

CDPHP Commercial Clinical Formulary-2 2024

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

Discrimination is Against the Law

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

CDPHP:

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

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

If you believe that CDPHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: CDPHP Civil Rights Coordinator, 6 Wellness Way, Latham, NY 12110, 1-844-391-4803 (TTY/TDD: 711), Fax (518) 641-3401. You can file a grievance by mail, fax, or electronically at <https://www.cdphp.com/customer-support/email-cdphp>. If you need help filing a grievance, the CDPHP Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-868-1019 (TDD 1-800-537-7697).

Multi-language Interpreter Services

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

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

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

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

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

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

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

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

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

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

تنبيه: إذا كنت تتحدث لغة غير الإنجليزية، تتوفر إليك خدمات مساعدة اللغة مجانًا. اتصل بالرقم الموجود ببطاقة الهوية لعضويتك (TTY: 711).

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

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

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

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

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

CDPHP® Commercial Formulary 2

INTRODUCTION

CDPHP® (Capital District Physicians' Health Plan, Inc. and CDPHP Universal Benefits,® Inc.) is pleased to provide the *CDPHP Commercial Formulary 2* as a useful reference and informational tool to assist practitioners in selecting clinically appropriate and cost-effective drug therapies.

The information contained in this *CDPHP Commercial Formulary 2* and its appendices is provided by CDPHP, solely for the convenience of medical practitioners. CDPHP does not warrant or assure accuracy of such information. This *CDPHP Commercial Formulary 2* is not intended to be a substitute for the knowledge, expertise, skill, and judgment of the medical practitioner in his/her choice of prescription drugs. All the information in the *CDPHP Commercial Formulary 2* is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the prescriber. The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

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

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

Please note, the information found in the *CDPHP Commercial Formulary 2* does not apply to the CDPHP Medicare products that offer prescription drug benefits. For information on these plans, please visit the Medicare section on <http://www.cdphp.com>.

PREFACE

The *CDPHP Commercial Formulary 2* represents CDPHP's prescription drug formulary and is organized by sections. The first section includes a list of CDPHP drugs requiring prior authorization. Thereafter, each section is divided by therapeutic drug class primarily defined by mechanism of action. Products are listed alphabetically within each tier. This is a comprehensive list, only dosage forms and strengths of the drug cited are included in the *CDPHP Commercial Formulary 2*. **Generics should be considered the first line of prescribing.**

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

Coverage of any agent listed in the formulary is subject to the member's contract and prescription drug rider. Quantity limits, prior authorization, dose optimization, and/or step therapy requirements may apply. Non self-administered Injectables are generally covered under the medical benefit. Injectables that are listed in the *CDPHP Commercial Formulary 2* are covered under the prescription drug coverage section of the member contract. In addition, over-the-counter (OTC) products, with the exception of insulin and diabetes monitoring products, are usually not covered.

Drugs represented in the *CDPHP Commercial Formulary 2* may have varying cost to the member. Tier 1 medications are available at the lowest cost, and tier 3 medications and medications not on the list will cost the most.

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

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

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

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

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

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

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

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

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

PRODUCT SELECTION CRITERIA

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

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

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

GENERIC SUBSTITUTION

Generic substitution is a pharmacy action whereby a generic version is dispensed rather than a prescribed brand-name product. Drugs Listed on the formulary in **lowercase font** indicate generic drug and listings in **upper case font** indicate Brand drug.

One way to reduce out-of-pocket cost is by requesting a generic drug. Generic drugs are usually priced lower than their brand-name equivalents. Research shows that members can save an average of 30-80% when they fill their prescriptions with a generic drug instead of a brand-name drug.

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

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

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

SPECIALTY DRUGS (SP)

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

Both offer the following:

- The ability to receive a 30-day supply of medications and additional supplies needed for the medications. Medications can be sent to a patient's home, another address selected by the patient, a doctor's office, or they can be picked up at the pharmacy.
- Help for side effects, educational materials about certain health issues and refill reminder calls.
- ConnectRx offers free, personal delivery, convenience, a hassle-free transfer process, and deep discounts on generic drugs.
- CVS Caremark provides access to health care professionals for emergencies 24 hours a day, seven days a week and Patient Resource Centers where CDPHP members can find the latest news, helpful tips and tools, drug information, safety alerts, support groups, community links, and other useful resources.

Get Started with ConnectRx Latham

Call (518) 313-1016 or toll free at (855)-967-5900 or visit online at <http://www.pharmacyconnectrx.com>.

Get started with CVS Caremark Specialty Pharmacy Services

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

Drugs marked with a "SP" symbol are required to be filled through ConnectRX or the CVS Specialty Pharmacy or another pharmacy in the CDPHP specialty network. ConnectRX can be contacted by calling, toll free at (855)-967-5900. CVS Specialty Pharmacy can be contacted by calling, toll-free at 1-800-237-2767.

PRIOR AUTHORIZATION (PA) OR MEDICAL NECESSITY PRIOR AUTHORIZATION (MNPA)

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

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

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

PRESCRIPTION QUANTITY MANAGEMENT

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

DOSE OPTIMIZATION

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

STEP THERAPY (ST)

The Step Therapy (ST) program is another form of prior authorization. The step therapy program uses a standard protocol to determine if members qualify for a drug that otherwise would not be covered. Using

the standard protocol, certain drugs are not covered unless members have tried one or more "prerequisite therapy" medication(s) first.

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

If it is medically necessary for a member to use a step therapy medication as initial therapy without trying a "prerequisite therapy" drug, the practitioner can request coverage of the step therapy medication by submitting the CDPHP Medical Exception Form by fax to (518) 641-3208 for consideration.

MEDICAL EXCEPTION PROCESS

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

EDITOR

Your comments and suggestions regarding the *CDPHP Commercial Formulary 2* are encouraged. Your input is vital to this formulary's continued success. All responses will be reviewed and considered. Please send your comments to:

CDPHP Pharmacy Department
6 Wellness Way
Latham, NY 12110
Email: pharmacy@cdphp.com
www.cdphp.com

LEGEND

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

NOTICE

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

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANALGESICS		
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS		
<i>adult aspirin regimen 81 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>aspirin 325 mg tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>aspirin 325 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>aspirin 81 81 mg chew tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>aspirin 81 81 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>aspirin 81 mg chew tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>aspirin 81 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>aspirin adult low dose 81 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>aspirin adult low strength 81 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>aspirin childrens 81 mg chew tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>aspirin ec adult low dose 81 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>aspirin ec low dose 81 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>aspirin ec low strength 81 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>aspirin low dose 81 mg chew tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>aspirin low dose 81 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>aspirin regimen 81 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>bayer advanced aspirin reg st 325 mg tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>bayer aspirin 325 mg tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>bayer aspirin 325 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>bayer aspirin ec low dose 81 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>bayer low dose 81 mg chew tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>bayer low dose 81 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>butalbital-aspirin-caffeine 50-325-40 mg cap</i>	1	
<i>cataflam 50 mg tab</i>	1	
<i>celecoxib 100 mg cap</i>	1	QL 60 EA / 30 day(s)
<i>celecoxib 200 mg cap</i>	1	QL 60 EA / 30 day(s)
<i>celecoxib 400 mg cap</i>	2	QL 60 EA / 30 day(s)
<i>celecoxib 50 mg cap</i>	1	QL 60 EA / 30 day(s)
<i>childrens aspirin 81 mg chew tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>childrens ibuprofen 100 100 mg/5ml suspension</i>	1	OTC Over the Counter
<i>childrens ibuprofen 100 mg/5ml suspension</i>	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>childrens medi-profen 100 mg/5ml suspension</i>	1	OTC Over the Counter
<i>cvr aspirin 325 mg tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>cvr aspirin adult low dose 81 mg chew tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>cvr aspirin adult low strength 81 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>cvr aspirin ec 325 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>cvr aspirin ec 81 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>cvr aspirin low dose 81 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>cvr aspirin low strength 81 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>cvr childrens ibuprofen 100 mg/5ml suspension</i>	1	OTC Over the Counter
<i>cvr genuine aspirin 325 mg tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>cvr ibuprofen childrens 100 mg/5ml suspension</i>	1	OTC Over the Counter
<i>diclofenac potassium 50 mg tab</i>	1	
<i>diclofenac sodium 1 % gel</i>	1	QL 1000 GM / 30 day(s)
<i>diclofenac sodium 1.5 % solution</i>	3	
<i>diclofenac sodium 25 mg tab dr</i>	1	
<i>diclofenac sodium 50 mg tab dr</i>	1	RX4L Rx4Less Program
<i>diclofenac sodium 75 mg tab dr</i>	1	RX4L Rx4Less Program
<i>diclofenac sodium er 100 mg tab er 24h</i>	1	
<i>diclofenac-misoprostol 50-0.2 mg tab dr</i>	3	
<i>diclofenac-misoprostol 75-0.2 mg tab dr</i>	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>diflunisal 500 mg tab</i>	1	
<i>ec-naproxen 375 mg tab dr</i>	1	
<i>ec-naproxen 500 mg tab dr</i>	1	
<i>ecotrin low strength 81 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>eq aspirin 325 mg tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>eq aspirin adult low dose 81 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>eq aspirin low dose 81 mg chew tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>eq ibuprofen childrens 100 mg/5ml suspension</i>	1	OTC Over the Counter
<i>eql aspirin ec 325 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>eql aspirin low dose 81 mg chew tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>eql aspirin low dose 81 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>eql childrens ibuprofen 100 mg/5ml suspension</i>	1	OTC Over the Counter
<i>etodolac 200 mg cap</i>	1	
<i>etodolac 300 mg cap</i>	1	
<i>etodolac 400 mg tab</i>	1	
<i>etodolac 500 mg tab</i>	1	
<i>fenoprofen calcium 600 mg tab</i>	2	
<i>flurbiprofen 100 mg tab</i>	1	
FLURBIPROFEN 50 MG TAB	1	
<i>ft aspirin 325 mg tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>ft aspirin 81 mg chew tab</i>	1	ACA Affordable Care Act OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ft aspirin low dose 81 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>ft enteric coated aspirin 325 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>ft ibuprofen childrens 100 mg/5ml suspension</i>	1	OTC Over the Counter
<i>genuine aspirin 325 mg tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>gnp adult aspirin low strength 81 mg chew tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>gnp aspirin 325 mg tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>gnp aspirin 325 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>gnp aspirin 81 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>gnp aspirin low dose 81 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>gnp childrens ibuprofen 100 mg/5ml suspension</i>	1	OTC Over the Counter
<i>goodsense aspirin 325 mg tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>goodsense aspirin 325 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>goodsense aspirin 81 mg chew tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>goodsense aspirin adults 325 mg tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>goodsense aspirin low dose 81 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>goodsense ibuprofen childrens 100 mg/5ml suspension</i>	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
h-e-b aspirin 81 mg tab dr	1	ACA Affordable Care Act OTC Over the Counter
hm adult aspirin 325 mg tab	1	ACA Affordable Care Act OTC Over the Counter
hm aspirin 325 mg tab	1	ACA Affordable Care Act OTC Over the Counter
hm aspirin 325 mg tab dr	1	ACA Affordable Care Act OTC Over the Counter
hm aspirin 81 mg chew tab	1	ACA Affordable Care Act OTC Over the Counter
hm aspirin ec 325 mg tab dr	1	ACA Affordable Care Act OTC Over the Counter
hm aspirin ec low dose 81 mg tab dr	1	ACA Affordable Care Act OTC Over the Counter
hm ibuprofen childrens 100 mg/5ml suspension	1	OTC Over the Counter
hyvee ibuprofen childrens 100 mg/5ml suspension	1	OTC Over the Counter
ibu 400 mg tab	1	RX4L Rx4Less Program
ibu 600 mg tab	1	RX4L Rx4Less Program
ibu 800 mg tab	1	RX4L Rx4Less Program
ibuprofen 100 mg/5ml suspension	1	OTC Over the Counter
ibuprofen 400 mg tab	1	RX4L Rx4Less Program
ibuprofen 600 mg tab	1	RX4L Rx4Less Program
ibuprofen 800 mg tab	1	RX4L Rx4Less Program
ibuprofen childrens 100 mg/5ml suspension	1	OTC Over the Counter
indomethacin 25 mg cap	1	RX4L Rx4Less Program
indomethacin 50 mg cap	1	
indomethacin er 75 mg cap er	1	
KETOPROFEN 50 MG CAP	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KETOPROFEN ER 200 MG CAP ER 24H	1	
<i>ketorolac tromethamine 10 mg tab</i>	1	QLC 20 EA / 30 day(s)
<i>kls aspirin low dose 81 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>kp aspirin 81 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
MECLOFENAMATE SODIUM 100 MG CAP	1	
MECLOFENAMATE SODIUM 50 MG CAP	1	
<i>medi-first aspirin 325 mg tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>medique aspirin 325 mg tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>mefenamic acid 250 mg cap</i>	2	
<i>meijer aspirin ec 325 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>meloxicam 15 mg tab</i>	1	RX4L Rx4Less Program
<i>meloxicam 7.5 mg tab</i>	1	RX4L Rx4Less Program
<i>mm aspirin 81 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>nabumetone 500 mg tab</i>	1	
<i>nabumetone 750 mg tab</i>	1	
<i>naproxen 125 mg/5ml suspension</i>	1	
<i>naproxen 250 mg tab</i>	1	
<i>naproxen 375 mg tab</i>	1	RX4L Rx4Less Program
<i>naproxen 375 mg tab dr</i>	1	
<i>naproxen 500 mg tab</i>	1	RX4L Rx4Less Program
<i>naproxen 500 mg tab dr</i>	1	
<i>naproxen dr 500 mg tab dr</i>	1	
<i>naproxen sodium 275 mg tab</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>naproxen sodium 550 mg tab</i>	1	
<i>oxaprozin 600 mg tab</i>	1	
<i>piroxicam 10 mg cap</i>	1	
<i>piroxicam 20 mg cap</i>	1	
<i>px aspirin 325 mg tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>px aspirin 81 mg chew tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>px childrens profen ib 100 mg/5ml suspension</i>	1	OTC Over the Counter
<i>px enteric aspirin 325 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>px enteric aspirin 81 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>qc aspirin 325 mg tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>qc aspirin 325 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>qc aspirin low dose 81 mg chew tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>qc aspirin low dose 81 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>qc childrens aspirin 81 mg chew tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>qc childrens ibuprofen 100 mg/5ml suspension</i>	1	OTC Over the Counter
<i>qc enteric aspirin 325 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>ra aspirin 325 mg tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>ra aspirin adult low dose 81 mg chew tab</i>	1	ACA Affordable Care Act OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ra aspirin adult low strength 81 mg chew tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>ra aspirin childrens 81 mg chew tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>ra aspirin ec 325 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>ra aspirin ec 81 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>ra aspirin ec adult low st 81 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>ra ibuprofen childrens 100 mg/5ml suspension</i>	1	OTC Over the Counter
<i>ra pain relief aspirin 325 mg tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>relafen 500 mg tab</i>	1	
<i>relafen 750 mg tab</i>	1	
<i>sb aspirin 325 mg tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>sb aspirin ec 325 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>sb childrens aspirin 81 mg chew tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>sb low dose asa ec 81 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>sm aspirin 325 mg tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>sm aspirin adult low strength 81 mg chew tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>sm aspirin adult low strength 81 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sm aspirin ec 325 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>sm aspirin ec low strength 81 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>sm aspirin low dose 81 mg chew tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>sm aspirin low dose 81 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>sm childrens aspirin 81 mg chew tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>sm childrens ibuprofen 100 mg/5ml suspension</i>	1	OTC Over the Counter
<i>st joseph aspirin 81 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>st joseph low dose 81 mg chew tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>st joseph low dose 81 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>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 12 mcg/hr patch 72hr</i>	1	QL 10 EA / 30 day(s) PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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 75 mcg/hr patch 72hr</i>	1	QL 10 EA / 30 day(s) PA
<i>hydromorphone hcl er 12 mg tab er 24h</i>	3	QL 60 EA / 30 day(s) PA
<i>hydromorphone hcl er 16 mg tab er 24h</i>	3	QL 60 EA / 30 day(s) PA
<i>hydromorphone hcl er 32 mg tab er 24h</i>	3	QL 60 EA / 30 day(s) PA
<i>hydromorphone hcl er 8 mg tab er 24h</i>	3	QL 60 EA / 30 day(s) PA
<i>methadone hcl 10 mg tab</i>	1	QL 90 EA / 30 day(s) PA
<i>methadone hcl 5 mg tab</i>	1	QL 90 EA / 30 day(s) PA
<i>morphine sulfate er 15 mg tab er</i>	1	QL 90 EA / 30 day(s) PA
<i>morphine sulfate er 30 mg tab er</i>	1	QL 90 EA / 30 day(s) PA
<i>morphine sulfate er 60 mg tab er</i>	1	QL 60 EA / 30 day(s) PA
NUCYNTA ER 100 MG TAB ER 12H	3	QL 60 EA / 30 day(s) PA
NUCYNTA ER 150 MG TAB ER 12H	3	QL 60 EA / 30 day(s) PA
NUCYNTA ER 200 MG TAB ER 12H	3	QL 60 EA / 30 day(s) PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NUCYNTA ER 250 MG TAB ER 12H	3	QL 60 EA / 30 day(s) PA
NUCYNTA ER 50 MG TAB ER 12H	3	QL 60 EA / 30 day(s) PA
OXYCODONE HCL ER 10 MG TB12 DETER	3	QL 90 EA / 30 day(s) PA
OXYCODONE HCL ER 20 MG TB12 DETER	3	QL 90 EA / 30 day(s) PA
OXYCODONE HCL ER 40 MG TB12 DETER	3	QL 90 EA / 30 day(s) PA
OXYCODONE HCL ER 80 MG TB12 DETER	3	QL 90 EA / 30 day(s) PA
OXYCONTIN 10 MG TB12 DETER	3	QL 90 EA / 30 day(s) PA
OXYCONTIN 15 MG TB12 DETER	3	QL 90 EA / 30 day(s) PA
OXYCONTIN 20 MG TB12 DETER	3	QL 90 EA / 30 day(s) PA
OXYCONTIN 40 MG TB12 DETER	3	QL 90 EA / 30 day(s) PA
OXYCONTIN 80 MG TB12 DETER	3	QL 90 EA / 30 day(s) PA
OXYMORPHONE HCL ER 10 MG TAB ER 12H	3	QL 60 EA / 30 day(s) PA
OXYMORPHONE HCL ER 15 MG TAB ER 12H	3	QL 60 EA / 30 day(s) PA
OXYMORPHONE HCL ER 20 MG TAB ER 12H	3	QL 60 EA / 30 day(s) PA
OXYMORPHONE HCL ER 30 MG TAB ER 12H	3	QL 60 EA / 30 day(s) PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OXYMORPHONE HCL ER 40 MG TAB ER 12H	3	QL 60 EA / 30 day(s) PA
OXYMORPHONE HCL ER 5 MG TAB ER 12H	3	QL 60 EA / 30 day(s) PA
OXYMORPHONE HCL ER 7.5 MG TAB ER 12H	3	QL 60 EA / 30 day(s) PA
<i>TraMADol HCl ER 100 MG TAB ER 24H (generic of RYZOLT)</i>	2	QL 30 EA / 30 day(s)
<i>TraMADol HCl ER 200 MG TAB ER 24H (generic of RYZOLT)</i>	2	QL 30 EA / 30 day(s)
<i>TraMADol HCl ER 300 MG TAB ER 24H (generic of RYZOLT)</i>	2	QL 30 EA / 30 day(s)
OPIOID ANALGESICS, SHORT-ACTING		
ACETAMINOPHEN-CODEINE 120-12 MG/5ML SOLUTION	1	QL 3750 / 30 day(s)
<i>acetaminophen-codeine 120-12 mg/5ml solution</i>	1	QL 3750 / 30 day(s)
<i>acetaminophen-codeine 300-15 mg tab</i>	1	QL 300 EA / 30 day(s)
<i>acetaminophen-codeine 300-30 mg tab</i>	1	QL 240 EA / 30 day(s)
ACETAMINOPHEN-CODEINE 300-30 MG/12.5ML SOLUTION	1	QL 3750 / 30 day(s)
<i>acetaminophen-codeine 300-60 mg tab</i>	1	QL 240 EA / 30 day(s)
<i>butalbital-apap-caff-cod 50-300-40-30 mg cap</i>	1	
<i>butalbital-apap-caff-cod 50-325-40-30 mg cap</i>	1	QL 90 EA / 30 day(s)
<i>butorphanol tartrate 10 mg/ml solution</i>	1	QLC 5 ML / 30 day(s)
CODEINE SULFATE 30 MG TAB	3	
<i>codeine sulfate 30 mg tab</i>	3	
<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)
FENTANYL CITRATE 1200 MCG LOZ HANDLE	1	QL 120 EA / 30 day(s) PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fentanyl citrate 1200 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 1600 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 200 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 400 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 600 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
<i>fentanyl citrate 800 mcg loz handle</i>	1	QL 120 EA / 30 day(s) PA
<i>hydrocodone-acetaminophen 10-325 mg tab</i>	1	QL 240 EA / 30 day(s)
<i>hydrocodone-acetaminophen 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 7.5-325 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)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
MORPHINE SULFATE (CONCENTRATE) 100 MG/5ML SOLUTION	1	QL 180 ML / 30 day(s)
<i>morphine sulfate (concentrate) 100 mg/5ml solution</i>	1	QL 180 ML / 30 day(s)
<i>morphine sulfate (concentrate) 20 mg/ml solution</i>	1	QL 180 ML / 30 day(s)
MORPHINE SULFATE 10 MG SUPPOS	1	QL 180 EA / 30 day(s)
MORPHINE SULFATE 10 MG/5ML SOLUTION	1	QL 900 ML / 30 day(s)
<i>morphine sulfate 10 mg/5ml solution</i>	1	QL 900 ML / 30 day(s)
MORPHINE SULFATE 15 MG TAB	1	QL 180 EA / 30 day(s)
<i>morphine sulfate 15 mg tab</i>	1	QL 180 EA / 30 day(s)
MORPHINE SULFATE 20 MG SUPPOS	1	QL 180 EA / 30 day(s)
MORPHINE SULFATE 20 MG/5ML SOLUTION	1	QL 900 ML / 30 day(s)
MORPHINE SULFATE 30 MG TAB	1	QL 120 EA / 30 day(s) PA
<i>morphine sulfate 30 mg tab</i>	1	QL 120 EA / 30 day(s) PA
MORPHINE SULFATE 5 MG SUPPOS	1	QL 180 EA / 30 day(s)
<i>nalbuphine hcl 10 mg/ml solution</i>	1	PA
<i>nalbuphine hcl 20 mg/ml solution</i>	1	PA
NUCYNTA 100 MG TAB	2	PA
NUCYNTA 50 MG TAB	2	PA
NUCYNTA 75 MG TAB	2	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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 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 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/5ml solution</i>	1	QL 900 ML / 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 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 5 mg tab</i>	1	QL 120 EA / 30 day(s) PA
<i>tramadol hcl 50 mg tab</i>	1	QL 240 EA / 30 day(s)
<i>tramadol-acetaminophen 37.5-325 mg tab</i>	1	QL 240 EA / 30 day(s)
ANESTHETICS		
LOCAL ANESTHETICS		
<i>7t lido 2 % gel</i>	1	
<i>burn gel 2 % gel</i>	1	OTC Over the Counter
<i>glydo 2 % prsyr</i>	1	
<i>jelcaine sterile 2 % gel</i>	1	OTC Over the Counter
<i>lido-sorb 3 % lotion</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lidocaine 5 % ointment</i>	2	
<i>lidocaine 5 % patch</i>	2	QL 90 EA / 30 day(s)
<i>lidocaine hcl 3 % cream</i>	1	
<i>lidocaine hcl 3 % lotion</i>	1	
<i>lidocaine hcl 4 % solution</i>	1	
<i>lidocaine hcl urethral/mucosal 2 % prsyr</i>	1	
<i>lidocaine viscous hcl 2 % solution</i>	1	
<i>lidocaine-prilocaine 2.5-2.5 % cream</i>	1	
<i>lidocan 5 % patch</i>	2	QL 90 EA / 30 day(s)
<i>lidopin 3 % cream</i>	1	
NAYZILAM 5 MG/0.1ML SOLUTION	3	QL 4 EA / 30 day(s)
<i>premium lidocaine 5 % ointment</i>	2	
<i>proxivol 2 % gel</i>	1	
<i>regeneccare ha 2 % gel</i>	1	OTC Over the Counter
SYNERA 70-70 MG PATCH	3	PA
<i>tridacaine 5 % patch</i>	2	QL 90 EA / 30 day(s)
<i>tridacaine ii 5 % patch</i>	2	QL 90 EA / 30 day(s)
<i>tridacaine iii 5 % patch</i>	2	QL 90 EA / 30 day(s)
<i>xeroburn 2 % gel</i>	1	OTC Over the Counter
<i>zionodil 100 3 % lotion</i>	1	
<i>zionodil 3 % lotion</i>	1	
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
ALCOHOL DETERRENTS/ANTI-CRAVING		
<i>acamprosate calcium 333 mg tab dr</i>	2	
<i>disulfiram 250 mg tab</i>	2	
<i>disulfiram 500 mg tab</i>	2	
VIVITROL 380 MG RECON SUSP	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OPIOID DEPENDENCE		
BRIXADI (WEEKLY) 16 MG/0.32ML SOLN PRSYR	3	<ul style="list-style-type: none"> QL 0.32 mL / 7 days SP Specialty
BRIXADI (WEEKLY) 24 MG/0.48ML SOLN PRSYR	3	<ul style="list-style-type: none"> QL 0.48 mL / 7 days SP Specialty
BRIXADI (WEEKLY) 32 MG/0.64ML SOLN PRSYR	3	<ul style="list-style-type: none"> QL 0.64 ml / 7 days SP Specialty
BRIXADI (WEEKLY) 8 MG/0.16ML SOLN PRSYR	3	<ul style="list-style-type: none"> QLC 0.32 mL / 7 days SP Specialty
BRIXADI 128 MG/0.36ML SOLN PRSYR	3	<ul style="list-style-type: none"> QL 0.36 mL / 28 days SP Specialty
BRIXADI 64 MG/0.18ML SOLN PRSYR	3	<ul style="list-style-type: none"> QL 0.18 mL / 28 days SP Specialty
BRIXADI 96 MG/0.27ML SOLN PRSYR	3	<ul style="list-style-type: none"> QL 0.27 mL / 28 days SP Specialty
<i>buprenorphine hcl 2 mg sl tab</i>	1	<ul style="list-style-type: none"> QL 90 EA / 30 day(s)
<i>buprenorphine hcl 8 mg sl tab</i>	1	<ul style="list-style-type: none"> QL 90 EA / 30 day(s)
<i>buprenorphine hcl-naloxone hcl 12-3 mg film</i>	2	<ul style="list-style-type: none"> QL 60 EA / 30 day(s)
<i>buprenorphine hcl-naloxone hcl 2-0.5 mg film</i>	2	<ul style="list-style-type: none"> QL 90 EA / 30 day(s)
<i>buprenorphine hcl-naloxone hcl 2-0.5 mg sl tab</i>	2	
<i>buprenorphine hcl-naloxone hcl 4-1 mg film</i>	2	<ul style="list-style-type: none"> QL 90 EA / 30 day(s)
<i>buprenorphine hcl-naloxone hcl 8-2 mg film</i>	2	<ul style="list-style-type: none"> QL 90 EA / 30 day(s)
<i>buprenorphine hcl-naloxone hcl 8-2 mg sl tab</i>	2	<ul style="list-style-type: none"> QL 90 EA / 30 day(s)
SUBLOCADE 100 MG/0.5ML SOLN PRSYR	3	<ul style="list-style-type: none"> QL 0.5 mL / 28 days
SUBLOCADE 300 MG/1.5ML SOLN PRSYR	3	<ul style="list-style-type: none"> QL 1.5 mL / 28 days
ZUBSOLV 0.7-0.18 MG SL TAB	2	<ul style="list-style-type: none"> QL 90 EA / 30 day(s)
ZUBSOLV 1.4-0.36 MG SL TAB	2	<ul style="list-style-type: none"> QL 90 EA / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZUBSOLV 11.4-2.9 MG SL TAB	2	QL 30 EA / 30 day(s)
ZUBSOLV 2.9-0.71 MG SL TAB	2	QL 90 EA / 30 day(s)
ZUBSOLV 5.7-1.4 MG SL TAB	2	QL 90 EA / 30 day(s)
ZUBSOLV 8.6-2.1 MG SL TAB	2	QL 60 EA / 30 day(s)
OPIOID REVERSAL AGENTS		
KLOXXADO 8 MG/0.1ML LIQUID	3	
<i>naloxone hcl 2 mg/2ml soln prsyr</i>	1	
<i>naloxone hcl 4 mg/0.1ml liquid</i>	1	
<i>naltrexone hcl 50 mg tab</i>	1	
NARCAN 4 MG/0.1ML LIQUID	3	
REXTOVY 4 MG/0.25ML LIQUID	2	
SMOKING CESSATION AGENTS		
APO-VARENICLINE 0.5 MG TAB	3	ACA Affordable Care Act PD Preventive Drug
APO-VARENICLINE 1 MG TAB	3	ACA Affordable Care Act PD Preventive Drug
<i>bupropion hcl er (smoking det) 150 mg tab er 12h</i>	1	ACA Affordable Care Act PD Preventive Drug
<i>cvts nicotine 14 mg/24hr patch 24hr</i>	1	ACA Affordable Care Act OTC Over the Counter PD Preventive Drug
<i>cvts nicotine 2 mg gum</i>	1	ACA Affordable Care Act OTC Over the Counter PD Preventive Drug
<i>cvts nicotine 2 mg lozenge</i>	1	ACA Affordable Care Act OTC Over the Counter PD Preventive Drug
<i>cvts nicotine 21 mg/24hr patch 24hr</i>	1	ACA Affordable Care Act OTC Over the Counter PD Preventive Drug

