL 12 EA / 30 day(s)
<i>zolmitriptan 5 mg tab disp</i>	1	QL 12 EA / 30 day(s)
MISCELLANEOUS		
<i>lithium 8 meq/5ml solution</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lithium carbonate 150 mg cap</i>	1	
LITHIUM CARBONATE 150 MG CAP	1	
<i>lithium carbonate 300 mg cap</i>	1	
LITHIUM CARBONATE 300 MG CAP	1	
<i>lithium carbonate 300 mg tab</i>	1	
<i>lithium carbonate 600 mg cap</i>	1	
LITHIUM CARBONATE 600 MG CAP	1	
<i>lithium carbonate er 300 mg tab er</i>	1	
<i>lithium carbonate er 450 mg tab er</i>	1	
LITHOBID 300 MG TAB ER	1	
<i>pyridostigmine bromide 60 mg/5ml solution</i>	1	
<i>pyridostigmine bromide 60 mg/5ml solution</i>	1	
<i>pyridostigmine bromide 60 mg tab</i>	1	
<i>pyridostigmine bromide 60 mg tab</i>	1	
<i>pyridostigmine bromide er 180 mg tab er</i>	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)
<i>amphetamine-dextroamphetamine 10 mg tab</i>	1	QL 90 EA / 30 day(s)
<i>amphetamine-dextroamphetamine 12.5 mg tab</i>	1	QL 90 EA / 30 day(s)
<i>amphetamine-dextroamphetamine 15 mg tab</i>	1	QL 90 EA / 30 day(s)
<i>amphetamine-dextroamphetamine 20 mg tab</i>	1	QL 90 EA / 30 day(s)
<i>amphetamine-dextroamphetamine 30 mg tab</i>	1	QL 90 EA / 30 day(s)

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

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

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>Methylphenidate HCl 20 MG TAB (generic of RITALIN)</i>	1	QL 90 EA / 30 day(s)
<i>Methylphenidate HCl 2.5 MG CHEW TAB (generic of METHYLIN)</i>	1	
<i>Methylphenidate HCl 5 MG/5ML SOLUTION (generic of METHYLIN)</i>	1	QL 1800 ML / 30 day(s)
<i>Methylphenidate HCl 5 MG CHEW TAB (generic of METHYLIN)</i>	1	
<i>Methylphenidate HCl 5 MG TAB (generic of RITALIN)</i>	1	QL 90 EA / 30 day(s)
<i>Methylphenidate HCl ER 10 MG TAB ER (generic of METADATE ER)</i>	1	QL 60 EA / 30 day(s)
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg (generic of CONCERTA)</i>	1	QL 60 EA / 30 day(s)
METHYLPHENIDATE HCL ER 18 MG TAB ER 24H	1	QL 60 EA / 30 day(s)
<i>Methylphenidate HCl ER 20 MG TAB ER (generic of METADATE ER)</i>	1	QL 60 EA / 30 day(s)
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg (generic of CONCERTA)</i>	1	QL 60 EA / 30 day(s)
METHYLPHENIDATE HCL ER 27 MG TAB ER 24H	1	QL 60 EA / 30 day(s)
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg (generic of CONCERTA)</i>	1	QL 60 EA / 30 day(s)
METHYLPHENIDATE HCL ER 36 MG TAB ER 24H	1	QL 60 EA / 30 day(s)
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg (generic of CONCERTA)</i>	1	QL 60 EA / 30 day(s)
METHYLPHENIDATE HCL ER 54 MG TAB ER 24H	1	QL 60 EA / 30 day(s)
<i>Methylphenidate HCl ER (CD) 10 MG CAP ER (generic of METADATE CD)</i>	1	QL 60 EA / 30 day(s)
<i>Methylphenidate HCl ER (CD) 20 MG CAP ER (generic of METADATE CD)</i>	1	QL 60 EA / 30 day(s)
<i>Methylphenidate HCl ER (CD) 30 MG CAP ER (generic of METADATE CD)</i>	1	QL 60 EA / 30 day(s)
<i>Methylphenidate HCl ER (CD) 40 MG CAP ER (generic of METADATE CD)</i>	1	QL 60 EA / 30 day(s)
<i>Methylphenidate HCl ER (CD) 50 MG CAP ER (generic of METADATE CD)</i>	1	QL 60 EA / 30 day(s)
<i>Methylphenidate HCl ER (CD) 60 MG CAP ER (generic of METADATE CD)</i>	1	QL 60 EA / 30 day(s)

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>butalbital-acetaminophen 50-325 mg tab</i>	1	QL 180 ea / 30 day(s)
<i>bac (butalbital-acetamin-caff) 50-325-40 mg tab</i>	1	QL 180 ea / 30 day(s)
<i>butalbital-apap-caffeine 50-300-40 mg cap</i>	1	QL 180 ea / 30 day(s)
<i>butalbital-apap-caffeine 50-325-40 mg tab</i>	1	QL 180 ea / 30 day(s)
AUSTEDO XR PATIENT TITRATION 12 & 18 & 24 & 30 MG TBER THPK	1	QL 28 EA / 28 day(s) PA SP Specialty
AUSTEDO XR PATIENT TITRATION 6 & 12 & 24 MG TBER THPK	1	PA SP Specialty
NUEDEXTA 20-10 MG CAP	1	PA
<i>diethylpropion hcl 25 mg tab</i>	1	
DIETHYLPROPION HCL ER 75 MG TAB ER 24H	1	
<i>gabapentin (once-daily) 300 mg tab</i>	1	PA
<i>gabapentin (once-daily) 450 mg tab</i>	1	
<i>gabapentin (once-daily) 600 mg tab</i>	1	PA
<i>gabapentin (once-daily) 750 mg tab</i>	1	
<i>gabapentin (once-daily) 900 mg tab</i>	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
CONTRAIVE 8-90 MG TAB ER 12H	1	PA
<i>phendimetrazine tartrate 35 mg tab</i>	1	
<i>phentermine hcl 15 mg cap</i>	1	
<i>phentermine hcl 30 mg cap</i>	1	
<i>phentermine hcl 37.5 mg cap</i>	1	
<i>phentermine hcl 37.5 mg tab</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>phentermine-topiramate er 11.25-69 mg cap er 24h</i>	1	QL 30 EA / 30 days PA
<i>phentermine-topiramate er 15-92 mg cap er 24h</i>	1	QL 30 EA / 30 days PA
<i>phentermine-topiramate er 3.75-23 mg cap er 24h</i>	1	QL 45 EA / 30 days PA
<i>phentermine-topiramate er 7.5-46 mg cap er 24h</i>	1	QL 30 EA / 30 days PA
<i>phentermine-topiramate erxdnu 11.25-69 mg cap er 24h</i>	1	QL 30 EA / 30 days PA
<i>phentermine-topiramate erxdnu 15-92 mg cap er 24h</i>	1	QL 30 EA / 30 days PA
<i>phentermine-topiramate erxdnu 3.75-23 mg cap er 24h</i>	1	QL 45 EA / 30 days PA
<i>phentermine-topiramate erxdnu 7.5-46 mg cap er 24h</i>	1	QL 30 EA / 30 days PA
<i>tetrabenazine 12.5 mg tab</i>	1	PA SP Specialty
<i>tetrabenazine 25 mg tab</i>	1	PA SP Specialty
<b>FIBROMYALGIA AGENTS</b>		
<i>duloxetine hcl 20 mg cp dr part</i>	1	
<i>duloxetine hcl 30 mg cp dr part</i>	1	
<i>duloxetine hcl 60 mg cp dr part</i>	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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>pregabalin 100 mg cap</i>	1	
<i>pregabalin 150 mg cap</i>	1	
<i>pregabalin 200 mg cap</i>	1	
<i>pregabalin 20 mg/ml solution</i>	1	
<i>pregabalin 225 mg cap</i>	1	
<i>pregabalin 25 mg cap</i>	1	
<i>pregabalin 300 mg cap</i>	1	
<i>pregabalin 50 mg cap</i>	1	
<i>pregabalin 75 mg cap</i>	1	
MULTIPLE SCLEROSIS AGENTS		
<i>dalfampridine er 10 mg tab er 12h</i>	1	SP Specialty
<i>dimethyl fumarate 120 mg cap dr</i>	1	QL 60 ea / 30 day(s) SP Specialty
<i>dimethyl fumarate 240 mg cap dr</i>	1	QL 60 ea / 30 day(s) SP Specialty
<i>dimethyl fumarate starter pack 120 &amp; 240 mg cpdr thpk</i>	1	SP Specialty
COPAXONE 40 MG/ML SOLN PRSYR	1	SP Specialty
<i>glatiramer acetate 20 mg/ml soln prsyr</i>	1	QL 30 ML / 30 day(s) SP Specialty
<i>glatiramer acetate 40 mg/ml soln prsyr</i>	1	QL 12 ML / 28 day(s) SP Specialty
<i>glatopa 40 mg/ml soln prsyr</i>	1	QL 12 ML / 28 day(s) SP Specialty
AVONEX PEN 30 MCG/0.5ML AUT-IJ KIT	1	SP Specialty
AVONEX PREFILLED 30 MCG/0.5ML PREF SY KT	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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
BETASERON 0.3 MG KIT	1	SP Specialty
EXTAVIA 0.3 MG KIT	1	PA SP Specialty
KESIMPTA 20 MG/0.4ML SOLN A-INJ	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
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
<i>teriflunomide 14 mg tab</i>	1	QL 30 ea / 30 day(s) SP Specialty
<i>teriflunomide 7 mg tab</i>	1	QL 30 EA / 30 day(s) SP Specialty
<b>DENTAL AND ORAL AGENTS</b>		
<i>cevimeline hcl 30 mg cap</i>	1	
<i>chlorhexidine gluconate 0.12 % solution</i>	1	
<i>perigard 0.12 % solution</i>	1	
<i>pilocarpine hcl 5 mg tab</i>	1	
<i>pilocarpine hcl 7.5 mg tab</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GELCLAIR GEL	1	
CLINPRO 5000 1.1 % PASTE	1	
<i>denta 5000 plus 1.1 % cream</i>	1	
DENTA 5000 PLUS 1.1 % CREAM	1	
DENTAGEL 1.1 % GEL	1	
FLUORIDEX 1.1 % PASTE	1	
FLUORIDEX ENHANCED WHITENING 1.1 % PASTE	1	
FLUORIMAX 5000 1.1 % PASTE	1	
FRAICHE 5000 DENTAL 1.1 % GEL	1	
JUST RIGHT 5000 1.1 % PASTE	1	
SF 1.1 % GEL	1	
SF 5000 PLUS 1.1 % CREAM	1	
SODIUM FLUORIDE 0.2 % SOLUTION	1	
SODIUM FLUORIDE 1.1 % CREAM	1	
SODIUM FLUORIDE 1.1 % GEL	1	
SODIUM FLUORIDE 5000 PLUS 1.1 % CREAM	1	
<i>sodium fluoride 5000 ppm 1.1 % cream</i>	1	
SODIUM FLUORIDE 5000 PPM 1.1 % GEL	1	
SODIUM FLUORIDE 5000 PPM 1.1 % PASTE	1	
<i>kourzeq 0.1 % paste</i>	1	
<i>oralone 0.1 % paste</i>	1	
<i>triamcinolone acetonide 0.1 % paste</i>	1	
DERMATOLOGICAL AGENTS		
ACNE AND ROSACEA AGENTS		
<i>acitretin 10 mg cap</i>	1	
<i>acitretin 17.5 mg cap</i>	1	
<i>acitretin 25 mg cap</i>	1	
<i>adapalene 0.1 % cream</i>	1	
<i>adapalene 0.1 % gel</i>	1	OTC Over the Counter
<i>adapalene 0.3 % gel</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>benzoyl peroxide-erythromycin 5-3 % gel</i>	1	
<i>brimonidine tartrate 0.33 % gel</i>	1	PA
WINLEVI 1 % CREAM	1	PA
<i>clindamycin phos-benzoyl perox 1.2-2.5 % gel</i>	1	QL 50 GM / 30 days
<i>clindamycin phos-benzoyl perox 1-5 % gel</i>	1	
<i>clindamycin phos-benzoyl perox 1.2-5 % gel</i>	1	QL 45 GM / 30 days
<i>neuac 1.2-5 % gel</i>	1	QL 45 GM / 30 days
<i>clindamycin-tretinoin 1.2-0.025 % gel</i>	1	
<i>accutane 10 mg cap</i>	1	
<i>accutane 20 mg cap</i>	1	
<i>accutane 30 mg cap</i>	1	
<i>accutane 40 mg cap</i>	1	
<i>amnesteem 10 mg cap</i>	1	
<i>amnesteem 20 mg cap</i>	1	
<i>amnesteem 30 mg cap</i>	1	
<i>amnesteem 40 mg cap</i>	1	
<i>claravis 10 mg cap</i>	1	
<i>claravis 20 mg cap</i>	1	
<i>claravis 30 mg cap</i>	1	
<i>claravis 40 mg cap</i>	1	
<i>isotretinoin 10 mg cap</i>	1	
<i>isotretinoin 20 mg cap</i>	1	
<i>isotretinoin 30 mg cap</i>	1	
<i>isotretinoin 40 mg cap</i>	1	
<i>zenatane 10 mg cap</i>	1	
<i>zenatane 20 mg cap</i>	1	
<i>zenatane 30 mg cap</i>	1	
<i>zenatane 40 mg cap</i>	1	
<i>tretinoin 0.01 % gel</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>tretinoin 0.025 % cream</i>	1	
<i>tretinoin 0.025 % gel</i>	1	
<i>tretinoin 0.05 % cream</i>	1	
<i>tretinoin 0.05 % gel</i>	1	
<i>tretinoin 0.1 % cream</i>	1	
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	
DERMATITIS AND PRURITUS AGENTS		
<i>alclometasone dipropionate 0.05 % ointment</i>	1	
ALCLOMETASONE DIPROPIONATE 0.05 % OINTMENT	1	
AMCINONIDE 0.1 % CREAM	1	
BETAMETHASONE DIPROPIONATE AUG 0.05 % GEL	1	
<i>betamethasone dipropionate aug 0.05 % ointment</i>	1	
<i>betamethasone dipropionate 0.05 % cream</i>	1	
<i>betamethasone dipropionate 0.05 % lotion</i>	1	
<i>betamethasone valerate 0.12 % foam</i>	1	
<i>betamethasone valerate 0.1 % cream</i>	1	
<i>betamethasone valerate 0.1 % lotion</i>	1	
BETAMETHASONE VALERATE 0.1 % LOTION	1	
<i>betamethasone valerate 0.1 % ointment</i>	1	
<i>clobetasol propionate 0.05 % cream</i>	1	
<i>clobetasol propionate 0.05 % foam</i>	1	
<i>clobetasol propionate 0.05 % gel</i>	1	
<i>clobetasol propionate 0.05 % liquid</i>	1	
<i>clobetasol propionate 0.05 % lotion</i>	1	
<i>clobetasol propionate 0.05 % ointment</i>	1	
<i>clobetasol propionate 0.05 % shampoo</i>	1	
<i>clobetasol propionate 0.05 % solution</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>clodan 0.05 % shampoo</i>	1	
<i>clobetasol prop emollient base 0.05 % cream</i>	1	
EUCRISA 2 % OINTMENT	1	QL 3.34 GM / 1 DAYS ST
<i>desonide 0.05 % cream</i>	1	
<i>desonide 0.05 % ointment</i>	1	
<i>desoximetasone 0.05 % cream</i>	1	
DESOXIMETASONE 0.05 % GEL	1	
<i>desoximetasone 0.05 % ointment</i>	1	
<i>desoximetasone 0.25 % cream</i>	1	
<i>desoximetasone 0.25 % ointment</i>	1	
<i>doxepin hcl 5 % cream</i>	1	PA
CAPEX 0.01 % SHAMPOO	1	
<i>fluocinolone acetonide 0.01 % cream</i>	1	
<i>fluocinolone acetonide 0.01 % solution</i>	1	
<i>fluocinolone acetonide 0.025 % cream</i>	1	
<i>fluocinolone acetonide 0.025 % ointment</i>	1	
<i>fluocinolone acetonide body 0.01 % oil</i>	1	
<i>fluocinolone acetonide scalp 0.01 % oil</i>	1	
<i>fluocinonide 0.05 % cream</i>	1	
<i>fluocinonide 0.05 % gel</i>	1	
<i>fluocinonide 0.05 % ointment</i>	1	
<i>fluocinonide 0.05 % solution</i>	1	
<i>fluocinonide 0.1 % cream</i>	1	
<i>fluocinonide emulsified base 0.05 % cream</i>	1	
FLURANDRENOLIDE 0.05 % CREAM	1	
FLURANDRENOLIDE 0.05 % LOTION	1	
<i>fluticasone propionate 0.005 % ointment</i>	1	
<i>fluticasone propionate 0.05 % cream</i>	1	
FLUTICASONE PROPIONATE 0.05 % LOTION	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>halobetasol propionate 0.05 % cream</i>	1	
<i>halobetasol propionate 0.05 % ointment</i>	1	
HYDROCORTISONE BUTYRATE 0.1 % SOLUTION	1	
<i>hydrocortisone (perianal) 2.5 % cream</i>	1	
PREPARATION H 1 % CREAM	1	OTC Over the Counter
PREPARATION H SOOTHING RELIEF 1 % CREAM	1	OTC Over the Counter
<i>procto-med hc 2.5 % cream</i>	1	
<i>proctosol hc 2.5 % cream</i>	1	
<i>proctozone-hc 2.5 % cream</i>	1	
<i>ala-cort 1 % cream</i>	1	
<i>anti-itch maximum strength 1 % cream</i>	1	OTC Over the Counter
<i>aquanil hc 1 % lotion</i>	1	OTC Over the Counter
<i>aquaphor itch relief children 1 % ointment</i>	1	OTC Over the Counter
<i>aquaphor itch relief max str 1 % ointment</i>	1	OTC Over the Counter
<i>aveeno anti-itch max st 1 % cream</i>	1	OTC Over the Counter
<i>beta hc 1 % lotion</i>	1	OTC Over the Counter
<i>cortizone-10 1 % ointment</i>	1	OTC Over the Counter
<i>cortizone-10/aloe 1 % cream</i>	1	OTC Over the Counter
<i>cortizone-10 diabetics skin 1 % lotion</i>	1	OTC Over the Counter
<i>cortizone-10 eczema 1 % lotion</i>	1	OTC Over the Counter
<i>cortizone-10 hydratensive 1 % lotion</i>	1	OTC Over the Counter
<i>cortizone-10 intensive healing 1 % cream</i>	1	OTC Over the Counter
<i>cortizone-10 intensve moisture 1 % cream</i>	1	OTC Over the Counter
<i>cortizone-10 overnight 1 % cream</i>	1	OTC Over the Counter
<i>cortizone-10 overnight itch 1 % cream</i>	1	OTC Over the Counter
<i>cortizone-10 plus 1 % cream</i>	1	OTC Over the Counter
<i>cortizone-10 sensitive skin 1 % cream</i>	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>cortizone-10 soothing aloe 1 % cream</i>	1	OTC Over the Counter
<i>cortizone-10 ultra soothing 1 % cream</i>	1	OTC Over the Counter
<i>cortizone-10 water resistant 1 % ointment</i>	1	OTC Over the Counter
<i>cvs cortisone maximum strength 1 % cream</i>	1	OTC Over the Counter
<i>cvs cortisone maximum strength 1 % lotion</i>	1	OTC Over the Counter
<i>cvs cortisone maximum strength 1 % ointment</i>	1	OTC Over the Counter
<i>dermarest eczema 1 % lotion</i>	1	OTC Over the Counter
<i>eq hydrocortisone 1 % cream</i>	1	OTC Over the Counter
<i>eq hydrocortisone max st 1 % cream</i>	1	OTC Over the Counter
<i>eql anti-itch intensive heal 1 % cream</i>	1	OTC Over the Counter
<i>eql anti-itch maximum strength 1 % cream</i>	1	OTC Over the Counter
<i>eql anti-itch maximum strength 1 % ointment</i>	1	OTC Over the Counter
<i>ft itch relief/aloe max str 1 % cream</i>	1	OTC Over the Counter
<i>ft itch relief max strength 1 % cream</i>	1	OTC Over the Counter
<i>ft itch relief max strength 1 % ointment</i>	1	OTC Over the Counter
<i>gnp hydrocortisone/aloe 1 % cream</i>	1	OTC Over the Counter
<i>gnp hydrocortisone max st 1 % ointment</i>	1	OTC Over the Counter
<i>gnp hydrocortisone plus 1 % cream</i>	1	OTC Over the Counter
<i>goodsense anti-itch maximum st 1 % ointment</i>	1	OTC Over the Counter
<i>goodsense anti-itch max str 1 % cream</i>	1	OTC Over the Counter
<i>hydrocortisone 1 % cream</i>	1	OTC Over the Counter
<i>hydrocortisone 1 % cream</i>	1	OTC Over the Counter
<i>hydrocortisone 1 % lotion</i>	1	OTC Over the Counter
<i>hydrocortisone 1 % ointment</i>	1	OTC Over the Counter
<i>hydrocortisone 2.5 % cream</i>	1	
HYDROCORTISONE 2.5 % LOTION	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>hydrocortisone 2.5 % ointment</i>	1	
<i>hydrocortisone/aloe max str 1 % cream</i>	1	OTC Over the Counter
<i>hydrocortisone anti-itch 1 % cream</i>	1	OTC Over the Counter
<i>hydrocortisone anti-itch 1 % cream</i>	1	OTC Over the Counter
<i>hydrocortisone max st/12 moist 1 % cream</i>	1	OTC Over the Counter
<i>hydrocortisone max st 1 % cream</i>	1	OTC Over the Counter
<i>hydrocortisone max st 1 % ointment</i>	1	OTC Over the Counter
<i>hydrocortisone plus 1 % cream</i>	1	OTC Over the Counter
<i>hydrocortisone ultra-moisture 1 % cream</i>	1	OTC Over the Counter
<i>medpura hydrocortisone 1 % cream</i>	1	OTC Over the Counter
<i>qc anti-itch aloe 1 % cream</i>	1	OTC Over the Counter
<i>qc hydrocortisone max st 1 % cream</i>	1	OTC Over the Counter
<i>ra anti-itch maximum strength 1 % cream</i>	1	OTC Over the Counter
<i>ra anti-itch maximum strength 1 % ointment</i>	1	OTC Over the Counter
<i>sarnol-hc 1 % lotion</i>	1	OTC Over the Counter
<i>sb hydrocortisone max st 1 % ointment</i>	1	OTC Over the Counter
<i>sm hydrocortisone 1 % cream</i>	1	OTC Over the Counter
<i>sm hydrocortisone max st 1 % ointment</i>	1	OTC Over the Counter
<i>sm hydrocortisone plus 1 % cream</i>	1	OTC Over the Counter
<i>cortizone-10 feminine itch 1 % cream</i>	1	OTC Over the Counter
<i>hydrocortisone valerate 0.2 % cream</i>	1	
<i>ammonium lactate 12 % cream</i>	1	
<i>ammonium lactate 12 % lotion</i>	1	
<i>mometasone furoate 0.1 % solution</i>	1	
<i>pimecrolimus 1 % cream</i>	1	QL 30 GM / 30 day(s)
<i>selenium sulfide 2.5 % lotion</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SELENIUM SULFIDE 2.5 % LOTION	1	
<i>tacrolimus 0.03 % ointment</i>	1	QL 120 GM / 30 day(s)
<i>tacrolimus 0.1 % ointment</i>	1	QL 30 GM / 30 day(s)
<i>triamcinolone acetonide 0.025 % cream</i>	1	
<i>triamcinolone acetonide 0.025 % lotion</i>	1	
TRIAMCINOLONE ACETONIDE 0.025 % LOTION	1	
<i>triamcinolone acetonide 0.025 % ointment</i>	1	
TRIAMCINOLONE ACETONIDE 0.147 MG/GM AERO SOLN	1	
<i>triamcinolone acetonide 0.1 % cream</i>	1	
<i>triamcinolone acetonide 0.1 % lotion</i>	1	
<i>triamcinolone acetonide 0.1 % ointment</i>	1	
<i>triamcinolone acetonide 0.5 % cream</i>	1	
<i>triamcinolone acetonide 0.5 % ointment</i>	1	
<i>triderm 0.5 % cream</i>	1	
DERMATOLOGICAL AGENTS, OTHER		
XERESE 5-1 % CREAM	1	
DRYSOL 20 % SOLUTION	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
REGRANEX 0.01 % GEL	1	
<i>acne-clear 10 % gel</i>	1	OTC Over the Counter
<i>acne medication 10 10 % gel</i>	1	OTC Over the Counter
<i>acne medication 10 % gel</i>	1	OTC Over the Counter
<i>acne treatment 10 % gel</i>	1	OTC Over the Counter
BENZEPRO 5.3 % FOAM	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BENZEPRO CREAMY WASH 7 % LIQUID	1	
<i>benzoyl peroxide 10 % gel</i>	1	OTC Over the Counter
BENZOYL PEROXIDE 9.8 % FOAM	1	
<i>bp wash 2.5 % liquid</i>	1	OTC Over the Counter
<i>clean &amp; clear persa-gel 10 10 % gel</i>	1	OTC Over the Counter
<i>cvs acne treatment 10 % gel</i>	1	OTC Over the Counter
<i>medpura benzoyl peroxide 10 % gel</i>	1	OTC Over the Counter
<i>panoxyl 2.5 % liquid</i>	1	OTC Over the Counter
PR BENZOYL PEROXIDE WASH 7 % LIQUID	1	
PR BENZOYL PEROXIDE WASH 7 % LIQUID	1	
<i>bimatoprost 0.03 % solution</i>	1	PA
<i>calcipotriene 0.005 % cream</i>	1	
<i>calcipotriene 0.005 % ointment</i>	1	
<i>calcipotriene 0.005 % solution</i>	1	
CALCIPOTRIENE 0.005 % SOLUTION	1	
<i>calcitrene 0.005 % ointment</i>	1	
<i>calcipotriene-betameth diprop 0.005-0.064 % ointment</i>	1	
<i>calcipotriene-betameth diprop 0.005-0.064 % suspension</i>	1	
CALCITRIOL 3 MCG/GM OINTMENT	1	
VECTICAL 3 MCG/GM OINTMENT	1	
<i>clotrimazole-betamethasone 1-0.05 % cream</i>	1	
<i>clotrimazole-betamethasone 1-0.05 % lotion</i>	1	
CLOTRIMAZOLE-BETAMETHASONE 1-0.05 % LOTION	1	
SANTYL 250 UNIT/GM OINTMENT	1	
<i>diclofenac sodium 3 % gel</i>	1	
<i>finasteride 1 mg tab</i>	1	PA
TRI-LUMA 0.01-4-0.05 % CREAM	1	PA
FLUOROURACIL 2 % SOLUTION	1	
<i>fluorouracil 5 % cream</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fluorouracil 5 % solution</i>	1	
HYDROCORTISONE ACE-PRAMOXINE 1-1 % CREAM	1	
HYDROCORT-PRAMOXINE (PERIANAL) 2.5-1 % CREAM	1	
PROCTOFOAM HC 1-1 % FOAM	1	
<i>imiquimod 5 % cream</i>	1	
ZYCLARA PUMP 2.5 % CREAM	1	
<i>hydrocortisone-iodoquinol 1-1 % cream</i>	1	
HYDROCORTISONE-IODOQUINOL 1-1 % CREAM	1	
IDOQUIMEZ-HC 1-1.9 % CREAM	1	
IDOQUINOL-HYDROCORTISONE-ALOE 1-1.9 % CREAM	1	
LIDOCAINE-HYDROCORTISONE ACE 1-3 % KIT	1	
LIDOCAINE-HYDROCORTISONE ACE 3-0.5 % KIT	1	
LIDOCAINE-HYDROCORTISONE ACE 3-1 % KIT	1	
<i>lidocaine-hydrocortisone ace 3-2.5 % kit</i>	1	
LIDOCAINE-HYDROCORTISONE ACE 3-2.5 % KIT	1	
LIDOCAINE-HYDROCORT (PERIANAL) 3-0.5 % CREAM	1	
LIDOCORT 3-0.5 % CREAM	1	
METHOXSALLEN RAPID 10 MG CAP	1	
<i>nystatin-triamcinolone 100000-0.1 unit/gm-% cream</i>	1	
<i>nystatin-triamcinolone 100000-0.1 unit/gm-% ointment</i>	1	
PODOFILOX 0.5 % SOLUTION	1	
HYDROCORTISONE ACE-PRAMOXINE 2.5-1 % CREAM	1	
PRAMOSONE 1-2.5 % OINTMENT	1	
KERALYT 6 % SHAMPOO	1	
SALICYLIC ACID 26 % SOLUTION	1	
SALICYLIC ACID 6 % GEL	1	
SALICYLIC ACID 6 % SHAMPOO	1	
<i>salicylic acid wart remover 27.5 % liquid</i>	1	
SALICYLIC ACID WART REMOVER 27.5 % LIQUID	1	
<i>salynta 6 % gel</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SELENIUM SULFIDE 2.25 % SHAMPOO	1	
<i>silver sulfadiazine 1 % cream</i>	1	
<i>ssd 1 % cream</i>	1	
OVACE PLUS 9.8 % LOTION	1	
SODIUM SULFACETAMIDE WASH 10 % LIQUID	1	
SODIUM SULFACETAMIDE WASH 10 % LIQUID	1	
<i>sulfacetamide sodium 10 % liquid</i>	1	
SULFACETAMIDE SODIUM 10 % LIQUID	1	
SULFACETAMIDE-SULFUR IN UREA 10-5 % EMULSION	1	
AVAR CLEANSER 10-5 % LIQUID	1	
AVAR-E EMOLLIENT 10-5 % CREAM	1	
<i>avar-e green 10-5 % cream</i>	1	
BP 10-1 10-1 % EMULSION	1	
SSS 10-5 10-5 % CREAM	1	
SSS 10-5 10-5 % FOAM	1	
SULFACETAMIDE SODIUM-SULFUR 10-1 % EMULSION	1	
<i>sulfacetamide sodium-sulfur 10-2 % cream</i>	1	
SULFACETAMIDE SODIUM-SULFUR 10-2 % CREAM	1	
SULFACETAMIDE SODIUM-SULFUR 10-2 % LIQUID	1	
<i>sulfacetamide sodium-sulfur 10-5 % cream</i>	1	
SULFACETAMIDE SODIUM-SULFUR 10-5 % CREAM	1	
<i>sulfacetamide sodium-sulfur 10-5 % liquid</i>	1	
SULFACETAMIDE SODIUM-SULFUR 10-5 % LIQUID	1	
SULFACETAMIDE SODIUM-SULFUR 10-5 % LOTION	1	
SULFACETAMIDE SODIUM-SULFUR 10-5 % SUSPENSION	1	
SULFACETAMIDE SODIUM-SULFUR 8-4 % SUSPENSION	1	
<i>sulfacetamide sodium-sulfur 8-4 % suspension</i>	1	
SULFACETAMIDE SODIUM-SULFUR 8-4 % SUSPENSION	1	
SULFACETAMIDE SODIUM-SULFUR 9-4.5 % LIQUID	1	
SULFACETAMIDE SODIUM-SULFUR 9-4 % LIQUID	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SULFACETAMIDE SODIUM-SULFUR 9-4 % LIQUID	1	
SULFACETAMIDE SOD-SULFUR WASH 9-4.5 % LIQUID	1	
SULFACETAMIDE SOD-SULFUR WASH 9-4 % LIQUID	1	
SULFACLEANSE 8/4 8-4 % SUSPENSION	1	
SULFAMEZ WASH 10-1 % EMULSION	1	
<i>cerovel 40 % lotion</i>	1	
<i>umecta mousse 40 % foam</i>	1	
UREA 39 % CREAM	1	
<i>urea 40 % cream</i>	1	
UREA 40 % CREAM	1	
UREA 40 % LOTION	1	
UREA 45 % CREAM	1	
UREA 47 % CREAM	1	
<i>urea nail 45 % gel</i>	1	
UREDEB 39 % CREAM	1	
UREMEZ-40 40 % CREAM	1	
XUREA 39 % CREAM	1	
PEDICULICIDES/SCABICIDES		
<i>malathion 0.5 % lotion</i>	1	
<i>permethrin 5 % cream</i>	1	
SPINOSAD 0.9 % SUSPENSION	1	
TOPICAL ANTI-INFECTIVES		
<i>acyclovir 5 % ointment</i>	1	QL 15 gm / 30 days
<i>ciclodan 8 % solution</i>	1	
<i>ciclopirox 0.77 % gel</i>	1	
<i>ciclopirox 1 % shampoo</i>	1	
<i>ciclopirox 8 % solution</i>	1	
<i>clindamycin phos (once-daily) 1 % gel</i>	1	
<i>clindamycin phosphate 1 % lotion</i>	1	
<i>clindamycin phosphate 1 % solution</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>clindamycin phos (twice-daily) 1 % gel</i>	1	
<i>dapsone 5 % gel</i>	1	
ERY 2 % PAD	1	
<i>erythromycin 2 % gel</i>	1	
ERYTHROMYCIN 2 % GEL	1	
<i>erythromycin 2 % solution</i>	1	
<i>mupirocin 2 % ointment</i>	1	
ELECTROLYTES/MINERALS/METALS/VITAMINS		
ELECTROLYTE/MINERAL REPLACEMENT		
<i>pku goliike plus 16+ packet</i>	1	OTC Over the Counter
PKU GOLIKE PLUS 16+ PACKET	1	OTC Over the Counter
<i>pku goliike plus 4-16 packet</i>	1	OTC Over the Counter
PKU GOLIKE PLUS 4-16 PACKET	1	OTC Over the Counter
<i>xphe maxamum packet</i>	1	OTC Over the Counter
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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 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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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
GLYCOSAIDE 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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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 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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KIDS PROTEIN ORGANIC SHAKE LIQUID	1	OTC Over the Counter
KINDERSPROUT PLANT PROTEIN LIQUID	1	OTC Over the Counter
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
MCTPROCAL PACKET	1	OTC Over the Counter
MCT PRO-CAL 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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
NEOCATE SPLASH 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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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 1.5 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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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 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
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 LIQUID	1	OTC Over the Counter
PROSOURCE PLUS 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
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RE/NEPH REDUCED SUGAR LIQUID	1	OTC Over the Counter
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
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 COOLER LIQUID	1	OTC Over the Counter
TYR GEL PACKET	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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 PEDIATRIC RTF LIQUID	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
XTRACAL PLUS 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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MULTIVITAMIN/FLUORIDE 1 MG CHEW TAB	1	PD Preventive Drug
<i>klor-con 10 10 meq tab er</i>	1	
KLOR-CON 10 10 MEQ TAB ER	1	
<i>klor-con 20 meq packet</i>	1	
KLOR-CON 8 MEQ TAB ER	1	
<i>potassium chloride 10 % solution</i>	1	
<i>potassium chloride 20 meq/15ml (10%) solution</i>	1	
<i>potassium chloride 20 meq packet</i>	1	
<i>potassium chloride 40 meq/15ml (20%) solution</i>	1	
<i>potassium chloride er 10 meq cap er</i>	1	
<i>potassium chloride er 10 meq tab er</i>	1	
<i>potassium chloride er 20 meq tab er</i>	1	
<i>potassium chloride er 8 meq cap er</i>	1	
<i>potassium chloride er 8 meq tab er</i>	1	
POTASSIUM CHLORIDE ER 8 MEQ TAB ER	1	
<i>klor-con m10 10 meq tab er</i>	1	
<i>klor-con m15 15 meq tab er</i>	1	
<i>klor-con m20 20 meq tab er</i>	1	
<i>potassium chloride crys er 10 meq tab er</i>	1	
<i>potassium chloride crys er 15 meq tab er</i>	1	
<i>potassium chloride crys er 20 meq tab er</i>	1	
<i>potassium citrate er 10 meq (1080 mg) tab er</i>	1	
<i>potassium citrate er 15 meq (1620 mg) tab er</i>	1	
<i>potassium citrate er 5 meq (540 mg) tab er</i>	1	
<i>maxpro-18g liquid</i>	1	OTC Over the Counter
<i>prosource no carb liquid</i>	1	OTC Over the Counter
<i>prosource no carb liquid</i>	1	OTC Over the Counter
ELECTROLYTE/MINERAL/METAL MODIFIERS		
<i>deferasirox 125 mg tab sol</i>	1	SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>deferasirox 180 mg tab</i>	1	SP Specialty
<i>deferasirox 250 mg tab sol</i>	1	SP Specialty
<i>deferasirox 360 mg tab</i>	1	SP Specialty
<i>deferasirox 500 mg tab sol</i>	1	SP Specialty
<i>deferasirox 90 mg tab</i>	1	SP Specialty
<i>tolvaptan 15 mg tab thpk</i>	1	QL 60 EA / 30 days PA SP Specialty
<i>tolvaptan 30 &amp; 15 mg tab thpk</i>	1	QL 60 EA / 30 days PA SP Specialty
<i>tolvaptan 45 &amp; 15 mg tab thpk</i>	1	QL 60 EA / 30 days PA SP Specialty
<i>tolvaptan 60 &amp; 30 mg tab thpk</i>	1	QL 60 EA / 30 days PA SP Specialty
<i>tolvaptan 90 &amp; 30 mg tab thpk</i>	1	QL 60 EA / 30 days PA SP Specialty
<i>trientine hcl 250 mg cap</i>	1	PA SP Specialty
TRIENTINE HCL 500 MG CAP	1	PA SP Specialty
<b>PHOSPHATE BINDERS</b>		
<i>calcium acetate 667 mg tab</i>	1	
<i>calcium acetate (phos binder) 667 mg cap</i>	1	
<i>calcium acetate (phos binder) 667 mg tab</i>	1	
<i>sevelamer carbonate 0.8 gm packet</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sevelamer carbonate 2.4 gm packet</i>	1	
<i>sevelamer hcl 800 mg tab</i>	1	
<b>POTASSIUM BINDERS</b>		
<i>kionex 15 gm/60ml suspension</i>	1	
<i>sodium polystyrene sulfonate 15 gm/60ml suspension</i>	1	
<i>sodium polystyrene sulfonate powder</i>	1	
<i>sps (sodium polystyrene sulf) 15 gm/60ml suspension</i>	1	
<b>VITAMINS</b>		
<i>nac 600 600 mg cap</i>	1	OTC Over the Counter
<i>nac 600 mg cap</i>	1	OTC Over the Counter
<i>n-acetyl cysteine 600 mg cap</i>	1	OTC Over the Counter
<i>nf formulas nac 600 mg cap</i>	1	OTC Over the Counter
<i>add-ins complete packet</i>	1	OTC Over the Counter
<i>amino action 1200-100 mg tab</i>	1	OTC Over the Counter
<i>argiment at packet</i>	1	OTC Over the Counter
<i>argiment at packet</i>	1	OTC Over the Counter
<i>daily amino acid tab</i>	1	OTC Over the Counter
<i>phenylade40 drink mix packet</i>	1	OTC Over the Counter
<i>phenylade amino acid blend packet</i>	1	OTC Over the Counter
<i>phenylade mte amino acid blend packet</i>	1	OTC Over the Counter
<i>phenylade phebloc tab</i>	1	OTC Over the Counter
<i>phlexy-10 tab</i>	1	OTC Over the Counter
<i>pku golike plus 16+ packet</i>	1	OTC Over the Counter
<i>pku golike plus 4-16 packet</i>	1	OTC Over the Counter
<i>pre protein tab</i>	1	OTC Over the Counter
<i>proteinex tab</i>	1	OTC Over the Counter
<i>super amino acids tab</i>	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>triamino tab</i>	1	OTC Over the Counter
<i>xphe maxamum packet</i>	1	OTC Over the Counter
<i>xphe maxamum packet</i>	1	OTC Over the Counter
FOLBEE PLUS CZ 5 MG TAB	1	
ACTIVITE 1 MG TAB	1	
DEXIFOL 5 MG TAB	1	
DIALYVITE TAB	1	
FOLBEE PLUS TAB	1	OTC Over the Counter
<i>nephronex tab</i>	1	
RENO CAPS 1 MG CAP	1	OTC Over the Counter
TM-VITE RX 1 MG TAB	1	
TRONVITE 1 MG TAB	1	
VITASURE 1 MG TAB	1	
<i>icar 15 mg/1.25ml suspension</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>wee care 15 mg/1.25ml suspension</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>cyanocobalamin 1000 mcg/ml solution</i>	1	
<i>cyanocobalamin 1000 mcg/ml solution</i>	1	
<i>dodex 1000 mcg/ml solution</i>	1	
CYSTINE500 500 MG PACKET	1	PA OTC Over the Counter
CYSTINE 500 MG PACKET	1	PA OTC Over the Counter
MULTIGEN 70 MG TAB	1	
MULTIGEN FOLIC 70-150-2-1 MG TAB	1	
FERRALET 90 90-1 MG TAB	1	
TRIGELS-F FORTE 460-60-0.01-1 MG CAP	1	
FOLIVANE-PLUS CAP	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ACCRUFER 30 MG CAP	1	PA
<i>ferocon cap</i>	1	
FEROTRINSIC CAP	1	
FOLTRIN CAP	1	
TRICON CAP	1	
<i>bprotected pedia iron 75 (15 fe) mg/ml solution</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>cvs slow release iron 45 mg tab er</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>fer-in-sol 75 (15 fe) mg/ml solution</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>ferrous sulfate 220 (44 fe) mg/5ml solution</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>ferrous sulfate 300 (60 fe) mg/5ml solution</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>ferrous sulfate 75 (15 fe) mg/ml solution</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>ferrous sulfate er 45 mg tab er</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>fe-vite iron 75 (15 fe) mg/ml solution</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>ft iron slow release 45 mg tab er</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>gnp iron 45 mg tab er</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>iron high-potency 45 mg tab er</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>iron slow release 45 mg tab er</i>	1	ACA Affordable Care Act OTC Over the Counter