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

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

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

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>goodsense nicotine 4 mg lozenge</i>	1	<p>ACA Affordable Care Act</p> <p>OTC Over the Counter</p> <p>PD Preventive Drug</p>
<i>habitrol 21 mg/24hr patch 24hr</i>	1	<p>ACA Affordable Care Act</p> <p>OTC Over the Counter</p> <p>PD Preventive Drug</p>
<i>hm nicotine 14 mg/24hr patch 24hr</i>	1	<p>ACA Affordable Care Act</p> <p>OTC Over the Counter</p> <p>PD Preventive Drug</p>
<i>hm nicotine 21 mg/24hr patch 24hr</i>	1	<p>ACA Affordable Care Act</p> <p>OTC Over the Counter</p> <p>PD Preventive Drug</p>
<i>hm nicotine 7 mg/24hr patch 24hr</i>	1	<p>ACA Affordable Care Act</p> <p>OTC Over the Counter</p> <p>PD Preventive Drug</p>
<i>hm nicotine polacrilex 2 mg gum</i>	1	<p>ACA Affordable Care Act</p> <p>OTC Over the Counter</p> <p>PD Preventive Drug</p>
<i>hm nicotine polacrilex 2 mg lozenge</i>	1	<p>ACA Affordable Care Act</p> <p>OTC Over the Counter</p> <p>PD Preventive Drug</p>
<i>hm nicotine polacrilex 4 mg gum</i>	1	<p>ACA Affordable Care Act</p> <p>OTC Over the Counter</p> <p>PD Preventive Drug</p>
<i>hm nicotine polacrilex 4 mg lozenge</i>	1	<p>ACA Affordable Care Act</p> <p>OTC Over the Counter</p> <p>PD Preventive Drug</p>
<i>kls quit2 2 mg gum</i>	1	<p>ACA Affordable Care Act</p> <p>OTC Over the Counter</p> <p>PD Preventive Drug</p>

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nicotine polacrilex 2 mg lozenge</i>	1	ACA Affordable Care Act OTC Over the Counter PD Preventive Drug
<i>nicotine polacrilex 4 mg gum</i>	1	ACA Affordable Care Act OTC Over the Counter PD Preventive Drug
<i>nicotine polacrilex 4 mg lozenge</i>	1	ACA Affordable Care Act OTC Over the Counter PD Preventive Drug
<i>nicotine polacrilex mini 2 mg lozenge</i>	1	ACA Affordable Care Act OTC Over the Counter PD Preventive Drug
<i>nicotine step 1 21 mg/24hr patch 24hr</i>	1	ACA Affordable Care Act OTC Over the Counter PD Preventive Drug
<i>nicotine step 2 14 mg/24hr patch 24hr</i>	1	ACA Affordable Care Act OTC Over the Counter PD Preventive Drug
<i>nicotine step 3 7 mg/24hr patch 24hr</i>	1	ACA Affordable Care Act OTC Over the Counter PD Preventive Drug
NICOTROL 10 MG INHALER	3	PA ACA Affordable Care Act PD Preventive Drug
NICOTROL NS 10 MG/ML SOLUTION	3	PA ACA Affordable Care Act PD Preventive Drug
<i>px stop smoking aid 2 mg gum</i>	1	ACA Affordable Care Act OTC Over the Counter PD Preventive Drug

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

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sm nicotine polacrilex 2 mg gum</i>	1	ACA Affordable Care Act OTC Over the Counter PD Preventive Drug
<i>sm nicotine polacrilex 2 mg lozenge</i>	1	ACA Affordable Care Act OTC Over the Counter PD Preventive Drug
<i>sm nicotine polacrilex 4 mg gum</i>	1	ACA Affordable Care Act OTC Over the Counter PD Preventive Drug
<i>sm nicotine polacrilex 4 mg lozenge</i>	1	ACA Affordable Care Act OTC Over the Counter PD Preventive Drug
<i>thrive 2 mg gum</i>	1	ACA Affordable Care Act OTC Over the Counter PD Preventive Drug
<i>varenicline tartrate (starter) 0.5 mg x 11 & 1 mg x 42 tab thpk</i>	3	ACA Affordable Care Act PD Preventive Drug
<i>varenicline tartrate 0.5 mg tab</i>	3	ACA Affordable Care Act PD Preventive Drug
<i>varenicline tartrate 1 mg tab</i>	3	ACA Affordable Care Act PD Preventive Drug
<i>varenicline tartrate(continue) 1 mg tab</i>	3	ACA Affordable Care Act PD Preventive Drug
ANTIBACTERIALS		
AMINOGLYCOSIDES		
<i>gentamicin sulfate 0.1 % cream</i>	1	
<i>gentamicin sulfate 0.1 % ointment</i>	1	
<i>neomycin sulfate 500 mg tab</i>	1	
STREPTOMYCIN SULFATE 1 GM RECON SOLN	2	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIBACTERIALS, OTHER		
<i>acetic acid 2 % solution</i>	1	
ALTABAX 1 % OINTMENT	3	
<i>aztreonam 1 gm recon soln</i>	3	PA
<i>aztreonam 2 gm recon soln</i>	3	PA
CLEOCIN 100 MG SUPPOS	2	
<i>clindamycin hcl 150 mg cap</i>	1	
<i>clindamycin hcl 300 mg cap</i>	1	
<i>clindamycin hcl 75 mg cap</i>	1	
<i>clindamycin palmitate hcl 75 mg/5ml recon soln</i>	1	
<i>clindamycin phosphate 1 % swab</i>	1	
<i>clindamycin phosphate 2 % cream</i>	1	
DAPTOMYCIN 500 MG RECON SOLN	3	PA
<i>daptomycin 500 mg recon soln</i>	3	PA
<i>fosfomycin tromethamine 3 gm packet</i>	3	
<i>linezolid 100 mg/5ml recon susp</i>	2	
<i>linezolid 600 mg tab</i>	2	
<i>methenamine hippurate 1 gm tab</i>	1	
<i>metronidazole 0.75 % cream</i>	2	
<i>metronidazole 0.75 % gel</i>	2	
<i>metronidazole 0.75 % gel</i>	1	
<i>metronidazole 0.75 % lotion</i>	2	
<i>metronidazole 250 mg tab</i>	1	
<i>metronidazole 500 mg tab</i>	1	
<i>nitrofurantoin 25 mg/5ml suspension</i>	2	
<i>nitrofurantoin 50 mg/10ml suspension</i>	2	
NITROFURANTOIN 50 MG/5ML SUSPENSION	2	
<i>nitrofurantoin macrocrystal 100 mg cap</i>	1	
<i>nitrofurantoin macrocrystal 25 mg cap</i>	2	
<i>nitrofurantoin macrocrystal 50 mg cap</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nitrofurantoin monohyd macro 100 mg cap</i>	1	
<i>rosadan 0.75 % cream</i>	2	
<i>rosadan 0.75 % gel</i>	2	
<i>tinidazole 250 mg tab</i>	2	
<i>tinidazole 500 mg tab</i>	2	
TRIMETHOPRIM 100 MG TAB	1	
<i>trimethoprim 100 mg tab</i>	1	
<i>vancomycin hcl 125 mg cap</i>	3	
<i>vancomycin hcl 25 mg/ml recon soln</i>	2	
<i>vancomycin hcl 250 mg cap</i>	3	
<i>vancomycin hcl 250 mg/5ml recon soln</i>	2	
<i>vancomycin hcl 50 mg/ml recon soln</i>	2	
VANDAZOLE 0.75 % GEL	1	
XIFAXAN 200 MG TAB	3	QL 126 EA / 30 day(s)
XIFAXAN 550 MG TAB	2	
BETA-LACTAM, CEPHALOSPORINS		
CEFACLOR 125 MG/5ML RECON SUSP	1	
CEFACLOR 250 MG CAP	1	
CEFACLOR 250 MG/5ML RECON SUSP	1	
CEFACLOR 375 MG/5ML RECON SUSP	1	
CEFACLOR 500 MG CAP	1	
CEFACLOR ER 500 MG TAB ER 12H	2	
CEFADROXIL 1 GM TAB	1	
<i>cefadroxil 250 mg/5ml recon susp</i>	1	
<i>cefadroxil 500 mg cap</i>	1	
<i>cefadroxil 500 mg/5ml recon susp</i>	1	
<i>cefdinir 125 mg/5ml recon susp</i>	1	
<i>cefdinir 250 mg/5ml recon susp</i>	1	
<i>cefdinir 300 mg cap</i>	1	
<i>cefepime hcl 1 gm recon soln</i>	2	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>cefepime hcl 2 gm recon soln</i>	2	PA
<i>cefixime 100 mg/5ml recon susp</i>	2	
<i>cefixime 200 mg/5ml recon susp</i>	2	
<i>cefixime 400 mg cap</i>	2	
<i>cefpodoxime proxetil 100 mg tab</i>	1	
<i>cefpodoxime proxetil 100 mg/5ml recon susp</i>	1	
<i>cefpodoxime proxetil 200 mg tab</i>	1	
<i>cefpodoxime proxetil 50 mg/5ml recon susp</i>	1	
<i>cefprozil 125 mg/5ml recon susp</i>	1	
<i>cefprozil 250 mg tab</i>	1	
<i>cefprozil 250 mg/5ml recon susp</i>	1	
<i>cefprozil 500 mg tab</i>	1	
<i>ceftazidime 1 gm recon soln</i>	2	PA
<i>ceftazidime 2 gm recon soln</i>	2	PA
<i>ceftazidime 6 gm recon soln</i>	2	PA
<i>ceftriaxone sodium 1 gm recon soln</i>	2	PA
<i>ceftriaxone sodium 10 gm recon soln</i>	2	PA
<i>ceftriaxone sodium 2 gm recon soln</i>	2	PA
<i>ceftriaxone sodium 250 mg recon soln</i>	2	PA
<i>ceftriaxone sodium 500 mg recon soln</i>	2	PA
<i>cefuroxime axetil 250 mg tab</i>	1	
<i>cefuroxime axetil 500 mg tab</i>	1	
<i>cephalexin 125 mg/5ml recon susp</i>	1	
<i>cephalexin 250 mg cap</i>	1	
<i>cephalexin 250 mg tab</i>	1	
<i>cephalexin 250 mg/5ml recon susp</i>	1	
<i>cephalexin 500 mg cap</i>	1	
<i>cephalexin 500 mg tab</i>	1	
<i>cephalexin 750 mg cap</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SUPRAX 100 MG CHEW TAB	2	
SUPRAX 200 MG CHEW TAB	2	
TAZICEF 1 GM RECON SOLN	3	PA
<i>tazicef 1 gm recon soln</i>	3	PA
<i>tazicef 2 gm recon soln</i>	3	PA
TAZICEF 6 GM RECON SOLN	3	PA
BETA-LACTAM, PENICILLINS		
AMOXICILLIN 125 MG CHEW TAB	1	
<i>amoxicillin 125 mg/5ml recon susp</i>	1	
<i>amoxicillin 200 mg/5ml recon susp</i>	1	
<i>amoxicillin 250 mg cap</i>	1	
AMOXICILLIN 250 MG CHEW TAB	1	
<i>amoxicillin 250 mg/5ml recon susp</i>	1	
AMOXICILLIN 400 MG/5ML RECON SUSP	1	
<i>amoxicillin 400 mg/5ml recon susp</i>	1	
<i>amoxicillin 500 mg cap</i>	1	
<i>amoxicillin 500 mg tab</i>	1	
<i>amoxicillin 875 mg tab</i>	1	
AMOXICILLIN-POT CLAVULANATE 200-28.5 MG CHEW TAB	1	
<i>amoxicillin-pot clavulanate 200-28.5 mg/5ml recon susp</i>	1	
<i>amoxicillin-pot clavulanate 250-125 mg tab</i>	1	
<i>amoxicillin-pot clavulanate 250-62.5 mg/5ml recon susp</i>	1	
AMOXICILLIN-POT CLAVULANATE 400-57 MG CHEW TAB	1	
<i>amoxicillin-pot clavulanate 400-57 mg/5ml recon susp</i>	1	
<i>amoxicillin-pot clavulanate 500-125 mg tab</i>	1	
<i>amoxicillin-pot clavulanate 600-42.9 mg/5ml recon susp</i>	1	
<i>amoxicillin-pot clavulanate 875-125 mg tab</i>	1	
AMOXICILLIN-POT CLAVULANATE ER 1000-62.5 MG TAB ER 12H	1	
<i>ampicillin 500 mg cap</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AUGMENTIN 125-31.25 MG/5ML RECON SUSP	2	
<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	
<i>penicillin v potassium 250 mg tab</i>	1	
PENICILLIN V POTASSIUM 250 MG/5ML RECON SOLN	1	
<i>penicillin v potassium 500 mg tab</i>	1	
MACROLIDES		
AZITHROMYCIN 1 GM PACKET	1	
<i>azithromycin 100 mg/5ml recon susp</i>	1	
<i>azithromycin 200 mg/5ml recon susp</i>	1	
<i>azithromycin 250 mg tab</i>	1	
<i>azithromycin 500 mg tab</i>	1	
<i>azithromycin 600 mg tab</i>	1	
CLARITHROMYCIN 125 MG/5ML RECON SUSP	1	
<i>clarithromycin 250 mg tab</i>	1	
CLARITHROMYCIN 250 MG/5ML RECON SUSP	1	
<i>clarithromycin 500 mg tab</i>	1	
<i>clarithromycin er 500 mg tab er 24h</i>	1	
DIFICID 200 MG TAB	3	PA
DIFICID 40 MG/ML RECON SUSP	3	PA
E.E.S. 400 400 MG TAB	1	
<i>ery-tab 250 mg tab dr</i>	3	
<i>ery-tab 333 mg tab dr</i>	3	
<i>ery-tab 500 mg tab dr</i>	3	
ERYTHROCIN STEARATE 250 MG TAB	1	
<i>erythromycin 250 mg tab dr</i>	3	
<i>erythromycin 333 mg tab dr</i>	3	
<i>erythromycin 500 mg tab dr</i>	3	
ERYTHROMYCIN BASE 250 MG CP DR PART	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>erythromycin base 250 mg tab dr</i>	3	
<i>erythromycin base 333 mg tab dr</i>	3	
<i>erythromycin base 500 mg tab</i>	1	
<i>erythromycin base 500 mg tab dr</i>	3	
<i>erythromycin ethylsuccinate 200 mg/5ml recon susp</i>	3	
ERYTHROMYCIN ETHYLSUCCINATE 400 MG TAB	1	
<i>erythromycin ethylsuccinate 400 mg/5ml recon susp</i>	3	
QUINOLONES		
BAXDELA 450 MG TAB	3	PA MNPA
BESIVANCE 0.6 % SUSPENSION	2	
CILOXAN 0.3 % OINTMENT	3	
<i>ciprofloxacin 250 mg/5ml (5%) recon susp</i>	2	
<i>ciprofloxacin hcl 0.3 % solution</i>	1	
CIPROFLOXACIN HCL 100 MG TAB	1	
<i>ciprofloxacin hcl 250 mg tab</i>	1	
<i>ciprofloxacin hcl 500 mg tab</i>	1	
<i>ciprofloxacin hcl 750 mg tab</i>	1	
<i>levofloxacin 25 mg/ml solution</i>	1	
<i>levofloxacin 250 mg tab</i>	1	
<i>levofloxacin 500 mg tab</i>	1	
<i>levofloxacin 750 mg tab</i>	1	
<i>moxifloxacin hcl 400 mg tab</i>	2	
<i>ofloxacin 400 mg tab</i>	3	PA MNPA
SULFONAMIDES		
<i>sulfacetamide sodium (acne) 10 % lotion</i>	1	
<i>sulfadiazine 500 mg tab</i>	3	
<i>sulfamethoxazole-trimethoprim 200-40 mg/5ml suspension</i>	1	
<i>sulfamethoxazole-trimethoprim 400-80 mg tab</i>	1	
<i>sulfamethoxazole-trimethoprim 800-160 mg tab</i>	1	
<i>sulfamethoxazole-trimethoprim 800-160 mg/20ml suspension</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sulfatrim pediatric 200-40 mg/5ml suspension</i>	1	
TETRACYCLINES		
<i>demeclocycline hcl 150 mg tab</i>	1	
<i>demeclocycline hcl 300 mg tab</i>	1	
<i>doxycycline hyclate 100 mg cap</i>	1	
<i>doxycycline hyclate 100 mg tab</i>	1	
<i>doxycycline hyclate 20 mg tab</i>	1	
<i>doxycycline hyclate 50 mg cap</i>	1	
<i>doxycycline monohydrate 100 mg cap</i>	1	
<i>doxycycline monohydrate 150 mg cap</i>	3	
<i>doxycycline monohydrate 25 mg/5ml recon susp</i>	1	
<i>doxycycline monohydrate 50 mg cap</i>	1	
<i>doxycycline monohydrate 75 mg cap</i>	3	
<i>lymepak 100 mg tab</i>	1	
<i>minocycline hcl 100 mg cap</i>	1	
<i>minocycline hcl 50 mg cap</i>	1	
<i>minocycline hcl 75 mg cap</i>	1	
<i>mondoxyne nl 100 mg cap</i>	1	
<i>tetracycline hcl 250 mg cap</i>	3	
<i>tetracycline hcl 500 mg cap</i>	3	
ANTICONVULSANTS		
ANTICONVULSANTS, OTHER		
<i>divalproex sodium 125 mg cap dr</i>	1	PD Preventive Drug
<i>divalproex sodium 125 mg tab dr</i>	1	PD Preventive Drug
<i>divalproex sodium 250 mg tab dr</i>	1	PD Preventive Drug
<i>divalproex sodium 500 mg tab dr</i>	1	PD Preventive Drug
<i>divalproex sodium er 250 mg tab er 24h</i>	1	PD Preventive Drug
<i>divalproex sodium er 500 mg tab er 24h</i>	1	PD Preventive Drug
<i>felbamate 400 mg tab</i>	3	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>felbamate 600 mg tab</i>	3	PD Preventive Drug
FINTEPLA 2.2 MG/ML SOLUTION	3	PA SP Specialty
FYCOMPA 10 MG TAB	3	PA PD Preventive Drug
<i>lamotrigine 100 mg tab</i>	1	PD Preventive Drug
<i>lamotrigine 100 mg tab disp</i>	2	PD Preventive Drug
<i>lamotrigine 150 mg tab</i>	1	PD Preventive Drug
<i>lamotrigine 200 mg tab</i>	1	PD Preventive Drug
<i>lamotrigine 200 mg tab disp</i>	2	PD Preventive Drug
<i>lamotrigine 25 mg chew tab</i>	1	PD Preventive Drug
<i>lamotrigine 25 mg tab</i>	1	PD Preventive Drug
<i>lamotrigine 25 mg tab disp</i>	2	PD Preventive Drug
<i>lamotrigine 5 mg chew tab</i>	1	PD Preventive Drug
<i>lamotrigine 50 mg tab disp</i>	2	PD Preventive Drug
<i>lamotrigine er 100 mg tab er 24h</i>	2	PD Preventive Drug
<i>lamotrigine er 200 mg tab er 24h</i>	2	PD Preventive Drug
<i>lamotrigine er 25 mg tab er 24h</i>	2	PD Preventive Drug
<i>lamotrigine er 250 mg tab er 24h</i>	2	PD Preventive Drug
<i>lamotrigine er 300 mg tab er 24h</i>	2	PD Preventive Drug
<i>lamotrigine er 50 mg tab er 24h</i>	2	PD Preventive Drug
<i>levetiracetam 100 mg/ml solution</i>	1	PD Preventive Drug
<i>levetiracetam 1000 mg tab</i>	1	PD Preventive Drug
<i>levetiracetam 250 mg tab</i>	1	PD Preventive Drug
<i>levetiracetam 500 mg tab</i>	1	PD Preventive Drug
<i>levetiracetam 500 mg/5ml solution</i>	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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 750 mg tab er 24h</i>	1	PD Preventive Drug
<i>roweepra 500 mg tab</i>	1	PD Preventive Drug
<i>subvenite 100 mg tab</i>	1	PD Preventive Drug
<i>subvenite 150 mg tab</i>	1	PD Preventive Drug
<i>subvenite 200 mg tab</i>	1	PD Preventive Drug
<i>subvenite 25 mg tab</i>	1	PD Preventive Drug
<i>topiramate 100 mg tab</i>	1	PD Preventive Drug
<i>topiramate 15 mg cap sprink</i>	1	PD Preventive Drug
<i>topiramate 200 mg tab</i>	1	PD Preventive Drug
<i>topiramate 25 mg cap sprink</i>	1	PD Preventive Drug
<i>topiramate 25 mg tab</i>	1	PD Preventive Drug
<i>topiramate 50 mg tab</i>	1	PD Preventive Drug
<i>valproic acid 250 mg cap</i>	1	PD Preventive Drug
<i>valproic acid 250 mg/5ml solution</i>	1	PD Preventive Drug
<i>valproic acid 500 mg/10ml solution</i>	1	PD Preventive Drug
XCOPRI (250 MG DAILY DOSE) 100 & 150 MG TAB THPK	3	
XCOPRI (350 MG DAILY DOSE) 150 & 200 MG TAB THPK	3	PD Preventive Drug
XCOPRI 100 MG TAB	3	PD Preventive Drug
XCOPRI 14 X 12.5 MG & 14 X 25 MG TAB THPK	3	PD Preventive Drug
XCOPRI 14 X 150 MG & 14 X200 MG TAB THPK	3	PD Preventive Drug
XCOPRI 14 X 50 MG & 14 X100 MG TAB THPK	3	PD Preventive Drug
XCOPRI 150 MG TAB	3	PD Preventive Drug
XCOPRI 200 MG TAB	3	PD Preventive Drug
XCOPRI 25 MG TAB	3	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XCOPRI 50 MG TAB	3	PD Preventive Drug
ZTALMY 50 MG/ML SUSPENSION	3	PA SP Specialty
CALCIUM CHANNEL MODIFYING AGENTS		
CELONTIN 300 MG CAP	3	PD Preventive Drug
<i>ethosuximide 250 mg cap</i>	1	PD Preventive Drug
<i>ethosuximide 250 mg/5ml solution</i>	1	PD Preventive Drug
<i>methsuximide 300 mg cap</i>	3	PD Preventive Drug
GAMMA-AMINOBTYRIC ACID (GABA) AUGMENTING AGENTS		
<i>clobazam 10 mg tab</i>	3	PA MNPA PD Preventive Drug
<i>clobazam 2.5 mg/ml suspension</i>	3	PD Preventive Drug
<i>clobazam 20 mg tab</i>	3	PA MNPA PD Preventive Drug
<i>diazepam 10 mg gel</i>	2	
DIAZEPAM 2.5 MG GEL	2	
<i>diazepam 20 mg gel</i>	2	
<i>gabapentin 100 mg cap</i>	1	
<i>gabapentin 300 mg cap</i>	1	
<i>gabapentin 400 mg cap</i>	1	
<i>gabapentin 600 mg tab</i>	1	
<i>gabapentin 800 mg tab</i>	1	
<i>phenobarbital 100 mg tab</i>	1	PD Preventive Drug
<i>phenobarbital 15 mg tab</i>	1	PD Preventive Drug
<i>phenobarbital 16.2 mg tab</i>	1	PD Preventive Drug
<i>phenobarbital 30 mg tab</i>	1	PD Preventive Drug
<i>phenobarbital 32.4 mg tab</i>	1	PD Preventive Drug
<i>phenobarbital 60 mg tab</i>	1	PD Preventive Drug

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SODIUM CHANNEL AGENTS		
APTIOM 200 MG TAB	3	PA PD Preventive Drug
<i>carbamazepine 100 mg chew tab</i>	1	PD Preventive Drug
<i>carbamazepine 100 mg/5ml suspension</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/10ml suspension</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 TAB ER 12H (generic of TEGRETOL-XR)</i>	1	PD Preventive Drug
<i>CarBAMazepine ER 300 MG CAP ER 12H (generic of CARBATROL)</i>	1	PD Preventive Drug
<i>CarBAMazepine ER 400 MG TAB ER 12H (generic of TEGRETOL-XR)</i>	1	PD Preventive Drug
<i>epitol 200 mg tab</i>	1	PD Preventive Drug
<i>lacosamide 10 mg/ml solution</i>	2	PD Preventive Drug
<i>lacosamide 100 mg tab</i>	2	PD Preventive Drug
<i>lacosamide 100 mg/10ml solution</i>	2	PD Preventive Drug
<i>lacosamide 150 mg tab</i>	2	PD Preventive Drug
<i>lacosamide 200 mg tab</i>	2	PD Preventive Drug
<i>lacosamide 50 mg tab</i>	2	PD Preventive Drug
<i>lacosamide 50 mg/5ml solution</i>	2	PD Preventive Drug
<i>oxcarbazepine 150 mg tab</i>	1	PD Preventive Drug
<i>oxcarbazepine 300 mg tab</i>	1	PD Preventive Drug
<i>oxcarbazepine 300 mg/5ml suspension</i>	1	PD Preventive Drug
<i>oxcarbazepine 600 mg tab</i>	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>phenytoin 100 mg/4ml suspension</i>	1	PD Preventive Drug
<i>phenytoin 125 mg/5ml suspension</i>	1	PD Preventive Drug
<i>phenytoin 50 mg chew tab</i>	1	PD Preventive Drug
<i>phenytoin infatabs 50 mg chew tab</i>	1	PD Preventive Drug
<i>phenytoin sodium extended 100 mg cap</i>	1	PD Preventive Drug
<i>rufinamide 200 mg tab</i>	3	PA PD Preventive Drug
<i>rufinamide 40 mg/ml suspension</i>	3	PA PD Preventive Drug
<i>rufinamide 400 mg tab</i>	3	PA PD Preventive Drug
<i>zonisamide 100 mg cap</i>	1	PD Preventive Drug
<i>zonisamide 25 mg cap</i>	1	PD Preventive Drug
<i>zonisamide 50 mg cap</i>	1	PD Preventive Drug
ANTIDEPRESSANTS		
ANTIDEPRESSANTS, OTHER		
<i>bupropion hcl 100 mg tab</i>	1	
<i>bupropion hcl 75 mg tab</i>	1	
<i>bupropion hcl er (sr) 100 mg tab er 12h</i>	1	
<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 (xl) 150 mg tab er 24h</i>	1	
<i>bupropion hcl er (xl) 300 mg tab er 24h</i>	1	
LYBALVI 10-10 MG TAB	3	PA
LYBALVI 15-10 MG TAB	3	PA
LYBALVI 20-10 MG TAB	3	PA
LYBALVI 5-10 MG TAB	3	PA
<i>mirtazapine 15 mg tab</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>mirtazapine 15 mg tab disp</i>	1	
<i>mirtazapine 30 mg tab</i>	1	
<i>mirtazapine 30 mg tab disp</i>	1	
<i>mirtazapine 45 mg tab</i>	1	
<i>mirtazapine 45 mg tab disp</i>	1	
<i>mirtazapine 7.5 mg tab</i>	1	
SPRAVATO (56 MG DOSE) 28 MG/DEVICE SOLN THPK	3	PA SP Specialty
SPRAVATO (84 MG DOSE) 28 MG/DEVICE SOLN THPK	3	PA SP Specialty
ZURZUVAE 20 MG CAP	3	PA QLC 28 EA / 180 days
ZURZUVAE 25 MG CAP	3	PA QLC 28 EA / 180 days
ZURZUVAE 30 MG CAP	3	PA QLC 14 EA / 180 days
MONOAMINE OXIDASE INHIBITORS		
EMSAM 12 MG/24HR PATCH 24HR	3	
EMSAM 6 MG/24HR PATCH 24HR	3	
EMSAM 9 MG/24HR PATCH 24HR	3	
MARPLAN 10 MG TAB	3	
PHENELZINE SULFATE 15 MG TAB	2	
<i>tranylcypromine sulfate 10 mg tab</i>	1	
SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)		
<i>citalopram hydrobromide 10 mg tab</i>	1	PD Preventive Drug
<i>citalopram hydrobromide 10 mg/5ml solution</i>	1	PD Preventive Drug
<i>citalopram hydrobromide 20 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>citalopram hydrobromide 40 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug

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 tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>escitalopram oxalate 20 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>escitalopram oxalate 5 mg tab</i>	1	PD Preventive Drug
<i>escitalopram oxalate 5 mg/5ml solution</i>	1	PD Preventive Drug
FLUOXETINE HCL (PMDD) 10 MG TAB	1	
FLUOXETINE HCL (PMDD) 20 MG TAB	1	
<i>fluoxetine hcl 10 mg cap</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>fluoxetine hcl 10 mg tab</i>	2	PD Preventive Drug
<i>fluoxetine hcl 20 mg cap</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>fluoxetine hcl 20 mg tab</i>	2	PD Preventive Drug
<i>fluoxetine hcl 20 mg/5ml solution</i>	1	PD Preventive Drug
<i>fluoxetine hcl 40 mg cap</i>	1	PD Preventive Drug
FLUOXETINE HCL 60 MG TAB	2	PD Preventive Drug
<i>fluoxetine hcl 60 mg tab</i>	2	PD Preventive Drug
<i>fluvoxamine maleate 100 mg tab</i>	1	PD Preventive Drug
<i>fluvoxamine maleate 25 mg tab</i>	1	PD Preventive Drug
<i>fluvoxamine maleate 50 mg tab</i>	1	PD Preventive Drug
NEFAZODONE HCL 100 MG TAB	1	
NEFAZODONE HCL 200 MG TAB	1	
NEFAZODONE HCL 250 MG TAB	1	
<i>paroxetine hcl 10 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>paroxetine hcl 20 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>paroxetine hcl 30 mg tab</i>	1	PD Preventive Drug
<i>paroxetine hcl 40 mg tab</i>	1	PD Preventive Drug
<i>paroxetine hcl er 12.5 mg tab er 24h</i>	2	PD Preventive Drug
<i>paroxetine hcl er 25 mg tab er 24h</i>	2	PD Preventive Drug
<i>paroxetine hcl er 37.5 mg tab er 24h</i>	3	PD Preventive Drug
<i>sertraline hcl 100 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>sertraline hcl 20 mg/ml conc</i>	1	PD Preventive Drug
<i>sertraline hcl 25 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>sertraline hcl 50 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>trazodone hcl 100 mg tab</i>	1	RX4L Rx4Less Program
<i>trazodone hcl 150 mg tab</i>	1	RX4L Rx4Less Program
<i>trazodone hcl 300 mg tab</i>	1	
<i>trazodone hcl 50 mg tab</i>	1	RX4L Rx4Less Program
TRINTELLIX 10 MG TAB	2	ST
TRINTELLIX 20 MG TAB	2	ST
TRINTELLIX 5 MG TAB	2	ST
<i>venlafaxine hcl 100 mg tab</i>	1	
<i>venlafaxine hcl 25 mg tab</i>	1	
<i>venlafaxine hcl 37.5 mg tab</i>	1	
<i>venlafaxine hcl 50 mg tab</i>	1	
<i>venlafaxine hcl 75 mg tab</i>	1	
<i>venlafaxine hcl er 150 mg cap er 24h</i>	1	RX4L Rx4Less Program