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>gnp folic acid 400 mcg tab</i>	1	<ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul>
<i>kp folic acid 1 mg tab</i>	1	<ul style="list-style-type: none"> <li>OTC Over the Counter</li> </ul>
<i>kp folic acid 800 mcg tab</i>	1	<ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul>
<i>qc folic acid 800 mcg tab</i>	1	<ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul>
<i>ra folic acid 400 mcg tab</i>	1	<ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul>
<i>ra folic acid 800 mcg tab</i>	1	<ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul>
<i>sm folic acid 400 mcg tab</i>	1	<ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul>
<i>true folic acid 1 mg tab</i>	1	<ul style="list-style-type: none"> <li>OTC Over the Counter</li> </ul>
<i>true folic acid 400 mcg tab</i>	1	<ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul>
<i>yl folic acid 400 mcg tab</i>	1	<ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul>
<i>folbic 2.5-25-2 mg tab</i>	1	<ul style="list-style-type: none"> <li>OTC Over the Counter</li> </ul>
<i>westab max 2.5-25-2 mg tab</i>	1	<ul style="list-style-type: none"> <li>OTC Over the Counter</li> </ul>
AIRAVITE 2.5-25-1 MG TAB	1	
<i>fa-vitamin b-6-vitamin b-12 2.2-25-0.5 mg tab</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>folbee 2.5-25-1 mg tab</i>	1	OTC Over the Counter
FOLPLEX 2.2 2.2-25-0.5 MG TAB	1	
NUFOL 2.5-25-1 MG TAB	1	
<i>westab one 2.5-25-1 mg tab</i>	1	OTC Over the Counter
ADVANTAGE INFANT FORMULA/IRON POWDER	1	OTC Over the Counter
ALFAMINO INFANT POWDER	1	OTC Over the Counter
ALIMENTUM POWDER	1	OTC Over the Counter
ALSOY SOY FORMULA CONC	1	OTC Over the Counter
ALSOY SOY FORMULA POWDER	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
CALCILO XD POWDER	1	OTC Over the Counter
CVS ADVANTAGE/IRON POWDER	1	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 SENSITIVITY/IRON POWDER	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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ELECARE DHA/ARA/IRON INFANT POWDER	1	OTC Over the Counter
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
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 LIPIL 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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
GERBER EXTENSIVE HA POWDER	1	OTC Over the Counter
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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
GOOD START 2 ESSENTIALS/IRON CONC	1	OTC Over the Counter
GOOD START 2 ESSENTIALS SOY/FE POWDER	1	OTC Over the Counter
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GOOD START SUPREME/IRON POWDER	1	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
MSUD ANALOG POWDER	1	OTC Over the Counter
NEOCATE SYNEO INFANT POWDER	1	OTC Over the Counter
NESTLE NAN PRO 1-IRON POWDER	1	OTC Over the Counter
NESTLE NAN PRO-TODDLER POWDER	1	OTC Over the Counter
PEPTICATE POWDER	1	OTC Over the Counter
PERIFLEX INFANT POWDER	1	OTC Over the Counter
PHENYL-FREE 1 POWDER	1	OTC Over the Counter
PREGESTIMIL POWDER	1	OTC Over the Counter
PREMIUM INFANT FORMULA/IRON POWDER	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
RCF CONC	1	OTC Over the Counter
RCF LOW-IRON CONC	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
SIMILAC 360 TOTAL CARE 5 HMO POWDER	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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 PACKET	1	OTC Over the Counter
SIMILAC ADVANCE-IRON POWDER	1	OTC Over the Counter
SIMILAC ADVANCE LAMEHADRIIN 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
SIMILAC HUMAN MILK FORTIFIER POWDER	1	OTC Over the Counter
SIMILAC/IRON CONC	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
SIMILAC SENSITIVE NON-GMO POWDER	1	OTC Over the Counter
SIMILAC SENSITIVE OPTIGRO/IRON POWDER	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SIMILAC SENSITIVE POWDER	1	OTC Over the Counter
SIMILAC SOY ISOMIL CONC	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
SOD ANAMIX EARLY YEARS POWDER	1	OTC Over the Counter
UCD ANAMIX INFANT POWDER	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-XTYR ANALOG POWDER	1	OTC Over the Counter
XPTM ANALOG POWDER	1	OTC Over the Counter
CORVITA 150 150-1.25 MG TAB	1	
<i>iferex 150 forte 150-25-1 mg-mcg-mg cap</i>	1	
POLY-IRON 150 FORTE 150-25-1 MG-MCG-MG CAP	1	
POLYSACCHARIDE IRON FORTE 150-25-1 MG-MCG-MG CAP	1	
ICAR-C PLUS 100-250-0.025-1 MG TAB	1	
LACTATED RINGERS SOLUTION	1	
<i>lactated ringers solution</i>	1	
<i>acticarnitine sf 1 gm/10ml solution</i>	1	PA OTC Over the Counter
g-levocarnitine s/f 1 gm/10ml solution	1	PA OTC Over the Counter
<i>levocarnitine (dietary) 1 gm/10ml solution</i>	1	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CARNITOR 1 GM/10ML SOLUTION	1	
CARNITOR 200 MG/ML SOLUTION	1	
CARNITOR 330 MG TAB	1	
CARNITOR SF 1 GM/10ML SOLUTION	1	
<i>levocarnitine 1 gm/10ml solution</i>	1	
<i>levocarnitine 1 gm/10ml solution</i>	1	
<i>levocarnitine 330 mg tab</i>	1	
<i>levocarnitine sf 1 gm/10ml solution</i>	1	
ANTIOXIDANT A/C/E/SELENIUM TAB	1	OTC Over the Counter
ANTIOXIDANT VITAMINS TAB	1	OTC Over the Counter
A THRU Z ADVANCED ADULT TAB	1	OTC Over the Counter
A THRU Z ADVANCED TAB	1	OTC Over the Counter
A THRU Z HIGH POTENCY TAB	1	OTC Over the Counter
A THRU Z SELECT 50+ ADVANCED TAB	1	OTC Over the Counter
A THRU Z SELECT 50+ MENS TAB	1	OTC Over the Counter
A THRU Z SELECT ADVANCED TAB	1	OTC Over the Counter
A THRU Z SELECT TAB	1	OTC Over the Counter
A THRU Z SELECT ULTIMATE WOMEN TAB	1	OTC Over the Counter
A THRU Z ULTIMATE MENS TAB	1	OTC Over the Counter
BIOCEL TAB	1	
B-PLEX PLUS TAB	1	
BPROTECTED MULTI-VITE LIQUID	1	OTC Over the Counter
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
COMPANION TAB	1	OTC Over the Counter
COMPETE TAB	1	OTC Over the Counter
COMPLETE MULTIVITAMIN/MINERAL LIQUID	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 ONE DAILY ESSENTIAL TAB	1	OTC Over the Counter
CVS ONE DAILY MENS FORMULA TAB	1	OTC Over the Counter
CVS ONE DAILY WOMENS FORMULA TAB	1	OTC Over the Counter
CVS SPECTRAVITE ADVANCED TAB	1	OTC Over the Counter
CVS SPECTRAVITE MEN 50+ TAB	1	OTC Over the Counter
CVS SPECTRAVITE MEN TAB	1	OTC Over the Counter
CVS SPECTRAVITE SENIOR TAB	1	OTC Over the Counter
CVS SPECTRAVITE ULTRA MENS TAB	1	OTC Over the Counter
CVS SPECTRAVITE WOMEN 50+ TAB	1	OTC Over the Counter
CVS SPECTRAVITE WOMENS SENIOR TAB	1	OTC Over the Counter
CVS SPECTRAVITE WOMEN TAB	1	OTC Over the Counter
CVS WOMENS ACTIVE DAILY TAB	1	OTC Over the Counter
DAILY BETIC TAB	1	OTC Over the Counter
DAILY COMBO MULTI VITAMINS TAB	1	OTC Over the Counter
DAILY MULTIPLE VITAMINS/MIN TAB	1	OTC Over the Counter
DIABETES HEALTH FORMULA TAB	1	OTC Over the Counter
DIALYVITE 800/ULTRA D TAB	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EQ COMPLETE MULTIVIT ADULT 50+ TAB	1	OTC Over the Counter
EQL CENTURY MATURE MEN 50+ TAB	1	OTC Over the Counter
EQL CENTURY MATURE TAB	1	OTC Over the Counter
EQL CENTURY MATURE WOMEN 50+ TAB	1	OTC Over the Counter
EQL CENTURY TAB	1	OTC Over the Counter
EQL ONE DAILY MENS 50+ ADVANCE TAB	1	OTC Over the Counter
EQL ONE DAILY MENS HEALTH TAB	1	OTC Over the Counter
EQL ONE DAILY WOMENS 50+ ADV TAB	1	OTC Over the Counter
EQL VISION FORMULA TAB	1	OTC Over the Counter
EQ ONE DAILY WOMENS HEALTH TAB	1	OTC Over the Counter
ESSENTIAL BALANCE TAB	1	OTC Over the Counter
ESSENTIA TAB	1	OTC Over the Counter
EYE-VITES TAB	1	OTC Over the Counter
GERIVITE COMPLETE TAB	1	OTC Over the Counter
GNP CENTURY MATURE WOMEN'S 50+ TAB	1	OTC Over the Counter
GNP HAIR/SKIN/NAILS TAB	1	OTC Over the Counter
GNP HEALTHY EYES TAB	1	OTC Over the Counter
GNP MEGA MULTI FOR MEN TAB	1	OTC Over the Counter
GNP MEGA MULTI FOR WOMEN TAB	1	OTC Over the Counter
GNP ONE DAILY MENS HEALTH 50+ TAB	1	OTC Over the Counter
GNP ONE DAILY MENS/LYCOPENE TAB	1	OTC Over the Counter
GNP ONE DAILY WOMENS 50+ TAB	1	OTC Over the Counter
GNP ONE DAILY WOMENS TAB	1	OTC Over the Counter
GNP THERAPEUTIC-M TAB	1	OTC Over the Counter
HAIR SKIN AND NAILS FORMULA TAB	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HAIR/SKIN/NAILS TAB	1	OTC Over the Counter
HEALTHY EYES TAB	1	OTC Over the Counter
HI-KOVITE 2-PART FORMULA TAB	1	OTC Over the Counter
<i>hm complete women tab</i>	1	OTC Over the Counter
<i>hm womens 50+ advanced daily tab</i>	1	OTC Over the Counter
ICAPS MV TAB	1	OTC Over the Counter
I-VITE TAB	1	OTC Over the Counter
KP ADULTS 50+ DAILY FORMULA TAB	1	OTC Over the Counter
KP ADULTS DAILY FORMULA TAB	1	OTC Over the Counter
KP MENS 50+ DAILY FORMULA TAB	1	OTC Over the Counter
KP MENS DAILY FORMULA TAB	1	OTC Over the Counter
KP VISION FORMULA/LUTEIN TAB	1	OTC Over the Counter
KP VISION FORMULA TAB	1	OTC Over the Counter
KP WOMENS 50+ DAILY FORMULA TAB	1	OTC Over the Counter
KP WOMENS DAILY FORMULA TAB	1	OTC Over the Counter
LYSIPLEX PLUS LIQUID	1	OTC Over the Counter
LYSIPLEX PLUS TAB	1	
MACUVITE EYE CARE TAB	1	OTC Over the Counter
<i>macuvite/lutein tab</i>	1	OTC Over the Counter
MACUVITE TAB	1	OTC Over the Counter
MAXIMUM DAILY GREEN TAB	1	OTC Over the Counter
MEIJER ADVANCED FORMULA TAB	1	OTC Over the Counter
MENS LIFE PACK TAB	1	OTC Over the Counter
MULTI COMPLETE/IRON TAB	1	OTC Over the Counter
MULTI FOR HER 50+ TAB	1	OTC Over the Counter
MULTI FOR HER TAB	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MULTI FOR HIM 50+ TAB	1	OTC Over the Counter
MULTI FOR HIM TAB	1	OTC Over the Counter
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 LIQUID	1	OTC Over the Counter
MULTIVITAMIN MEN 50+ TAB	1	OTC Over the Counter
<i>multivitamin &amp; mineral liquid</i>	1	OTC Over the Counter
MULTI VITAMIN/MINERALS TAB	1	OTC Over the Counter
MULTI-VITAMIN/MINERALS TAB	1	OTC Over the Counter
MULTIVITAMIN WOMEN 50+ TAB	1	OTC Over the Counter
MULTIVITAMIN WOMENS 50+ ADV TAB	1	OTC Over the Counter
MULTIVITAMIN WOMEN TAB	1	OTC Over the Counter
MYAMULTI TAB	1	OTC Over the Counter
NUTRIFAC ZX TAB	1	
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
<i>one-a-day teen advantage/her tab</i>	1	OTC Over the Counter
ONE DAILY 50 PLUS TAB	1	OTC Over the Counter
ONE DAILY CALCIUM/IRON TAB	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
OPTIC-VITES TAB	1	OTC Over the Counter
OPTIC-VITES WITH LUTEIN TAB	1	OTC Over the Counter
OPTIMUM PMS TAB	1	OTC Over the Counter
OSTEOPRIME ULTRA TAB	1	OTC Over the Counter