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>venlafaxine hcl er 37.5 mg cap er 24h</i>	1	RX4L Rx4Less Program
<i>venlafaxine hcl er 75 mg cap er 24h</i>	1	RX4L Rx4Less Program
<i>vilazodone hcl 10 mg tab</i>	1	
<i>vilazodone hcl 20 mg tab</i>	1	
<i>vilazodone hcl 40 mg tab</i>	1	
TRICYCLICS		
<i>amitriptyline hcl 10 mg tab</i>	1	
<i>amitriptyline hcl 100 mg tab</i>	1	
<i>amitriptyline hcl 150 mg tab</i>	1	
<i>amitriptyline hcl 25 mg tab</i>	1	
<i>amitriptyline hcl 50 mg tab</i>	1	
<i>amitriptyline hcl 75 mg tab</i>	1	
<i>amoxapine 100 mg tab</i>	3	
<i>amoxapine 150 mg tab</i>	3	
<i>amoxapine 25 mg tab</i>	3	
<i>amoxapine 50 mg tab</i>	3	
<i>clomipramine hcl 25 mg cap</i>	1	
<i>clomipramine hcl 50 mg cap</i>	1	
<i>clomipramine hcl 75 mg cap</i>	1	
<i>desipramine hcl 10 mg tab</i>	1	
<i>desipramine hcl 100 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 10 mg cap</i>	1	
<i>doxepin hcl 10 mg/ml conc</i>	1	
<i>doxepin hcl 100 mg cap</i>	1	
<i>doxepin hcl 150 mg cap</i>	1	
<i>doxepin hcl 25 mg cap</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>doxepin hcl 50 mg cap</i>	1	
<i>doxepin hcl 75 mg cap</i>	1	
<i>imipramine hcl 10 mg tab</i>	1	
<i>imipramine hcl 25 mg tab</i>	1	
<i>imipramine hcl 50 mg tab</i>	1	
<i>nortriptyline hcl 10 mg cap</i>	1	RX4L Rx4Less Program
<i>nortriptyline hcl 10 mg/5ml solution</i>	1	
<i>nortriptyline hcl 25 mg cap</i>	1	RX4L Rx4Less Program
<i>nortriptyline hcl 50 mg cap</i>	1	
<i>nortriptyline hcl 75 mg cap</i>	1	
<i>protriptyline hcl 10 mg tab</i>	1	
<i>protriptyline hcl 5 mg tab</i>	1	
<i>trimipramine maleate 100 mg cap</i>	3	
<i>trimipramine maleate 25 mg cap</i>	3	
<i>trimipramine maleate 50 mg cap</i>	3	
ANTIEMETICS		
ANTIEMETICS, OTHER		
BONJESTA 20-20 MG TAB ER	2	QLC 180 EA / 365 day(s)
<i>compro 25 mg suppos</i>	1	
<i>doxylamine-pyridoxine 10-10 mg tab dr</i>	2	QLC 360 EA / 365 day(s)
<i>meclizine hcl 12.5 mg tab</i>	1	
<i>meclizine hcl 25 mg tab</i>	1	
<i>metoclopramide hcl 10 mg tab</i>	1	
<i>metoclopramide hcl 10 mg/10ml solution</i>	1	
<i>metoclopramide hcl 5 mg tab</i>	1	
<i>metoclopramide hcl 5 mg/5ml solution</i>	1	
<i>perphenazine 16 mg tab</i>	1	
<i>perphenazine 2 mg tab</i>	1	
<i>perphenazine 4 mg tab</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>perphenazine 8 mg tab</i>	1	
<i>prochlorperazine 25 mg suppos</i>	1	
<i>prochlorperazine maleate 10 mg tab</i>	1	
<i>prochlorperazine maleate 5 mg tab</i>	1	
<i>promethazine hcl 12.5 mg suppos</i>	1	
<i>promethazine hcl 12.5 mg tab</i>	1	
<i>promethazine hcl 25 mg suppos</i>	1	
<i>promethazine hcl 25 mg tab</i>	1	
<i>promethazine hcl 50 mg tab</i>	1	
<i>promethegan 12.5 mg suppos</i>	1	
<i>promethegan 25 mg suppos</i>	1	
<i>scopolamine 1 mg/3days patch 72hr</i>	3	
<i>trimethobenzamide hcl 300 mg cap</i>	1	
EMETOGENIC THERAPY ADJUNCTS		
<i>aprepitant 125 mg cap</i>	3	QL 2 EA / 30 day(s)
<i>aprepitant 40 mg cap</i>	3	QL 2 EA / 30 day(s)
<i>aprepitant 80 & 125 mg cap</i>	3	QL 6 EA / 30 day(s)
<i>aprepitant 80 & 125 mg misc</i>	3	QL 6 EA / 30 day(s)
<i>aprepitant 80 mg cap</i>	3	QL 4 EA / 30 day(s)
<i>dronabinol 10 mg cap</i>	1	QL 60 EA / 30 day(s)
<i>dronabinol 2.5 mg cap</i>	1	QL 60 EA / 30 day(s)
<i>dronabinol 5 mg cap</i>	1	QL 60 EA / 30 day(s)
EMEND 125 MG/5ML RECON SUSP	3	QL 3 EA / 15 day(s) PA
<i>granisetron hcl 1 mg tab</i>	1	QLC 6 EA / 15 day(s)
<i>ondansetron 4 mg tab disp</i>	1	
<i>ondansetron 8 mg tab disp</i>	1	
ONDANSETRON HCL 24 MG TAB	1	QLC 1 EA / 15 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ondansetron hcl 4 mg tab</i>	1	
<i>ondansetron hcl 4 mg/5ml solution</i>	1	QLC 100 ML / 15 day(s)
<i>ondansetron hcl 8 mg tab</i>	1	
PALONOSETRON HCL 0.25 MG/5ML SOLN PRSYR	3	PA QLC 5 ML / 15 day(s)
<i>palonosetron hcl 0.25 mg/5ml soln prsyr</i>	3	PA QLC 5 ML / 15 day(s)
<i>palonosetron hcl 0.25 mg/5ml solution</i>	3	PA QLC 5 ML / 15 day(s)
SANCUSO 3.1 MG/24HR PATCH	3	QL 1 EA / 15 day(s)
VARUBI (180 MG DOSE) 2 X 90 MG TAB THPK	2	QL 4 EA / 28 day(s) PA
ANTIFUNGALS		
ABELCET 5 MG/ML SUSPENSION	2	PA
AMPHOTERICIN B 50 MG RECON SOLN	2	PA
<i>antifungal 2 % cream</i>	1	OTC Over the Counter
<i>baza antifungal 2 % cream</i>	1	OTC Over the Counter
CASPOFUNGIN ACETATE 50 MG RECON SOLN	3	PA
<i>casposfungin acetate 50 mg recon soln</i>	3	PA
CASPOFUNGIN ACETATE 70 MG RECON SOLN	3	PA
<i>casposfungin acetate 70 mg recon soln</i>	3	PA
<i>cavilon 2 % cream</i>	1	OTC Over the Counter
<i>ciclopirox olamine 0.77 % cream</i>	1	
<i>clotrimazole 1 % cream</i>	1	
<i>clotrimazole 1 % solution</i>	1	
<i>clotrimazole 10 mg troche</i>	1	
CRESEMBA 186 MG CAP	3	
CRESEMBA 74.5 MG CAP	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>econazole nitrate 1 % cream</i>	1	
ERAXIS 100 MG RECON SOLN	3	PA
ERAXIS 50 MG RECON SOLN	3	PA
<i>fluconazole 10 mg/ml recon susp</i>	1	
<i>fluconazole 100 mg tab</i>	1	
<i>fluconazole 150 mg tab</i>	1	
<i>fluconazole 200 mg tab</i>	1	
<i>fluconazole 40 mg/ml recon susp</i>	1	
<i>fluconazole 50 mg tab</i>	1	
<i>flucytosine 250 mg cap</i>	3	PA
<i>ft antifungal 2 % cream</i>	1	OTC Over the Counter
<i>griseofulvin microsize 125 mg/5ml suspension</i>	1	
<i>griseofulvin microsize 500 mg tab</i>	3	
<i>griseofulvin ultramicrosize 125 mg tab</i>	3	
<i>griseofulvin ultramicrosize 250 mg tab</i>	3	
<i>itraconazole 10 mg/ml solution</i>	3	
<i>itraconazole 100 mg cap</i>	2	
<i>ketoconazole 2 % cream</i>	1	
<i>ketoconazole 2 % shampoo</i>	1	
<i>ketoconazole 200 mg tab</i>	1	
<i>klayesta 100000 unit/gm powder</i>	1	
LULICONAZOLE 1 % CREAM	3	PA
MENTAX 1 % CREAM	3	PA MNPA
<i>micaderm 2 % cream</i>	1	OTC Over the Counter
<i>miconazole antifungal 2 % cream</i>	1	OTC Over the Counter
<i>miconazole nitrate 2 % cream</i>	1	OTC Over the Counter
NAFTIFINE HCL 1 % CREAM	3	
<i>naftifine hcl 2 % cream</i>	3	
NAFTIN 1 % GEL	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NOXAFIL 40 MG/ML SUSPENSION	3	
<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>nystatin 100000 unit/ml suspension</i>	1	
<i>nystatin 500000 unit tab</i>	1	
<i>nystop 100000 unit/gm powder</i>	1	
<i>oxiconazole nitrate 1 % cream</i>	3	
OXISTAT 1 % LOTION	3	
<i>posaconazole 100 mg tab dr</i>	3	
<i>posaconazole 40 mg/ml suspension</i>	3	
<i>sm antifungal miconazole 2 % cream</i>	1	OTC Over the Counter
SULCONAZOLE NITRATE 1 % CREAM	3	
<i>tavaborole 5 % solution</i>	2	
<i>terbinafine hcl 250 mg tab</i>	1	
<i>terconazole 0.4 % cream</i>	1	
<i>terconazole 0.8 % cream</i>	1	
<i>tineacide 2 % cream</i>	1	OTC Over the Counter
<i>voriconazole 200 mg tab</i>	3	
<i>voriconazole 50 mg tab</i>	3	
ANTIGOUT AGENTS		
<i>allopurinol 100 mg tab</i>	1	RX4L Rx4Less Program
<i>allopurinol 300 mg tab</i>	1	RX4L Rx4Less Program
<i>colchicine 0.6 mg cap</i>	2	
<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	
MITIGARE 0.6 MG CAP	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>probenecid 500 mg tab</i>	1	
ANTIMYCOBACTERIALS		
ANTIMYCOBACTERIALS, OTHER		
<i>dapsone 100 mg tab</i>	1	
<i>dapsone 25 mg tab</i>	1	
<i>rifabutin 150 mg cap</i>	3	
ANTITUBERCULARS		
<i>cycloserine 250 mg cap</i>	1	
<i>ethambutol hcl 100 mg tab</i>	1	
<i>ethambutol hcl 400 mg tab</i>	1	
ISONIAZID 100 MG TAB	1	
<i>isoniazid 300 mg tab</i>	1	
<i>isoniazid 50 mg/5ml syrup</i>	1	
PASER 4 GM PACKET	3	
PRETOMANID 200 MG TAB	3	PA
PRIFTIN 150 MG TAB	2	
<i>pyrazinamide 500 mg tab</i>	1	
<i>rifampin 150 mg cap</i>	1	
<i>rifampin 300 mg cap</i>	1	
SIRTURO 100 MG TAB	3	PA
SIRTURO 20 MG TAB	3	PA
TRECTOR 250 MG TAB	3	
ANTINEOPLASTICS		
ALKYLATING AGENTS		
CYCLOPHOSPHAMIDE 25 MG CAP	2	
<i>cyclophosphamide 25 mg cap</i>	2	
CYCLOPHOSPHAMIDE 50 MG CAP	2	
<i>cyclophosphamide 50 mg cap</i>	2	
GLEOSTINE 10 MG CAP	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GLEOSTINE 100 MG CAP	2	
GLEOSTINE 40 MG CAP	2	
GLIADEL WAFER 7.7 MG WAFER	2	
LEUKERAN 2 MG TAB	2	
MATULANE 50 MG CAP	2	SP Specialty
MELPHALAN 2 MG TAB	2	
MYLERAN 2 MG TAB	2	
<i>temozolomide 100 mg cap</i>	3	PA SP Specialty
<i>temozolomide 140 mg cap</i>	3	PA SP Specialty
<i>temozolomide 180 mg cap</i>	3	PA SP Specialty
<i>temozolomide 20 mg cap</i>	3	PA SP Specialty
<i>temozolomide 250 mg cap</i>	3	PA SP Specialty
<i>temozolomide 5 mg cap</i>	3	PA SP Specialty
VALCHLOR 0.016 % GEL	3	PA
ANTIANDROGENS		
<i>abiraterone acetate 250 mg tab</i>	2	PA SP Specialty
<i>abiraterone acetate 500 mg tab</i>	2	PA SP Specialty
<i>bicalutamide 50 mg tab</i>	1	
ERLEADA 240 MG TAB	2	PA SP Specialty
ERLEADA 60 MG TAB	2	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FLUTAMIDE 125 MG CAP	1	
<i>nilutamide 150 mg tab</i>	2	SP Specialty
NUBEQA 300 MG TAB	2	PA SP Specialty
ORSERDU 345 MG TAB	3	PA SP Specialty
ORSERDU 86 MG TAB	3	PA SP Specialty
XTANDI 40 MG CAP	2	PA SP Specialty
XTANDI 40 MG TAB	2	PA SP Specialty
XTANDI 80 MG TAB	2	PA SP Specialty
ANTIANGIOGENIC AGENTS		
<i>lenalidomide 10 mg cap</i>	3	PA SP Specialty
<i>lenalidomide 15 mg cap</i>	3	PA SP Specialty
<i>lenalidomide 2.5 mg cap</i>	3	PA SP Specialty
<i>lenalidomide 20 mg cap</i>	3	PA SP Specialty
<i>lenalidomide 25 mg cap</i>	3	PA SP Specialty
<i>lenalidomide 5 mg cap</i>	3	PA SP Specialty
POMALYST 1 MG CAP	3	PA MNPA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
POMALYST 2 MG CAP	3	PA MNPA SP Specialty
POMALYST 3 MG CAP	3	PA MNPA SP Specialty
POMALYST 4 MG CAP	3	PA MNPA SP Specialty
THALOMID 100 MG CAP	3	PA SP Specialty
THALOMID 150 MG CAP	3	PA SP Specialty
THALOMID 200 MG CAP	3	PA SP Specialty
THALOMID 50 MG CAP	3	PA SP Specialty
ANTIESTROGENS/MODIFIERS		
EMCYT 140 MG CAP	2	SP Specialty
<i>tamoxifen citrate 10 mg tab</i>	1	ACA Affordable Care Act
<i>tamoxifen citrate 20 mg tab</i>	1	ACA Affordable Care Act
<i>toremifene citrate 60 mg tab</i>	2	
ANTIMETABOLITES		
<i>capecitabine 150 mg tab</i>	2	SP Specialty
<i>capecitabine 500 mg tab</i>	2	SP Specialty
DROXIA 200 MG CAP	2	
DROXIA 300 MG CAP	2	
DROXIA 400 MG CAP	2	
<i>hydroxyurea 500 mg cap</i>	1	
<i>mercaptopurine 50 mg tab</i>	1	
PURIXAN 2000 MG/100ML SUSPENSION	2	SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SIKLOS 1000 MG TAB	3	PA SP Specialty
TABLOID 40 MG TAB	3	SP Specialty
ANTINEOPLASTICS, OTHER		
AUGTYRO 40 MG CAP	3	PA SP Specialty
AYVAKIT 100 MG TAB	3	QL 30 EA / 30 day(s) PA
AYVAKIT 200 MG TAB	3	QL 30 EA / 30 day(s) PA
AYVAKIT 25 MG TAB	3	QL 30 EA / 30 day(s) PA
AYVAKIT 300 MG TAB	3	QL 30 EA / 30 day(s) PA
AYVAKIT 50 MG TAB	3	QL 30 EA / 30 day(s) PA
BRUKINSA 80 MG CAP	3	PA SP Specialty
KISQALI FEMARA (200 MG DOSE) 200 & 2.5 MG TAB THPK	3	PA SP Specialty
KISQALI FEMARA (400 MG DOSE) 200 & 2.5 MG TAB THPK	3	PA SP Specialty
KISQALI FEMARA (600 MG DOSE) 200 & 2.5 MG TAB THPK	3	PA SP Specialty
KRAZATI 200 MG TAB	3	PA SP Specialty
<i>leucovorin calcium 10 mg tab</i>	1	
<i>leucovorin calcium 15 mg tab</i>	1	
<i>leucovorin calcium 25 mg tab</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>leucovorin calcium 5 mg tab</i>	1	
LONSURF 15-6.14 MG TAB	3	PA SP Specialty
LONSURF 20-8.19 MG TAB	3	PA SP Specialty
LUMAKRAS 120 MG TAB	3	PA SP Specialty
LUMAKRAS 320 MG TAB	3	PA SP Specialty
LYSODREN 500 MG TAB	2	SP Specialty
MESNEX 400 MG TAB	2	SP Specialty
<i>mitoxantrone hcl 20 mg/10ml conc</i>	3	PA
<i>mitoxantrone hcl 25 mg/12.5ml conc</i>	3	PA
<i>mitoxantrone hcl 30 mg/15ml conc</i>	3	PA
NINLARO 2.3 MG CAP	3	PA SP Specialty
NINLARO 3 MG CAP	3	PA SP Specialty
NINLARO 4 MG CAP	3	PA SP Specialty
OGSIVEO 100 MG TAB	3	QL 60 EA / 30 day(s) PA SP Specialty
OGSIVEO 150 MG TAB	3	QL 60 ea / 30 day(s) PA SP Specialty
OGSIVEO 50 MG TAB	3	QL 180 EA / 30 days PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RETEVMO 40 MG CAP	3	PA SP Specialty
RETEVMO 80 MG CAP	3	PA SP Specialty
ROZLYTREK 100 MG CAP	3	PA SP Specialty
ROZLYTREK 200 MG CAP	3	PA SP Specialty
ROZLYTREK 50 MG PACKET	3	PA SP Specialty
TABRECTA 150 MG TAB	3	PA SP Specialty
TABRECTA 200 MG TAB	3	PA SP Specialty
TAZVERIK 200 MG TAB	3	PA SP Specialty
TICE BCG 50 MG RECON SUSP	3	
VANFLYTA 17.7 MG TAB	3	QL 60 EA / 30 Days PA SP Specialty
VANFLYTA 26.5 MG TAB	3	QL 60 EA / 30 Days PA SP Specialty
VIJOICE 125 MG TAB THPK	3	PA
VIJOICE 200 & 50 MG TAB THPK	3	PA
VIJOICE 50 MG TAB THPK	3	PA
VONJO 100 MG CAP	3	PA
XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK	3	PA SP Specialty
XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK	3	PA SP Specialty
XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK	3	PA SP Specialty
XPOVIO (60 MG TWICE WEEKLY) 20 MG TAB THPK	3	PA SP Specialty
XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	3	PA SP Specialty
XPOVIO (80 MG TWICE WEEKLY) 20 MG TAB THPK	3	PA SP Specialty
ZANOSAR 1 GM RECON SOLN	3	PA
ZOLINZA 100 MG CAP	3	PA SP Specialty
AROMATASE INHIBITORS, 3RD GENERATION		
<i>anastrozole 1 mg tab</i>	1	
<i>exemestane 25 mg tab</i>	2	
<i>letrozole 2.5 mg tab</i>	1	
ENZYME INHIBITORS		
ETOPOSIDE 50 MG CAP	1	
HYCAMTIN 0.25 MG CAP	3	PA SP Specialty
HYCAMTIN 1 MG CAP	3	PA SP Specialty
TRUQAP 160 MG TAB	3	QL 64 EA / 28 days PA SP Specialty
TRUQAP 200 MG TAB	3	QL 64 EA / 28 days PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MOLECULAR TARGET INHIBITORS		
ALECENSA 150 MG CAP	3	PA SP Specialty
BALVERSA 3 MG TAB	3	PA SP Specialty
BALVERSA 4 MG TAB	3	PA SP Specialty
BALVERSA 5 MG TAB	3	PA SP Specialty
BOSULIF 100 MG TAB	3	PA SP Specialty
BOSULIF 400 MG TAB	3	PA SP Specialty
BOSULIF 500 MG TAB	3	PA SP Specialty
CABOMETYX 20 MG TAB	2	PA SP Specialty
CABOMETYX 40 MG TAB	2	PA SP Specialty
CABOMETYX 60 MG TAB	2	PA SP Specialty
CALQUENCE 100 MG CAP	2	PA SP Specialty
CALQUENCE 100 MG TAB	2	PA SP Specialty
CAPRELSA 100 MG TAB	3	PA SP Specialty
CAPRELSA 300 MG TAB	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
COMETRIQ (100 MG DAILY DOSE) 80 & 20 MG KIT	3	PA SP Specialty
COMETRIQ (140 MG DAILY DOSE) 3 X 20 MG & 80 MG KIT	3	PA SP Specialty
COMETRIQ (60 MG DAILY DOSE) 20 MG KIT	3	PA SP Specialty
COTELLIC 20 MG TAB	3	PA SP Specialty
<i>dasatinib 100 mg tab</i>	3	PA SP Specialty
<i>dasatinib 140 mg tab</i>	3	PA SP Specialty
<i>dasatinib 20 mg tab</i>	3	PA SP Specialty
<i>dasatinib 50 mg tab</i>	3	PA SP Specialty
<i>dasatinib 70 mg tab</i>	3	PA SP Specialty
<i>dasatinib 80 mg tab</i>	3	PA SP Specialty
ERIVEDGE 150 MG CAP	3	PA SP Specialty
<i>erlotinib hcl 100 mg tab</i>	3	PA SP Specialty
<i>erlotinib hcl 150 mg tab</i>	3	PA SP Specialty
<i>erlotinib hcl 25 mg tab</i>	3	PA SP Specialty
<i>everolimus 10 mg tab</i>	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>everolimus 2 mg tab sol</i>	3	PA SP Specialty
<i>everolimus 2.5 mg tab</i>	3	PA SP Specialty
<i>everolimus 3 mg tab sol</i>	3	PA SP Specialty
<i>everolimus 5 mg tab</i>	3	PA SP Specialty
<i>everolimus 5 mg tab sol</i>	3	PA SP Specialty
<i>everolimus 7.5 mg tab</i>	3	PA SP Specialty
GAVRETO 100 MG CAP	3	PA SP Specialty
GILOTRIF 20 MG TAB	3	PA SP Specialty
GILOTRIF 30 MG TAB	3	PA SP Specialty
GILOTRIF 40 MG TAB	3	PA SP Specialty
IBRANCE 100 MG CAP	2	PA SP Specialty
IBRANCE 100 MG TAB	2	PA SP Specialty
IBRANCE 125 MG CAP	2	PA SP Specialty
IBRANCE 125 MG TAB	2	PA SP Specialty
IBRANCE 75 MG CAP	2	PA SP Specialty

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
INLYTA 5 MG TAB	3	PA SP Specialty
JAKAFI 10 MG TAB	3	QL 60 EA / 30 day(s) PA SP Specialty
JAKAFI 15 MG TAB	3	QL 60 EA / 30 day(s) PA SP Specialty
JAKAFI 20 MG TAB	3	QL 60 EA / 30 day(s) PA SP Specialty
JAKAFI 25 MG TAB	3	QL 60 EA / 30 day(s) PA SP Specialty
JAKAFI 5 MG TAB	3	QL 60 EA / 30 day(s) PA SP Specialty
KISQALI (200 MG DOSE) 200 MG TAB THPK	3	PA SP Specialty
KISQALI (400 MG DOSE) 200 MG TAB THPK	3	PA SP Specialty
KISQALI (600 MG DOSE) 200 MG TAB THPK	3	PA SP Specialty
<i>lapatinib ditosylate 250 mg tab</i>	2	PA SP Specialty
LENVIMA (10 MG DAILY DOSE) 10 MG CAP THPK	3	PA SP Specialty
LENVIMA (12 MG DAILY DOSE) 3 X 4 MG CAP THPK	3	PA SP Specialty
LENVIMA (14 MG DAILY DOSE) 10 & 4 MG CAP THPK	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LENVIMA (18 MG DAILY DOSE) 10 MG & 2 X 4 MG CAP THPK	3	PA SP Specialty
LENVIMA (20 MG DAILY DOSE) 2 X 10 MG CAP THPK	3	PA SP Specialty
LENVIMA (24 MG DAILY DOSE) 2 X 10 MG & 4 MG CAP THPK	3	PA SP Specialty
LENVIMA (4 MG DAILY DOSE) 4 MG CAP THPK	3	PA SP Specialty
LENVIMA (8 MG DAILY DOSE) 2 X 4 MG CAP THPK	3	PA SP Specialty
LYNPARZA 100 MG TAB	2	PA SP Specialty
LYNPARZA 150 MG TAB	2	PA SP Specialty
LYTGOBI (12 MG DAILY DOSE) 4 MG TAB THPK	3	PA SP Specialty
LYTGOBI (16 MG DAILY DOSE) 4 MG TAB THPK	3	PA SP Specialty
LYTGOBI (20 MG DAILY DOSE) 4 MG TAB THPK	3	PA SP Specialty
MEKINIST 0.05 MG/ML RECON SOLN	3	PA SP Specialty
MEKINIST 0.5 MG TAB	3	PA SP Specialty
MEKINIST 2 MG TAB	3	PA SP Specialty
ODOMZO 200 MG CAP	3	PA SP Specialty
<i>pazopanib hcl 200 mg tab</i>	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PIQRAY (200 MG DAILY DOSE) 200 MG TAB THPK	3	PA SP Specialty
PIQRAY (250 MG DAILY DOSE) 200 & 50 MG TAB THPK	3	PA SP Specialty
PIQRAY (300 MG DAILY DOSE) 2 X 150 MG TAB THPK	3	PA SP Specialty
REZLIDHIA 150 MG CAP	3	PA SP Specialty
RUBRACA 200 MG TAB	2	PA SP Specialty
RUBRACA 250 MG TAB	2	PA SP Specialty
RUBRACA 300 MG TAB	2	PA SP Specialty
RYDAPT 25 MG CAP	3	PA SP Specialty
<i>sorafenib tosylate 200 mg tab</i>	3	PA SP Specialty
SPRYCEL 100 MG TAB	3	PA SP Specialty
SPRYCEL 140 MG TAB	3	PA SP Specialty
SPRYCEL 20 MG TAB	3	PA SP Specialty
SPRYCEL 50 MG TAB	3	PA SP Specialty
SPRYCEL 70 MG TAB	3	PA SP Specialty
SPRYCEL 80 MG TAB	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
STIVARGA 40 MG TAB	3	PA SP Specialty
<i>sunitinib malate 12.5 mg cap</i>	3	PA SP Specialty
<i>sunitinib malate 25 mg cap</i>	3	PA SP Specialty
<i>sunitinib malate 37.5 mg cap</i>	3	PA SP Specialty
<i>sunitinib malate 50 mg cap</i>	3	PA SP Specialty
TAFINLAR 10 MG TAB SOL	3	PA SP Specialty
TAFINLAR 50 MG CAP	3	PA SP Specialty
TAFINLAR 75 MG CAP	3	PA SP Specialty
TAGRISSO 40 MG TAB	3	PA SP Specialty
TAGRISSO 80 MG TAB	3	PA SP Specialty
TASIGNA 150 MG CAP	3	PA SP Specialty
TASIGNA 200 MG CAP	3	PA SP Specialty
TASIGNA 50 MG CAP	3	PA SP Specialty
<i>torpenz 10 mg tab</i>	3	PA SP Specialty
<i>torpenz 2.5 mg tab</i>	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>torpenz 5 mg tab</i>	3	PA SP Specialty
<i>torpenz 7.5 mg tab</i>	3	PA SP Specialty
VENCLEXTA 10 MG TAB	3	PA SP Specialty
VENCLEXTA 100 MG TAB	3	PA SP Specialty
VENCLEXTA 50 MG TAB	3	PA SP Specialty
VENCLEXTA STARTING PACK 10 & 50 & 100 MG TAB THPK	3	PA SP Specialty
VERZENIO 100 MG TAB	2	PA SP Specialty
VERZENIO 150 MG TAB	2	PA SP Specialty
VERZENIO 200 MG TAB	2	PA SP Specialty
VERZENIO 50 MG TAB	2	PA SP Specialty
VIZIMPRO 15 MG TAB	3	PA SP Specialty
VIZIMPRO 30 MG TAB	3	PA SP Specialty
VIZIMPRO 45 MG TAB	3	PA SP Specialty
XALKORI 150 MG CAP SPRINK	3	PA SP Specialty
XALKORI 20 MG CAP SPRINK	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XALKORI 200 MG CAP	3	PA SP Specialty
XALKORI 250 MG CAP	3	PA SP Specialty
XALKORI 50 MG CAP SPRINK	3	PA SP Specialty
XOSPATA 40 MG TAB	3	PA SP Specialty
ZEJULA 100 MG CAP	2	PA SP Specialty
ZEJULA 100 MG TAB	2	QL 30 EA / 30 day(s) PA SP Specialty
ZEJULA 200 MG TAB	2	QL 30 EA / 30 day(s) PA SP Specialty
ZEJULA 300 MG TAB	2	QL 30 EA / 30 day(s) PA SP Specialty
ZELBORAF 240 MG TAB	3	PA SP Specialty
ZYDELIG 100 MG TAB	3	PA SP Specialty
ZYDELIG 150 MG TAB	3	PA SP Specialty
ZYKADIA 150 MG TAB	3	PA SP Specialty
RETINOIDS		
<i>bexarotene 75 mg cap</i>	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PANRETIN 0.1 % GEL	3	PA
<i>tretinoin 10 mg cap</i>	1	
ANTIPARASITICS		
ANTHELMINTHICS		
<i>albendazole 200 mg tab</i>	3	
<i>ivermectin 3 mg tab</i>	3	
<i>praziquantel 600 mg tab</i>	3	
ANTIPROTOZOALS		
ALINIA 100 MG/5ML RECON SUSP	2	
<i>atovaquone 750 mg/5ml suspension</i>	3	
<i>atovaquone-proguanil hcl 250-100 mg tab</i>	2	
<i>atovaquone-proguanil hcl 62.5-25 mg tab</i>	2	
<i>chloroquine phosphate 250 mg tab</i>	1	
<i>chloroquine phosphate 500 mg tab</i>	1	
COARTEM 20-120 MG TAB	3	
<i>hydroxychloroquine sulfate 200 mg tab</i>	1	
<i>mefloquine hcl 250 mg tab</i>	1	
NITAZOXANIDE 500 MG TAB	2	
<i>nitazoxanide 500 mg tab</i>	2	
<i>pentamidine isethionate 300 mg recon soln</i>	3	
PRIMAQUINE PHOSPHATE 26.3 (15 BASE) MG TAB	3	
<i>primaquine phosphate 26.3 (15 base) mg tab</i>	3	
<i>pyrimethamine 25 mg tab</i>	3	PA
<i>quinine sulfate 324 mg cap</i>	3	
ANTIPARKINSON AGENTS		
ANTICHOLINERGICS		
<i>benztropine mesylate 0.5 mg tab</i>	1	
<i>benztropine mesylate 1 mg tab</i>	1	
<i>benztropine mesylate 2 mg tab</i>	1	
TRIHEXYPHENIDYL HCL 0.4 MG/ML SOLUTION	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>trihexyphenidyl hcl 2 mg tab</i>	1	
<i>trihexyphenidyl hcl 5 mg tab</i>	1	
ANTIPARKINSON AGENTS, OTHER		
<i>amantadine hcl 100 mg cap</i>	1	
<i>amantadine hcl 100 mg tab</i>	1	
<i>amantadine hcl 50 mg/5ml solution</i>	1	
<i>carbidopa-levodopa-entacapone 12.5-50-200 mg tab</i>	2	
<i>carbidopa-levodopa-entacapone 18.75-75-200 mg tab</i>	2	
<i>carbidopa-levodopa-entacapone 25-100-200 mg tab</i>	2	
<i>carbidopa-levodopa-entacapone 31.25-125-200 mg tab</i>	2	
<i>carbidopa-levodopa-entacapone 37.5-150-200 mg tab</i>	2	
<i>carbidopa-levodopa-entacapone 50-200-200 mg tab</i>	2	
<i>entacapone 200 mg tab</i>	2	
<i>tolcapone 100 mg tab</i>	3	PA
DOPAMINE AGONISTS		
<i>bromocriptine mesylate 2.5 mg tab</i>	1	
<i>bromocriptine mesylate 5 mg cap</i>	1	
NEUPRO 1 MG/24HR PATCH 24HR	2	
NEUPRO 2 MG/24HR PATCH 24HR	2	
NEUPRO 3 MG/24HR PATCH 24HR	2	
NEUPRO 4 MG/24HR PATCH 24HR	2	
NEUPRO 6 MG/24HR PATCH 24HR	2	
NEUPRO 8 MG/24HR PATCH 24HR	2	
<i>pramipexole dihydrochloride 0.125 mg tab</i>	1	
<i>pramipexole dihydrochloride 0.25 mg tab</i>	1	
<i>pramipexole dihydrochloride 0.5 mg tab</i>	1	
<i>pramipexole dihydrochloride 0.75 mg tab</i>	1	
<i>pramipexole dihydrochloride 1 mg tab</i>	1	
<i>pramipexole dihydrochloride 1.5 mg tab</i>	1	
<i>pramipexole dihydrochloride er 0.375 mg tab er 24h</i>	3	






PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>pramipexole dihydrochloride er 0.75 mg tab er 24h</i>	3	
<i>pramipexole dihydrochloride er 1.5 mg tab er 24h</i>	3	
<i>pramipexole dihydrochloride er 2.25 mg tab er 24h</i>	3	
<i>pramipexole dihydrochloride er 3 mg tab er 24h</i>	3	
<i>pramipexole dihydrochloride er 3.75 mg tab er 24h</i>	3	
<i>pramipexole dihydrochloride er 4.5 mg tab er 24h</i>	3	
<i>ropinirole hcl 0.25 mg tab</i>	1	
<i>ropinirole hcl 0.5 mg tab</i>	1	
<i>ropinirole hcl 1 mg tab</i>	1	
<i>ropinirole hcl 2 mg tab</i>	1	
<i>ropinirole hcl 3 mg tab</i>	1	
<i>ropinirole hcl 4 mg tab</i>	1	
<i>ropinirole hcl 5 mg tab</i>	1	
DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS		
<i>carbidopa 25 mg tab</i>	3	
<i>carbidopa-levodopa 10-100 mg tab</i>	1	
CARBIDOPA-LEVODOPA 10-100 MG TAB DISP	2	
<i>carbidopa-levodopa 25-100 mg tab</i>	1	
CARBIDOPA-LEVODOPA 25-100 MG TAB DISP	2	
<i>carbidopa-levodopa 25-250 mg tab</i>	1	
CARBIDOPA-LEVODOPA 25-250 MG TAB DISP	2	
<i>carbidopa-levodopa er 25-100 mg tab er</i>	1	
<i>carbidopa-levodopa er 50-200 mg tab er</i>	1	
DUOPA 4.63-20 MG/ML SUSPENSION	3	PA
INBRIJA 42 MG CAP	3	PA
MONOAMINE OXIDASE B (MAO-B) INHIBITORS		
<i>rasagiline mesylate 0.5 mg tab</i>	2	
<i>rasagiline mesylate 1 mg tab</i>	2	
<i>selegiline hcl 5 mg cap</i>	1	
<i>selegiline hcl 5 mg tab</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTISPASTICITY AGENTS		
<i>baclofen 10 mg tab</i>	1	
<i>baclofen 20 mg tab</i>	1	
<i>baclofen 5 mg tab</i>	1	
<i>dantrolene sodium 100 mg cap</i>	1	
<i>dantrolene sodium 25 mg cap</i>	1	
<i>dantrolene sodium 50 mg cap</i>	1	
<i>tizanidine hcl 2 mg cap</i>	1	
<i>tizanidine hcl 2 mg tab</i>	1	
<i>tizanidine hcl 4 mg cap</i>	1	
<i>tizanidine hcl 4 mg tab</i>	1	
<i>tizanidine hcl 6 mg cap</i>	1	
ANTIVIRALS		
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS		
<i>foscarnet sodium 6000 mg/250ml solution</i>	3	
LIVTENCITY 200 MG TAB	3	PA
PREVMIS 240 MG TAB	3	PA
PREVMIS 480 MG TAB	3	PA
<i>valganciclovir hcl 450 mg tab</i>	3	
ZIRGAN 0.15 % GEL	3	
ANTI-HEPATITIS B (HBV) AGENTS		
<i>adefovir dipivoxil 10 mg tab</i>	3	PA
BARACLUDE 0.05 MG/ML SOLUTION	2	
<i>entecavir 0.5 mg tab</i>	2	
<i>entecavir 1 mg tab</i>	2	
EPIVIR HBV 5 MG/ML SOLUTION	2	
<i>lamivudine 100 mg tab</i>	2	
ANTI-HEPATITIS C (HCV) AGENTS		
MAVYRET 100-40 MG TAB	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MAVYRET 50-20 MG PACKET	3	PA SP Specialty
RIBAVIRIN 200 MG CAP	3	PA SP Specialty
<i>ribavirin 200 mg cap</i>	3	PA SP Specialty
RIBAVIRIN 200 MG TAB	3	PA SP Specialty
<i>ribavirin 200 mg tab</i>	3	PA SP Specialty
SOVALDI 400 MG TAB	3	SP Specialty
ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)		
BIKTARVY 30-120-15 MG TAB	2	
BIKTARVY 50-200-25 MG TAB	2	
DOVATO 50-300 MG TAB	2	
GENVOYA 150-150-200-10 MG TAB	2	
ISENTRESS 100 MG CHEW TAB	2	
ISENTRESS 100 MG PACKET	2	
ISENTRESS 25 MG CHEW TAB	2	
ISENTRESS 400 MG TAB	2	
ISENTRESS HD 600 MG TAB	2	
JULUCA 50-25 MG TAB	2	
STRIBILD 150-150-200-300 MG TAB	2	
TIVICAY 10 MG TAB	2	
TIVICAY 25 MG TAB	2	
TIVICAY 50 MG TAB	2	
TIVICAY PD 5 MG TAB SOL	2	
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)		
COMPLERA 200-25-300 MG TAB	2	
DELSTRIGO 100-300-300 MG TAB	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EDURANT 25 MG TAB	2	
EFAVIRENZ 200 MG CAP	2	
EFAVIRENZ 50 MG CAP	2	
<i>efavirenz 600 mg tab</i>	2	
<i>efavirenz-emtricitab-tenofo df 600-200-300 mg tab</i>	2	
<i>efavirenz-lamivudine-tenofovir 400-300-300 mg tab</i>	2	
<i>efavirenz-lamivudine-tenofovir 600-300-300 mg tab</i>	2	
<i>etravirine 100 mg tab</i>	2	
<i>etravirine 200 mg tab</i>	2	
INTELENCE 25 MG TAB	2	
<i>nevirapine 200 mg tab</i>	1	
NEVIRAPINE 50 MG/5ML SUSPENSION	1	
<i>nevirapine er 400 mg tab er 24h</i>	2	
ODEFSEY 200-25-25 MG TAB	2	
PIFELTRO 100 MG TAB	2	
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)		
<i>abacavir sulfate 20 mg/ml solution</i>	2	
<i>abacavir sulfate 300 mg tab</i>	2	
<i>abacavir sulfate-lamivudine 600-300 mg tab</i>	2	
CIMDUO 300-300 MG TAB	2	
DESCOVY 120-15 MG TAB	2	
DESCOVY 200-25 MG TAB	2	ACA Affordable Care Act
<i>emtricitabine 200 mg cap</i>	2	
<i>emtricitabine-tenofovir df 100-150 mg tab</i>	2	
<i>emtricitabine-tenofovir df 133-200 mg tab</i>	2	
<i>emtricitabine-tenofovir df 167-250 mg tab</i>	2	
<i>emtricitabine-tenofovir df 200-300 mg tab</i>	2	ACA Affordable Care Act
EMTRIVA 10 MG/ML SOLUTION	2	
<i>lamivudine 10 mg/ml solution</i>	1	
<i>lamivudine 150 mg tab</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lamivudine 300 mg tab</i>	2	
<i>lamivudine-zidovudine 150-300 mg tab</i>	2	
STAVUDINE 15 MG CAP	1	
STAVUDINE 20 MG CAP	1	
STAVUDINE 30 MG CAP	1	
STAVUDINE 40 MG CAP	1	
<i>tenofovir disoproxil fumarate 300 mg tab</i>	2	ACA Affordable Care Act
TRIUMEQ 600-50-300 MG TAB	2	
TRIUMEQ PD 60-5-30 MG TAB SOL	2	
TRIZIVIR 300-150-300 MG TAB	2	
VIREAD 150 MG TAB	2	ACA Affordable Care Act
VIREAD 200 MG TAB	2	ACA Affordable Care Act
VIREAD 250 MG TAB	2	ACA Affordable Care Act
VIREAD 40 MG/GM POWDER	2	ACA Affordable Care Act
<i>zidovudine 100 mg cap</i>	1	
<i>zidovudine 300 mg tab</i>	1	
<i>zidovudine 50 mg/5ml syrup</i>	1	
ANTI-HIV AGENTS, OTHER		
FUZEON 90 MG RECON SOLN	3	
<i>maraviroc 150 mg tab</i>	2	
<i>maraviroc 300 mg tab</i>	2	
RUKOBIA 600 MG TAB ER 12H	2	
SELZENTRY 20 MG/ML SOLUTION	2	
SELZENTRY 25 MG TAB	2	
SELZENTRY 75 MG TAB	2	
SUNLENCA 4 X 300 MG TAB THPK	2	
SUNLENCA 5 X 300 MG TAB THPK	2	
TYBOST 150 MG TAB	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)		
APTIVUS 250 MG CAP	2	
<i>atazanavir sulfate 150 mg cap</i>	2	
<i>atazanavir sulfate 200 mg cap</i>	2	
<i>atazanavir sulfate 300 mg cap</i>	2	
<i>darunavir 600 mg tab</i>	2	
<i>darunavir 800 mg tab</i>	2	
EVOTAZ 300-150 MG TAB	2	
<i>fosamprenavir calcium 700 mg tab</i>	2	
LEXIVA 50 MG/ML SUSPENSION	2	
<i>lopinavir-ritonavir 100-25 mg tab</i>	2	
<i>lopinavir-ritonavir 200-50 mg tab</i>	2	
<i>lopinavir-ritonavir 400-100 mg/5ml solution</i>	2	
NORVIR 80 MG/ML SOLUTION	2	
PREZCOBIX 800-150 MG TAB	2	
PREZISTA 150 MG TAB	2	
PREZISTA 600 MG TAB	2	 See important benefit information at end of document
PREZISTA 75 MG TAB	2	
PREZISTA 800 MG TAB	2	 See important benefit information at end of document
REYATAZ 50 MG PACKET	2	
<i>ritonavir 100 mg tab</i>	2	
SYM TUZA 800-150-200-10 MG TAB	2	
VIRACEPT 250 MG TAB	2	
VIRACEPT 625 MG TAB	2	
ANTI-INFLUENZA AGENTS		
<i>oseltamivir phosphate 30 mg cap</i>	1	 14 EA / 180 days
<i>oseltamivir phosphate 45 mg cap</i>	1	 14 EA / 180 days
<i>oseltamivir phosphate 6 mg/ml recon susp</i>	2	 180 ML / 180 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>oseltamivir phosphate 75 mg cap</i>	1	QLC 14 EA / 180 days
RELENZA DISKHALER 5 MG/ACT AER POW BA	2	QLC 1 EA / 180 days
XOFLUZA (40 MG DOSE) 1 X 40 MG TAB THPK	2	QLC 1 EA / 180 day(s)
XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK	2	QLC 1 EA / 180 day(s)
ANTIHERPETIC AGENTS		
<i>acyclovir 200 mg cap</i>	1	
<i>acyclovir 200 mg/5ml suspension</i>	1	
<i>acyclovir 400 mg tab</i>	1	
<i>acyclovir 800 mg tab</i>	1	
<i>famciclovir 125 mg tab</i>	1	
<i>famciclovir 250 mg tab</i>	1	
<i>famciclovir 500 mg tab</i>	1	
TRIFLURIDINE 1 % SOLUTION	1	
<i>valacyclovir hcl 1 gm tab</i>	1	
<i>valacyclovir hcl 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
FARXIGA 10 MG TAB	2	PD Preventive Drug
FARXIGA 5 MG TAB	2	PD Preventive Drug
<i>glimepiride 1 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>glimepiride 2 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>glimepiride 4 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>glyburide-metformin 5-500 mg tab</i>	1	PD Preventive Drug
GLYXAMBI 10-5 MG TAB	2	QL 30 EA / 30 day(s) PD Preventive Drug
GLYXAMBI 25-5 MG TAB	2	QL 30 EA / 30 day(s) PD Preventive Drug
JARDIANCE 10 MG TAB	2	PD Preventive Drug
JARDIANCE 25 MG TAB	2	PD Preventive Drug
JENTADUETO 2.5-1000 MG TAB	2	QL 60 EA / 30 day(s) PD Preventive Drug
JENTADUETO 2.5-500 MG TAB	2	QL 60 EA / 30 day(s) PD Preventive Drug
JENTADUETO 2.5-850 MG TAB	2	QL 60 EA / 30 day(s) PD Preventive Drug
JENTADUETO XR 2.5-1000 MG TAB ER 24H	2	QL 60 EA / 30 day(s) PD Preventive Drug
JENTADUETO XR 5-1000 MG TAB ER 24H	2	QL 30 EA / 30 day(s) PD Preventive Drug
KERENDIA 10 MG TAB	3	PA
KERENDIA 20 MG TAB	3	PA
LIRAGLUTIDE 18 MG/3ML SOLN PEN	2	QL 9 ML / 30 day(s) DUR PD Preventive Drug
<i>metformin hcl 1000 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>metformin hcl 500 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>metformin hcl 850 mg tab</i>	1	ACA Affordable Care Act RX4L Rx4Less Program PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
METFORMIN HCL ER 500 MG TAB ER 24H (GENERIC OF GLUCOPHAGE XR)	1	RX4L Rx4Less Program PD Preventive Drug
METFORMIN HCL ER 750 MG TAB ER 24H (GENERIC OF GLUCOPHAGE XR)	1	RX4L Rx4Less Program PD Preventive Drug
MIGLITOL 100 MG TAB	3	PD Preventive Drug
<i>miglitol 100 mg tab</i>	3	PD Preventive Drug
MIGLITOL 25 MG TAB	3	PD Preventive Drug
<i>miglitol 25 mg tab</i>	3	PD Preventive Drug
MIGLITOL 50 MG TAB	3	PD Preventive Drug
<i>miglitol 50 mg tab</i>	3	PD Preventive Drug
MOUNJARO 10 MG/0.5ML SOLN A-INJ	2	QL 2 / 28 days DUR PD Preventive Drug
MOUNJARO 12.5 MG/0.5ML SOLN A-INJ	2	QL 2 / 28 days DUR PD Preventive Drug
MOUNJARO 15 MG/0.5ML SOLN A-INJ	2	QL 2 / 28 days DUR PD Preventive Drug
MOUNJARO 2.5 MG/0.5ML SOLN A-INJ	2	QL 2 / 28 days DUR PD Preventive Drug
MOUNJARO 5 MG/0.5ML SOLN A-INJ	2	QL 2 / 28 days DUR PD Preventive Drug
MOUNJARO 7.5 MG/0.5ML SOLN A-INJ	2	QL 2 / 28 days DUR PD Preventive Drug
<i>nateglinide 120 mg tab</i>	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nateglinide 60 mg tab</i>	1	PD Preventive Drug
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/1.5ML SOLN PEN	2	QL 1.5 ML / 28 day(s) DUR PD Preventive Drug
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	2	QL 3 ML / 28 day(s) DUR PD Preventive Drug
OZEMPIC (1 MG/DOSE) 4 MG/3ML SOLN PEN	2	QL 3 ML / 28 day(s) DUR PD Preventive Drug
OZEMPIC (2 MG/DOSE) 8 MG/3ML SOLN PEN	2	QL 3 ML / 28 day(s) DUR PD Preventive Drug
<i>pioglitazone hcl 15 mg tab</i>	1	PD Preventive Drug
<i>pioglitazone hcl 30 mg tab</i>	1	PD Preventive Drug
<i>pioglitazone hcl 45 mg tab</i>	1	PD Preventive Drug
<i>pioglitazone hcl-glimepiride 30-2 mg tab</i>	2	PD Preventive Drug
<i>pioglitazone hcl-glimepiride 30-4 mg tab</i>	2	PD Preventive Drug
<i>pioglitazone hcl-metformin hcl 15-500 mg tab</i>	2	PD Preventive Drug
<i>pioglitazone hcl-metformin hcl 15-850 mg tab</i>	2	PD Preventive Drug
<i>repaglinide 0.5 mg tab</i>	1	PD Preventive Drug
<i>repaglinide 1 mg tab</i>	1	PD Preventive Drug
<i>repaglinide 2 mg tab</i>	1	PD Preventive Drug
RYBELSUS 14 MG TAB	2	QL 30 EA / 30 day(s) DUR PD Preventive Drug
RYBELSUS 3 MG TAB	2	DUR QLC 30 EA / 180 day(s) PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RYBELSUS 7 MG TAB	2	<ul style="list-style-type: none"> QL 30 EA / 30 day(s) DUR PD Preventive Drug
SOLIQUA 100-33 UNT-MCG/ML SOLN PEN	2	<ul style="list-style-type: none"> PD Preventive Drug
SYMLINPEN 120 2700 MCG/2.7ML SOLN PEN	3	<ul style="list-style-type: none"> PD Preventive Drug
SYMLINPEN 60 1500 MCG/1.5ML SOLN PEN	3	<ul style="list-style-type: none"> PD Preventive Drug
SYNJARDY 12.5-1000 MG TAB	2	<ul style="list-style-type: none"> PD Preventive Drug
SYNJARDY 12.5-500 MG TAB	2	<ul style="list-style-type: none"> PD Preventive Drug
SYNJARDY 5-1000 MG TAB	2	<ul style="list-style-type: none"> PD Preventive Drug
SYNJARDY 5-500 MG TAB	2	<ul style="list-style-type: none"> PD Preventive Drug
SYNJARDY XR 10-1000 MG TAB ER 24H	2	<ul style="list-style-type: none"> PD Preventive Drug
SYNJARDY XR 12.5-1000 MG TAB ER 24H	2	<ul style="list-style-type: none"> PD Preventive Drug
SYNJARDY XR 25-1000 MG TAB ER 24H	2	<ul style="list-style-type: none"> PD Preventive Drug
SYNJARDY XR 5-1000 MG TAB ER 24H	2	<ul style="list-style-type: none"> PD Preventive Drug
TRADJENTA 5 MG TAB	2	<ul style="list-style-type: none"> QL 30 EA / 30 day(s) PD Preventive Drug
TRIJARDY XR 10-5-1000 MG TAB ER 24H	2	<ul style="list-style-type: none"> PD Preventive Drug
TRIJARDY XR 12.5-2.5-1000 MG TAB ER 24H	2	<ul style="list-style-type: none"> PD Preventive Drug
TRIJARDY XR 25-5-1000 MG TAB ER 24H	2	<ul style="list-style-type: none"> PD Preventive Drug
TRIJARDY XR 5-2.5-1000 MG TAB ER 24H	2	<ul style="list-style-type: none"> PD Preventive Drug
TRULICITY 0.75 MG/0.5ML SOLN A-INJ	2	<ul style="list-style-type: none"> QL 2 / 28 days DUR PD Preventive Drug
TRULICITY 1.5 MG/0.5ML SOLN A-INJ	2	<ul style="list-style-type: none"> QL 2 / 28 days DUR PD Preventive Drug
TRULICITY 3 MG/0.5ML SOLN A-INJ	2	<ul style="list-style-type: none"> QL 2 / 28 days DUR PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRULICITY 4.5 MG/0.5ML SOLN A-INJ	2	<p>QL 2 / 28 days</p> <p>DUR</p> <p>PD Preventive Drug</p>
VICTOZA 18 MG/3ML SOLN PEN	2	<p>QL 9 ML / 30 day(s)</p> <p>DUR</p> <p>PD Preventive Drug</p>
XIGDUO XR 10-1000 MG TAB ER 24H	2	<p>PD Preventive Drug</p>
XIGDUO XR 10-500 MG TAB ER 24H	2	<p>PD Preventive Drug</p>
XIGDUO XR 2.5-1000 MG TAB ER 24H	2	<p>PD Preventive Drug</p>
XIGDUO XR 5-1000 MG TAB ER 24H	2	<p>PD Preventive Drug</p>
XIGDUO XR 5-500 MG TAB ER 24H	2	<p>PD Preventive Drug</p>
XULTOPHY 100-3.6 UNIT-MG/ML SOLN PEN	2	<p>PD Preventive Drug</p>
GLYCEMIC AGENTS		
BAQSIMI ONE PACK 3 MG/DOSE POWDER	2	<p>PD Preventive Drug</p>
BAQSIMI TWO PACK 3 MG/DOSE POWDER	2	<p>PD Preventive Drug</p>
<i>diazoxide 50 mg/ml suspension</i>	3	<p>PD Preventive Drug</p>
GLUCAGEN HYPOKIT 1 MG RECON SOLN	2	<p>PD Preventive Drug</p>
GLUCAGON EMERGENCY 1 MG KIT	2	<p>PD Preventive Drug</p>
GLUCAGON EMERGENCY 1 MG/ML RECON SOLN	2	<p>PD Preventive Drug</p>
GVOKE HYOPEN 1-PACK 0.5 MG/0.1ML SOLN A-INJ	2	<p>PD Preventive Drug</p>
GVOKE HYOPEN 1-PACK 1 MG/0.2ML SOLN A-INJ	2	<p>PD Preventive Drug</p>
GVOKE HYOPEN 2-PACK 0.5 MG/0.1ML SOLN A-INJ	2	<p>PD Preventive Drug</p>
GVOKE HYOPEN 2-PACK 1 MG/0.2ML SOLN A-INJ	2	<p>PD Preventive Drug</p>
GVOKE KIT 1 MG/0.2ML SOLUTION	2	
GVOKE PFS 0.5 MG/0.1ML SOLN PRSYR	2	<p>PD Preventive Drug</p>
GVOKE PFS 1 MG/0.2ML SOLN PRSYR	2	<p>PD Preventive Drug</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
INSULINS		
ADMELOG 100 UNIT/ML SOLUTION	3	PA MNPA PD Preventive Drug
APIDRA SOLOSTAR 100 UNIT/ML SOLN PEN	3	PA MNPA PD Preventive Drug
BASAGLAR KWIKPEN 100 UNIT/ML SOLN PEN	2	PD Preventive Drug
BASAGLAR TEMPO PEN 100 UNIT/ML SOLN PEN	2	PD Preventive Drug
FIASP 100 UNIT/ML SOLUTION	2	PD Preventive Drug
FIASP FLEXTOUCH 100 UNIT/ML SOLN PEN	2	PD Preventive Drug
FIASP PENFILL 100 UNIT/ML SOLN CART	2	PD Preventive Drug
FIASP PUMPCART 100 UNIT/ML SOLN CART	2	PD Preventive Drug
HUMALOG 100 UNIT/ML SOLUTION	3	PA MNPA PD Preventive Drug
HUMALOG MIX 50/50 KWIKPEN (50-50) 100 UNIT/ML SUSP PEN	3	PA MNPA PD Preventive Drug
HUMULIN R U-500 (CONCENTRATED) 500 UNIT/ML SOLUTION	2	PD Preventive Drug
HUMULIN R U-500 KWIKPEN 500 UNIT/ML SOLN PEN	2	QL 18 ML / 30 day(s) PD Preventive Drug
INSULIN ASP PROT & ASP FLEXPEN (70-30) 100 UNIT/ML SUSP PEN	2	PD Preventive Drug
INSULIN ASPART 100 UNIT/ML SOLUTION	2	PD Preventive Drug
INSULIN ASPART FLEXPEN 100 UNIT/ML SOLN PEN	2	PD Preventive Drug
INSULIN ASPART PENFILL 100 UNIT/ML SOLN CART	2	PD Preventive Drug
INSULIN ASPART PROT & ASPART (70-30) 100 UNIT/ML SUSPENSION	2	PD Preventive Drug
INSULIN GLARGINE SOLOSTAR 100 UNIT/ML SOLN PEN	2	PD Preventive Drug
INSULIN LISPRO 100 UNIT/ML SOLUTION	3	PA MNPA PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LANTUS SOLOSTAR 100 UNIT/ML SOLN PEN	2	PD Preventive Drug
LEVEMIR FLEXPEN 100 UNIT/ML SOLN PEN	3	PA MNPA PD Preventive Drug
LEVEMIR FLEXTOUCH 100 UNIT/ML SOLN PEN	3	PA MNPA PD Preventive Drug
NOVOLIN 70/30 (70-30) 100 UNIT/ML SUSPENSION	2	OTC Over the Counter PD Preventive Drug
NOVOLIN 70/30 FLEXPEN (70-30) 100 UNIT/ML SUSP PEN	2	OTC Over the Counter PD Preventive Drug
NOVOLIN 70/30 FLEXPEN RELION (70-30) 100 UNIT/ML SUSP PEN	2	OTC Over the Counter PD Preventive Drug
NOVOLIN 70/30 RELION (70-30) 100 UNIT/ML SUSPENSION	2	OTC Over the Counter PD Preventive Drug
NOVOLIN N 100 UNIT/ML SUSPENSION	2	OTC Over the Counter PD Preventive Drug
NOVOLIN N FLEXPEN 100 UNIT/ML SUSP PEN	2	OTC Over the Counter PD Preventive Drug
NOVOLIN N FLEXPEN RELION 100 UNIT/ML SUSP PEN	2	OTC Over the Counter PD Preventive Drug
NOVOLIN N RELION 100 UNIT/ML SUSPENSION	2	OTC Over the Counter PD Preventive Drug
NOVOLIN R 100 UNIT/ML SOLUTION	2	OTC Over the Counter PD Preventive Drug
NOVOLIN R FLEXPEN 100 UNIT/ML SOLN PEN	2	OTC Over the Counter PD Preventive Drug
NOVOLIN R FLEXPEN RELION 100 UNIT/ML SOLN PEN	2	OTC Over the Counter PD Preventive Drug
NOVOLIN R RELION 100 UNIT/ML SOLUTION	2	OTC Over the Counter PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NOVOLOG 100 UNIT/ML SOLUTION	2	PD Preventive Drug
NOVOLOG 70/30 FLEXPEN RELION (70-30) 100 UNIT/ML SUSP PEN	2	PD Preventive Drug
NOVOLOG FLEXPEN 100 UNIT/ML SOLN PEN	2	PD Preventive Drug
NOVOLOG FLEXPEN RELION 100 UNIT/ML SOLN PEN	2	PD Preventive Drug
NOVOLOG MIX 70/30 (70-30) 100 UNIT/ML SUSPENSION	2	PD Preventive Drug
NOVOLOG MIX 70/30 FLEXPEN (70-30) 100 UNIT/ML SUSP PEN	2	PD Preventive Drug
NOVOLOG MIX 70/30 RELION (70-30) 100 UNIT/ML SUSPENSION	2	PD Preventive Drug
NOVOLOG PENFILL 100 UNIT/ML SOLN CART	2	PD Preventive Drug
NOVOLOG RELION 100 UNIT/ML SOLUTION	2	PD Preventive Drug
BLOOD PRODUCTS AND MODIFIERS		
ANTICOAGULANTS		
ELIQUIS 2.5 MG TAB	2	PD Preventive Drug
ELIQUIS 5 MG TAB	2	PD Preventive Drug
ELIQUIS DVT/PE STARTER PACK 5 MG TAB THPK	2	PD Preventive Drug
<i>enoxaparin sodium 100 mg/ml soln prsyr</i>	1	
<i>enoxaparin sodium 120 mg/0.8ml soln prsyr</i>	1	
<i>enoxaparin sodium 150 mg/ml soln prsyr</i>	1	
<i>enoxaparin sodium 30 mg/0.3ml soln prsyr</i>	1	
<i>enoxaparin sodium 300 mg/3ml solution</i>	1	
<i>enoxaparin sodium 40 mg/0.4ml soln prsyr</i>	1	
<i>enoxaparin sodium 60 mg/0.6ml soln prsyr</i>	1	
<i>enoxaparin sodium 80 mg/0.8ml soln prsyr</i>	1	
<i>fondaparinux sodium 10 mg/0.8ml solution</i>	3	
<i>fondaparinux sodium 2.5 mg/0.5ml solution</i>	3	
<i>fondaparinux sodium 5 mg/0.4ml solution</i>	3	
<i>fondaparinux sodium 7.5 mg/0.6ml solution</i>	3	
FRAGMIN 10000 UNIT/4ML SOLUTION	3	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FRAGMIN 10000 UNIT/ML SOLN PRSYR	3	PA
FRAGMIN 12500 UNIT/0.5ML SOLN PRSYR	3	PA
FRAGMIN 15000 UNIT/0.6ML SOLN PRSYR	3	PA
FRAGMIN 18000 UNT/0.72ML SOLN PRSYR	3	PA
FRAGMIN 2500 UNIT/0.2ML SOLN PRSYR	3	PA
FRAGMIN 5000 UNIT/0.2ML SOLN PRSYR	3	PA
FRAGMIN 7500 UNIT/0.3ML SOLN PRSYR	3	PA
FRAGMIN 95000 UNIT/3.8ML SOLUTION	3	PA
<i>heparin sodium (porcine) 1000 unit/ml solution</i>	1	PA
<i>heparin sodium (porcine) 10000 unit/ml solution</i>	1	PA
<i>heparin sodium (porcine) 5000 unit/ml solution</i>	1	PA
<i>heparin sodium (porcine) pf 1000 unit/ml solution</i>	1	PA
<i>heparin sodium (porcine) pf 5000 unit/0.5ml solution</i>	1	PA
<i>jantoven 1 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>jantoven 10 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>jantoven 2 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>jantoven 2.5 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>jantoven 3 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>jantoven 4 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>jantoven 5 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>jantoven 6 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>jantoven 7.5 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
SAVAYSA 15 MG TAB	3	PA MNPA PD Preventive Drug
<i>warfarin sodium 1 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>warfarin sodium 10 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>warfarin sodium 2 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>warfarin sodium 2.5 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>warfarin sodium 3 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>warfarin sodium 4 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>warfarin sodium 5 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>warfarin sodium 6 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>warfarin sodium 7.5 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
XARELTO 1 MG/ML RECON SUSP	2	
XARELTO 10 MG TAB	2	PD Preventive Drug
XARELTO 15 MG TAB	2	PD Preventive Drug
XARELTO 2.5 MG TAB	2	PD Preventive Drug
XARELTO 20 MG TAB	2	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XARELTO STARTER PACK 15 & 20 MG TAB THPK	2	PD Preventive Drug
BLOOD PRODUCTS AND MODIFIERS, OTHER		
<i>anagrelide hcl 0.5 mg cap</i>	1	
<i>anagrelide hcl 1 mg cap</i>	1	
ARANESP (ALBUMIN FREE) 10 MCG/0.4ML SOLN PRSYR	3	PA SP Specialty
ARANESP (ALBUMIN FREE) 100 MCG/0.5ML SOLN PRSYR	3	PA SP Specialty
ARANESP (ALBUMIN FREE) 100 MCG/ML SOLUTION	3	PA SP Specialty
ARANESP (ALBUMIN FREE) 150 MCG/0.3ML SOLN PRSYR	3	PA SP Specialty
ARANESP (ALBUMIN FREE) 200 MCG/0.4ML SOLN PRSYR	3	PA SP Specialty
ARANESP (ALBUMIN FREE) 200 MCG/ML SOLUTION	3	PA SP Specialty
ARANESP (ALBUMIN FREE) 25 MCG/0.42ML SOLN PRSYR	3	PA SP Specialty
ARANESP (ALBUMIN FREE) 25 MCG/ML SOLUTION	3	PA SP Specialty
ARANESP (ALBUMIN FREE) 300 MCG/0.6ML SOLN PRSYR	3	PA SP Specialty
ARANESP (ALBUMIN FREE) 40 MCG/0.4ML SOLN PRSYR	3	PA SP Specialty
ARANESP (ALBUMIN FREE) 40 MCG/ML SOLUTION	3	PA SP Specialty
ARANESP (ALBUMIN FREE) 500 MCG/ML SOLN PRSYR	3	PA SP Specialty
ARANESP (ALBUMIN FREE) 60 MCG/0.3ML SOLN PRSYR	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ARANESP (ALBUMIN FREE) 60 MCG/ML SOLUTION	3	PA SP Specialty
JESDUVROQ 1 MG TAB	3	PA SP Specialty
JESDUVROQ 2 MG TAB	3	PA SP Specialty
JESDUVROQ 4 MG TAB	3	PA SP Specialty
JESDUVROQ 6 MG TAB	3	PA SP Specialty
JESDUVROQ 8 MG TAB	3	PA SP Specialty
MOZOBIL 24 MG/1.2ML SOLUTION	3	PA SP Specialty
MULPLETA 3 MG TAB	3	PA SP Specialty
<i>plerixafor 24 mg/1.2ml solution</i>	3	PA SP Specialty
PROCRIT 40000 UNIT/ML SOLUTION	3	PA SP Specialty
PROMACTA 12.5 MG PACKET	3	PA SP Specialty
PROMACTA 12.5 MG TAB	3	PA SP Specialty
PROMACTA 25 MG PACKET	3	SP Specialty
PROMACTA 25 MG TAB	3	PA SP Specialty
PROMACTA 50 MG TAB	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PROMACTA 75 MG TAB	3	PA SP Specialty
PYRUKYND 20 MG TAB	3	PA
PYRUKYND 5 MG TAB	3	PA
PYRUKYND 50 MG TAB	3	PA
PYRUKYND TAPER PACK 5 MG TAB THPK	3	PA
PYRUKYND TAPER PACK 7 X 20 MG & 7 X 5 MG TAB THPK	3	PA
PYRUKYND TAPER PACK 7 X 50 MG & 7 X 20 MG TAB THPK	3	PA
RETACRIT 10000 UNIT/ML SOLUTION	2	PA SP Specialty
RETACRIT 2000 UNIT/ML SOLUTION	2	PA SP Specialty
RETACRIT 20000 UNIT/ML SOLUTION	2	PA SP Specialty
RETACRIT 3000 UNIT/ML SOLUTION	2	PA SP Specialty
RETACRIT 4000 UNIT/ML SOLUTION	2	PA SP Specialty
RETACRIT 40000 UNIT/ML SOLUTION	2	PA SP Specialty
<i>tranexamic acid 1000 mg/10ml solution</i>	1	
<i>tranexamic acid 650 mg tab</i>	1	
ZARXIO 300 MCG/0.5ML SOLN PRSYR	2	PA SP Specialty
ZARXIO 480 MCG/0.8ML SOLN PRSYR	2	PA SP Specialty
ZIEXTENZO 6 MG/0.6ML SOLN PRSYR	2	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HEMOSTASIS AGENTS		
AMICAR 1000 MG TAB	3	
AMICAR 500 MG TAB	3	
<i>aminocaproic acid 0.25 gm/ml solution</i>	3	
<i>aminocaproic acid 1000 mg tab</i>	3	
<i>aminocaproic acid 500 mg tab</i>	3	
<i>phytonadione 5 mg tab</i>	2	
PLATELET MODIFYING AGENTS		
<i>aspirin-dipyridamole er 25-200 mg cap er 12h</i>	2	PD Preventive Drug
BRILINTA 60 MG TAB	2	PD Preventive Drug
BRILINTA 90 MG TAB	2	PD Preventive Drug
<i>cilostazol 100 mg tab</i>	1	
<i>cilostazol 50 mg tab</i>	1	
<i>clopidogrel bisulfate 300 mg tab</i>	1	PD Preventive Drug
<i>clopidogrel bisulfate 75 mg tab</i>	1	PD Preventive Drug
<i>dipyridamole 25 mg tab</i>	1	PD Preventive Drug
<i>dipyridamole 50 mg tab</i>	1	PD Preventive Drug
<i>dipyridamole 75 mg tab</i>	1	PD Preventive Drug
DOPTELET 20 MG TAB	3	PA SP Specialty
<i>prasugrel hcl 10 mg tab</i>	2	PD Preventive Drug
<i>prasugrel hcl 5 mg tab</i>	2	PD Preventive Drug
CARDIOVASCULAR AGENTS		
ALPHA-ADRENERGIC AGONISTS		
<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 0.3 mg/24hr patch wk</i>	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>clonidine hcl 0.1 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>clonidine hcl 0.2 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>clonidine hcl 0.3 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>guanfacine hcl 1 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>guanfacine hcl 2 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
METHYLDOPA 250 MG TAB	1	PD Preventive Drug
METHYLDOPA 500 MG TAB	1	PD Preventive Drug
<i>midodrine hcl 10 mg tab</i>	1	
<i>midodrine hcl 2.5 mg tab</i>	1	
<i>midodrine hcl 5 mg tab</i>	1	
ALPHA-ADRENERGIC BLOCKING AGENTS		
<i>doxazosin mesylate 1 mg tab</i>	1	
<i>doxazosin mesylate 2 mg tab</i>	1	
<i>doxazosin mesylate 4 mg tab</i>	1	
<i>doxazosin mesylate 8 mg tab</i>	1	
<i>phenoxybenzamine hcl 10 mg cap</i>	3	
<i>prazosin hcl 1 mg cap</i>	1	
<i>prazosin hcl 2 mg cap</i>	1	
<i>prazosin hcl 5 mg cap</i>	1	
<i>terazosin hcl 1 mg cap</i>	1	RX4L Rx4Less Program
<i>terazosin hcl 10 mg cap</i>	1	RX4L Rx4Less Program
<i>terazosin hcl 2 mg cap</i>	1	RX4L Rx4Less Program
<i>terazosin hcl 5 mg cap</i>	1	RX4L Rx4Less Program