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

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ULTRACHOICE ADV FORMULA MATURE TAB	1	OTC Over the Counter
ULTRA FREEDA/IRON TAB	1	OTC Over the Counter
ULTRA FREEDA TAB	1	OTC Over the Counter
V-C FORTE CAP	1	
VIC-FORTE CAP	1	
VISION FORMULA/LUTEIN TAB	1	OTC Over the Counter
VISION VITAMINS TAB	1	OTC Over the Counter
VITABASIC COMPLETE TAB	1	OTC Over the Counter
VITABASIC SENIOR TAB	1	OTC Over the Counter
VITACEL TAB	1	
VITA HAIR TAB	1	OTC Over the Counter
VITAMINS A-D-E/SELENIUM TAB	1	OTC Over the Counter
VITAROCA PLUS TAB	1	
VITA S FORTE TAB	1	
<i>vitatum complete tab</i>	1	OTC Over the Counter
<i>vitrum senior tab</i>	1	OTC Over the Counter
<i>womens daily form/fa/ca/fe tab</i>	1	OTC Over the Counter
WOMENS DAILY FORMULA TAB	1	OTC Over the Counter
WOMENS LIFE PACK TAB	1	OTC Over the Counter
WOMENS MULTIVITAMIN TAB	1	OTC Over the Counter
FOLGARD OS 500-1.1 MG TAB	1	
ALFAMINO JUNIOR POWDER	1	OTC Over the Counter
CHICKEN/PEAS/CARROTS POWDER	1	OTC Over the Counter
KALE/QUINOA/BERRIES POWDER	1	OTC Over the Counter
LIPISTART POWDER	1	OTC Over the Counter
PEDIASMART PEA PROTEIN POWDER	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PKU START POWDER	1	OTC Over the Counter
RESTORE FUSION RENAL SUPPORT POWDER	1	OTC Over the Counter
RESTORE RENAL SUPPORT POWDER	1	OTC Over the Counter
<i>cvs fish oil 1000 mg cap</i>	1	OTC Over the Counter
<i>cvs natural fish oil 1000 mg cap</i>	1	OTC Over the Counter
<i>eql fish oil 1000 mg cap</i>	1	OTC Over the Counter
<i>eql omega 3 fish oil 1000 mg cap</i>	1	OTC Over the Counter
<i>fish oil 1000 mg cap</i>	1	OTC Over the Counter
<i>fish oil burp-less 1000 mg cap</i>	1	OTC Over the Counter
<i>fish oil concentrate 1000 mg cap</i>	1	OTC Over the Counter
<i>fish oil high potency 1000 mg cap</i>	1	OTC Over the Counter
<i>fish oil omega-3 1000 mg cap</i>	1	OTC Over the Counter
<i>fish oil/super potent/no burp 1000 mg cap</i>	1	OTC Over the Counter
<i>gnp fish oil 1000 mg cap</i>	1	OTC Over the Counter
<i>hm fish oil 1000 mg cap</i>	1	OTC Over the Counter
<i>maxepa 1000 mg cap</i>	1	OTC Over the Counter
<i>maximum epa 1000 mg cap</i>	1	OTC Over the Counter
<i>norwegian salmon oil 1000 mg cap</i>	1	OTC Over the Counter
<i>omega 3 1000 mg cap</i>	1	OTC Over the Counter
<i>omega-3 1000 mg cap</i>	1	OTC Over the Counter
<i>omega-3 cf 1000 mg cap</i>	1	OTC Over the Counter
<i>omega 3 fish oil 1000 mg cap</i>	1	OTC Over the Counter
<i>omega-3 fish oil 1000 mg cap</i>	1	OTC Over the Counter
<i>qc fish oil 1000 mg cap</i>	1	OTC Over the Counter
<i>ra fish oil 1000 mg cap</i>	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sb omega-3 fish oil 1000 mg cap</i>	1	OTC Over the Counter
<i>sea-omega 1000 mg cap</i>	1	OTC Over the Counter
<i>sm fish oil 1000 mg cap</i>	1	OTC Over the Counter
<i>super dha gems 1000 mg cap</i>	1	OTC Over the Counter
<i>super omega-3 1000 mg cap</i>	1	OTC Over the Counter
<i>theromega 1000 mg cap</i>	1	OTC Over the Counter
<i>ultra omega 3 1000 mg cap</i>	1	OTC Over the Counter
MULTIVITAMIN/FLUORIDE 0.25 MG CHEW TAB	1	PD Preventive Drug OTC Over the Counter
MULTIVITAMIN/FLUORIDE 0.25 MG/ML SOLUTION	1	PD Preventive Drug OTC Over the Counter
MULTI-VITAMIN/FLUORIDE 0.25 MG/ML SOLUTION	1	PD Preventive Drug
MULTIVITAMIN/FLUORIDE 0.25 MG/ML SUSPENSION	1	PD Preventive Drug
MULTIVITAMIN/FLUORIDE 0.5 MG CHEW TAB	1	PD Preventive Drug OTC Over the Counter
MULTIVITAMIN/FLUORIDE 0.5 MG/ML SOLUTION	1	PD Preventive Drug OTC Over the Counter
MULTI-VITAMIN/FLUORIDE 0.5 MG/ML SOLUTION	1	PD Preventive Drug
MULTIVITAMIN/FLUORIDE 1 MG CHEW TAB	1	PD Preventive Drug OTC Over the Counter
POLY-VI-FLOR 0.25 MG/ML SUSPENSION	1	PD Preventive Drug
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
VITAMINS ACD-FLUORIDE 0.25 MG/ML SOLUTION	1	PD Preventive Drug OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VITAMINS ACD-FLUORIDE 0.5 MG/ML SOLUTION	1	PD Preventive Drug OTC Over the Counter
MULTI-VITAMIN/FLUORIDE/IRON 0.25-10 MG/ML SOLUTION	1	PD Preventive Drug
POLY-VI-FLOR/IRON 0.25-7 MG/ML SUSPENSION	1	PD Preventive Drug OTC Over the Counter
EFFER-K 25 MEQ EFFER TAB	1	
<i>klor-con/ef 25 meq effer tab</i>	1	
k-prime 25 meq effer tab	1	
<i>potassium phosphates 150 mmole/50ml solution</i>	1	
POTASSIUM PHOSPHATES 150 MMOLE/50ML SOLUTION	1	
<i>potassium phosphates 15 mmole/5ml solution</i>	1	
POTASSIUM PHOSPHATES 15 MMOLE/5ML SOLUTION	1	
<i>potassium phosphates 45 mmole/15ml solution</i>	1	
<i>potassium phosphates(66 meq k) 45 mmole/15ml solution</i>	1	
POTASSIUM PHOSPHATES(66 MEQ K) 45 MMOLE/15ML SOLUTION	1	
PRENATE 0.6-0.4 MG CHEW TAB	1	
NEONATAL FE 90-1 MG TAB	1	
DERMACINRX PRETRATE 1 MG TAB	1	
NEO-VITAL RX 1 MG TAB	1	
ONENATAL RX 1 MG TAB	1	
PRENATVITE COMPLETE 1 MG TAB	1	
PRENATVITE PLUS 1 MG TAB	1	
COMPLETE NATAL DHA 29-1-200 & 200 MG MISC	1	
WESNATAL DHA COMPLETE 29-1-200 & 200 MG MISC	1	
OBSTETRIX DHA 29-1 & 350 MG MISC	1	OTC Over the Counter
VITAFOL-ONE 29-1-200 MG CAP	1	
NEONATAL 19 1 MG TAB	1	
PRENATAL 19 29-1 MG TAB	1	
PRENATAL 19 TAB	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ATABEX EC 29-1 MG TAB DR	1	
INATAL GT TAB	1	
VINATE II 29-1 MG TAB	1	
CONCEPT DHA 53.5-38-1 MG CAP	1	
WESCAP-C DHA 53.5-38-1 MG CAP	1	
ENBRACE HR CAP	1	
VITAFOL FE+ 90-0.6-0.4-200 MG CAP	1	
VITAFOL ULTRA 29-0.6-0.4-200 MG CAP	1	
VITAFOL GUMMIES 3.33-0.333-34.8 MG CHEW TAB	1	
RELNATE DHA 28-1-200 MG CAP	1	
NATALVIT TAB	1	
PRENATABS FA 29-1 MG TAB	1	OTC Over the Counter
PRENATAL 19 29-1 MG CHEW TAB	1	
PRENATAL 19 CHEW TAB	1	
TRINATE TAB	1	
VINATE ONE 60-1 MG TAB	1	
PNV-SELECT 27-0.6-0.4 MG TAB	1	
PRENATABS RX 29-1 MG TAB	1	OTC Over the Counter
THRIVITE RX 29-1 MG TAB	1	
PRENATE AM 1 MG TAB	1	
PRENATE ELITE 20-0.6-0.4 MG TAB	1	
PRENATAL-U 106.5-1 MG CAP	1	
VINATE CARE 40-1 MG CHEW TAB	1	OTC Over the Counter
VITATRUE 30-1.4 & 300 MG MISC	1	
PRIMACARE 30-1-470 MG CAP	1	
TRISTART DHA 31-0.6-0.4-200 MG CAP	1	
PNV-DHA 27-0.6-0.4-300 MG CAP	1	
PRENATE ENHANCE 28-0.6-0.4-400 MG CAP	1	
PRENATE RESTORE 27-0.6-0.4-400 MG CAP	1	
VITAMEDMD ONE RX/QUATREFOLIC 30-0.6-0.4-200 MG CAP	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PNV-OMEGA 28-0.6-0.4-340 MG CAP	1	
PRENA1 PEARL 30-1.4-200 MG CAP ER	1	
VINATE DHA RF 27-1.13 MG CAP	1	
VITAFOL-NANO 18-0.6-0.4 MG TAB	1	
PRENATE DHA 18-0.6-0.4-300 MG CAP	1	
PRENATE ESSENTIAL 18-0.6-0.4-300 MG CAP	1	
PRENATE PIXIE 10-0.6-0.4-200 MG CAP	1	
PRENAISSANCE PLUS 28-1-250 MG CAP	1	
PRENATE MINI 18-0.6-0.4-350 MG CAP	1	
PNV-DHA+DOCUSATE 27-1.25-300 MG CAP	1	
PRENAISSANCE 29-1.25-325 MG CAP	1	
CITRANATAL HARMONY 27-1-260 MG CAP	1	
CITRANATAL MEDLEY 27-1-200 MG CAP	1	
PRENA1 1.4 MG CHEW TAB	1	
VITAFOL STRIPS 1 MG FILM	1	
<i>boost soothe liquid</i>	1	OTC Over the Counter
<i>prosource no carb liquid</i>	1	OTC Over the Counter
<i>prosource protein liquid</i>	1	OTC Over the Counter
PYRIDOXINE HCL 100 MG/ML SOLUTION	1	
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	
<i>sodium phosphates 150 mmole/50ml solution</i>	1	
<i>sodium phosphates 15 mmole/5ml solution</i>	1	
SODIUM PHOSPHATES 15 MMOLE/5ML SOLUTION	1	
<i>sodium phosphates 45 mmole/15ml solution</i>	1	
DOJOLVI 100 % LIQUID	1	PA SP Specialty
CYTO-Q 80 MG/10ML LIQUID	1	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>cyto-q max 100 mg/ml liquid</i>	1	PA OTC Over the Counter
CYTO-Q T/F 80 MG/10ML LIQUID	1	PA OTC Over the Counter
GASTROINTESTINAL AGENTS		
ANTI-CONSTIPATION AGENTS		
<i>constulose 10 gm/15ml solution</i>	1	
<i>kristalose 10 gm packet</i>	1	PA
<i>kristalose 20 gm packet</i>	1	PA
<i>lactulose 10 gm/15ml solution</i>	1	
<i>lactulose 10 gm packet</i>	1	PA
<i>lactulose 20 gm/30ml solution</i>	1	
<i>lactulose 20 gm packet</i>	1	PA
<i>enulose 10 gm/15ml solution</i>	1	
<i>generlac 10 gm/15ml solution</i>	1	
<i>lactulose encephalopathy 10 gm/15ml solution</i>	1	
<i>gavilyte-n with flavor pack 420 gm recon soln</i>	1	ACA Affordable Care Act
<i>peg 3350-kcl-na bicarb-nacl 420 gm recon soln</i>	1	ACA Affordable Care Act
<i>clearlax 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>cvs purelax 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>eq clearlax 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>eql clearlax 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>ft clearlax 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>gavilax 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>gentlelax 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>glycolax 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>gnp clearlax 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>goodsense clearlax 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>hm clearlax 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>instalax 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>kls laxaclear 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>laxative osmotic 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>miralax 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>mm clearlax 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>peg 3350 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>polyethylene glycol 3350 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>qc natura-lax 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>ra laxative 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sb polyethylene glycol 3350 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>sm clearlax 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>smooth lax 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>true laxative 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>prucalopride succinate 1 mg tab</i>	1	QL 30 / 30 days
<i>prucalopride succinate 2 mg tab</i>	1	QL 30 / 30 days
<b>ANTI-DIARRHEAL AGENTS</b>		
<i>alosetron hcl 0.5 mg tab</i>	1	
<i>alosetron hcl 1 mg tab</i>	1	
MYTESI 125 MG TAB DR	1	
DIPHENOXYLATE-ATROPINE 2.5-0.025 MG/5ML LIQUID	1	
<i>diphenoxylate-atropine 2.5-0.025 mg tab</i>	1	
<i>loperamide hcl 2 mg cap</i>	1	
XERMELO 250 MG TAB	1	PA SP Specialty
<b>ANTISPASMODICS, GASTROINTESTINAL</b>		
<i>dicyclomine hcl 10 mg/5ml solution</i>	1	
<i>dicyclomine hcl 10 mg cap</i>	1	
<i>dicyclomine hcl 20 mg tab</i>	1	
<i>glycopyrrolate 1 mg/5ml solution</i>	1	PA
<i>glycopyrrolate 1 mg tab</i>	1	
<i>glycopyrrolate 2 mg tab</i>	1	
<i>hyoscyamine sulfate 0.125 mg/5ml elixir</i>	1	
HYOSCYAMINE SULFATE 0.125 MG/5ML ELIXIR	1	
<i>hyoscyamine sulfate 0.125 mg/ml solution</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HYOSCYAMINE SULFATE 0.125 MG/ML SOLUTION	1	
<i>hyoscyamine sulfate 0.125 mg sl tab</i>	1	
HYOSCYAMINE SULFATE 0.125 MG SL TAB	1	
<i>hyoscyamine sulfate 0.125 mg tab</i>	1	
HYOSCYAMINE SULFATE 0.125 MG TAB	1	
<i>hyoscyamine sulfate er 0.375 mg tab er 12h</i>	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	
OSCIMIN 0.125 MG SL TAB	1	
OSCIMIN 0.125 MG TAB	1	
<i>methscopolamine bromide 2.5 mg tab</i>	1	
<i>methscopolamine bromide 5 mg tab</i>	1	
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
<i>alvimopan 12 mg cap</i>	1	
AMOXICILL-CLARITHRO-LANSOPRAZ 500 & 500 & 30 MG THER PACK	1	
MYALEPT 11.3 MG RECON SOLN	1	PA SP Specialty
OPIUM 10 MG/ML (1%) TINCTURE	1	
ORLISTAT 120 MG CAP	1	PA
GAVILYTE-C 240 GM RECON SOLN	1	ACA Affordable Care Act
<i>gavilyte-g 236 gm recon soln</i>	1	ACA Affordable Care Act
<i>peg-3350/electrolytes 236 gm recon soln</i>	1	ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RELTONE 200 MG CAP	1	PA
URSODIOL 200 MG CAP	1	PA
<i>ursodiol 250 mg tab</i>	1	
<i>ursodiol 300 mg cap</i>	1	
<i>ursodiol 500 mg tab</i>	1	
VOQUEZNA 10 MG TAB	1	PA
VOQUEZNA 20 MG TAB	1	PA
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS		
<i>cimetidine 200 mg tab</i>	1	
<i>cimetidine 300 mg tab</i>	1	
<i>cimetidine 400 mg tab</i>	1	
<i>cimetidine 800 mg tab</i>	1	
<i>cimetidine hcl 300 mg/5ml solution</i>	1	
<i>famotidine 20 mg tab</i>	1	
<i>famotidine 40 mg/5ml recon susp</i>	1	
<i>famotidine 40 mg tab</i>	1	
<i>nizatidine 150 mg cap</i>	1	
NIZATIDINE 300 MG CAP	1	
PROTECTANTS		
<i>misoprostol 100 mcg tab</i>	1	
<i>misoprostol 100 mcg tab</i>	1	
<i>misoprostol 200 mcg tab</i>	1	
<i>misoprostol 200 mcg tab</i>	1	
<i>sucralfate 1 gm tab</i>	1	
PROTON PUMP INHIBITORS		
<i>cvs esomeprazole magnesium 20 mg cap dr</i>	1	OTC Over the Counter
<i>eq esomeprazole magnesium 20 mg cap dr</i>	1	OTC Over the Counter
<i>esomeprazole magnesium 10 mg packet</i>	1	
<i>esomeprazole magnesium 20 mg cap dr</i>	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>esomeprazole magnesium 20 mg packet</i>	1	
<i>esomeprazole magnesium 40 mg cap dr</i>	1	
<i>esomeprazole magnesium 40 mg packet</i>	1	
<i>ft acid reducer 20 mg cap dr</i>	1	OTC Over the Counter
<i>gnp esomeprazole magnesium 20 mg cap dr</i>	1	OTC Over the Counter
<i>goodsense esomeprazole 20 mg cap dr</i>	1	OTC Over the Counter
<i>hm esomeprazole magnesium dr 20 mg cap dr</i>	1	OTC Over the Counter
<i>kls esomeprazole magnesium 20 mg cap dr</i>	1	OTC Over the Counter
<i>nexium 24hr 20 mg cap dr</i>	1	OTC Over the Counter
<i>nexium 24hr clear minis 20 mg cap dr</i>	1	OTC Over the Counter
<i>qc esomeprazole magnesium 20 mg cap dr</i>	1	OTC Over the Counter
<i>ra esomeprazole magnesium 20 mg cap dr</i>	1	OTC Over the Counter
<i>sm esomeprazole magnesium 20 mg cap dr</i>	1	OTC Over the Counter
<i>lansoprazole 15 mg cap dr</i>	1	! See important benefit information at end of document
<i>lansoprazole 15 mg tab dr disp</i>	1	
<i>lansoprazole 30 mg cap dr</i>	1	! See important benefit information at end of document
<i>lansoprazole 30 mg tab dr disp</i>	1	
<i>omeprazole 10 mg cap dr</i>	1	! See important benefit information at end of document
<i>omeprazole 20 mg cap dr</i>	1	! See important benefit information at end of document
<i>omeprazole 40 mg cap dr</i>	1	! See important benefit information at end of document
<i>cvs omeprazole-sod bicarbonate 20-1100 mg cap</i>	1	OTC Over the Counter
<i>goodsense omepr/sod bicarb 20-1100 mg cap</i>	1	OTC Over the Counter
<i>omeprazole-sodium bicarbonate 20-1100 mg cap</i>	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>zegerid otc 20-1100 mg cap</i>	1	OTC Over the Counter
FIRST-PANTOPRAZOLE 4 MG/ML SUSPENSION	1	
<i>pantoprazole sodium 20 mg tab dr</i>	1	! See important benefit information at end of document
<i>pantoprazole sodium 40 mg tab dr</i>	1	! See important benefit information at end of document
<i>rabeprazole sodium 20 mg tab dr</i>	1	QL 60 ea / 30 day(s)
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
ARALAST NP 1000 MG RECON SOLN	1	PA SP Specialty
ARALAST NP 500 MG RECON SOLN	1	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
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
STRENSIQ 80 MG/0.8ML SOLUTION	1	PA SP Specialty
CHOLBAM 250 MG CAP	1	PA
CHOLBAM 50 MG CAP	1	PA
<i>cromolyn sodium 100 mg/5ml conc</i>	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CYSTAGON 150 MG CAP	1	PA SP Specialty
CYSTAGON 50 MG CAP	1	PA 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
CYSTADROPS 0.37 % SOLUTION	1	PA
CYSTARAN 0.44 % SOLUTION	1	PA
REVCOVI 2.4 MG/1.5ML SOLUTION	1	PA SP Specialty
CERDELGA 84 MG CAP	1	PA SP Specialty
l-glutamine 5 gm packet	1	PA SP Specialty
TEGSEDI 284 MG/1.5ML SOLN PRSYR	1	PA SP Specialty
JOENJA 70 MG TAB	1	PA SP Specialty
ZOKINVY 50 MG CAP	1	PA SP Specialty
ZOKINVY 75 MG CAP	1	PA SP Specialty
LIVMARLI 19 MG/ML SOLUTION	1	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LIVMARLI 9.5 MG/ML SOLUTION	1	PA SP Specialty
GALAFOLD 123 MG CAP	1	PA SP Specialty
<i>miglustat 100 mg cap</i>	1	PA SP Specialty
<i>miglustat 100 mg cap</i>	1	PA SP Specialty
<i>yargesa 100 mg cap</i>	1	PA SP Specialty
OPFOLDA 65 MG CAP	1	SP Specialty
<i>nitisinone 10 mg cap</i>	1	PA SP Specialty
<i>nitisinone 20 mg cap</i>	1	PA SP Specialty
<i>nitisinone 2 mg cap</i>	1	PA SP Specialty
<i>nitisinone 5 mg cap</i>	1	PA SP Specialty
NITYR 10 MG TAB	1	PA SP Specialty
NITYR 2 MG TAB	1	PA SP Specialty
NITYR 5 MG TAB	1	PA SP Specialty
BYLVAY 1200 MCG CAP	1	PA SP Specialty
BYLVAY 400 MCG CAP	1	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BYLVAY (PELLETS) 200 MCG CAP SPRINK	1	PA SP Specialty
BYLVAY (PELLETS) 600 MCG CAP SPRINK	1	PA SP Specialty
SKYCLARYS 50 MG CAP	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
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	
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	
ZENPEP 40000-126000 UNIT CP DR PART	1	
ZENPEP 5000-24000 UNIT CP DR PART	1	
ZENPEP 60000-189600 UNIT CP DR PART	1	
RYPLAZIM 68.8 MG RECON SOLN	1	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SUCRAID 8500 UNIT/ML SOLUTION	1	PA SP Specialty
<i>javygtor 100 mg packet</i>	1	PA SP Specialty
<i>javygtor 100 mg tab</i>	1	PA SP Specialty
<i>javygtor 500 mg packet</i>	1	PA SP Specialty
<i>sapropterin dihydrochloride 100 mg packet</i>	1	PA SP Specialty
<i>sapropterin dihydrochloride 100 mg tab</i>	1	PA SP Specialty
<i>sapropterin dihydrochloride 500 mg packet</i>	1	PA SP Specialty
<i>zelvysia 100 mg packet</i>	1	PA SP Specialty
<i>zelvysia 500 mg packet</i>	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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sodium phenylbutyrate 3 gm/tsp powder</i>	1	PA SP Specialty
<i>sodium phenylbutyrate 500 mg tab</i>	1	PA SP Specialty
VYNDAQEL 20 MG CAP	1	PA SP Specialty
DAYBUE 200 MG/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
GENITOURINARY AGENTS		
ANTISPASMODICS, URINARY		
<i>darifenacin hydrobromide er 15 mg tab er 24h</i>	1	
<i>darifenacin hydrobromide er 7.5 mg tab er 24h</i>	1	
<i>fesoterodine fumarate er 4 mg tab er 24h</i>	1	
<i>fesoterodine fumarate er 8 mg tab er 24h</i>	1	
<i>flavoxate hcl 100 mg tab</i>	1	
<i>mirabegron er 25 mg tab er 24h</i>	1	
<i>mirabegron er 50 mg tab er 24h</i>	1	
MYRBETRIQ 25 MG TAB ER 24H	1	
MYRBETRIQ 8 MG/ML SRER	1	
GELNIQUE 10 % GEL	1	
OXYBUTYNIN CHLORIDE 2.5 MG TAB	1	
<i>oxybutynin chloride 5 mg/5ml solution</i>	1	
<i>oxybutynin chloride 5 mg tab</i>	1	
<i>oxybutynin chloride 5 mg tab</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>oxybutynin chloride er 10 mg tab er 24h</i>	1	
<i>oxybutynin chloride er 10 mg tab er 24h</i>	1	
<i>oxybutynin chloride er 15 mg tab er 24h</i>	1	
<i>oxybutynin chloride er 15 mg tab er 24h</i>	1	
<i>oxybutynin chloride er 5 mg tab er 24h</i>	1	
<i>oxybutynin chloride er 5 mg tab er 24h</i>	1	
<i>solifenacin succinate 10 mg tab</i>	1	
<i>solifenacin succinate 5 mg tab</i>	1	
<i>tolterodine tartrate 1 mg tab</i>	1	
<i>tolterodine tartrate 2 mg tab</i>	1	
<i>tolterodine tartrate er 2 mg cap er 24h</i>	1	
<i>tolterodine tartrate er 4 mg cap er 24h</i>	1	
<i>tropium chloride 20 mg tab</i>	1	
<i>tropium chloride er 60 mg cap er 24h</i>	1	
GEMTESA 75 MG TAB	1	QL 30 EA / 30 day(s)
BENIGN PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin hcl er 10 mg tab er 24h</i>	1	
<i>dutasteride 0.5 mg cap</i>	1	
<i>finasteride 5 mg tab</i>	1	
<i>silodosin 4 mg cap</i>	1	
<i>silodosin 8 mg cap</i>	1	
<i>tadalafil 10 mg tab</i>	1	QL 4 EA / 30 day(s)
<i>tadalafil 20 mg tab</i>	1	QL 4 EA / 30 day(s)
<i>tadalafil 2.5 mg tab</i>	1	QL 4 EA / 30 day(s)
<i>tadalafil (pah) 20 mg tab</i>	1	QL 4 EA / 30 day(s) PA SP Specialty
<i>tamsulosin hcl 0.4 mg cap</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GENITOURINARY AGENTS, OTHER		
CAVERJECT 20 MCG RECON SOLN	1	QL 6 EA / 30 day(s)
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 KIT	1	QL 6 EA / 30 day(s)
EDEX (2 CARTRIDGE) 20 MCG KIT	1	QL 6 EA / 30 day(s)
EDEX (2 CARTRIDGE) 40 MCG KIT	1	QL 6 EA / 30 day(s)
EDEX (6 CARTRIDGE) 10 MCG KIT	1	QL 6 EA / 30 day(s)
EDEX (6 CARTRIDGE) 20 MCG KIT	1	QL 6 EA / 30 day(s)
EDEX (6 CARTRIDGE) 40 MCG KIT	1	QL 6 EA / 30 day(s)
MUSE 1000 MCG PELLETT	1	QL 6 EA / 30 day(s)
MUSE 250 MCG PELLETT	1	QL 6 EA / 30 day(s)
MUSE 500 MCG PELLETT	1	QL 6 EA / 30 day(s)
<i>bethanechol chloride 10 mg tab</i>	1	
<i>bethanechol chloride 25 mg tab</i>	1	
<i>bethanechol chloride 50 mg tab</i>	1	
<i>bethanechol chloride 5 mg tab</i>	1	
ENCARE 100 MG SUPPOS	1	ACA Affordable Care Act OTC Over the Counter
OPTIONS GYNOL II CONTRACEPTIVE 3 % GEL	1	ACA Affordable Care Act OTC Over the Counter
TODAY SPONGE 1000 MG MISC	1	ACA Affordable Care Act OTC Over the Counter
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>penicillamine 250 mg cap</i>	1	PA SP Specialty
<i>penicillamine 250 mg tab</i>	1	SP Specialty
ELMIRON 100 MG CAP	1	
<i>phenazo 200 mg tab</i>	1	
<i>phenazopyridine hcl 100 mg tab</i>	1	
PHENAZOPYRIDINE HCL 100 MG TAB	1	
<i>phenazopyridine hcl 200 mg tab</i>	1	
PHENAZOPYRIDINE HCL 200 MG TAB	1	
K-PHOS 500 MG TAB	1	
K-PHOS NO 2 305-700 MG TAB	1	
K-PHOS-NEUTRAL 155-852-130 MG TAB	1	
<i>sildenafil citrate 100 mg tab</i>	1	QL 4 EA / 30 day(s)
<i>sildenafil citrate 25 mg tab</i>	1	QL 4 EA / 30 day(s)
<i>sildenafil citrate 50 mg tab</i>	1	QL 4 EA / 30 day(s)
<i>tiopronin 100 mg tab</i>	1	PA SP Specialty
<i>tiopronin 100 mg tab dr</i>	1	PA SP Specialty
<i>tiopronin 300 mg tab dr</i>	1	PA SP Specialty
<i>venxxiva 100 mg tab dr</i>	1	PA SP Specialty
<i>venxxiva 300 mg tab dr</i>	1	PA SP Specialty
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
<i>alclometasone dipropionate 0.05 % cream</i>	1	
<i>betamethasone dipropionate aug 0.05 % cream</i>	1	
<i>betamethasone dipropionate aug 0.05 % lotion</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>betamethasone dipropionate 0.05 % ointment</i>	1	
<i>clobetasol propionate e 0.05 % cream</i>	1	
ACTHAR 80 UNIT/ML GEL	1	PA SP Specialty
CORTROPHIN 80 UNIT/ML GEL	1	PA SP Specialty
CORTISONE ACETATE 25 MG TAB	1	
<i>deflazacort 18 mg tab</i>	1	PA SP Specialty
<i>deflazacort 22.75 mg/ml suspension</i>	1	PA SP Specialty
<i>deflazacort 30 mg tab</i>	1	PA SP Specialty
<i>deflazacort 36 mg tab</i>	1	PA SP Specialty
<i>deflazacort 6 mg tab</i>	1	PA SP Specialty
<i>jaythari 18 mg tab</i>	1	PA SP Specialty
<i>jaythari 22.75 mg/ml suspension</i>	1	PA SP Specialty
<i>jaythari 30 mg tab</i>	1	PA SP Specialty
<i>jaythari 36 mg tab</i>	1	PA SP Specialty
<i>jaythari 6 mg tab</i>	1	PA SP Specialty
<i>kymbee 18 mg tab</i>	1	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>kymbee 30 mg tab</i>	1	PA SP Specialty
<i>kymbee 36 mg tab</i>	1	PA SP Specialty
<i>kymbee 6 mg tab</i>	1	PA SP Specialty
<i>pyquvi 22.75 mg/ml suspension</i>	1	PA SP Specialty
<i>desonide 0.05 % lotion</i>	1	
<i>dexamethasone 0.5 mg/5ml elixir</i>	1	
<i>dexamethasone 0.5 mg/5ml elixir</i>	1	
DEXAMETHASONE 0.5 MG/5ML SOLUTION	1	
<i>dexamethasone 0.5 mg tab</i>	1	
<i>dexamethasone 0.5 mg tab</i>	1	
<i>dexamethasone 0.75 mg tab</i>	1	
<i>dexamethasone 0.75 mg tab</i>	1	
<i>dexamethasone 1.5 mg tab</i>	1	
<i>dexamethasone 1.5 mg tab</i>	1	
<i>dexamethasone 1 mg tab</i>	1	
<i>dexamethasone 1 mg tab</i>	1	
<i>dexamethasone 2 mg tab</i>	1	
<i>dexamethasone 2 mg tab</i>	1	
<i>dexamethasone 4 mg tab</i>	1	
<i>dexamethasone 4 mg tab</i>	1	
<i>dexamethasone 6 mg tab</i>	1	
<i>dexamethasone 6 mg tab</i>	1	
DEXAMETHASONE INTENSOL 1 MG/ML CONC	1	
<i>dexamethasone sodium phosphate 20 mg/5ml solution</i>	1	PA
<i>dexamethasone sodium phosphate 20 mg/5ml solution</i>	1	PA
DEXAMETHASONE SODIUM PHOSPHATE 4 MG/ML SOLN PRSYR	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>dexamethasone sodium phosphate 4 mg/ml solution</i>	1	
<i>dexamethasone sodium phosphate 4 mg/ml solution</i>	1	
<i>fludrocortisone acetate 0.1 mg tab</i>	1	
ANUCORT-HC 25 MG SUPPOS	1	
ANUSOL-HC 25 MG SUPPOS	1	
HEMMOREX-HC 25 MG SUPPOS	1	
HEMMOREX-HC 30 MG SUPPOS	1	
<i>hydrocortisone acetate 25 mg suppos</i>	1	
HYDROCORTISONE ACETATE 25 MG SUPPOS	1	
<i>hydrocortisone acetate 30 mg suppos</i>	1	
HYDROCORTISONE ACETATE 30 MG SUPPOS	1	
<i>hydrocortisone butyrate 0.1 % ointment</i>	1	
HYDROCORTISONE BUTYRATE 0.1 % OINTMENT	1	
<i>medi-first hydrocortisone 1 % cream</i>	1	OTC Over the Counter
<i>hydrocortisone valerate 0.2 % ointment</i>	1	
<i>methylprednisolone 16 mg tab</i>	1	
<i>methylprednisolone 16 mg tab</i>	1	
<i>methylprednisolone 32 mg tab</i>	1	
<i>methylprednisolone 32 mg tab</i>	1	
<i>methylprednisolone 4 mg tab</i>	1	
<i>methylprednisolone 4 mg tab</i>	1	
<i>methylprednisolone 4 mg tab thpk</i>	1	
<i>methylprednisolone 4 mg tab thpk</i>	1	
<i>methylprednisolone 8 mg tab</i>	1	
<i>methylprednisolone 8 mg tab</i>	1	
<i>methylprednisolone acetate 40 mg/ml suspension</i>	1	
<i>methylprednisolone acetate 80 mg/ml suspension</i>	1	
<i>mifepristone 200 mg tab</i>	1	
<i>mifepristone 300 mg tab</i>	1	PA SP Specialty