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil 32 mg tab</i>	2	PD Preventive Drug
<i>candesartan cilexetil 4 mg tab</i>	2	PD Preventive Drug
<i>candesartan cilexetil 8 mg tab</i>	2	PD Preventive Drug
EDARBI 40 MG TAB	3	PD Preventive Drug
EDARBI 80 MG TAB	3	PD Preventive Drug
<i>irbesartan 150 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>irbesartan 300 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>irbesartan 75 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>losartan potassium 100 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>losartan potassium 25 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>losartan potassium 50 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>olmesartan medoxomil 20 mg tab</i>	1	PD Preventive Drug
<i>olmesartan medoxomil 40 mg tab</i>	1	PD Preventive Drug
<i>olmesartan medoxomil 5 mg tab</i>	1	PD Preventive Drug
<i>telmisartan 20 mg tab</i>	3	PD Preventive Drug
<i>telmisartan 40 mg tab</i>	3	PD Preventive Drug
<i>telmisartan 80 mg tab</i>	3	PD Preventive Drug
<i>valsartan 160 mg tab</i>	3	PD Preventive Drug
<i>valsartan 320 mg tab</i>	3	PD Preventive Drug
<i>valsartan 40 mg tab</i>	3	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>valsartan 80 mg tab</i>	3	PD Preventive Drug
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS		
<i>benazepril hcl 10 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>benazepril hcl 20 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>benazepril hcl 40 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>benazepril hcl 5 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>captopril 100 mg tab</i>	1	PD Preventive Drug
<i>captopril 12.5 mg tab</i>	1	PD Preventive Drug
<i>captopril 25 mg tab</i>	1	PD Preventive Drug
<i>captopril 50 mg tab</i>	1	PD Preventive Drug
<i>enalapril maleate 10 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>enalapril maleate 2.5 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>enalapril maleate 20 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>enalapril maleate 5 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>fosinopril sodium 10 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>fosinopril sodium 20 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>fosinopril sodium 40 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ramipril 10 mg cap</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>ramipril 2.5 mg cap</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>ramipril 5 mg cap</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>trandolapril 1 mg tab</i>	1	PD Preventive Drug
<i>trandolapril 2 mg tab</i>	1	PD Preventive Drug
<i>trandolapril 4 mg tab</i>	1	PD Preventive Drug
ANTIARRHYTHMICS		
<i>amiodarone hcl 100 mg tab</i>	2	
<i>amiodarone hcl 200 mg tab</i>	1	
<i>amiodarone hcl 400 mg tab</i>	1	
<i>disopyramide phosphate 100 mg cap</i>	1	
<i>disopyramide phosphate 150 mg cap</i>	1	
<i>dofetilide 125 mcg cap</i>	3	
<i>dofetilide 250 mcg cap</i>	3	
<i>dofetilide 500 mcg cap</i>	3	
<i>flecainide acetate 100 mg tab</i>	1	
<i>flecainide acetate 150 mg tab</i>	1	
<i>flecainide acetate 50 mg tab</i>	1	
<i>mexiletine hcl 150 mg cap</i>	1	
<i>mexiletine hcl 200 mg cap</i>	1	
<i>mexiletine hcl 250 mg cap</i>	1	
MULTAQ 400 MG TAB	3	
NORPACE CR 100 MG CAP ER 12H	3	
NORPACE CR 150 MG CAP ER 12H	3	
<i>pacerone 100 mg tab</i>	2	
<i>pacerone 200 mg tab</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>pacerone 400 mg tab</i>	1	
<i>procainamide hcl 100 mg/ml solution</i>	1	PA
PROCAINAMIDE HCL 500 MG/ML SOLUTION	3	PA
<i>propafenone hcl 150 mg tab</i>	1	
<i>propafenone hcl 225 mg tab</i>	1	
<i>propafenone hcl 300 mg tab</i>	1	
<i>propafenone hcl er 225 mg cap er 12h</i>	2	
<i>propafenone hcl er 325 mg cap er 12h</i>	2	
<i>propafenone hcl er 425 mg cap er 12h</i>	2	
<i>quinidine gluconate er 324 mg tab er</i>	1	
<i>sorine 120 mg tab</i>	1	PD Preventive Drug
<i>sorine 160 mg tab</i>	1	PD Preventive Drug
<i>sorine 240 mg tab</i>	1	PD Preventive Drug
<i>sorine 80 mg tab</i>	1	PD Preventive Drug
<i>sotalol hcl (af) 120 mg tab</i>	1	PD Preventive Drug
<i>sotalol hcl (af) 160 mg tab</i>	1	PD Preventive Drug
<i>sotalol hcl (af) 80 mg tab</i>	1	PD Preventive Drug
<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
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	RX4L Rx4Less Program PD Preventive Drug
<i>atenolol 25 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>atenolol 50 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>betaxolol hcl 10 mg tab</i>	1	PD Preventive Drug
<i>betaxolol hcl 20 mg tab</i>	1	PD Preventive Drug
<i>bisoprolol fumarate 10 mg tab</i>	1	PD Preventive Drug
<i>bisoprolol fumarate 5 mg tab</i>	1	PD Preventive Drug
<i>carvedilol 12.5 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>carvedilol 25 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>carvedilol 3.125 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>carvedilol 6.25 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>labetalol hcl 100 mg tab</i>	1	PD Preventive Drug
<i>labetalol hcl 200 mg tab</i>	1	PD Preventive Drug
<i>labetalol hcl 300 mg tab</i>	1	PD Preventive Drug
<i>metoprolol succinate er 100 mg tab er 24h</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>metoprolol succinate er 200 mg tab er 24h</i>	1	PD Preventive Drug
<i>metoprolol succinate er 25 mg tab er 24h</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>metoprolol succinate er 50 mg tab er 24h</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>metoprolol tartrate 100 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>metoprolol tartrate 25 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>metoprolol tartrate 50 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>nadolol 20 mg tab</i>	1	PD Preventive Drug
<i>nadolol 40 mg tab</i>	1	PD Preventive Drug
<i>nadolol 80 mg tab</i>	1	PD Preventive Drug
<i>nebivolol hcl 10 mg tab</i>	1	PD Preventive Drug
<i>nebivolol hcl 2.5 mg tab</i>	1	PD Preventive Drug
<i>nebivolol hcl 20 mg tab</i>	1	PD Preventive Drug
<i>nebivolol hcl 5 mg tab</i>	1	PD Preventive Drug
<i>pindolol 10 mg tab</i>	1	PD Preventive Drug
<i>pindolol 5 mg tab</i>	1	PD Preventive Drug
<i>propranolol hcl 10 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>propranolol hcl 20 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>propranolol hcl 20 mg/5ml solution</i>	1	PD Preventive Drug
<i>propranolol hcl 40 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
PROPRANOLOL HCL 40 MG/5ML SOLUTION	1	PD Preventive Drug
<i>propranolol hcl 60 mg tab</i>	1	PD Preventive Drug
<i>propranolol hcl 80 mg tab</i>	1	RX4L Rx4Less Program 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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES		
<i>amlodipine besylate 10 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>amlodipine besylate 2.5 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>amlodipine besylate 5 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>felodipine er 10 mg tab er 24h</i>	1	PD Preventive Drug
<i>felodipine er 2.5 mg tab er 24h</i>	1	PD Preventive Drug
<i>felodipine er 5 mg tab er 24h</i>	1	PD Preventive Drug
<i>isradipine 2.5 mg cap</i>	1	PD Preventive Drug
<i>isradipine 5 mg cap</i>	1	PD Preventive Drug
<i>nicardipine hcl 20 mg cap</i>	1	PD Preventive Drug
<i>nicardipine hcl 30 mg cap</i>	1	PD Preventive Drug
<i>nifedipine er 30 mg tab er 24h</i>	1	PD Preventive Drug
<i>nifedipine er 60 mg tab er 24h</i>	1	PD Preventive Drug
<i>nifedipine er 90 mg tab er 24h</i>	1	PD Preventive Drug
<i>nifedipine er osmotic release 30 mg tab er 24h</i>	1	PD Preventive Drug
<i>nifedipine er osmotic release 60 mg tab er 24h</i>	1	PD Preventive Drug
<i>nifedipine er osmotic release 90 mg tab er 24h</i>	1	PD Preventive Drug
<i>nimodipine 30 mg cap</i>	1	
<i>nisoldipine er 17 mg tab er 24h</i>	1	PD Preventive Drug
NISOLDIPINE ER 20 MG TAB ER 24H	1	PD Preventive Drug
NISOLDIPINE ER 25.5 MG TAB ER 24H	1	PD Preventive Drug
NISOLDIPINE ER 30 MG TAB ER 24H	1	PD Preventive Drug
<i>nisoldipine er 34 mg tab er 24h</i>	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NISOLDIPINE ER 40 MG TAB ER 24H	1	PD Preventive Drug
<i>nisoldipine er 8.5 mg tab er 24h</i>	1	PD Preventive Drug
CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES		
<i>cartia xt 120 mg cap er 24h</i>	1	PD Preventive Drug
<i>cartia xt 180 mg cap er 24h</i>	1	PD Preventive Drug
<i>cartia xt 240 mg cap er 24h</i>	1	PD Preventive Drug
<i>cartia xt 300 mg cap er 24h</i>	1	PD Preventive Drug
<i>dilt-xr 120 mg cap er 24h</i>	1	PD Preventive Drug
<i>dilt-xr 180 mg cap er 24h</i>	1	PD Preventive Drug
<i>dilt-xr 240 mg cap er 24h</i>	1	PD Preventive Drug
<i>diltiazem hcl 120 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>diltiazem hcl 30 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>diltiazem hcl 60 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>diltiazem hcl 90 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>diltiazem hcl er 120 mg cap er 24h</i>	1	PD Preventive Drug
<i>diltiazem hcl er 120 mg tab er 24h</i>	2	PD Preventive Drug
<i>diltiazem hcl er 180 mg cap er 24h</i>	1	PD Preventive Drug
<i>diltiazem hcl er 180 mg tab er 24h</i>	1	PD Preventive Drug
<i>diltiazem hcl er 240 mg cap er 24h</i>	1	PD Preventive Drug
<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