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PREDNISONONE 5 MG/5ML SOLUTION	1	
<i>prednisone 5 mg tab</i>	1	RX4L Rx4Less Program
<i>prednisone 5 mg tab</i>	1	RX4L Rx4Less Program
PREDNISONONE INTENSOL 5 MG/ML CONC	1	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
PREGNYL 10000 UNIT RECON SOLN	1	PA SP Specialty
<i>desmopressin acetate 0.1 mg tab</i>	1	
<i>desmopressin acetate 0.2 mg tab</i>	1	
<i>desmopressin acetate 4 mcg/ml solution</i>	1	
<i>desmopressin acetate pf 4 mcg/ml solution</i>	1	
NOCDURNA 27.7 MCG SL TAB	1	PA
NOCDURNA 55.3 MCG SL TAB	1	PA
<i>desmopressin acetate spray 0.01 % solution</i>	1	
DESMOPRESSIN ACETATE SPRAY 0.01 % SOLUTION	1	
<i>desmopressin ace spray refrig 0.01 % solution</i>	1	
INCRELEX 40 MG/4ML SOLUTION	1	PA SP Specialty
MENOPUR 75 UNIT RECON SOLN	1	PA SP Specialty
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
SAIZEN 5 MG RECON SOLN	1	PA SP Specialty
SAIZEN 8.8 MG RECON SOLN	1	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
EGRIFTA SV 2 MG RECON SOLN	1	PA SP Specialty
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
ANDROGENS		
<i>danazol 100 mg cap</i>	1	
<i>danazol 200 mg cap</i>	1	
<i>danazol 50 mg cap</i>	1	
TESTOSTERONE 20.25 MG/1.25GM (1.62%) GEL	1	QL 150 GM / 30 day(s)
<i>depo-testosterone 100 mg/ml solution</i>	1	
<i>depo-testosterone 200 mg/ml solution</i>	1	
<i>testosterone cypionate 100 mg/ml solution</i>	1	
<i>testosterone cypionate 200 mg/ml solution</i>	1	
TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION	1	
ESTROGENS		
<i>clomid 50 mg tab</i>	1	
<i>clomiphene citrate 50 mg tab</i>	1	
<i>milophene 50 mg tab</i>	1	
DUAVEE 0.45-20 MG TAB	1	
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	
<i>apri 0.15-30 mg-mcg tab</i>	1	ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>cyred eq 0.15-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>enskyce 0.15-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>isibloom 0.15-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>juleber 0.15-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>kalliga 0.15-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>reclipsen 0.15-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>azurette 0.15-0.02/0.01 mg (21/5) tab</i>	1	ACA Affordable Care Act
<i>desogestrel-ethinyl estradiol 0.15-0.02/0.01 mg (21/5) tab</i>	1	ACA Affordable Care Act
<i>kariva 0.15-0.02/0.01 mg (21/5) tab</i>	1	ACA Affordable Care Act
<i>pimtrea 0.15-0.02/0.01 mg (21/5) tab</i>	1	ACA Affordable Care Act
<i>simliya 0.15-0.02/0.01 mg (21/5) tab</i>	1	ACA Affordable Care Act
<i>viorele 0.15-0.02/0.01 mg (21/5) tab</i>	1	ACA Affordable Care Act
<i>volnea 0.15-0.02/0.01 mg (21/5) tab</i>	1	ACA Affordable Care Act
VELIVET 0.1/0.125/0.15 -0.025 MG TAB	1	ACA Affordable Care Act
<i>drospirenone-ethinyl estradiol 3-0.02 mg tab</i>	1	ACA Affordable Care Act
<i>drospirenone-ethinyl estradiol 3-0.03 mg tab</i>	1	ACA Affordable Care Act
<i>jasmiel 3-0.02 mg tab</i>	1	ACA Affordable Care Act
<i>loryna 3-0.02 mg tab</i>	1	ACA Affordable Care Act
<i>lo-zumandimine 3-0.02 mg tab</i>	1	ACA Affordable Care Act
<i>nikki 3-0.02 mg tab</i>	1	ACA Affordable Care Act
<i>ocella 3-0.03 mg tab</i>	1	ACA Affordable Care Act
<i>syeda 3-0.03 mg tab</i>	1	ACA Affordable Care Act
<i>vestura 3-0.02 mg tab</i>	1	ACA Affordable Care Act
<i>zumandimine 3-0.03 mg tab</i>	1	ACA Affordable Care Act
<i>drospiren-eth estrad-levomefol 3-0.02-0.451 mg tab</i>	1	ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>drospiren-eth estrad-levomefol 3-0.03-0.451 mg tab</i>	1	ACA Affordable Care Act
<i>tydemy 3-0.03-0.451 mg tab</i>	1	ACA Affordable Care Act
COVARYX 1.25-2.5 MG TAB	1	
COVARYX HS 0.625-1.25 MG TAB	1	
EEMT 1.25-2.5 MG TAB	1	
EEMT HS 0.625-1.25 MG TAB	1	
<i>est estrogens-methyltest 1.25-2.5 mg tab</i>	1	
EST ESTROGENS-METHYLTEST 1.25-2.5 MG TAB	1	
EST ESTROGENS-METHYLTEST DS 1.25-2.5 MG TAB	1	
<i>est estrogens-methyltest hs 0.625-1.25 mg tab</i>	1	
EST ESTROGENS-METHYLTEST HS 0.625-1.25 MG TAB	1	
<i>estratest f.s. 1.25-2.5 mg tab</i>	1	
ESTRATEST H.S. 0.625-1.25 MG TAB	1	
ALORA 0.025 MG/24HR PATCH TW	1	
ALORA 0.075 MG/24HR PATCH TW	1	
ALORA 0.1 MG/24HR PATCH TW	1	
<i>dotti 0.025 mg/24hr patch tw</i>	1	
<i>dotti 0.0375 mg/24hr patch tw</i>	1	
<i>dotti 0.05 mg/24hr patch tw</i>	1	
<i>dotti 0.075 mg/24hr patch tw</i>	1	
<i>dotti 0.1 mg/24hr patch tw</i>	1	
<i>estradiol 0.025 mg/24hr patch tw</i>	1	
<i>estradiol 0.025 mg/24hr patch wk</i>	1	
<i>estradiol 0.0375 mg/24hr patch tw</i>	1	
<i>estradiol 0.0375 mg/24hr patch wk</i>	1	
<i>estradiol 0.05 mg/24hr patch tw</i>	1	
<i>estradiol 0.05 mg/24hr patch wk</i>	1	
<i>estradiol 0.06 mg/24hr patch wk</i>	1	
<i>estradiol 0.075 mg/24hr patch tw</i>	1	
<i>estradiol 0.075 mg/24hr patch wk</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>estradiol 0.1 mg/24hr patch tw</i>	1	
<i>estradiol 0.1 mg/24hr patch wk</i>	1	
<i>estradiol 0.5 mg tab</i>	1	
<i>estradiol 1 mg tab</i>	1	
<i>estradiol 2 mg tab</i>	1	
EVAMIST 1.53 MG/SPRAY SOLUTION	1	
<i>lyllana 0.025 mg/24hr patch tw</i>	1	
<i>lyllana 0.0375 mg/24hr patch tw</i>	1	
<i>lyllana 0.05 mg/24hr patch tw</i>	1	
<i>lyllana 0.075 mg/24hr patch tw</i>	1	
<i>lyllana 0.1 mg/24hr patch tw</i>	1	
MENOSTAR 14 MCG/24HR PATCH WK	1	
CLIMARA PRO 0.045-0.015 MG/DAY PATCH WK	1	
<i>abigale 1-0.5 mg tab</i>	1	
<i>abigale lo 0.5-0.1 mg tab</i>	1	
<i>amabelz 0.5-0.1 mg tab</i>	1	
COMBIPATCH 0.05-0.14 MG/DAY PATCH TW	1	
COMBIPATCH 0.05-0.25 MG/DAY PATCH TW	1	
<i>estradiol-norethindrone acet 0.5-0.1 mg tab</i>	1	
<i>estradiol-norethindrone acet 1-0.5 mg tab</i>	1	
<i>mimvey 1-0.5 mg tab</i>	1	
<i>estradiol 0.01 % cream</i>	1	
ESTRING 7.5 MCG/24HR RING	1	
PREMARIN 0.3 MG TAB	1	
PREMARIN 0.45 MG TAB	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	
PREMARIN 0.625 MG/GM CREAM	1	

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>marlissa 0.15-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>portia-28 0.15-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>sronyx 0.1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>vienva 0.1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>enpresse-28 50-30/75-40/ 125-30 mcg tab</i>	1	ACA Affordable Care Act
<i>levonest 50-30/75-40/ 125-30 mcg tab</i>	1	ACA Affordable Care Act
<i>levonorg-eth estrad triphasic 50-30/75-40/ 125-30 mcg tab</i>	1	ACA Affordable Care Act
<i>trivora (28) 50-30/75-40/ 125-30 mcg tab</i>	1	ACA Affordable Care Act
TWIRLA 120-30 MCG/24HR PATCH WK	1	ACA Affordable Care Act
<i>ashlyna 0.15-0.03 &amp;0.01 mg tab</i>	1	ACA Affordable Care Act
<i>camrese 0.15-0.03 &amp;0.01 mg tab</i>	1	ACA Affordable Care Act
<i>camrese lo 0.1-0.02 &amp; 0.01 mg tab</i>	1	ACA Affordable Care Act
<i>daysee 0.15-0.03 &amp;0.01 mg tab</i>	1	ACA Affordable Care Act
<i>iclevia 0.15-0.03 mg tab</i>	1	ACA Affordable Care Act
<i>introvale 0.15-0.03 mg tab</i>	1	ACA Affordable Care Act
<i>jaimiess 0.15-0.03 &amp;0.01 mg tab</i>	1	ACA Affordable Care Act
<i>jolessa 0.15-0.03 mg tab</i>	1	ACA Affordable Care Act
<i>levonorgest-eth estrad 91-day 0.1-0.02 &amp; 0.01 mg tab</i>	1	ACA Affordable Care Act
<i>levonorgest-eth estrad 91-day 0.15-0.03 &amp;0.01 mg tab</i>	1	ACA Affordable Care Act
<i>levonorgest-eth estrad 91-day 0.15-0.03 mg tab</i>	1	ACA Affordable Care Act
<i>lojaimiess 0.1-0.02 &amp; 0.01 mg tab</i>	1	ACA Affordable Care Act
<i>setlakin 0.15-0.03 mg tab</i>	1	ACA Affordable Care Act
<i>simpesse 0.15-0.03 &amp;0.01 mg tab</i>	1	ACA Affordable Care Act
<i>amethyst 90-20 mcg tab</i>	1	ACA Affordable Care Act
<i>dolishale 90-20 mcg tab</i>	1	ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>levonorgestrel-ethinyl estrad 90-20 mcg tab</i>	1	ACA Affordable Care Act
<i>joyeaux 0.1-20 mg-mcg(21) tab</i>	1	ACA Affordable Care Act
<i>levonorgest-eth estradiol-iron 0.1-20 mg-mcg(21) tab</i>	1	ACA Affordable Care Act
<i>minzoya 0.1-20 mg-mcg(21) tab</i>	1	ACA Affordable Care Act
<i>norelgestromin-eth estradiol 150-35 mcg/24hr patch wk</i>	1	QL 3 EA / 28 day(s) 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
<i>zafemy 150-35 mcg/24hr patch wk</i>	1	QL 3 EA / 28 day(s) ACA Affordable Care Act
<i>aurovela 24 fe 1-20 mg-mcg(24) tab</i>	1	ACA Affordable Care Act
<i>aurovela fe 1/20 1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>aurovela fe 1.5/30 1.5-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>blisovi 24 fe 1-20 mg-mcg(24) tab</i>	1	ACA Affordable Care Act
<i>blisovi fe 1/20 1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>blisovi fe 1.5/30 1.5-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>charlotte 24 fe 1-20 mg-mcg(24) chew tab</i>	1	ACA Affordable Care Act
<i>feirza 1/20 1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>feirza 1.5/30 1.5-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>finzala 1-20 mg-mcg(24) chew tab</i>	1	ACA Affordable Care Act
<i>gemmily 1-20 mg-mcg(24) cap</i>	1	ACA Affordable Care Act
<i>hailey 24 fe 1-20 mg-mcg(24) tab</i>	1	ACA Affordable Care Act
<i>hailey fe 1/20 1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>hailey fe 1.5/30 1.5-30 mg-mcg tab</i>	1	ACA Affordable Care Act

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

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>vyfemla 0.4-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>wera 0.5-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>alyacen 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	1	ACA Affordable Care Act
ARANELLE 0.5/1/0.5-35 MG-MCG TAB	1	ACA Affordable Care Act
<i>dasetta 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>leena 0.5/1/0.5-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>nortrel 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>nylia 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>galbriela 0.8-25 mg-mcg chew tab</i>	1	ACA Affordable Care Act
<i>kaitlib fe 0.8-25 mg-mcg chew tab</i>	1	ACA Affordable Care Act
<i>layolis fe 0.8-25 mg-mcg chew tab</i>	1	ACA Affordable Care Act
<i>norethin-eth estradiol-fe 0.4-35 mg-mcg chew tab</i>	1	ACA Affordable Care Act
<i>norethin-eth estradiol-fe 0.8-25 mg-mcg chew tab</i>	1	ACA Affordable Care Act
<i>wymzya fe 0.4-35 mg-mcg chew tab</i>	1	ACA Affordable Care Act
<i>xelria fe 0.4-35 mg-mcg chew tab</i>	1	ACA Affordable Care Act
<i>estarylla 0.25-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>mili 0.25-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>mono-linyah 0.25-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>norgestimate-eth estradiol 0.25-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>nymyo 0.25-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>sprintec 28 0.25-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>vylibra 0.25-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>norgestim-eth estrad triphasic 0.18/0.215/0.25 mg-25 mcg tab</i>	1	ACA Affordable Care Act
<i>norgestim-eth estrad triphasic 0.18/0.215/0.25 mg-35 mcg tab</i>	1	ACA Affordable Care Act
<i>tri-estarylla 0.18/0.215/0.25 mg-35 mcg tab</i>	1	ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>tri-linyah 0.18/0.215/0.25 mg-35 mcg tab</i>	1	ACA Affordable Care Act
<i>tri-lo-estarylla 0.18/0.215/0.25 mg-25 mcg tab</i>	1	ACA Affordable Care Act
<i>tri-lo-marzia 0.18/0.215/0.25 mg-25 mcg tab</i>	1	ACA Affordable Care Act
<i>tri-lo-mili 0.18/0.215/0.25 mg-25 mcg tab</i>	1	ACA Affordable Care Act
<i>tri-lo-sprintec 0.18/0.215/0.25 mg-25 mcg tab</i>	1	ACA Affordable Care Act
<i>tri-mili 0.18/0.215/0.25 mg-35 mcg tab</i>	1	ACA Affordable Care Act
<i>tri-nymyo 0.18/0.215/0.25 mg-35 mcg tab</i>	1	ACA Affordable Care Act
<i>tri-sprintec 0.18/0.215/0.25 mg-35 mcg tab</i>	1	ACA Affordable Care Act
<i>tri-vylibra 0.18/0.215/0.25 mg-35 mcg tab</i>	1	ACA Affordable Care Act
<i>tri-vylibra lo 0.18/0.215/0.25 mg-25 mcg tab</i>	1	ACA Affordable Care Act
<i>cryselle 0.3-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>cryselle-28 0.3-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>elinest 0.3-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>low-ogestrel 0.3-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>turqoz 0.3-30 mg-mcg tab</i>	1	ACA Affordable Care Act
OSPHENA 60 MG TAB	1	
<i>raloxifene hcl 60 mg tab</i>	1	PD Preventive Drug
PROGESTINS		
NEXPLANON 68 MG IMPLANT	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
KYLEENA 19.5 MG IUD	1	ACA Affordable Care Act
LILETTA (52 MG) 20.1 MCG/DAY IUD	1	ACA Affordable Care Act
MIRENA (52 MG) 20 MCG/DAY IUD	1	ACA Affordable Care Act
SKYLA 13.5 MG IUD	1	ACA Affordable Care Act
<i>medroxyprogesterone acetate 10 mg tab</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>medroxyprogesterone acetate 10 mg tab</i>	1	
<i>medroxyprogesterone acetate 2.5 mg tab</i>	1	
<i>medroxyprogesterone acetate 2.5 mg tab</i>	1	
<i>medroxyprogesterone acetate 5 mg tab</i>	1	
<i>medroxyprogesterone acetate 5 mg tab</i>	1	
DEPO-SUBQ PROVERA 104 104 MG/0.65ML SUSP PRSYR	1	ACA Affordable Care Act
<i>medroxyprogesterone acetate 150 mg/ml suspension</i>	1	ACA Affordable Care Act
<i>medroxyprogesterone acetate 150 mg/ml suspension</i>	1	ACA Affordable Care Act
<i>medroxyprogesterone acetate 150 mg/ml susp prsy</i>	1	ACA Affordable Care Act
<i>medroxyprogesterone acetate 150 mg/ml susp prsy</i>	1	ACA Affordable Care Act
<i>megestrol acetate 20 mg tab</i>	1	
<i>megestrol acetate 400 mg/10ml suspension</i>	1	
<i>megestrol acetate 40 mg/ml suspension</i>	1	
<i>megestrol acetate 40 mg tab</i>	1	
<i>megestrol acetate 800 mg/20ml suspension</i>	1	
<i>megestrol acetate 625 mg/5ml suspension</i>	1	
MEGESTROL ACETATE 625 MG/5ML SUSPENSION	1	
<i>gallifrey 5 mg tab</i>	1	
<i>norethindrone acetate 5 mg tab</i>	1	
<i>camila 0.35 mg tab</i>	1	ACA Affordable Care Act
<i>deblitane 0.35 mg tab</i>	1	ACA Affordable Care Act
<i>emzahh 0.35 mg tab</i>	1	ACA Affordable Care Act
<i>errin 0.35 mg tab</i>	1	ACA Affordable Care Act
<i>heather 0.35 mg tab</i>	1	ACA Affordable Care Act
<i>incassia 0.35 mg tab</i>	1	ACA Affordable Care Act
<i>jencycla 0.35 mg tab</i>	1	ACA Affordable Care Act
<i>lyleq 0.35 mg tab</i>	1	ACA Affordable Care Act
<i>lyza 0.35 mg tab</i>	1	ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>meleya 0.35 mg tab</i>	1	ACA Affordable Care Act
<i>nora-be 0.35 mg tab</i>	1	ACA Affordable Care Act
<i>norethindrone 0.35 mg tab</i>	1	ACA Affordable Care Act
<i>norethindrone 0.35 mg tab</i>	1	ACA Affordable Care Act
<i>norlyroc 0.35 mg tab</i>	1	ACA Affordable Care Act
<i>orquidea 0.35 mg tab</i>	1	ACA Affordable Care Act
<i>sharobel 0.35 mg tab</i>	1	ACA Affordable Care Act
<i>progesterone 100 mg cap</i>	1	
<i>progesterone 200 mg cap</i>	1	
<i>progesterone 50 mg/ml oil</i>	1	
ENDOMETRIN 100 MG INSERT	1	PA
<i>progesterone 100 mg insert</i>	1	PA
ELLA 30 MG TAB	1	ACA Affordable Care Act
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
<i>euthyrox 100 mcg tab</i>	1	
<i>euthyrox 112 mcg tab</i>	1	
<i>euthyrox 125 mcg tab</i>	1	
<i>euthyrox 137 mcg tab</i>	1	
<i>euthyrox 150 mcg tab</i>	1	
<i>euthyrox 175 mcg tab</i>	1	
<i>euthyrox 200 mcg tab</i>	1	
<i>euthyrox 25 mcg tab</i>	1	
<i>euthyrox 50 mcg tab</i>	1	
<i>euthyrox 75 mcg tab</i>	1	
<i>euthyrox 88 mcg tab</i>	1	
<i>levo-t 100 mcg tab</i>	1	
<i>levo-t 112 mcg tab</i>	1	
<i>levo-t 125 mcg tab</i>	1	

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

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>liothyronine sodium 50 mcg tab</i>	1	
<i>liothyronine sodium 5 mcg tab</i>	1	
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	
ARMOUR THYROID 120 MG TAB	1	
ARMOUR THYROID 15 MG TAB	1	
ARMOUR THYROID 180 MG TAB	1	
ARMOUR THYROID 240 MG TAB	1	
ARMOUR THYROID 300 MG TAB	1	
ARMOUR THYROID 30 MG TAB	1	
ARMOUR THYROID 60 MG TAB	1	
ARMOUR THYROID 90 MG TAB	1	
EVEXITHROID 120 MG TAB	1	
EVEXITHROID 15 MG TAB	1	
EVEXITHROID 180 MG TAB	1	
EVEXITHROID 30 MG TAB	1	
EVEXITHROID 60 MG TAB	1	
EVEXITHROID 90 MG TAB	1	
NIVA THYROID 120 MG TAB	1	
NIVA THYROID 15 MG TAB	1	
NIVA THYROID 30 MG TAB	1	
NIVA THYROID 60 MG TAB	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NIVA THYROID 90 MG TAB	1	
NP THYROID 120 MG TAB	1	
NP THYROID 15 MG TAB	1	
NP THYROID 30 MG TAB	1	
NP THYROID 60 MG TAB	1	
NP THYROID 90 MG TAB	1	
RENTHYROID 120 MG TAB	1	
RENTHYROID 15 MG TAB	1	
RENTHYROID 30 MG TAB	1	
RENTHYROID 45 MG TAB	1	
RENTHYROID 60 MG TAB	1	
RENTHYROID 75 MG TAB	1	
RENTHYROID 90 MG TAB	1	
THYROID 120 MG TAB	1	
THYROID 15 MG TAB	1	
THYROID 30 MG TAB	1	
THYROID 60 MG TAB	1	
THYROID 90 MG TAB	1	
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
<i>cabergoline 0.5 mg tab</i>	1	
<i>cetrotide acetate 0.25 mg kit</i>	1	PA
CETROTIDE 0.25 MG KIT	1	PA
<i>fyremadel 250 mcg/0.5ml soln prsyr</i>	1	PA SP Specialty
<i>ganirelix acetate 250 mcg/0.5ml soln prsyr</i>	1	PA SP Specialty
<i>lanreotide acetate 120 mg/0.5ml solution</i>	1	SP Specialty
<i>leuprolide acetate 1 mg/0.2ml kit</i>	1	SP Specialty
LUPRON DEPOT (1-MONTH) 3.75 MG KIT	1	SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
SYNAREL 2 MG/ML SOLUTION	1	PA
<i>octreotide acetate 1000 mcg/ml solution</i>	1	SP Specialty
OCTREOTIDE ACETATE 100 MCG/ML SOLN PRSYR	1	SP Specialty
<i>octreotide acetate 100 mcg/ml solution</i>	1	SP Specialty
<i>octreotide acetate 200 mcg/ml solution</i>	1	SP Specialty
OCTREOTIDE ACETATE 500 MCG/ML SOLN PRSYR	1	SP Specialty
<i>octreotide acetate 500 mcg/ml solution</i>	1	SP Specialty
OCTREOTIDE ACETATE 50 MCG/ML SOLN PRSYR	1	SP Specialty
<i>octreotide acetate 50 mcg/ml solution</i>	1	SP Specialty
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SOMAVERT 25 MG RECON SOLN	1	PA SP Specialty
SOMAVERT 30 MG RECON SOLN	1	PA SP Specialty
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
ANTITHYROID AGENTS		
<i>methimazole 10 mg tab</i>	1	
<i>methimazole 10 mg tab</i>	1	
<i>methimazole 5 mg tab</i>	1	
<i>methimazole 5 mg tab</i>	1	
SSKI 1 GM/ML SOLUTION	1	
<i>propylthiouracil 50 mg tab</i>	1	
IMMUNOLOGICAL AGENTS		
ANGIOEDEMA AGENTS		
ORLADEYO 110 MG CAP	1	PA SP Specialty
ORLADEYO 150 MG CAP	1	PA SP Specialty
BERINERT 500 UNIT KIT	1	PA SP Specialty
CINRYZE 500 UNIT RECON SOLN	1	PA SP Specialty
RUCONEST 2100 UNIT RECON SOLN	1	PA SP Specialty
KALBITOR 10 MG/ML SOLUTION	1	PA SP Specialty
<i>icatibant acetate 30 mg/3ml soln prsyr</i>	1	PA SP Specialty
<i>sajazir 30 mg/3ml soln prsyr</i>	1	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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		
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
KINERET 100 MG/0.67ML SOLN PRSYR	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
SOTYKTU 6 MG TAB	1	PA SP Specialty
DUPIXENT 200 MG/1.14ML SOLN A-INJ	1	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
TREMFYA 100 MG/ML SOLN PRSYR	1	PA QLC 1 ML / 56 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 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 PEN 200 MG/2ML SOLN A-INJ	1	PA QLC 2 mL / 28 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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TALTZ 80 MG/ML SOLN PRSYR	1	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
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
EMPAVELI 1080 MG/20ML SOLUTION	1	PA
ARCALYST 220 MG RECON SOLN	1	PA SP Specialty
SKYRIZI 150 MG/ML SOLN PRSYR	1	PA QLC 1 ML / 84 days SP Specialty
SKYRIZI PEN 150 MG/ML SOLN A-INJ	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
ENSPRYNG 120 MG/ML SOLN PRSYR	1	PA SP Specialty
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
ACTEMRA 162 MG/0.9ML SOLN PRSYR	1	PA SP Specialty
ACTEMRA ACTPEN 162 MG/0.9ML SOLN A-INJ	1	PA 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	<ul style="list-style-type: none"> <li>QL 60 EA / 30 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul>
STELARA 45 MG/0.5ML SOLN PRSYR	1	<ul style="list-style-type: none"> <li>QL 0.5 mL / 84 days</li> <li>PA</li> <li>QLC 0.5 mL / 84 days</li> <li>SP Specialty</li> </ul>
STELARA 45 MG/0.5ML SOLUTION	1	<ul style="list-style-type: none"> <li>QL 0.5 mL / 84 days</li> <li>PA</li> <li>QLC 0.5 mL / 84 days</li> <li>SP Specialty</li> </ul>
STELARA 90 MG/ML SOLN PRSYR	1	<ul style="list-style-type: none"> <li>QL 1 mL / 56 days</li> <li>PA</li> <li>QLC 1 ML / 56 days</li> <li>SP Specialty</li> </ul>
<b>IMMUNOSTIMULANTS</b>		
PEGASYS 180 MCG/0.5ML SOLN PRSYR	1	<ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>
PEGASYS 180 MCG/ML SOLUTION	1	<ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>
<b>IMMUNOSUPPRESSANTS</b>		
HUMIRA 10 MG/0.1ML PEF SY KT	1	<ul style="list-style-type: none"> <li>QL 2 EA / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul>
HUMIRA (2 PEN) 40 MG/0.4ML AUT-IJ KIT	1	<ul style="list-style-type: none"> <li>QL 4 EA / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul>
HUMIRA (2 PEN) 40 MG/0.8ML AUT-IJ KIT	1	<ul style="list-style-type: none"> <li>QL 4 EA / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HUMIRA (2 PEN) 80 MG/0.8ML AUT-IJ KIT	1	<ul style="list-style-type: none"> <li>QL 3 EA / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul>
HUMIRA (2 SYRINGE) 10 MG/0.1ML PREF SY KT	1	<ul style="list-style-type: none"> <li>QL 2 EA / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul>
HUMIRA (2 SYRINGE) 20 MG/0.2ML PREF SY KT	1	<ul style="list-style-type: none"> <li>QL 2 EA / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul>
HUMIRA (2 SYRINGE) 40 MG/0.4ML PREF SY KT	1	<ul style="list-style-type: none"> <li>QL 4 EA / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul>
HUMIRA (2 SYRINGE) 40 MG/0.8ML PREF SY KT	1	<ul style="list-style-type: none"> <li>QL 4 ea / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul>
HUMIRA-CD/UC/HS STARTER 40 MG/0.8ML AUT-IJ KIT	1	<ul style="list-style-type: none"> <li>QL 6 ea / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul>
HUMIRA-CD/UC/HS STARTER 80 MG/0.8ML AUT-IJ KIT	1	<ul style="list-style-type: none"> <li>QL 3 EA / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul>
HUMIRA-PED $\geq$ 40KG CROHNS START 80 MG/0.8ML PREF SY KT	1	<ul style="list-style-type: none"> <li>QL 3 EA / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul>
HUMIRA-PED $<$ 40KG CROHNS STARTER 80 MG/0.8ML & 40MG/0.4ML PREF SY KT	1	<ul style="list-style-type: none"> <li>QL 2 EA / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul>
HUMIRA-PED $\geq$ 40KG UC STARTER 80 MG/0.8ML AUT-IJ KIT	1	<ul style="list-style-type: none"> <li>QL 4 ea / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HUMIRA-PSORIASIS/UVEIT STARTER 80 MG/0.8ML & 40MG/0.4ML AUT-IJ KIT	1	<ul style="list-style-type: none"> <li>QL 3 ea / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul>
HADLIMA 40 MG/0.4ML SOLN PRSYR	1	<ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>
HADLIMA 40 MG/0.8ML SOLN PRSYR	1	<ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>
HADLIMA PUSH TOUCH 40 MG/0.4ML SOLN A-INJ	1	<ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>
HADLIMA PUSH TOUCH 40 MG/0.8ML SOLN A-INJ	1	<ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>
REZUROCK 200 MG TAB	1	<ul style="list-style-type: none"> <li>PA</li> </ul>
CIMZIA (1 SYRINGE) 200 MG/ML PREF SY KT	1	<ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>
CIMZIA (2 SYRINGE) 200 MG/ML PREF SY KT	1	<ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>
CIMZIA-STARTER 200 MG/ML PREF SY KT	1	<ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>
<i>cyclosporine 100 mg cap</i>	1	
<i>cyclosporine 25 mg cap</i>	1	
<i>cyclosporine modified 100 mg cap</i>	1	
<i>cyclosporine modified 100 mg cap</i>	1	
<i>cyclosporine modified 100 mg/ml solution</i>	1	
<i>cyclosporine modified 25 mg cap</i>	1	
<i>cyclosporine modified 25 mg cap</i>	1	
<i>cyclosporine modified 50 mg cap</i>	1	
<i>gengraf 100 mg cap</i>	1	
<i>gengraf 100 mg/ml solution</i>	1	
<i>gengraf 25 mg cap</i>	1	
ENBREL 25 MG/0.5ML SOLN PRSYR	1	<ul style="list-style-type: none"> <li>QL 4 mL / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ENBREL 25 MG/0.5ML SOLUTION	1	<ul style="list-style-type: none"> <li>QL 4 mL / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul>
ENBREL 50 MG/ML SOLN PRSYR	1	<ul style="list-style-type: none"> <li>QL 4 mL / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul>
ENBREL MINI 50 MG/ML SOLN CART	1	<ul style="list-style-type: none"> <li>QL 4 mL / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul>
ENBREL SURECLICK 50 MG/ML SOLN A-INJ	1	<ul style="list-style-type: none"> <li>QL 4 mL / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul>
SIMPONI 100 MG/ML SOLN A-INJ	1	<ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>
SIMPONI 100 MG/ML SOLN PRSYR	1	<ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>
SIMPONI 50 MG/0.5ML SOLN A-INJ	1	<ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>
SIMPONI 50 MG/0.5ML SOLN PRSYR	1	<ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>
<i>leflunomide 10 mg tab</i>	1	
<i>leflunomide 20 mg tab</i>	1	
<i>methotrexate sodium 1 gm recon soln</i>	1	
METHOTREXATE SODIUM 250 MG/10ML SOLUTION	1	
<i>methotrexate sodium 2.5 mg tab</i>	1	
METHOTREXATE SODIUM 50 MG/2ML SOLUTION	1	
METHOTREXATE SODIUM (PF) 1000 MG/40ML SOLUTION	1	
<i>methotrexate sodium (pf) 1 gm/40ml solution</i>	1	
METHOTREXATE SODIUM (PF) 1 GM/40ML SOLUTION	1	
<i>methotrexate sodium (pf) 50 mg/2ml solution</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>mycophenolate mofetil 200 mg/ml recon susp</i>	1	
<i>mycophenolate mofetil 250 mg cap</i>	1	
<i>mycophenolate mofetil 500 mg tab</i>	1	
<i>mycophenolate sodium 180 mg tab dr</i>	1	
<i>mycophenolate sodium 360 mg tab dr</i>	1	
MYFORTIC 360 MG TAB DR	1	
RAPAMUNE 1 MG/ML SOLUTION	1	
<i>sirolimus 0.5 mg tab</i>	1	
<i>sirolimus 1 mg/ml solution</i>	1	
<i>sirolimus 1 mg tab</i>	1	
<i>sirolimus 2 mg tab</i>	1	
HYFTOR 0.2 % GEL	1	PA
ENVARUSUS XR 0.75 MG TAB ER 24H	1	PA
ENVARUSUS XR 1 MG TAB ER 24H	1	PA
ENVARUSUS XR 4 MG TAB ER 24H	1	PA
<i>tacrolimus 0.5 mg cap</i>	1	
<i>tacrolimus 1 mg cap</i>	1	
<i>tacrolimus 5 mg cap</i>	1	
XELJANZ XR 11 MG TAB ER 24H	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
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

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>hydrocortisone 10 mg tab</i>	1	
<i>hydrocortisone 20 mg tab</i>	1	
<i>hydrocortisone 5 mg tab</i>	1	
<i>hydrocortisone 100 mg/60ml enema</i>	1	
<b>METABOLIC BONE DISEASE AGENTS</b>		
TYMLOS 3120 MCG/1.56ML SOLN PEN	1	<span>QL</span> 1.56 ML / 30 day(s) <span>SP</span> Specialty
<i>alendronate sodium 10 mg tab</i>	1	<span>PD</span> Preventive Drug
<i>alendronate sodium 35 mg tab</i>	1	<span>PD</span> Preventive Drug <span>RX4L</span> Rx4Less Program
ALENDRONATE SODIUM 5 MG TAB	1	<span>PD</span> Preventive Drug
<i>alendronate sodium 70 mg/75ml solution</i>	1	<span>PD</span> Preventive Drug
<i>alendronate sodium 70 mg tab</i>	1	<span>PD</span> Preventive Drug <span>RX4L</span> Rx4Less Program
<i>calcitonin (salmon) 200 unit/act solution</i>	1	<span>PD</span> Preventive Drug
<i>calcitriol 0.25 mcg cap</i>	1	
<i>calcitriol 0.5 mcg cap</i>	1	
<i>calcitriol 1 mcg/ml solution</i>	1	
<i>aqueous vitamin d 10 mcg/ml liquid</i>	1	<span>OTC</span> Over the Counter
<i>baby ddrops 10 mcg /0.028ml liquid</i>	1	<span>OTC</span> Over the Counter
<i>baby super daily d3 10 mcg /0.028ml liquid</i>	1	<span>OTC</span> Over the Counter
<i>baby vitamin d3 10 mcg /0.028ml liquid</i>	1	<span>OTC</span> Over the Counter
<i>bprotected pedia d-vite 10 mcg/ml liquid</i>	1	<span>OTC</span> Over the Counter
<i>cvs d3 10 mcg (400 unit) cap</i>	1	<span>OTC</span> Over the Counter
d3 10 mcg (400 unit) chew tab	1	<span>OTC</span> Over the Counter
d3 high potency 10 mcg (400 unit) tab	1	<span>OTC</span> Over the Counter
d3 kids 10 mcg (400 unit) chew tab	1	<span>OTC</span> Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
D3 LIQUID 25 MCG/0.04ML LIQUID	1	OTC Over the Counter
d-400 10 mcg (400 unit) tab	1	OTC Over the Counter
<i>delta d3 10 mcg (400 unit) tab</i>	1	OTC Over the Counter
d-vi-sol 10 mcg/ml liquid	1	OTC Over the Counter
d-vite pediatric 10 mcg/ml liquid	1	OTC Over the Counter
<i>eql vitamin d3 10 mcg (400 unit) cap</i>	1	OTC Over the Counter
<i>gnp vitamin d 10 mcg (400 unit) chew tab</i>	1	OTC Over the Counter
<i>gnp vitamin d3 10 mcg (400 unit) tab</i>	1	OTC Over the Counter
<i>healthy kids vitamin d3 10 mcg (400 unit) chew tab</i>	1	OTC Over the Counter
<i>kp vitamin d 10 mcg (400 unit) chew tab</i>	1	OTC Over the Counter
<i>pharmacist choice d-vitamin 400 unit/ml liquid</i>	1	OTC Over the Counter
<i>qc vitamin d3 10 mcg (400 unit) tab</i>	1	OTC Over the Counter
<i>sm vitamin d 10 mcg (400 unit) tab</i>	1	OTC Over the Counter
<i>true vitamin d3 10 mcg (400 unit) cap</i>	1	OTC Over the Counter
<i>true vitamin d3 10 mcg (400 unit) tab</i>	1	OTC Over the Counter
<i>vitamin d 10 mcg/ml liquid</i>	1	OTC Over the Counter
<i>vitamin d3 10 mcg (400 unit) cap</i>	1	OTC Over the Counter
<i>vitamin d3 10 mcg (400 unit) chew tab</i>	1	OTC Over the Counter
<i>vitamin d3 10 mcg (400 unit) tab</i>	1	OTC Over the Counter
<i>vitamin d3 10 mcg/ml liquid</i>	1	OTC Over the Counter
<i>vitamin d (cholecalciferol) 10 mcg (400 unit) cap</i>	1	OTC Over the Counter
<i>vitamin d (cholecalciferol) 10 mcg (400 unit) tab</i>	1	OTC Over the Counter
<i>vitamin d infant 10 mcg/ml liquid</i>	1	OTC Over the Counter
<i>cinacalcet hcl 30 mg tab</i>	1	SP Specialty
<i>cinacalcet hcl 60 mg tab</i>	1	SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>cinacalcet hcl 90 mg tab</i>	1	SP Specialty
DOXERCALCIFEROL 0.5 MCG CAP	1	
DOXERCALCIFEROL 1 MCG CAP	1	
DOXERCALCIFEROL 2.5 MCG CAP	1	
<i>calcitol 200 mcg/ml solution</i>	1	OTC Over the Counter
<i>ergocalciferol 1.25 mg (50000 ut) cap</i>	1	
<i>ergocalciferol 200 mcg/ml solution</i>	1	OTC Over the Counter
<i>vitamin d (ergocalciferol) 1.25 mg (50000 ut) cap</i>	1	
<i>vitamin d (ergocalciferol) 50000 unit cap</i>	1	
<i>ibandronate sodium 150 mg tab</i>	1	PD Preventive Drug
<i>paricalcitol 1 mcg cap</i>	1	
<i>paricalcitol 2 mcg cap</i>	1	
<i>paricalcitol 4 mcg cap</i>	1	
<i>risedronate sodium 150 mg tab</i>	1	PD Preventive Drug
<i>risedronate sodium 35 mg tab</i>	1	PD Preventive Drug
<i>risedronate sodium 35 mg tab dr</i>	1	PD Preventive Drug
<i>risedronate sodium 5 mg tab</i>	1	PD Preventive Drug
<b>MISCELLANEOUS THERAPEUTIC AGENTS</b>		
<i>acetylcysteine 200 mg/ml solution</i>	1	
ALCOHOL SWABS	1	OTC Over the Counter
<i>iv prep wipes 70 % pad</i>	1	OTC Over the Counter
<i>baclofen 25 mg/5ml suspension</i>	1	PA
BARIUM SULFATE POWDER	1	
PRECISION XTRA-GLUCOSE/KETONE DEVICE	1	QLC 1 EA/180 day(s) PD Preventive Drug 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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ACCU-CHEK GUIDE ME W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
ACCU-CHEK GUIDE W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
ADVANCE INTUITION METER DEVICE	1	<ul style="list-style-type: none"> <li>QLC 1 EA/180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
ADVANCE INTUITION MONITOR KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
ADVANCE MICRO-DRAW METER DEVICE	1	<ul style="list-style-type: none"> <li>QLC 1 EA/180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
ADVOCATE BLOOD GLUCOSE MONITOR DEVICE	1	<ul style="list-style-type: none"> <li>QLC 1 EA/180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
ADVOCATE BLOOD GLUCOSE SYSTEM W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
ADVOCATE REDI-CODE DEVICE	1	<ul style="list-style-type: none"> <li>QLC 1 EA/180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
ADVOCATE REDI-CODE+ DEVICE	1	<ul style="list-style-type: none"> <li>QLC 1 EA/180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
ADVOCATE REDI-CODE W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AGAMATRIX AMP DEVICE	1	<p>QLC 1 EA/180 day(s)</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
AGAMATRIX JAZZ WIRELESS 2 W/DEVICE KIT	1	<p>QLC 1 EA / 180 day(s)</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
AGAMATRIX PRESTO PRO METER DEVICE	1	<p>QLC 1 EA/180 day(s)</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
AGAMATRIX PRESTO W/DEVICE KIT	1	<p>QLC 1 EA / 180 day(s)</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
ASSURE 4 METER DEVICE	1	<p>QLC 1 EA/180 day(s)</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
ASSURE PLATINUM METER DEVICE	1	<p>QLC 1 EA/180 day(s)</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
ASSURE PRISM MULTI METER DEVICE	1	<p>QLC 1 EA/180 day(s)</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
ASSURE PRO BLOOD GLUCOSE METER DEVICE	1	<p>QLC 1 EA/180 day(s)</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
BD LATITUDE DIABETES KIT	1	<p>QLC 1 EA / 180 day(s)</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
BD LOGIC BLOOD GLUCOSE MONITOR W/DEVICE KIT	1	<p>QLC 1 EA / 180 day(s)</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BIOTEL CARE BLOOD GLUCOSE SYST W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
BIOTEL CARE BLOOD GLUCOSE W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
BLOOD GLUCOSE MONITORING 333 DEVICE	1	<ul style="list-style-type: none"> <li>QLC 1 EA/180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
BLOOD GLUCOSE MONITOR SYSTEM W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
BLOOD GLUCOSE SYSTEM PAK KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
BLULINK GLUCOSE MONITORING SYS DEVICE	1	<ul style="list-style-type: none"> <li>QLC 1 EA/180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
CAREONE BLOOD GLUCOSE SYSTEM W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
CARESENS N FELIZ BT DEVICE	1	<ul style="list-style-type: none"> <li>QLC 1 EA/180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
CARESENS N FELIZ DEVICE	1	<ul style="list-style-type: none"> <li>QLC 1 EA/180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
CARESENS N GLUCOSE SYSTEM DEVICE	1	<ul style="list-style-type: none"> <li>QLC 1 EA/180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CARESENS N PLUS BT W/DEVICE KIT	1	<p>QLC 1 EA / 180 day(s)</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
CARESENS N VOICE SYSTEM DEVICE	1	<p>QLC 1 EA/180 day(s)</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
CARESENS S FIT BLOOD GLUC MON DEVICE	1	<p>QLC 1 EA/180 day(s)</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
CARESENS S FIT BT BLOOD GLUC DEVICE	1	<p>QLC 1 EA/180 day(s)</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
CARETOUCH MONITOR SYSTEM W/DEVICE KIT	1	<p>QLC 1 EA / 180 day(s)</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
CLEVER CHEK AUTO-CODE SYSTEM DEVICE	1	<p>QLC 1 EA/180 day(s)</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
CLEVER CHEK AUTO-CODE VOICE DEVICE	1	<p>QLC 1 EA/180 day(s)</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
CLEVER CHEK SYSTEM W/DEVICE KIT	1	<p>QLC 1 EA / 180 day(s)</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
CLEVER CHOICE AUTO-CODE SYSTEM DEVICE	1	<p>QLC 1 EA/180 day(s)</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
CLEVER CHOICE MICRO SYSTEM W/DEVICE KIT	1	<p>QLC 1 EA / 180 day(s)</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CLEVER CHOICE MINI SYSTEM DEVICE	1	<ul style="list-style-type: none"> <li>QLC 1 EA/180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
CLEVER CHOICE TALK SYSTEM DEVICE	1	<ul style="list-style-type: none"> <li>QLC 1 EA/180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
CONTOUR BLOOD GLUCOSE SYSTEM W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
CONTOUR MONITOR DEVICE	1	<ul style="list-style-type: none"> <li>QLC 1 EA/180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
CONTOUR NEXT EZ W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
CONTOUR NEXT GEN MONITOR W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA/180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
CONTOUR NEXT LINK W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
CONTOUR NEXT MONITOR W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
CONTOUR NEXT ONE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
CONTOUR NEXT ONE W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA/180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CONTOUR PLUS BLUE W/DEVICE KIT	1	<p>QLC 1 EA / 180 day(s)</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
COOL MONITOR DEVICE	1	<p>QLC 1 EA/180 day(s)</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
COOL MONITOR KIT W/DEVICE KIT	1	<p>QLC 1 EA / 180 day(s)</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
CVS BLOOD GLUCOSE METER DEVICE	1	<p>QLC 1 EA/180 day(s)</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
CVS BLOOD GLUCOSE METER W/DEVICE KIT	1	<p>QLC 1 EA / 180 day(s)</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
DIATHRIVE BLOOD GLUCOSE METER DEVICE	1	<p>QLC 1 EA/180 day(s)</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
DIATHRIVE+ GLUCOSE MONITOR DEVICE	1	<p>QLC 1 EA/180 day(s)</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
DIATRUE PLUS BLOOD GLUCOSE DEVICE	1	<p>QLC 1 EA/180 day(s)</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
EASYMAX NG BLOOD GLUCOSE DEVICE	1	<p>QLC 1 EA/180 day(s)</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
EASYMAX NG BLOOD GLUCOSE W/DEVICE KIT	1	<p>QLC 1 EA / 180 day(s)</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EASY MAX T1 GLUCOSE SYSTEM W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
EASYMAX V BLOOD GLUCOSE DEVICE	1	<ul style="list-style-type: none"> <li>QLC 1 EA/180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
EASY PLUS II GLUCOSE SYSTEM DEVICE	1	<ul style="list-style-type: none"> <li>QLC 1 EA/180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
EASYPRO BLOOD GLUCOSE MONITOR W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
EASYPRO PLUS W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
EASY STEP GLUCOSE MONITOR DEVICE	1	<ul style="list-style-type: none"> <li>QLC 1 EA/180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
EASY TALK BLOOD GLUCOSE SYSTEM DEVICE	1	<ul style="list-style-type: none"> <li>QLC 1 EA/180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
EASY TOUCH GLUCOSE SYSTEM W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
EASY TOUCH HEALTHPRO GLUCOSE W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
EASY TRAK BLOOD GLUCOSE SYSTEM DEVICE	1	<ul style="list-style-type: none"> <li>QLC 1 EA/180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EASY TRAK II BLOOD GLUCOSE SYS DEVICE	1	<ul style="list-style-type: none"> <li>QLC 1 EA/180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
ELEMENT AUTOCODE SYSTEM W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
ELEMENT COMPACT GLUCOSE SYSTEM DEVICE	1	<ul style="list-style-type: none"> <li>QLC 1 EA/180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
ELEMENT COMPACT V GLUCOSE SYS DEVICE	1	<ul style="list-style-type: none"> <li>QLC 1 EA/180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
ELEMENT PLUS DEVICE	1	<ul style="list-style-type: none"> <li>QLC 1 EA/180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
EMBRACE BLOOD GLUCOSE MONITOR DEVICE	1	<ul style="list-style-type: none"> <li>QLC 1 EA/180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
EMBRACE EVO GLUCOSE MONITOR DEVICE	1	<ul style="list-style-type: none"> <li>QLC 1 EA/180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
EMBRACE EVO GLUCOSE MONITORING W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
EMBRACE PRO GLUCOSE METER DEVICE	1	<ul style="list-style-type: none"> <li>QLC 1 EA/180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
EMBRACE TALK BLOOD GLUCOSE DEVICE	1	<ul style="list-style-type: none"> <li>QLC 1 EA/180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EMBRACE TALK MONITORING SYSTEM W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
EMBRACE WAVE BLOOD GLUCOSE DEVICE	1	<ul style="list-style-type: none"> <li>QLC 1 EA/180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
EMBRACE WAVE GLUCOSE METER DEVICE	1	<ul style="list-style-type: none"> <li>QLC 1 EA/180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
EVOLUTION AUTOCODE DEVICE	1	<ul style="list-style-type: none"> <li>QLC 1 EA/180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
FIFTY50 GLUCOSE METER 2.0 W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
FONDCIRCLE BLOOD GLUCOSE MONIT W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
FORACARE GD40 MONITOR DEVICE	1	<ul style="list-style-type: none"> <li>QLC 1 EA/180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
FORACARE PREMIUM V10 DEVICE	1	<ul style="list-style-type: none"> <li>QLC 1 EA/180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
FORACARE TEST N GO MONITOR DEVICE	1	<ul style="list-style-type: none"> <li>QLC 1 EA/180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
FORA G20 BLOOD GLUCOSE SYSTEM W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FORA G30A BLOOD GLUCOSE SYSTEM DEVICE	1	<ul style="list-style-type: none"> <li>QLC 1 EA/180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
FORA GD20 BLOOD GLUCOSE SYSTEM DEVICE	1	<ul style="list-style-type: none"> <li>QLC 1 EA/180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
FORA GD50 BLOOD GLUCOSE SYSTEM DEVICE	1	<ul style="list-style-type: none"> <li>QLC 1 EA/180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
FORA GTEL BLOOD GLUCOSE SYSTEM DEVICE	1	<ul style="list-style-type: none"> <li>QLC 1 EA/180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
FORA PREMIUM V10 BLE SYSTEM DEVICE	1	<ul style="list-style-type: none"> <li>QLC 1 EA/180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
FORA TEST N' GO MONITOR DEVICE	1	<ul style="list-style-type: none"> <li>QLC 1 EA/180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
FORA TN'G VOICE W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
FORA V10 BLOOD GLUCOSE SYSTEM DEVICE	1	<ul style="list-style-type: none"> <li>QLC 1 EA/180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
FORA V12 BLOOD GLUCOSE SYSTEM DEVICE	1	<ul style="list-style-type: none"> <li>QLC 1 EA/180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
FORA V20 BLOOD GLUCOSE SYSTEM DEVICE	1	<ul style="list-style-type: none"> <li>QLC 1 EA/180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FORA V30A BLOOD GLUCOSE SYSTEM DEVICE	1	<ul style="list-style-type: none"> <li>QLC 1 EA/180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
FORA V30A BLOOD GLUCOSE SYSTEM W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
FORTISCARE T1 GLUCOSE SYSTEM DEVICE	1	<ul style="list-style-type: none"> <li>QLC 1 EA/180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
FREESTYLE FREEDOM LITE W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
FREESTYLE LITE DEVICE	1	<ul style="list-style-type: none"> <li>QLC 1 EA/180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
FREESTYLE LITE W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
FREESTYLE PRECISION NEO SYSTEM W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
GE100 BLOOD GLUCOSE SYSTEM DEVICE	1	<ul style="list-style-type: none"> <li>QLC 1 EA/180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
GE100 BLOOD GLUCOSE SYSTEM W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
GHT BLOOD GLUCOSE MONITOR W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GLUCOCARD 01 BLOOD GLUCOSE DEVICE	1	<ul style="list-style-type: none"> <li>QLC 1 EA/180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
GLUCOCARD 01 BLOOD GLUCOSE W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
GLUCOCARD 01-MINI GLUCOSE W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
GLUCOCARD EXPRESSION MONITOR W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
GLUCOCARD SHINE CONNEX W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
GLUCOCARD SHINE DEVICE	1	<ul style="list-style-type: none"> <li>QLC 1 EA/180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
GLUCOCARD SHINE EXPRESS W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
GLUCOCARD SHINE W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
GLUCOCARD SHINE XL DEVICE	1	<ul style="list-style-type: none"> <li>QLC 1 EA/180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
GLUCOCARD VITAL MONITOR W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GLUCOCARD X-METER W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
GLUCOCOM BLOOD GLUCOSE MONITOR DEVICE	1	<ul style="list-style-type: none"> <li>QLC 1 EA/180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
GLUCOCOM MONITOR W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
GLUCONAVII BLOOD GLUCOSE SYS W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
GLUCO PERFECT 3 METER DEVICE	1	<ul style="list-style-type: none"> <li>QLC 1 EA/180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
GNP EASY TOUCH GLUCOSE METER DEVICE	1	<ul style="list-style-type: none"> <li>QLC 1 EA/180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
GNP TRUE METRIX AIR METER W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
GNP TRUE METRIX GLUCOSE METER W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
GOODSENSE BLOOD GLUCOSE W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
HEALTHPRO BLOOD GLUCOSE MONITO W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HM EMBRACE TALK SYSTEM W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
HW EMBRACE PRO GLUCOSE METER DEVICE	1	<ul style="list-style-type: none"> <li>QLC 1 EA/180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
HW EMBRACE TALK BLOOD GLUCOSE DEVICE	1	<ul style="list-style-type: none"> <li>QLC 1 EA/180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
IGLUCOSE MONITORING SYSTEM W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
INFINITY BLOOD GLUCOSE SYSTEM W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
INFINITY VOICE W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
IN TOUCH DEVICE	1	<ul style="list-style-type: none"> <li>QLC 1 EA/180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
KROGER BLOOD GLUCOSE W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
KROGER PREMIUM BLOOD GLUCOSE W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
LIBERTY BLOOD GLUCOSE METER DEVICE	1	<ul style="list-style-type: none"> <li>QLC 1 EA/180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LIBERTY NXT GENERATION MONITOR DEVICE	1	<ul style="list-style-type: none"> <li>QLC 1 EA/180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
MEIJER BLOOD GLUCOSE W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
MEIJER ESSENTIAL BLOOD GLUCOSE W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
MEIJER PREMIUM BLOOD GLUCOSE W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
MEIJER TRUE2GO BLOOD GLUCOSE W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
MEIJER TRUERESULT GLUCOSE SYS W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
MEIJER TRUETRACK GLUCOSE SYS W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
MICRODOT BLOOD GLUCOSE SYSTEM W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
MM BLOOD GLUCOSE SYSTEM W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
MM BLULINK GLUCOSE MONIT SYS DEVICE	1	<ul style="list-style-type: none"> <li>QLC 1 EA/180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MM EASY TOUCH GLUCOSE METER W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
MYGLUCOHEALTH BLOOD GLUCOSE W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
NOVA MAX BLOOD GLUCOSE SYSTEM DEVICE	1	<ul style="list-style-type: none"> <li>QLC 1 EA/180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
NOVA MAX BLOOD GLUCOSE SYSTEM W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
ON CALL EXPRESS MONITORING SYS W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
ONE DROP BLOOD GLUCOSE MONITOR W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
ONETOUCH VERIO FLEX SYSTEM DEVICE	1	<ul style="list-style-type: none"> <li>QLC 1 EA/180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
PHARMACIST CHOICE AUTOCODE SYS W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
PHARMACIST CHOICE MINI SYSTEM DEVICE	1	<ul style="list-style-type: none"> <li>QLC 1 EA/180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
PIP BLOOD GLUCOSE MONITORING DEVICE	1	<ul style="list-style-type: none"> <li>QLC 1 EA/180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
POCKETCHEM EZ SYSTEM W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
POGO AUTOMATIC BLOOD GLUCOSE DEVICE	1	<ul style="list-style-type: none"> <li>QLC 1 EA/180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
PRECISION XTRA W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
PRODIGY AUTOCODE BLOOD GLUCOSE DEVICE	1	<ul style="list-style-type: none"> <li>QLC 1 EA/180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
PRODIGY AUTOCODE BLOOD GLUCOSE W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
PRODIGY NO CODING BLOOD GLUC W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
PRODIGY POCKET BLOOD GLUCOSE W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
PRODIGY VOICE BLOOD GLUCOSE W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
PRO VOICE V8 GLUCOSE SYSTEM DEVICE	1	<ul style="list-style-type: none"> <li>QLC 1 EA/180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
PRO VOICE V9 GLUCOSE SYSTEM DEVICE	1	<ul style="list-style-type: none"> <li>QLC 1 EA/180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
QUICKTEK/METER KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
QUICK TOUCH BLOOD GLUCOSE W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
QUINTET AC BLOOD GLUCOSE DEVICE	1	<ul style="list-style-type: none"> <li>QLC 1 EA/180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
QUINTET BLOOD GLUCOSE SYSTEM DEVICE	1	<ul style="list-style-type: none"> <li>QLC 1 EA/180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
REFUAH PLUS MONITORING SYSTEM W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
RELION CONFIRM GLUCOSE MONITOR W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
RELION MICRO W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
RELION PREMIER BLU MONITOR DEVICE	1	<ul style="list-style-type: none"> <li>QLC 1 EA/180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
RELION PREMIER CLASSIC DEVICE	1	<ul style="list-style-type: none"> <li>QLC 1 EA/180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
RELION PREMIER COMPACT SYSTEM W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RELION PREMIER VOICE MONITOR DEVICE	1	<ul style="list-style-type: none"> <li>QLC 1 EA/180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
RELION PRIME MONITOR DEVICE	1	<ul style="list-style-type: none"> <li>QLC 1 EA/180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
RELION TRUE MET AIR GLUC METER W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
RELION ULTIMA GLUCOSE SYSTEM W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
REXALL BLOOD GLUCOSE SYSTEM W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
RIGHTEST GM100 BLOOD GLUCOSE W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
RIGHTEST GM300 BLOOD GLUCOSE W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
RIGHTEST GM550 BLOOD GLUCOSE W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
RIGHTEST GT333 BLOOD GLUCOSE DEVICE	1	<ul style="list-style-type: none"> <li>QLC 1 EA/180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
SMARTEST EJECT DEVICE	1	<ul style="list-style-type: none"> <li>QLC 1 EA/180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SMARTEST EJECT STARTER W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
SMARTEST PERSONA STARTER W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
SMARTEST PRONTO STARTER W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
SMARTEST PROTEGE DEVICE	1	<ul style="list-style-type: none"> <li>QLC 1 EA/180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
SMARTEST PROTEGE STARTER W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
SMART SENSE PREMIUM SYSTEM W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
SMART SENSE VALUE GLUCOSE SYS W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
SOLUS V2 BLOOD GLUCOSE SYSTEM DEVICE	1	<ul style="list-style-type: none"> <li>QLC 1 EA/180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
SOLUS V2 BLOOD GLUCOSE SYSTEM W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
TGT BLOOD GLUCOSE MONITORING W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRUE FOCUS BLOOD GLUCOSE METER DEVICE	1	<ul style="list-style-type: none"> <li>QLC 1 EA/180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
TRUE METRIX AIR GLUCOSE METER DEVICE	1	<ul style="list-style-type: none"> <li>QLC 1 EA/180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
TRUE METRIX AIR GLUCOSE METER W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
TRUE METRIX GO GLUCOSE METER W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
TRUE METRIX METER DEVICE	1	<ul style="list-style-type: none"> <li>QLC 1 EA/180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
TRUE METRIX METER W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
TRUERESULT BLOOD GLUCOSE W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
TRUETRACK BLOOD GLUCOSE DEVICE	1	<ul style="list-style-type: none"> <li>QLC 1 EA/180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
TRUETRACK BLOOD GLUCOSE W/DEVICE KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>
TRUETRACK SMART SYSTEM KIT	1	<ul style="list-style-type: none"> <li>QLC 1 EA / 180 day(s)</li> <li>PD Preventive Drug</li> <li>OTC Over the Counter</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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
WAVESENSE AMP W/DEVICE KIT	1	QLC 1 EA / 180 day(s) PD Preventive Drug OTC Over the Counter
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
DEXCOM G6 RECEIVER DEVICE	1	QLC 1 / 365 days
DEXCOM G7 RECEIVER DEVICE	1	QLC 1 / 365 day(s)
FREESTYLE LIBRE 14 DAY READER DEVICE	1	QLC 1 / 365 day(s)
FREESTYLE LIBRE 2 READER DEVICE	1	QLC 1 / 365 days
FREESTYLE LIBRE 3 READER DEVICE	1	QLC 1 /365 Days
DEXCOM G6 SENSOR MISC	1	QL 3 / 30 day(s)
DEXCOM G7 15 DAY SENSOR MISC	1	QL 2 EA / 30 day(s)
DEXCOM G7 SENSOR MISC	1	QL 3 / 30 day(s)
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)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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 SENSOR MISC	1	QL 2 / 28 day(s)
DEXCOM G6 TRANSMITTER MISC	1	QLC 1 / 84 days
<i>cromolyn sodium 5.2 mg/act aero soln</i>	1	OTC Over the Counter
<i>nasalcrom 5.2 mg/act aero soln</i>	1	OTC Over the Counter
FIXODENT EXTRA HOLD POWDER	1	OTC Over the Counter
KLUTCH POWDER	1	OTC Over the Counter
POLIGRIP SUPER STRONG EX ST POWDER	1	OTC Over the Counter
CAYA DIAPHRAGM	1	ACA Affordable Care Act
OMNIFLEX DIAPHRAGM DIAPHRAGM	1	ACA Affordable Care Act
WIDE-SEAL DIAPHRAGM 60 2 % DIAPHRAGM	1	ACA Affordable Care Act
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
FIRST-MOUTHWASH BLM SUSPENSION	1	
D-XYLOSE POWDER	1	
ACCU-CHEK AVIVA PLUS STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
ACCU-CHEK GUIDE TEST STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter
ACCU-CHEK SMARTVIEW STRIP	1	QL 100 EA / 30 day(s) OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ACCUTREND GLUCOSE STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
ADVANCE INTUITION TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
ADVANCE MICRO-DRAW TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
ADVOCATE REDI-CODE STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
ADVOCATE REDI-CODE+ TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
ADVOCATE TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
AGAMATRIX AMP TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
AGAMATRIX JAZZ TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
AGAMATRIX KEYNOTE TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
AGAMATRIX PRESTO TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
ASSURE 3 TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
ASSURE 4 TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
ASSURE II CHECK STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
ASSURE II STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
ASSURE PLATINUM STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ASSURE PRISM MULTI TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
ASSURE PRO TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
BIOTEL CARE TEST STRIPS STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
BLOOD GLUCOSE TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
BLOOD GLUCOSE TEST STRIPS 333 STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
BLULINK GLUCOSE TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
CAREONE BLOOD GLUCOSE TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
CARESENS N GLUCOSE TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
CARESENS S GLUCOSE TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
CARETOUCH TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
CLEVER CHEK AUTO-CODE TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
CLEVER CHEK AUTO-CODE VOICE STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
CLEVER CHEK TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
CLEVER CHOICE AUTO-CODE TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
CLEVER CHOICE MICRO TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CLEVER CHOICE NO CODING STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
CLEVER CHOICE TALK SYSTEM STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
CONTOUR NEXT TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
CONTOUR PLUS TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
CONTOUR TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
COOL BLOOD GLUCOSE TEST STRIPS STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
CVS ADVANCED GLUCOSE TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
CVS GLUCOSE METER TEST STRIPS STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
CVS TRUE METRIX GLUCOSE TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
DIATHRIVE BLOOD GLUCOSE TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
DIATHRIVE GLUCOSE TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
DIATHRIVE+ GLUCOSE TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
DIATRUE PLUS TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
DUO-CARE TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
EASYGLUCO STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EASYMAX 15 TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
EASY MAX BLOOD GLUCOSE TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
EASYMAX TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
EASY PLUS II GLUCOSE TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
EASYPRO BLOOD GLUCOSE TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
EASYPRO PLUS STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
EASY STEP TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
EASY TALK BLOOD GLUCOSE TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
EASY TALK PLUS II TEST STRIPS STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
EASY TOUCH HEALTHPRO GLUCOSE STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
EASY TOUCH TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
EASY TRAK BLOOD GLUCOSE TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
EASY TRAK II GLUCOSE TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
ELEMENT COMPACT TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
ELEMENT TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EMBRACE BLOOD GLUCOSE TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
EMBRACE EVO BLOOD GLUCOSE TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
EMBRACE PRO GLUCOSE TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
EMBRACE TALK GLUCOSE TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
EMBRACE WAVE BLOOD GLUCOSE STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
EQ BLOOD GLUCOSE TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
EVOLUTION AUTOCODE STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
FIFTY50 GLUCOSE TEST 2.0 STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
FONDCIRCLE BLOOD GLUCOSE TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
FORA 6 CONNECT/GTEL TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
FORA 6 CONNECT STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
FORA BLOOD GLUCOSE TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
FORACARE GD40 TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
FORACARE PREMIUM V10 TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
FORACARE TEST N GO TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FORA D15G BLOOD GLUCOSE TEST STRIP	1	<ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>OTC Over the Counter</li> </ul>
FORA D20 BLOOD GLUCOSE TEST STRIP	1	<ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>OTC Over the Counter</li> </ul>
FORA D40/G31 BLOOD GLUCOSE STRIP	1	<ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>OTC Over the Counter</li> </ul>
FORA G20 BLOOD GLUCOSE TEST STRIP	1	<ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>OTC Over the Counter</li> </ul>
FORA G30/PREM V10 GLUCOSE TEST STRIP	1	<ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>OTC Over the Counter</li> </ul>
FORA GD20 TEST STRIP	1	<ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>OTC Over the Counter</li> </ul>
FORA GD50 BLOOD GLUCOSE TEST STRIP	1	<ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>OTC Over the Counter</li> </ul>
FORA GTEL BLOOD GLUCOSE TEST STRIP	1	<ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>OTC Over the Counter</li> </ul>
FORA TN'G ADVANCE PRO STRIP	1	<ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>OTC Over the Counter</li> </ul>
FORA TN'G/TN'G VOICE STRIP	1	<ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>OTC Over the Counter</li> </ul>
FORA V10 BLOOD GLUCOSE TEST STRIP	1	<ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>OTC Over the Counter</li> </ul>
FORA V12 BLOOD GLUCOSE TEST STRIP	1	<ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>OTC Over the Counter</li> </ul>
FORA V20 BLOOD GLUCOSE TEST STRIP	1	<ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>OTC Over the Counter</li> </ul>
FORA V30A BLOOD GLUCOSE TEST STRIP	1	<ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>OTC Over the Counter</li> </ul>
FORTISCARE G1 TEST STRIP STRIP	1	<ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>OTC Over the Counter</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FORTISCARE TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
FREESTYLE INSULINX TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
FREESTYLE LITE TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
FREESTYLE PRECISION NEO TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
FREESTYLE TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
GE100 BLOOD GLUCOSE TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
GENULTIMATE TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
GHT TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
GLUCOCARD 01 SENSOR PLUS STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
GLUCOCARD EXPRESSION TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
GLUCOCARD SHINE TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
GLUCOCARD VITAL TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
GLUCOCARD X-SENSOR STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
GLUCOCOM TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
GLUCONAVII BLOOD GLUCOSE TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GLUCO PERFECT 3 TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
GLUCOSE METER TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
GNP EASY TOUCH GLUCOSE TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
GNP TRUE METRIX GLUCOSE STRIPS STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
GNP TRUETRACK SMART SYSTEM STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
GNP TRUETRACK TEST STRIPS STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
GOJJI BLOOD GLUCOSE TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
GOJJI BLOOD TEST STRIP/LANCETS STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
GOODSENSE BLOOD GLUCOSE STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
HW EMBRACE PRO GLUCOSE TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
HW EMBRACE TALK GLUCOSE TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
IGLUCOSE TEST STRIPS STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
IHEALTH BLOOD GLUCOSE TEST STR STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
INFINITY BLOOD GLUCOSE TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
INFINITY VOICE STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
IN TOUCH BLOOD GLUCOSE TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
KROGER BLOOD GLUCOSE TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
KROGER HEALTHPRO GLUCOSE TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
KROGER PREMIUM GLUCOSE TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
LIBERTY NEXT GENERATION TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
LIBERTY TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
MEIJER BLOOD GLUCOSE TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
MEIJER ESSENTIAL GLUCOSE TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
MEIJER TRUETEST TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
MEIJER TRUETRACK TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
MICRODOT TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
MM BLULINK GLUCOSE TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
MM EASY TOUCH GLUCOSE STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
MYGLUCOHEALTH TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
NEUTEK 2TEK TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NOVA MAX GLUCOSE TEST STRIP	1	<ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>OTC Over the Counter</li> </ul>
ON CALL EXPRESS BLOOD GLUCOSE STRIP	1	<ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>OTC Over the Counter</li> </ul>
ONE DROP TEST STRIP	1	<ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>OTC Over the Counter</li> </ul>
OPTIUMEZ TEST STRIP	1	<ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>OTC Over the Counter</li> </ul>
PHARMACIST CHOICE AUTOCODE STRIP	1	<ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>OTC Over the Counter</li> </ul>
PHARMACIST CHOICE NO CODING STRIP	1	<ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>OTC Over the Counter</li> </ul>
PIP BLOOD GLUCOSE TEST STRIP STRIP	1	<ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>OTC Over the Counter</li> </ul>
POCKETCHEM EZ TEST STRIP	1	<ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>OTC Over the Counter</li> </ul>
PRECISION XTRA BLOOD GLUCOSE STRIP	1	<ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>OTC Over the Counter</li> </ul>
PREMIUM BLOOD GLUCOSE TEST STRIP	1	<ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>OTC Over the Counter</li> </ul>
PRODIGY NO CODING BLOOD GLUC STRIP	1	<ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>OTC Over the Counter</li> </ul>
PRO VOICE V8/V9 GLUCOSE STRIP	1	<ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>OTC Over the Counter</li> </ul>
PTS PANELSEGLU TEST STRIP	1	<ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>OTC Over the Counter</li> </ul>
QUICKTEK TEST STRIP	1	<ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>OTC Over the Counter</li> </ul>
QUICK TOUCH BLOOD GLUCOSE TEST STRIP	1	<ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>OTC Over the Counter</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
QUINTET AC BLOOD GLUCOSE TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
QUINTET BLOOD GLUCOSE TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
REFUAH PLUS BLOOD GLUCOSE TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
RELION BLOOD GLUCOSE TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
RELION CONFIRM/MICRO TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
RELION GLUCOSE TEST STRIPS STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
RELION PREMIER TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
RELION PRIME TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
RELION TRUE METRIX TEST STRIPS STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
RELION ULTIMA TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
REXALL BLOOD GLUCOSE TEST STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
RIGHTEST GS100 BLOOD GLUCOSE STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
RIGHTEST GS300 BLOOD GLUCOSE STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
RIGHTEST GS550 BLOOD GLUCOSE STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
RIGHTEST GT333 BLOOD GLUCOSE STRIP	1	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RIGHTTEST GT333 GLUCOSE TEST STRIP	1	<ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>OTC Over the Counter</li> </ul>
SMARTEST BLOOD GLUCOSE TEST STRIP	1	<ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>OTC Over the Counter</li> </ul>
SMART SENSE PREMIUM TEST STRIP	1	<ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>OTC Over the Counter</li> </ul>
SMART SENSE VALUE TEST STRIP	1	<ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>OTC Over the Counter</li> </ul>
SOLUS V2 TEST STRIP	1	<ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>OTC Over the Counter</li> </ul>
SUPREME TEST STRIP	1	<ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>OTC Over the Counter</li> </ul>
TGT BLOOD GLUCOSE TEST STRIP	1	<ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>OTC Over the Counter</li> </ul>
TRUE FOCUS BLOOD GLUCOSE STRIP STRIP	1	<ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>OTC Over the Counter</li> </ul>
TRUE METRIX BLOOD GLUCOSE TEST STRIP	1	<ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>OTC Over the Counter</li> </ul>
TRUE METRIX PRO BLOOD GLUCOSE STRIP	1	<ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>OTC Over the Counter</li> </ul>
TRUETEST TEST STRIP	1	<ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>OTC Over the Counter</li> </ul>
TRUETRACK TEST STRIP	1	<ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>OTC Over the Counter</li> </ul>
UNISTRIP1 GENERIC STRIP	1	<ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>OTC Over the Counter</li> </ul>
VERASENS BLOOD GLUCOSE TEST STRIP	1	<ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>OTC Over the Counter</li> </ul>
VIVAGUARD INO TEST STRIPS STRIP	1	<ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>OTC Over the Counter</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ALIMENTUM LIQUID	1	OTC Over the Counter
ALSOY SOY FORMULA LIQUID	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
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
FORTINI INFANT FORMULA LIQUID	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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
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
NEOSURE ADVANCE LIQUID	1	OTC Over the Counter
PROTEIN FORTIFIER LIQUID	1	OTC Over the Counter
PURE BLISS ORGANIC/IRON LIQUID	1	OTC Over the Counter
SIMILAC 360 TOTAL CARE 5 HMO 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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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 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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
WATER ORAL LIQUID	1	OTC Over the Counter
MODD1 PATIENT WELCOME KIT KIT	1	QLC 1 EA / 700 Days
MODD1 SUPPLY KIT KIT	1	QLC 1/365 days
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	1	QLC 1 EA / 700 Days
<i>Omnipod 5 DexG7G6 Pods Gen 5 MISC</i>	1	QL 15 EA / 30 day(s)
OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC	1	QL 15 EA / 30 day(s)
<i>Omnipod 5 G7 Intro (Gen 5) KIT</i>	1	QLC 1 EA / 700 Days
OMNIPOD 5 G7 PODS (GEN 5) MISC	1	QL 15 EA / 30 day(s)
OMNIPOD 5 LIBRE2 G6 INTRO GEN5 KIT	1	QLC 1 EA / 700 Days
OMNIPOD 5 LIBRE2 PLUS G6 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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OMNIPOD GO 40 UNIT/24HR KIT	1	PD Preventive Drug
OMNIPOD POD PALS MISC	1	QL 10 / 30 day(s) OTC Over the Counter
PEN NEEDLES 30G X 5 MM MISC	1	
AQ INSULIN SYRINGE 31G X 5/16" 1 ML MISC	1	
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	
EASY COMFORT INSULIN SYRINGE 31G X 1/2" 0.3 ML MISC	1	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	
FORA GTEL BLOOD KETONE TEST STRIP	1	OTC Over the Counter
FORA TEST N'GO ADV-VOICE-6 CON STRIP	1	OTC Over the Counter
GOJJI BLOOD KETONE TEST STRIP	1	OTC Over the Counter
NOVA MAX PLUS KETONE TEST STRIP	1	OTC Over the Counter
PRECISION XTRA KETONE STRIP	1	OTC Over the Counter
LANCETS	1	OTC Over the Counter
FIRST-LANSOPRAZOLE 3 MG/ML SUSPENSION	1	
<i>methergine 0.2 mg tab</i>	1	
<i>methylergonovine maleate 0.2 mg/ml solution</i>	1	
<i>methylergonovine maleate 0.2 mg tab</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LAGEVRIO 200 MG CAP	1	QLC 80 EA / 30 day(s)
OPVEE 2.7 MG/0.1ML SOLUTION	1	
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
3232A INFANT FORMULA POWDER	1	OTC Over the Counter
ACERFLEX POWDER	1	OTC Over the Counter
BCAD 1 POWDER	1	OTC Over the Counter
BCAD 2 POWDER	1	OTC Over the Counter
CHOLEXTRA POWDER	1	OTC Over the Counter
CLICK ESPRESSO PROTEIN DRINK POWDER	1	OTC Over the Counter
CYCLINEX-1 POWDER	1	OTC Over the Counter
CYCLINEX-2 POWDER	1	OTC Over the Counter
CYCLINEX-2 POWDER	1	OTC Over the Counter
DUOCAL POWDER	1	OTC Over the Counter
EGG/PRO POWDER	1	OTC Over the Counter
ELECARE DHA/ARA INFANT POWDER	1	OTC Over the Counter
ELECARE DHA/ARA POWDER	1	OTC Over the Counter
ELECARE JR POWDER	1	OTC Over the Counter
ELECARE POWDER	1	OTC Over the Counter
ENCALA POWDER	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
FORTA DRINK POWDER	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FORTA SHAKE POWDER	1	OTC Over the Counter
GA-1 ANAMIX EARLY YEARS POWDER	1	OTC Over the Counter
GA POWDER	1	OTC Over the Counter
GLUTAREX-1 POWDER	1	OTC Over the Counter
GLUTAREX-2 POWDER	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
HEALTH SOURCE POWDER	1	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
IMMULIFE POWDER	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
JUVEN POWDER	1	OTC Over the Counter
KETOCAL 3:1 POWDER	1	OTC Over the Counter
KETOCAL 4:1 POWDER	1	OTC Over the Counter
KETOGEN POWDER	1	OTC Over the Counter
KETONEX-1 POWDER	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KETONEX-2 POWDER	1	OTC Over the Counter
K-PAX PROTEIN BLEND IMMUNE POWDER	1	OTC Over the Counter
LIPISTART POWDER	1	OTC Over the Counter
LMD POWDER	1	OTC Over the Counter
METHIONAID POWDER	1	OTC Over the Counter
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
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
NEOCATE INFANT DHA/ARA 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
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
OPTICLEANSE GHI POWDER	1	OTC Over the Counter
ORGANIC PEDIA SMART POWDER	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OS 2 POWDER	1	OTC Over the Counter
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
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
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
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
PKU TRIO POWDER	1	OTC Over the Counter
POLYCAL POWDER	1	OTC Over the Counter
PORTAGEN POWDER	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
PROVIMIN POWDER	1	OTC Over the Counter
PURECARB POWDER	1	OTC Over the Counter
RENASTART POWDER	1	OTC Over the Counter
SCANDICAL POWDER	1	OTC Over the Counter
SCANDISHAKE POWDER	1	OTC Over the Counter
SOL CARB POWDER	1	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
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
VIVONEX PLUS PACKET	1	OTC Over the Counter
WND 1 POWDER	1	OTC Over the Counter
WND 2 POWDER	1	OTC Over the Counter
XLEU MAXAMAID POWDER	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
OMEPRAZOLE+SYRSPEND SF ALKA 2 MG/ML SUSPENSION	1	
PEAK FLOW METERS	1	PD Preventive Drug OTC Over the Counter
CHEMSTRIP 2 STRIP	1	OTC Over the Counter
PH STRIPS TEST	1	
FIRST-PROGESTERONE VGS 100 MG SUPPOS	1	
FIRST-PROGESTERONE VGS 200 MG SUPPOS	1	
EVRYSDI 0.75 MG/ML RECON SOLN	1	PA SP Specialty
SODIUM SACCHARIN POWDER	1	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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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
<i>sterile water for injection solution</i>	1	
STERILE WATER FOR INJECTION SOLUTION	1	
ARGYLE STERILE WATER SOLUTION	1	
<i>sterile water for irrigation solution</i>	1	
STERILE WATER FOR IRRIGATION SOLUTION	1	
<i>water for irrigation, sterile solution</i>	1	
OPHTHALMIC AGENTS		
OPHTHALMIC AGENTS, OTHER		
LACRISERT 5 MG INSERT	1	
ATROPINE SULFATE 0.025 % SOLUTION	1	
ATROPINE SULFATE 0.05 % SOLUTION	1	
ATROPINE SULFATE 1 % OINTMENT	1	
<i>atropine sulfate 1 % solution</i>	1	
BACITRACIN-POLYMYXIN B 500-10000 UNIT/GM OINTMENT	1	
<i>polycin 500-10000 unit/gm ointment</i>	1	
BACITRA-NEOMYCIN-POLYMYXIN-HC 1 % OINTMENT	1	
<i>neo-polycin hc 1 % ointment</i>	1	
OXERVATE 0.002 % SOLUTION	1	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>cyclopentolate hcl 1 % solution</i>	1	
<i>dorzolamide hcl-timolol mal 2-0.5 % solution</i>	1	
<i>dorzolamide hcl-timolol mal 22.3-6.8 mg/ml solution</i>	1	
<i>dorzolamide hcl-timolol mal pf 2-0.5 % solution</i>	1	
HOMATROPAIRE 5 % SOLUTION	1	
ZYLET 0.5-0.3 % SUSPENSION	1	
XDEMVIY 0.25 % SOLUTION	1	PA
<i>neomycin-bacitracin zn-polymyx 3.5-400-10000 ointment</i>	1	
NEOMYCIN-BACITRACIN ZN-POLYMYX 5-400-10000 OINTMENT	1	
<i>neo-polycin 3.5-400-10000 ointment</i>	1	
<i>neomycin-polymyxin-dexameth 0.1 % suspension</i>	1	
<i>neomycin-polymyxin-dexameth 3.5-10000-0.1 ointment</i>	1	
<i>neomycin-polymyxin-dexameth 3.5-10000-0.1 suspension</i>	1	
NEOMYCIN-POLYMYXIN-GRAMICIDIN 1.75-10000-.025 SOLUTION	1	
NEOMYCIN-POLYMYXIN-HC 3.5-10000-1 SUSPENSION	1	
ALTAFRIN 10 % SOLUTION	1	
ALTAFRIN 2.5 % SOLUTION	1	
<i>phenylephrine hcl 10 % solution</i>	1	
<i>phenylephrine hcl 2.5 % solution</i>	1	
<i>proparacaine hcl 0.5 % solution</i>	1	
SULFACETAMIDE-PREDNISOLONE 10-0.23 % SOLUTION	1	
TETRACAINE HCL 0.5 % SOLUTION	1	
<i>tobramycin-dexamethasone 0.3-0.1 % suspension</i>	1	
<i>tropicamide 0.5 % solution</i>	1	
<i>tropicamide 1 % solution</i>	1	
OPHTHALMIC ANTI-ALLERGY AGENTS		
<i>azelastine hcl 0.05 % solution</i>	1	
CROMOLYN SODIUM 4 % SOLUTION	1	PD Preventive Drug
<i>epinastine hcl 0.05 % solution</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ALOMIDE 0.1 % SOLUTION	1	
<i>olopatadine hcl 0.2 % solution</i>	1	OTC Over the Counter
OPHTHALMIC ANTI-INFECTIVES		
BACITRACIN 500 UNIT/GM OINTMENT	1	
<i>erythromycin 5 mg/gm ointment</i>	1	
<i>gatifloxacin 0.5 % solution</i>	1	
<i>gentamicin sulfate 0.3 % solution</i>	1	
LEVOFLOXACIN 0.5 % SOLUTION	1	
LEVOFLOXACIN 1.5 % SOLUTION	1	
<i>moxifloxacin hcl 0.5 % solution</i>	1	
MOXIFLOXACIN HCL (2X DAY) 0.5 % SOLUTION	1	
<i>ofloxacin 0.3 % solution</i>	1	
<i>polymyxin b-trimethoprim 10000-0.1 unit/ml-% solution</i>	1	
SULFACETAMIDE SODIUM 10 % OINTMENT	1	
<i>sulfacetamide sodium 10 % solution</i>	1	
SULFACETAMIDE SODIUM 10 % SOLUTION	1	
<i>tobramycin 0.3 % solution</i>	1	
TOBREX 0.3 % OINTMENT	1	
OPHTHALMIC ANTI-INFLAMMATORIES		
<i>bromfenac sodium (once-daily) 0.09 % solution</i>	1	
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	1	
<i>diclofenac sodium 0.1 % solution</i>	1	
<i>fluorometholone 0.1 % suspension</i>	1	
FLURBIPROFEN SODIUM 0.03 % SOLUTION	1	
<i>ketorolac tromethamine 0.4 % solution</i>	1	
<i>ketorolac tromethamine 0.5 % solution</i>	1	
LOTEMAX 0.5 % OINTMENT	1	
LOTEMAX SM 0.38 % GEL	1	
<i>loteprednol etabonate 0.5 % gel</i>	1	
<i>loteprednol etabonate 0.5 % suspension</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>prednisolone acetate 1 % suspension</i>	1	
<i>prednisolone acetate 1 % suspension</i>	1	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	1	
OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS		
BETAXOLOL HCL 0.5 % SOLUTION	1	
CARTEOLOL HCL 1 % SOLUTION	1	
LEVOBUNOLOL HCL 0.5 % SOLUTION	1	
<i>timolol maleate 0.25 % solution</i>	1	
<i>timolol maleate 0.5 % solution</i>	1	
OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER		
<i>acetazolamide er 500 mg cap er 12h</i>	1	
<i>acetazolamide er 500 mg cap er 12h</i>	1	
APRACLONIDINE HCL 0.5 % SOLUTION	1	
<i>brimonidine tartrate 0.15 % solution</i>	1	
<i>brimonidine tartrate 0.1 % solution</i>	1	
<i>brimonidine tartrate 0.2 % solution</i>	1	
<i>dorzolamide hcl 2 % solution</i>	1	
<i>methazolamide 25 mg tab</i>	1	
<i>methazolamide 25 mg tab</i>	1	
<i>methazolamide 50 mg tab</i>	1	
<i>methazolamide 50 mg tab</i>	1	
<i>pilocarpine hcl 1 % solution</i>	1	
<i>pilocarpine hcl 2 % solution</i>	1	
<i>pilocarpine hcl 4 % solution</i>	1	
QLOSI 0.4 % SOLUTION	1	
VUITY 1.25 % SOLUTION	1	
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS		
<i>bimatoprost 0.03 % solution</i>	1	
<i>bimatoprost 0.03 % solution</i>	1	PA
<i>latanoprost 0.005 % solution</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>travoprost (bak free) 0.004 % solution</i>	1	
<b>OTIC AGENTS</b>		
<i>ciprofloxacin-dexamethasone 0.3-0.1 % suspension</i>	1	
<i>ciprofloxacin-dexamethasone 0.3-0.1 % suspension</i>	1	
<i>ciprofloxacin hcl 0.2 % solution</i>	1	
<i>ciprofloxacin-hydrocortisone 0.2-1 % suspension</i>	1	
CIPRO HC 0.2-1 % SUSPENSION	1	
<i>flac 0.01 % oil</i>	1	
<i>fluocinolone acetonide 0.01 % oil</i>	1	
<i>hydrocortisone-acetic acid 1-2 % solution</i>	1	
<i>neomycin-polymyxin-hc 1 % solution</i>	1	
<i>neomycin-polymyxin-hc 3.5-10000-1 solution</i>	1	
<i>neomycin-polymyxin-hc 3.5-10000-1 suspension</i>	1	
<i>ofloxacin 0.3 % solution</i>	1	
<b>RESPIRATORY TRACT/PULMONARY AGENTS</b>		
<b>ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS</b>		
QVAR REDIHALER 40 MCG/ACT AERO BA	1	
QVAR REDIHALER 80 MCG/ACT AERO BA	1	
QNASL 80 MCG/ACT AERO SOLN	1	QL 10.6 / 30 days
<i>budesonide 0.25 mg/2ml suspension</i>	1	PD Preventive Drug
<i>budesonide 0.5 mg/2ml suspension</i>	1	PD Preventive Drug
<i>budesonide 1 mg/2ml suspension</i>	1	PD Preventive Drug
<i>flunisolide 25 mcg/act (0.025%) solution</i>	1	
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FLUTICASONE PROPIONATE HFA 110 MCG/ACT AEROSOL	1	<p>QL 24 GM / 30 day(s)</p> <p>PD Preventive Drug</p>
FLUTICASONE PROPIONATE HFA 220 MCG/ACT AEROSOL	1	<p>QL 24 GM / 30 day(s)</p> <p>PD Preventive Drug</p>
FLUTICASONE PROPIONATE HFA 44 MCG/ACT AEROSOL	1	<p>QL 21.2 GM / 30 day(s)</p> <p>PD Preventive Drug</p>
FLUTICASONE PROPIONATE DISKUS 100 MCG/ACT AER POW BA	1	<p>QL 120 EA / 30 day(s)</p> <p>PD Preventive Drug</p>
FLUTICASONE PROPIONATE DISKUS 250 MCG/ACT AER POW BA	1	<p>QL 240 EA / 30 day(s)</p> <p>PD Preventive Drug</p>
FLUTICASONE PROPIONATE DISKUS 50 MCG/ACT AER POW BA	1	<p>QL 120 EA / 30 day(s)</p> <p>PD Preventive Drug</p>
<i>fluticasone propionate 50 mcg/act suspension</i>	1	
XHANCE 93 MCG/ACT EXHU	1	<p>QL 16 ml / 30 day(s)</p> <p>PA</p>
ASMANEX (120 METERED DOSES) 220 MCG/ACT AER POW BA	1	<p>QL 1 EA / 30 day(s)</p> <p>PD Preventive Drug</p>
ASMANEX (14 METERED DOSES) 220 MCG/ACT AER POW BA	1	<p>QL 1 EA / 30 day(s)</p> <p>PD Preventive Drug</p>
ASMANEX (30 METERED DOSES) 110 MCG/ACT AER POW BA	1	<p>QL 1 EA / 30 day(s)</p> <p>PD Preventive Drug</p>
ASMANEX (30 METERED DOSES) 220 MCG/ACT AER POW BA	1	<p>QL 1 EA / 30 day(s)</p> <p>PD Preventive Drug</p>
ASMANEX (60 METERED DOSES) 220 MCG/ACT AER POW BA	1	<p>QL 1 EA / 30 day(s)</p> <p>PD Preventive Drug</p>
ASMANEX HFA 100 MCG/ACT AEROSOL	1	<p>QL 13 GM / 30 day(s)</p> <p>PD Preventive Drug</p>
ASMANEX HFA 200 MCG/ACT AEROSOL	1	<p>QL 13 GM / 30 day(s)</p> <p>PD Preventive Drug</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ASMANEX HFA 50 MCG/ACT AEROSOL	1	QL 13 GM / 30 day(s)
<i>mometasone furoate 50 mcg/act suspension</i>	1	
ANTIHISTAMINES		
<i>azelastine hcl 0.15 % solution</i>	1	
<i>azelastine hcl 0.1 % solution</i>	1	
<i>azelastine hcl 137 mcg/spray solution</i>	1	
<i>azelastine-fluticasone 137-50 mcg/act suspension</i>	1	PA
CARBINOXAMINE MALEATE 4 MG/5ML SOLUTION	1	
<i>carbinoxamine maleate 4 mg tab</i>	1	
CARBZAH 4 MG/5ML SOLUTION	1	
CLEMASTINE FUMARATE 2.68 MG TAB	1	
<i>cyproheptadine hcl 2 mg/5ml syrup</i>	1	
<i>cyproheptadine hcl 4 mg tab</i>	1	
<i>desloratadine 5 mg tab</i>	1	
DESLORATADINE 5 MG TAB DISP	1	
<i>banophen 50 mg cap</i>	1	OTC Over the Counter
<i>dimetane allergy relief ex st 50 mg cap</i>	1	OTC Over the Counter
<i>diphenhydramine hcl 50 mg cap</i>	1	OTC Over the Counter
<i>diphenhydramine hcl 50 mg cap</i>	1	OTC Over the Counter
<i>kp diphenhydramine hcl 50 mg cap</i>	1	OTC Over the Counter
<i>pharbedryl 50 mg cap</i>	1	OTC Over the Counter
<i>hydroxyzine hcl 10 mg/5ml syrup</i>	1	
<i>hydroxyzine hcl 10 mg/5ml syrup</i>	1	
<i>hydroxyzine hcl 10 mg tab</i>	1	
<i>hydroxyzine hcl 10 mg tab</i>	1	
<i>hydroxyzine hcl 25 mg tab</i>	1	
<i>hydroxyzine hcl 25 mg tab</i>	1	
<i>hydroxyzine hcl 50 mg tab</i>	1	
<i>hydroxyzine hcl 50 mg tab</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HYDROXYZINE PAMOATE 100 MG CAP	1	
<i>hydroxyzine pamoate 25 mg cap</i>	1	
<i>hydroxyzine pamoate 25 mg cap</i>	1	
<i>hydroxyzine pamoate 50 mg cap</i>	1	
<i>hydroxyzine pamoate 50 mg cap</i>	1	
<i>levocetirizine dihydrochloride 2.5 mg/5ml solution</i>	1	
<i>levocetirizine dihydrochloride 5 mg tab</i>	1	
<i>olopatadine hcl 0.6 % solution</i>	1	
<i>promethazine hcl 12.5 mg/10ml solution</i>	1	
<i>promethazine hcl 6.25 mg/5ml solution</i>	1	
<b>ANTILEUKOTRIENES</b>		
<i>montelukast sodium 10 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>montelukast sodium 4 mg chew tab</i>	1	PD Preventive Drug
<i>montelukast sodium 4 mg packet</i>	1	PD Preventive Drug
<i>montelukast sodium 5 mg chew tab</i>	1	PD Preventive Drug
<i>zafirlukast 10 mg tab</i>	1	PD Preventive Drug
<i>zafirlukast 20 mg tab</i>	1	PD Preventive Drug
<b>BRONCHODILATORS, ANTICHOLINERGIC</b>		
<i>ipratropium bromide 0.02 % solution</i>	1	RX4L Rx4Less Program
ATROVENT HFA 17 MCG/ACT AERO SOLN	1	
<i>ipratropium bromide 0.03 % solution</i>	1	
<i>ipratropium bromide 0.06 % solution</i>	1	
<i>tiotropium bromide 18 mcg cap</i>	1	QL 30 EA / 30 day(s)
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)
<b>BRONCHODILATORS, SYMPATHOMIMETIC</b>		
<i>albuterol sulfate 0.63 mg/3ml nebu soln</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>albuterol sulfate 1.25 mg/3ml nebu soln</i>	1	
<i>albuterol sulfate 2.5 mg/0.5ml nebu soln</i>	1	
<i>albuterol sulfate (2.5 mg/3ml) 0.083% nebu soln</i>	1	RX4L Rx4Less Program
<i>albuterol sulfate 2 mg/5ml syrup</i>	1	
<i>albuterol sulfate 2 mg tab</i>	1	
<i>albuterol sulfate 4 mg tab</i>	1	
<i>albuterol sulfate (5 mg/ml) 0.5% nebu soln</i>	1	
<i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln (generic of proair hfa)</i>	1	QL 17 GM / 30 day(s)
<i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln (generic of proventil hfa)</i>	1	QL 13.4 / 30 day(s)
ALBUTEROL SULFATE HFA 108 (90 BASE) MCG/ACT AERO SOLN (GENERIC OF VENTOLIN HFA)	1	QL 36 / 30 day(s)
<i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln</i>	1	QL 17 GM / 30 day(s)
PROAIR RESPICLICK 108 (90 BASE) MCG/ACT AER POW BA	1	QL 0.07 / 1 day
VENTOLIN HFA 108 (90 BASE) MCG/ACT AERO SOLN	1	QL 36 / 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)
<i>epinephrine 0.15 mg/0.3ml soln a-inj</i>	1	QLC 6 EA / 365 day(s)
<i>epinephrine 0.3 mg/0.3ml soln a-inj</i>	1	QLC 6 EA / 365 day(s)
EPINEPHRINE 0.3 MG/0.3ML SOLN A-INJ	1	QLC 6 EA / 365 day(s)
EPINEPHRINE 0.3 MG/0.3ML SOLN PRSYR	1	QLC 6 EA / 365 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)
<i>levalbuterol hcl 0.31 mg/3ml nebu soln</i>	1	
<i>levalbuterol hcl 0.63 mg/3ml nebu soln</i>	1	
<i>levalbuterol hcl 1.25 mg/0.5ml nebu soln</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>levalbuterol hcl 1.25 mg/3ml nebu soln</i>	1	
LEVALBUTEROL TARTRATE 45 MCG/ACT AEROSOL	1	QL 30 GM / 30 day(s)
STRIVERDI RESPIMAT 2.5 MCG/ACT AERO SOLN	1	
SEREVENT DISKUS 50 MCG/ACT AER POW BA	1	QL 60 EA / 30 day(s)
<i>terbutaline sulfate 1 mg/ml solution</i>	1	
<i>terbutaline sulfate 2.5 mg tab</i>	1	
<i>terbutaline sulfate 5 mg tab</i>	1	
CYSTIC FIBROSIS AGENTS		
PULMOZYME 2.5 MG/2.5ML SOLUTION	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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
SYMDEKO 100-150 & 150 MG TAB THPK	1	PA SP Specialty
SYMDEKO 50-75 & 75 MG TAB THPK	1	PA SP Specialty
KITABIS PAK 300 MG/5ML NEBU SOLN	1	SP Specialty
<i>tobramycin 300 mg/4ml nebu soln</i>	1	SP Specialty
<i>tobramycin 300 mg/5ml nebu soln</i>	1	SP Specialty
TOBRAMYCIN 300 MG/5ML NEBU SOLN	1	SP Specialty
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE		
<i>caffeine citrate 20 mg/ml solution</i>	1	
<i>caffeine citrate 60 mg/3ml solution</i>	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
<i>theophylline er 300 mg tab er 12h</i>	1	
<i>theophylline er 400 mg tab er 24h</i>	1	
<i>theophylline er 450 mg tab er 12h</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>theophylline er 600 mg tab er 24h</i>	1	
<b>PULMONARY ANTIHYPERTENSIVES</b>		
<i>ambrisentan 10 mg tab</i>	1	QL 30 EA / 30 day(s) PA SP Specialty
<i>ambrisentan 5 mg tab</i>	1	QL 30 EA / 30 day(s) PA SP Specialty
<i>bosentan 125 mg tab</i>	1	QL 60 EA / 30 day(s) PA SP Specialty
<i>bosentan 62.5 mg tab</i>	1	QL 60 EA / 30 day(s) PA SP Specialty
AURLUMYN 100 MCG/ML SOLUTION	1	PA
VENTAVIS 10 MCG/ML SOLUTION	1	PA SP Specialty
VENTAVIS 20 MCG/ML SOLUTION	1	PA SP Specialty
ADEMPAS 0.5 MG TAB	1	PA SP Specialty
ADEMPAS 1.5 MG TAB	1	PA SP Specialty
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
UPTRAVI 1000 MCG TAB	1	PA SP Specialty
UPTRAVI 1200 MCG TAB	1	PA SP Specialty
UPTRAVI 1400 MCG TAB	1	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
LIQREV 10 MG/ML SUSPENSION	1	PA SP Specialty
<i>sildenafil citrate 10 mg/ml recon susp</i>	1	PA SP Specialty
<i>sildenafil citrate 20 mg tab</i>	1	PA SP Specialty
<i>alyq 20 mg tab</i>	1	PA SP Specialty
<i>tadalafil (pah) 20 mg tab</i>	1	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
REMODULIN 8 MG/20ML SOLUTION	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
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 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 112 X 16MCG & 84 X 32MCG POWDER	1	PA 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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
ORENITRAM 5 MG TAB ER	1	PA SP Specialty
PULMONARY FIBROSIS AGENTS		
OFEV 100 MG CAP	1	PA SP Specialty
OFEV 150 MG CAP	1	PA SP Specialty
<i>pirfenidone 267 mg cap</i>	1	SP Specialty
<i>pirfenidone 267 mg tab</i>	1	SP Specialty
<i>pirfenidone 801 mg tab</i>	1	SP Specialty
RESPIRATORY TRACT AGENTS, OTHER		
<i>acetylcysteine 10 % solution</i>	1	
<i>acetylcysteine 20 % solution</i>	1	
FASENRA PEN 30 MG/ML SOLN A-INJ	1	QL 1 ml / 28 day(s) PA SP Specialty
<i>benzonatate 100 mg cap</i>	1	
<i>benzonatate 150 mg cap</i>	1	
BENZONATATE 150 MG CAP	1	
<i>benzonatate 200 mg cap</i>	1	
<i>breyana 160-4.5 mcg/act aerosol</i>	1	QL 10.3 GM / 30 day(s) PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>breynd 80-4.5 mcg/act aerosol</i>	1	QL 10.3 GM / 30 day(s) PD Preventive Drug
<i>budesonide-formoterol fumarate 160-4.5 mcg/act aerosol</i>	1	QL 10.3 GM / 30 day(s) PD Preventive Drug
<i>budesonide-formoterol fumarate 80-4.5 mcg/act aerosol</i>	1	QL 10.3 GM / 30 day(s) PD Preventive Drug
BREZTRI AEROSPHERE 160-9-4.8 MCG/ACT AEROSOL	1	QL 23.6 GM / 28 day(s) PD Preventive Drug
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	1	PD Preventive Drug
BREO ELLIPTA 100-25 MCG/ACT AER POW BA	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
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
<i>fluticasone-salmeterol 100-50 mcg/act aer pow ba</i>	1	QL 60 EA / 30 day(s) PD Preventive Drug
FLUTICASONE-SALMETEROL 113-14 MCG/ACT AER POW BA	1	QL 1 EA / 30 day(s) PD Preventive Drug
FLUTICASONE-SALMETEROL 232-14 MCG/ACT AER POW BA	1	QL 1 EA / 30 day(s) PD Preventive Drug
<i>fluticasone-salmeterol 250-50 mcg/act aer pow ba</i>	1	QL 60 EA / 30 day(s) PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fluticasone-salmeterol 500-50 mcg/act aer pow ba</i>	1	<ul style="list-style-type: none"> <li>QL 60 EA / 30 day(s)</li> <li>PD Preventive Drug</li> </ul>
FLUTICASONE-SALMETEROL 55-14 MCG/ACT AER POW BA	1	<ul style="list-style-type: none"> <li>QL 1 EA / 30 day(s)</li> <li>PD Preventive Drug</li> </ul>
<i>wixela inhub 100-50 mcg/act aer pow ba</i>	1	<ul style="list-style-type: none"> <li>QL 60 EA / 30 day(s)</li> <li>PD Preventive Drug</li> </ul>
<i>wixela inhub 250-50 mcg/act aer pow ba</i>	1	<ul style="list-style-type: none"> <li>QL 60 EA / 30 day(s)</li> <li>PD Preventive Drug</li> </ul>
<i>wixela inhub 500-50 mcg/act aer pow ba</i>	1	<ul style="list-style-type: none"> <li>QL 60 EA / 30 day(s)</li> <li>PD Preventive Drug</li> </ul>
TRELEGY ELLIPTA 100-62.5-25 MCG/ACT AER POW BA	1	<ul style="list-style-type: none"> <li>QL 60 EA / 30 day(s)</li> <li>PD Preventive Drug</li> </ul>
TRELEGY ELLIPTA 200-62.5-25 MCG/ACT AER POW BA	1	<ul style="list-style-type: none"> <li>QL 60 EA / 30 day(s)</li> <li>PD Preventive Drug</li> </ul>
g tussin ac 100-10 mg/5ml solution	1	<ul style="list-style-type: none"> <li>OTC Over the Counter</li> </ul>
<i>guaifenesin-codeine 100-10 mg/5ml solution</i>	1	<ul style="list-style-type: none"> <li>OTC Over the Counter</li> </ul>
<i>guaifenesin-codeine 100-10 mg/5ml solution</i>	1	<ul style="list-style-type: none"> <li>OTC Over the Counter</li> </ul>
<i>guaifenesin-codeine 200-20 mg/10ml solution</i>	1	<ul style="list-style-type: none"> <li>OTC Over the Counter</li> </ul>
<i>guaifenesin-codeine 200-20 mg/10ml solution</i>	1	<ul style="list-style-type: none"> <li>OTC Over the Counter</li> </ul>
<i>maxi-tuss ac 100-10 mg/5ml solution</i>	1	<ul style="list-style-type: none"> <li>OTC Over the Counter</li> </ul>
<i>hydrocodone bit-homatrop mbr 5-1.5 mg/5ml solution</i>	1	
<i>hydromet 5-1.5 mg/5ml solution</i>	1	
HYDROCOD POLI-CHLORPHE POLI ER 10-8 MG/5ML SUSP	1	
COMBIVENT RESPIMAT 20-100 MCG/ACT AERO SOLN	1	
<i>ipratropium-albuterol 0.5-2.5 (3) mg/3ml solution</i>	1	
NUCALA 100 MG/ML SOLN A-INJ	1	<ul style="list-style-type: none"> <li>QL 3 ml / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul>
NUCALA 100 MG/ML SOLN PRSYR	1	<ul style="list-style-type: none"> <li>QL 3 ml / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NUCALA 40 MG/0.4ML SOLN PRSYR	1	QL 0.4 ml / 28 day(s) PA SP Specialty
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
CAPCOF 5-2-10 MG/5ML SYRUP	1	OTC Over the Counter
PRO-RED AC 5-1-9 MG/5ML SYRUP	1	OTC Over the Counter
<i>promethazine-dm 6.25-15 mg/5ml syrup</i>	1	
PROMETHAZINE VC/CODEINE 6.25-5-10 MG/5ML SYRUP	1	
<i>promethazine-codeine 6.25-10 mg/5ml solution</i>	1	
<i>promethazine-codeine 6.25-10 mg/5ml syrup</i>	1	
<i>bromfed dm 2-30-10 mg/5ml syrup</i>	1	
<i>pseudoeph-bromphen-dm 30-2-10 mg/5ml syrup</i>	1	
MAR-COF BP 30-2-7.5 MG/5ML LIQUID	1	OTC Over the Counter
HYPERSAL 3.5 % NEBU SOLN	1	
HYPERSAL 7 % NEBU SOLN	1	
NEBUSAL 3 % NEBU SOLN	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	
<i>aprodine 2.5-60 mg tab</i>	1	OTC Over the Counter
<i>cold &amp; allergy d 2.5-60 mg tab</i>	1	OTC Over the Counter
<i>cold &amp; allergy d max strength 2.5-60 mg tab</i>	1	OTC Over the Counter
ANORO ELLIPTA 62.5-25 MCG/ACT AER POW BA	1	QL 60 EA / 30 day(s) PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>SKELETAL MUSCLE RELAXANTS</b>		
<i>baclofen 10 mg/5ml solution</i>	1	PA
<i>baclofen 5 mg/5ml solution</i>	1	PA
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
<i>carisoprodol 350 mg tab</i>	1	
<i>chlorzoxazone 500 mg tab</i>	1	
<i>cyclobenzaprine hcl 10 mg tab</i>	1	
<i>cyclobenzaprine hcl 5 mg tab</i>	1	
<i>metaxalone 800 mg tab</i>	1	
<i>methocarbamol 500 mg tab</i>	1	
<i>methocarbamol 750 mg tab</i>	1	
<i>orphenadrine citrate er 100 mg tab er 12h</i>	1	
<b>SLEEP DISORDER AGENTS</b>		
<b>SLEEP PROMOTING AGENTS</b>		
<i>estazolam 1 mg tab</i>	1	QL 30 EA / 30 day(s)
<i>estazolam 2 mg tab</i>	1	QL 30 EA / 30 day(s)
<i>eszopiclone 1 mg tab</i>	1	QL 30 EA / 30 day(s)
<i>eszopiclone 2 mg tab</i>	1	QL 30 EA / 30 day(s)
<i>eszopiclone 3 mg tab</i>	1	QL 30 EA / 30 day(s)
FLURAZEPAM HCL 15 MG CAP	1	
FLURAZEPAM HCL 30 MG CAP	1	
<i>ramelteon 8 mg tab</i>	1	QL 30 EA / 30 day(s)
HETLIOZ LQ 4 MG/ML SUSPENSION	1	PA SP Specialty
<i>tasimelteon 20 mg cap</i>	1	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>temazepam 15 mg cap</i>	1	QL 30 EA / 30 day(s)
<i>temazepam 22.5 mg cap</i>	1	QL 30 EA / 30 day(s)
<i>temazepam 30 mg cap</i>	1	QL 30 EA / 30 day(s)
<i>temazepam 7.5 mg cap</i>	1	QL 30 EA / 30 day(s)
<i>triazolam 0.125 mg tab</i>	1	
<i>triazolam 0.25 mg tab</i>	1	
<i>zaleplon 10 mg cap</i>	1	QL 30 EA / 30 day(s)
<i>zaleplon 5 mg cap</i>	1	QL 30 EA / 30 day(s)
EDLUAR 10 MG SL TAB	1	
EDLUAR 5 MG SL TAB	1	
<i>zolpidem tartrate 10 mg tab</i>	1	QL 30 EA / 30 day(s)
ZOLPIDEM TARTRATE 1.75 MG SL TAB	1	
ZOLPIDEM TARTRATE 3.5 MG SL TAB	1	
<i>zolpidem tartrate 5 mg tab</i>	1	QL 30 EA / 30 day(s)
<i>zolpidem tartrate er 12.5 mg tab er</i>	1	QL 30 EA / 30 day(s)
<i>zolpidem tartrate er 6.25 mg tab er</i>	1	QL 30 EA / 30 day(s)
WAKEFULNESS PROMOTING AGENTS		
<i>armodafinil 150 mg tab</i>	1	QL 30 EA / 30 day(s)
<i>armodafinil 200 mg tab</i>	1	QL 30 EA / 30 day(s)
<i>armodafinil 250 mg tab</i>	1	QL 30 EA / 30 day(s)
<i>armodafinil 50 mg tab</i>	1	QL 30 EA / 30 day(s)
XYWAV 500 MG/ML SOLUTION	1	PA SP Specialty
<i>modafinil 100 mg tab</i>	1	QL 60 EA / 30 day(s)
<i>modafinil 200 mg tab</i>	1	QL 30 EA / 30 day(s)
<i>sodium oxybate 500 mg/ml solution</i>	1	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
Uncategorized		
Unclassified		
VIZZ 1.44 % SOLUTION	1	QL 10 mL / 25 days
TRYPTYR 0.003 % SOLUTION	1	QL 60 EA / 30 day(s) PA
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
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
VIJOICE 50 MG PACKET	1	QL 30 EA / 30 DAYS PA 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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ELIQUIS (1.5 MG PACK) 3 X 0.5 MG TAB SOL	1	<ul style="list-style-type: none"> <li>QL 560 / 28 days</li> <li>PD Preventive Drug</li> </ul>
ELIQUIS (2 MG PACK) 4 X 0.5 MG TAB SOL	1	<ul style="list-style-type: none"> <li>QL 560 / 28 days</li> <li>PD Preventive Drug</li> </ul>
OTEZLA XR 75 MG TAB ER 24H	1	<ul style="list-style-type: none"> <li>QL 30 EA / 30 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul>
MIPLYFFA 124 MG CAP	1	<ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>
MIPLYFFA 47 MG CAP	1	<ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>
MIPLYFFA 62 MG CAP	1	<ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>
MIPLYFFA 93 MG CAP	1	<ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>
VANRAFIA 0.75 MG TAB	1	<ul style="list-style-type: none"> <li>QL 30 EA / 30 days</li> <li>PA</li> <li>SP Specialty</li> </ul>
DOPTELET SPRINKLE 10 MG CAP SPRINK	1	<ul style="list-style-type: none"> <li>QL 60 EA / 30 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul>
AVMAPKI FAKZYNJA CO-PACK 0.8 & 200 MG THER PACK	1	<ul style="list-style-type: none"> <li>QL 66 EA / 28 days</li> <li>PA</li> <li>SP Specialty</li> </ul>
ORLADEYO 108 MG PACKET	1	<ul style="list-style-type: none"> <li>QL 28 / 28 DAYS</li> <li>PA</li> <li>SP Specialty</li> </ul>
ORLADEYO 132 MG PACKET	1	<ul style="list-style-type: none"> <li>QL 28 / 28 DAYS</li> <li>PA</li> <li>SP Specialty</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ORLADEYO 72 MG PACKET	1	<ul style="list-style-type: none"> <li>QL 28 / 28 DAYS</li> <li>PA</li> <li>SP Specialty</li> </ul>
ORLADEYO 96 MG PACKET	1	<ul style="list-style-type: none"> <li>QL 28 / 28 DAYS</li> <li>PA</li> <li>SP Specialty</li> </ul>
FILSUEVZ 10 % GEL	1	<ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>
BOSULIF 100 MG CAP	1	<ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>
BOSULIF 50 MG CAP	1	<ul style="list-style-type: none"> <li>QL 30 EA / 30 Days</li> <li>PA</li> <li>SP Specialty</li> </ul>
YUVEZZI 2.75-0.1 % SOLUTION	1	<ul style="list-style-type: none"> <li>QL 30 / 30 day(s)</li> </ul>
ALHEMO 150 MG/1.5ML SOLN PEN	1	<ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>
ALHEMO 300 MG/3ML SOLN PEN	1	<ul style="list-style-type: none"> <li>QL 3 mL / 28 days</li> <li>PA</li> <li>SP Specialty</li> </ul>
ALHEMO 60 MG/1.5ML SOLN PEN	1	<ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>
ACTHAR GEL 40 UNIT/0.5ML PEN	1	<ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>
ACTHAR GEL 80 UNIT/ML PEN	1	<ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>
CORTROPHIN GEL 40 UNIT/0.5ML PRSYR	1	<ul style="list-style-type: none"> <li>QL 2 mL / 30 days</li> <li>PA</li> <li>SP Specialty</li> </ul>
CORTROPHIN GEL 80 UNIT/ML PRSYR	1	<ul style="list-style-type: none"> <li>QL 4 mL / 30 days</li> <li>PA</li> <li>SP Specialty</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CRENESSITY 100 MG CAP	1	<ul style="list-style-type: none"> <li>QL 60 ea / 30 days</li> <li>PA</li> <li>SP Specialty</li> </ul>
CRENESSITY 25 MG CAP	1	<ul style="list-style-type: none"> <li>QL 60 EA / 30 day(s)</li> <li>SP Specialty</li> </ul>
CRENESSITY 50 MG CAP	1	<ul style="list-style-type: none"> <li>QL 60 ea / 30 days</li> <li>PA</li> <li>SP Specialty</li> </ul>
CRENESSITY 50 MG/ML SOLUTION	1	<ul style="list-style-type: none"> <li>QL 30 mL / 30 days</li> <li>PA</li> <li>SP Specialty</li> </ul>
VOYDEYA 100 MG TAB	1	<ul style="list-style-type: none"> <li>QL 180 EA / 30 days</li> <li>PA</li> <li>SP Specialty</li> </ul>
VOYDEYA 50 & 100 MG TAB THPK	1	<ul style="list-style-type: none"> <li>QL 180 EA / 30 days</li> <li>PA</li> <li>SP Specialty</li> </ul>
AVERI 0.15-0.03 MG TAB	1	<ul style="list-style-type: none"> <li>ACA Affordable Care Act</li> </ul>
LEQSELVI 8 MG TAB	1	<ul style="list-style-type: none"> <li>SP Specialty</li> </ul>
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	
VYKAT XR 150 MG TAB ER 24H	1	<ul style="list-style-type: none"> <li>QL 30 EA / 30 days</li> <li>PA</li> <li>SP Specialty</li> </ul>
VYKAT XR 25 MG TAB ER 24H	1	<ul style="list-style-type: none"> <li>QL 30 EA / 30 days</li> <li>PA</li> <li>SP Specialty</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VYKAT XR 75 MG TAB ER 24H	1	<ul style="list-style-type: none"> <li>QL 30 EA / 30 days</li> <li>PA</li> <li>SP Specialty</li> </ul>
MODEYSO 125 MG CAP	1	<ul style="list-style-type: none"> <li>QL 20 / 28 days</li> <li>PA</li> <li>SP Specialty</li> </ul>
IWILFIN 192 MG TAB	1	<ul style="list-style-type: none"> <li>QL 240 EA / 30 days</li> <li>PA</li> <li>SP Specialty</li> </ul>
IQIRVO 80 MG TAB	1	<ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>
ALVAIZ 18 MG TAB	1	<ul style="list-style-type: none"> <li>SP Specialty</li> </ul>
ALVAIZ 36 MG TAB	1	<ul style="list-style-type: none"> <li>SP Specialty</li> </ul>
ALVAIZ 54 MG TAB	1	<ul style="list-style-type: none"> <li>SP Specialty</li> </ul>
ALVAIZ 9 MG TAB	1	<ul style="list-style-type: none"> <li>SP Specialty</li> </ul>
ENSACOVE 100 MG CAP	1	<ul style="list-style-type: none"> <li>QL 60 EA / 30 days</li> <li>PA</li> <li>SP Specialty</li> </ul>
ENSACOVE 25 MG CAP	1	<ul style="list-style-type: none"> <li>QL 60 EA / 30 days</li> <li>PA</li> <li>SP Specialty</li> </ul>
WAINUA 45 MG/0.8ML SOLN A-INJ	1	<ul style="list-style-type: none"> <li>QL 0.8 mL / 28 days</li> <li>PA</li> <li>SP Specialty</li> </ul>
ANDEMBRY 200 MG/1.2ML SOLN A-INJ	1	<ul style="list-style-type: none"> <li>QL 1.2 mL / 28 days</li> <li>PA</li> <li>SP Specialty</li> </ul>
DUVYZAT 8.86 MG/ML SUSPENSION	1	<ul style="list-style-type: none"> <li>QL 420 ML / 30 days</li> <li>PA</li> <li>SP Specialty</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XROMI 100 MG/ML SOLUTION	1	<ul style="list-style-type: none"> <li>QL 148 ML / 30 day(s)</li> <li>PA</li> </ul>
IMKELDI 80 MG/ML SOLUTION	1	<ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>
LEQEMBI IQLIK 360 MG/1.8ML SOLN A-INJ	1	<ul style="list-style-type: none"> <li>QL 7.2 ML / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul>
YEZTUGO 300 MG TAB	1	<ul style="list-style-type: none"> <li>QLC 4 EA / 365 days</li> <li>SP Specialty</li> <li>ACA Affordable Care Act</li> </ul>
AQNEURSA 1 GM PACKET	1	<ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>
OPSYNVI 10-20 MG TAB	1	<ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>
OPSYNVI 10-40 MG TAB	1	<ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>
LIVMARLI 10 MG TAB	1	<ul style="list-style-type: none"> <li>QL 30 EA / 30 days</li> <li>PA</li> <li>SP Specialty</li> </ul>
LIVMARLI 15 MG TAB	1	<ul style="list-style-type: none"> <li>QL 30 EA / 30 days</li> <li>PA</li> <li>SP Specialty</li> </ul>
LIVMARLI 20 MG TAB	1	<ul style="list-style-type: none"> <li>QL 30 EA / 30 days</li> <li>PA</li> <li>SP Specialty</li> </ul>
LIVMARLI 30 MG TAB	1	<ul style="list-style-type: none"> <li>QL 30 EA / 30 days</li> <li>PA</li> <li>SP Specialty</li> </ul>
HYMPAVZI 150 MG/ML SOLN A-INJ	1	<ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XOLREMDI 100 MG CAP	1	<ul style="list-style-type: none"> <li>QL 120 EA / 30 days</li> <li>PA</li> <li>SP Specialty</li> </ul>
PENMENVY RECON SUSP	1	<ul style="list-style-type: none"> <li>ACA Affordable Care Act</li> </ul>
GOMEKLI 1 MG CAP	1	<ul style="list-style-type: none"> <li>PA</li> <li>QLC 168 EA / 28 days</li> <li>SP Specialty</li> </ul>
GOMEKLI 1 MG TAB SOL	1	<ul style="list-style-type: none"> <li>PA</li> <li>QLC 168 EA / 28 days</li> <li>SP Specialty</li> </ul>
GOMEKLI 2 MG CAP	1	<ul style="list-style-type: none"> <li>PA</li> <li>QLC 84 EA / 28 days</li> <li>SP Specialty</li> </ul>
ZURNAI 1.5 MG/0.5ML SOLN A-INJ	1	
RIVFLOZA 128 MG/0.8ML SOLN PRSYR	1	<ul style="list-style-type: none"> <li>QL 0.8 mL / 28 days</li> <li>PA</li> <li>SP Specialty</li> </ul>
RIVFLOZA 160 MG/ML SOLN PRSYR	1	<ul style="list-style-type: none"> <li>QL 1 mL / 28 days</li> <li>PA</li> <li>SP Specialty</li> </ul>
RIVFLOZA 80 MG/0.5ML SOLUTION	1	<ul style="list-style-type: none"> <li>QL 1 mL / 28 days</li> <li>PA</li> <li>SP Specialty</li> </ul>
XOLAIR 150 MG/ML SOLN A-INJ	1	<ul style="list-style-type: none"> <li>QL 2 ml / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul>
XOLAIR 300 MG/2ML SOLN A-INJ	1	<ul style="list-style-type: none"> <li>QL 8 ml / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul>
XOLAIR 75 MG/0.5ML SOLN A-INJ	1	<ul style="list-style-type: none"> <li>QL 1 ml / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
REZDIFFRA 100 MG TAB	1	PA SP Specialty
REZDIFFRA 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
EDURANT PED 2.5 MG TAB SOL	1	
EVRYSDI 5 MG TAB	1	QL 30 EA / 30 DAYS PA SP Specialty
ENTRESTO 15-16 MG CAP SPRINK	1	
ENTRESTO 6-6 MG CAP SPRINK	1	
EKTERLY 300 MG TAB	1	PA QLC 4 EA / 30 days SP Specialty
LIVDELZI 10 MG CAP	1	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
SPEVIGO 150 MG/ML SOLN PRSYR	1	PA SP Specialty
SPEVIGO 300 MG/2ML SOLN PRSYR	1	PA
IBTROZI 200 MG CAP	1	QL 90 EA / 30 days PA SP Specialty
EGRIFTA WR 11.6 MG KIT	1	QL 4 EA / 28 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
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
DAYBUE STIX 5000 MG PACKET	1	QL 60 / 30 days PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DAYBUE STIX 6000 MG PACKET	1	<ul style="list-style-type: none"> <li>QL 60 / 30 days</li> <li>PA</li> <li>SP Specialty</li> </ul>
DAYBUE STIX 8000 MG PACKET	1	<ul style="list-style-type: none"> <li>QL 60 / 30 days</li> <li>PA</li> <li>SP Specialty</li> </ul>
RINVOQ LQ 1 MG/ML SOLUTION	1	<ul style="list-style-type: none"> <li>QL 360 ML / 30 DAYS</li> <li>PA</li> <li>SP Specialty</li> </ul>
SELARSDI 45 MG/0.5ML SOLN PRSYR	1	<ul style="list-style-type: none"> <li>QL 0.006 ML / 1 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul>
SELARSDI 45 MG/0.5ML SOLUTION	1	<ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>
SELARSDI 90 MG/ML SOLN PRSYR	1	<ul style="list-style-type: none"> <li>QL 0.012 / 1 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul>
YESINTEK 45 MG/0.5ML SOLN PRSYR	1	<ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>
YESINTEK 45 MG/0.5ML SOLUTION	1	<ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>
YESINTEK 90 MG/ML SOLN PRSYR	1	<ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>
INGREZZA 40 MG CAP SPRINK	1	<ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>
INGREZZA 60 MG CAP SPRINK	1	<ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>
INGREZZA 80 MG CAP SPRINK	1	<ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>
AGAMREE 40 MG/ML SUSPENSION	1	<ul style="list-style-type: none"> <li>PA</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VIGAFYDE 100 MG/ML SOLUTION	1	PA SP Specialty
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
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
BRUKINSA 160 MG TAB	1	QL 60 EA / 30 day(s) PA SP Specialty
SHINGRIX 50 MCG/0.5ML SUSP PRSYR	1	ACA Affordable Care Act

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# H

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