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>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 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 360 mg cap er 24h</i>	1	PD Preventive Drug
<i>matzim la 180 mg tab er 24h</i>	1	PD Preventive Drug
<i>matzim la 240 mg tab er 24h</i>	1	PD Preventive Drug
<i>matzim la 300 mg tab er 24h</i>	1	PD Preventive Drug
<i>matzim la 360 mg tab er 24h</i>	1	PD Preventive Drug
<i>matzim la 420 mg tab er 24h</i>	1	PD Preventive Drug
<i>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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	RX4L Rx4Less Program PD Preventive Drug
<i>verapamil hcl 40 mg tab</i>	1	PD Preventive Drug
<i>verapamil hcl 80 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
VERAPAMIL HCL ER 100 MG CAP ER 24H	1	PD Preventive Drug
<i>verapamil hcl er 120 mg cap er 24h</i>	1	PD Preventive Drug
<i>verapamil hcl er 120 mg tab er</i>	1	PD Preventive Drug
<i>verapamil hcl er 180 mg cap er 24h</i>	1	PD Preventive Drug
<i>verapamil hcl er 180 mg tab er</i>	1	PD Preventive Drug
VERAPAMIL HCL ER 200 MG CAP ER 24H	1	PD Preventive Drug
<i>verapamil hcl er 240 mg cap er 24h</i>	1	PD Preventive Drug
<i>verapamil hcl er 240 mg tab er</i>	1	PD Preventive Drug
VERAPAMIL HCL ER 300 MG CAP ER 24H	1	PD Preventive Drug
VERAPAMIL HCL ER 360 MG CAP ER 24H	1	PD Preventive Drug
CARDIOVASCULAR AGENTS, OTHER		
<i>acetazolamide 125 mg tab</i>	1	
<i>acetazolamide 250 mg tab</i>	1	
<i>acetazolamide sodium 500 mg recon soln</i>	2	PA
<i>aliskiren fumarate 150 mg tab</i>	3	PD Preventive Drug
<i>aliskiren fumarate 300 mg tab</i>	3	PD Preventive Drug
AMILORIDE-HYDROCHLOROTHIAZIDE 5-50 MG TAB	1	PD Preventive Drug
<i>amiloride-hydrochlorothiazide 5-50 mg tab</i>	1	PD Preventive Drug
<i>amlodipine besy-benazepril hcl 10-20 mg cap</i>	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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 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 5-40 mg cap</i>	1	PD Preventive Drug
<i>amlodipine besylate-valsartan 10-160 mg tab</i>	2	PD Preventive Drug
<i>amlodipine besylate-valsartan 10-320 mg tab</i>	2	PD Preventive Drug
<i>amlodipine besylate-valsartan 5-160 mg tab</i>	2	PD Preventive Drug
<i>amlodipine besylate-valsartan 5-320 mg tab</i>	2	PD Preventive Drug
<i>amlodipine-olmesartan 10-20 mg tab</i>	2	PD Preventive Drug
<i>amlodipine-olmesartan 10-40 mg tab</i>	2	PD Preventive Drug
<i>amlodipine-olmesartan 5-20 mg tab</i>	2	PD Preventive Drug
<i>amlodipine-olmesartan 5-40 mg tab</i>	2	PD Preventive Drug
<i>amlodipine-valsartan-hctz 10-160-12.5 mg tab</i>	2	PD Preventive Drug
<i>amlodipine-valsartan-hctz 10-160-25 mg tab</i>	2	PD Preventive Drug
<i>amlodipine-valsartan-hctz 10-320-25 mg tab</i>	2	PD Preventive Drug
<i>amlodipine-valsartan-hctz 5-160-12.5 mg tab</i>	2	PD Preventive Drug
<i>amlodipine-valsartan-hctz 5-160-25 mg tab</i>	2	PD Preventive Drug
<i>atenolol-chlorthalidone 100-25 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>atenolol-chlorthalidone 50-25 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>benazepril-hydrochlorothiazide 10-12.5 mg tab</i>	1	PD Preventive Drug
<i>benazepril-hydrochlorothiazide 20-12.5 mg tab</i>	1	PD Preventive Drug
<i>benazepril-hydrochlorothiazide 20-25 mg tab</i>	1	PD Preventive Drug
<i>benazepril-hydrochlorothiazide 5-6.25 mg tab</i>	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>bisoprolol-hydrochlorothiazide 10-6.25 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>bisoprolol-hydrochlorothiazide 2.5-6.25 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>bisoprolol-hydrochlorothiazide 5-6.25 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
CAMZYOS 10 MG CAP	3	QL 30 EA / 30 day(s) PA
CAMZYOS 15 MG CAP	3	QL 30 EA / 30 day(s) PA
CAMZYOS 2.5 MG CAP	3	QL 30 EA / 30 day(s) PA
CAMZYOS 5 MG CAP	3	QL 30 EA / 30 day(s) PA
CAPTOPRIL-HYDROCHLOROTHIAZIDE 25-15 MG TAB	1	PD Preventive Drug
CAPTOPRIL-HYDROCHLOROTHIAZIDE 25-25 MG TAB	1	PD Preventive Drug
CAPTOPRIL-HYDROCHLOROTHIAZIDE 50-15 MG TAB	1	PD Preventive Drug
CAPTOPRIL-HYDROCHLOROTHIAZIDE 50-25 MG TAB	1	PD Preventive Drug
CORLANOR 5 MG TAB	3	! See important benefit information at end of document
CORLANOR 5 MG/5ML SOLUTION	3	
CORLANOR 7.5 MG TAB	3	! See important benefit information at end of document
<i>digitek 125 mcg tab</i>	1	
<i>digitek 250 mcg tab</i>	1	
DIGOXIN 0.05 MG/ML SOLUTION	1	
<i>digoxin 0.05 mg/ml solution</i>	1	
<i>digoxin 125 mcg tab</i>	1	
<i>digoxin 250 mcg tab</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>digoxin 62.5 mcg tab</i>	3	
<i>enalapril-hydrochlorothiazide 10-25 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>enalapril-hydrochlorothiazide 5-12.5 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
ENTRESTO 24-26 MG TAB	3	
ENTRESTO 49-51 MG TAB	3	
ENTRESTO 97-103 MG TAB	3	
<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>ivabradine hcl 5 mg tab</i>	3	
<i>ivabradine hcl 7.5 mg tab</i>	3	
<i>lisinopril-hydrochlorothiazide 10-12.5 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>lisinopril-hydrochlorothiazide 20-12.5 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>lisinopril-hydrochlorothiazide 20-25 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>losartan potassium-hctz 100-12.5 mg tab</i>	1	PD Preventive Drug
<i>losartan potassium-hctz 100-25 mg tab</i>	1	PD Preventive Drug
<i>losartan potassium-hctz 50-12.5 mg tab</i>	1	PD Preventive Drug
<i>metoprolol-hydrochlorothiazide 100-25 mg tab</i>	1	PD Preventive Drug
<i>metoprolol-hydrochlorothiazide 100-50 mg tab</i>	1	PD Preventive Drug
<i>metoprolol-hydrochlorothiazide 50-25 mg tab</i>	1	PD Preventive Drug
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>olmesartan medoxomil-hctz 40-25 mg tab</i>	1	PD Preventive Drug
<i>olmesartan-amlodipine-hctz 20-5-12.5 mg tab</i>	3	PD Preventive Drug
<i>olmesartan-amlodipine-hctz 40-10-12.5 mg tab</i>	3	PD Preventive Drug
<i>olmesartan-amlodipine-hctz 40-10-25 mg tab</i>	3	PD Preventive Drug
<i>olmesartan-amlodipine-hctz 40-5-12.5 mg tab</i>	3	PD Preventive Drug
<i>olmesartan-amlodipine-hctz 40-5-25 mg tab</i>	3	PD Preventive Drug
<i>pentoxifylline er 400 mg tab er</i>	1	
<i>quinapril-hydrochlorothiazide 10-12.5 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>quinapril-hydrochlorothiazide 20-12.5 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
QUINAPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	1	PD Preventive Drug
<i>quinapril-hydrochlorothiazide 20-25 mg tab</i>	1	PD Preventive Drug
<i>ranolazine er 1000 mg tab er 12h</i>	2	
<i>ranolazine er 500 mg tab er 12h</i>	2	
<i>spironolactone-hctz 25-25 mg tab</i>	1	PD Preventive Drug
<i>telmisartan-hctz 40-12.5 mg tab</i>	3	PD Preventive Drug
<i>telmisartan-hctz 80-12.5 mg tab</i>	3	PD Preventive Drug
<i>telmisartan-hctz 80-25 mg tab</i>	3	PD Preventive Drug
<i>triamterene-hctz 37.5-25 mg cap</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>triamterene-hctz 37.5-25 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>triamterene-hctz 75-50 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
VYNDAMAX 61 MG CAP	3	PA SP Specialty
DIURETICS, LOOP		
<i>bumetanide 0.5 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>bumetanide 1 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>bumetanide 2 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>ethacrynic acid 25 mg tab</i>	3	
<i>furosemide 10 mg/ml solution</i>	1	PA PD Preventive Drug
<i>furosemide 20 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>furosemide 40 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>furosemide 80 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>torseamide 10 mg tab</i>	1	
<i>torseamide 100 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>eplerenone 25 mg tab</i>	1	
<i>eplerenone 50 mg tab</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>spironolactone 100 mg tab</i>	1	PD Preventive Drug
<i>spironolactone 25 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>spironolactone 25 mg/5ml suspension</i>	2	PD Preventive Drug
<i>spironolactone 50 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>triamterene 100 mg cap</i>	3	
<i>triamterene 50 mg cap</i>	3	
DIURETICS, THIAZIDE		
<i>chlorthalidone 25 mg tab</i>	1	PD Preventive Drug
<i>chlorthalidone 50 mg tab</i>	1	PD Preventive Drug
DIURIL 250 MG/5ML SUSPENSION	3	PD Preventive Drug
<i>hydrochlorothiazide 12.5 mg cap</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>hydrochlorothiazide 12.5 mg tab</i>	1	PD Preventive Drug
<i>hydrochlorothiazide 25 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>hydrochlorothiazide 50 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>indapamide 1.25 mg tab</i>	1	PD Preventive Drug
<i>indapamide 2.5 mg tab</i>	1	PD Preventive Drug
<i>metolazone 10 mg tab</i>	1	
<i>metolazone 2.5 mg tab</i>	1	
<i>metolazone 5 mg tab</i>	1	
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES		
<i>fenofibrate 134 mg cap</i>	1	PD Preventive Drug
<i>fenofibrate 145 mg tab</i>	1	PD Preventive Drug
<i>fenofibrate 160 mg tab</i>	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fenofibrate 200 mg cap</i>	1	PD Preventive Drug
<i>fenofibrate 48 mg tab</i>	2	PD Preventive Drug
<i>fenofibrate 54 mg tab</i>	1	PD Preventive Drug
<i>fenofibrate 67 mg cap</i>	1	PD Preventive Drug
<i>fenofibrate micronized 134 mg cap</i>	1	PD Preventive Drug
<i>fenofibrate micronized 200 mg cap</i>	1	PD Preventive Drug
<i>fenofibrate micronized 67 mg cap</i>	1	PD Preventive Drug
<i>fenofibric acid 135 mg cap dr</i>	1	PD Preventive Drug
<i>fenofibric acid 45 mg cap dr</i>	1	PD Preventive Drug
<i>gemfibrozil 600 mg tab</i>	1	PD Preventive Drug
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium 10 mg tab</i>	1	ACA Affordable Care Act RX4L Rx4Less Program PD Preventive Drug
<i>atorvastatin calcium 20 mg tab</i>	1	ACA Affordable Care Act RX4L Rx4Less Program PD Preventive Drug
<i>atorvastatin calcium 40 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>atorvastatin calcium 80 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>fluvastatin sodium 20 mg cap</i>	3	ACA Affordable Care Act PD Preventive Drug
<i>fluvastatin sodium 40 mg cap</i>	3	ACA Affordable Care Act PD Preventive Drug
<i>lovastatin 10 mg tab</i>	1	ACA Affordable Care Act RX4L Rx4Less Program PD Preventive Drug

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>simvastatin 20 mg tab</i>	1	ACA Affordable Care Act RX4L Rx4Less Program PD Preventive Drug
<i>simvastatin 40 mg tab</i>	1	ACA Affordable Care Act RX4L Rx4Less Program PD Preventive Drug
<i>simvastatin tab 5 mg</i>	1	ACA Affordable Care Act PD Preventive Drug
<i>simvastatin tab 80 mg</i>	1	RX4L Rx4Less Program PD Preventive Drug
DYSLIPIDEMICS, OTHER		
<i>cholestyramine 4 gm packet</i>	1	PD Preventive Drug
<i>cholestyramine 4 gm/dose powder</i>	1	PD Preventive Drug
<i>cholestyramine light 4 gm packet</i>	1	PD Preventive Drug
<i>cholestyramine light 4 gm/dose powder</i>	1	PD Preventive Drug
<i>colesevelam hcl 3.75 gm packet</i>	3	PD Preventive Drug
<i>colesevelam hcl 625 mg tab</i>	3	PD Preventive Drug
<i>colestipol hcl 1 gm tab</i>	1	PD Preventive Drug
<i>colestipol hcl 5 gm granules</i>	1	PD Preventive Drug
<i>colestipol hcl 5 gm packet</i>	1	PD Preventive Drug
<i>ezetimibe 10 mg tab</i>	1	PD Preventive Drug
<i>ezetimibe-simvastatin 10-10 mg tab</i>	3	PD Preventive Drug
<i>ezetimibe-simvastatin 10-20 mg tab</i>	3	PD Preventive Drug
<i>ezetimibe-simvastatin 10-40 mg tab</i>	3	PD Preventive Drug
<i>ezetimibe-simvastatin 10-80 mg tab</i>	3	PD Preventive Drug
<i>icosapent ethyl 0.5 gm cap</i>	2	PD Preventive Drug
<i>icosapent ethyl 1 gm cap</i>	2	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
JUXTAPID 10 MG CAP	3	PA SP Specialty
JUXTAPID 20 MG CAP	3	PA SP Specialty
JUXTAPID 30 MG CAP	3	PA SP Specialty
JUXTAPID 5 MG CAP	3	PA SP Specialty
<i>niacin er (antihyperlipidemic) 1000 mg tab er</i>	2	PD Preventive Drug
<i>niacin er (antihyperlipidemic) 500 mg tab er</i>	2	PD Preventive Drug
<i>niacin er (antihyperlipidemic) 750 mg tab er</i>	2	PD Preventive Drug
<i>omega-3-acid ethyl esters 1 gm cap</i>	3	PD Preventive Drug
<i>prevalite 4 gm packet</i>	1	PD Preventive Drug
<i>prevalite 4 gm/dose powder</i>	1	PD Preventive Drug
REPATHA 140 MG/ML SOLN PRSYR	2	QL 2 ML / 28 day(s) PA
REPATHA PUSHTRONEX SYSTEM 420 MG/3.5ML SOLN CART	2	QL 3.5 ML / 30 day(s) PA
REPATHA SURECLICK 140 MG/ML SOLN A-INJ	2	QL 2 ML / 28 day(s) PA
VASODILATORS, DIRECT-ACTING ARTERIAL		
<i>hydralazine hcl 10 mg tab</i>	1	PD Preventive Drug
<i>hydralazine hcl 100 mg tab</i>	1	PD Preventive Drug
<i>hydralazine hcl 25 mg tab</i>	1	PD Preventive Drug
<i>hydralazine hcl 50 mg tab</i>	1	PD Preventive Drug
<i>minoxidil 10 mg tab</i>	1	PD Preventive Drug
<i>minoxidil 2.5 mg tab</i>	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS		
<i>isosorbide dinitrate 10 mg tab</i>	1	PD Preventive Drug
<i>isosorbide dinitrate 20 mg tab</i>	1	PD Preventive Drug
<i>isosorbide dinitrate 30 mg tab</i>	1	PD Preventive Drug
<i>isosorbide dinitrate 5 mg tab</i>	1	PD Preventive Drug
<i>isosorbide mononitrate 10 mg tab</i>	1	PD Preventive Drug
<i>isosorbide mononitrate 20 mg tab</i>	1	PD Preventive Drug
<i>isosorbide mononitrate er 120 mg tab er 24h</i>	1	PD Preventive Drug
<i>isosorbide mononitrate er 30 mg tab er 24h</i>	1	PD Preventive Drug
<i>isosorbide mononitrate er 60 mg tab er 24h</i>	1	PD Preventive Drug
NITRO-DUR 0.3 MG/HR PATCH 24HR	2	PD Preventive Drug
NITRO-DUR 0.8 MG/HR PATCH 24HR	2	PD Preventive Drug
<i>nitroglycerin 0.1 mg/hr patch 24hr</i>	1	PD Preventive Drug
<i>nitroglycerin 0.2 mg/hr patch 24hr</i>	1	PD Preventive Drug
<i>nitroglycerin 0.3 mg sl tab</i>	1	
<i>nitroglycerin 0.4 mg sl tab</i>	1	
<i>nitroglycerin 0.4 mg/hr patch 24hr</i>	1	PD Preventive Drug
<i>nitroglycerin 0.6 mg sl tab</i>	1	
<i>nitroglycerin 0.6 mg/hr patch 24hr</i>	1	PD Preventive Drug
RECTIV 0.4 % OINTMENT	3	PA
CENTRAL NERVOUS SYSTEM		
ANTIDEMENTIA		
<i>donepezil hcl 10 mg tab</i>	1	
<i>donepezil hcl 23 mg tab</i>	3	
<i>donepezil hcl 5 mg tab</i>	1	
ERGOLOID MESYLATES 1 MG TAB	1	PA
<i>galantamine hydrobromide 12 mg tab</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>galantamine hydrobromide 4 mg tab</i>	1	
GALANTAMINE HYDROBROMIDE 4 MG/ML SOLUTION	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 tab</i>	2	
<i>memantine hcl 10 mg/5ml solution</i>	2	
<i>memantine hcl 2 mg/ml solution</i>	2	
<i>memantine hcl 28 x 5 mg & 21 x 10 mg tab</i>	2	
<i>memantine hcl 5 mg tab</i>	2	
<i>memantine hcl er 14 mg cap er 24h</i>	2	
<i>memantine hcl er 21 mg cap er 24h</i>	2	
<i>memantine hcl er 28 mg cap er 24h</i>	2	
<i>memantine hcl er 7 mg cap er 24h</i>	2	
<i>rivastigmine 13.3 mg/24hr patch 24hr</i>	2	
<i>rivastigmine 4.6 mg/24hr patch 24hr</i>	2	
<i>rivastigmine 9.5 mg/24hr patch 24hr</i>	2	
<i>rivastigmine tartrate 1.5 mg cap</i>	1	
<i>rivastigmine tartrate 3 mg cap</i>	1	
<i>rivastigmine tartrate 4.5 mg cap</i>	1	
<i>rivastigmine tartrate 6 mg cap</i>	1	
ANTIPSYCHOTICS		
<i>aripiprazole 1 mg/ml solution</i>	2	QL 600 ML / 30 day(s)
<i>aripiprazole 10 mg tab</i>	1	
<i>aripiprazole 10 mg tab disp</i>	2	PA
<i>aripiprazole 15 mg tab</i>	1	
<i>aripiprazole 15 mg tab disp</i>	2	PA
<i>aripiprazole 2 mg tab</i>	1	
<i>aripiprazole 20 mg tab</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>aripiprazole 30 mg tab</i>	1	
<i>aripiprazole 5 mg tab</i>	1	
<i>asenapine maleate 10 mg sl tab</i>	2	
<i>asenapine maleate 2.5 mg sl tab</i>	2	
<i>asenapine maleate 5 mg sl tab</i>	2	
CAPLYTA 10.5 MG CAP	3	PA
CAPLYTA 21 MG CAP	3	PA
CAPLYTA 42 MG CAP	3	PA
<i>chlorpromazine hcl 10 mg tab</i>	1	
<i>chlorpromazine hcl 100 mg tab</i>	1	
<i>chlorpromazine hcl 200 mg tab</i>	1	
<i>chlorpromazine hcl 25 mg tab</i>	1	
<i>chlorpromazine hcl 50 mg tab</i>	1	
<i>clozapine 100 mg tab</i>	1	
<i>clozapine 200 mg tab</i>	1	
<i>clozapine 25 mg tab</i>	1	
<i>clozapine 50 mg tab</i>	1	
FANAPT 1 MG TAB	3	PA
FANAPT 10 MG TAB	3	PA
FANAPT 12 MG TAB	3	PA
FANAPT 2 MG TAB	3	PA
FANAPT 4 MG TAB	3	PA
FANAPT 6 MG TAB	3	PA
FANAPT 8 MG TAB	3	PA
FANAPT TITRATION PACK 1 & 2 & 4 & 6 MG TAB	3	PA
<i>fluphenazine decanoate 25 mg/ml solution</i>	1	PA
<i>fluphenazine hcl 1 mg tab</i>	1	
<i>fluphenazine hcl 10 mg tab</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fluphenazine hcl 2.5 mg tab</i>	1	
FLUPHENAZINE HCL 2.5 MG/5ML ELIXIR	1	
<i>fluphenazine hcl 5 mg tab</i>	1	
FLUPHENAZINE HCL 5 MG/ML CONC	1	
HALDOL DECANOATE 100 MG/ML SOLUTION	3	PA
HALDOL DECANOATE 50 MG/ML SOLUTION	3	PA
<i>haloperidol 0.5 mg tab</i>	1	
<i>haloperidol 1 mg tab</i>	1	
<i>haloperidol 10 mg tab</i>	1	
<i>haloperidol 2 mg tab</i>	1	
<i>haloperidol 20 mg tab</i>	1	
<i>haloperidol 5 mg tab</i>	1	
<i>haloperidol decanoate 100 mg/ml solution</i>	1	PA
<i>haloperidol decanoate 50 mg/ml solution</i>	1	PA
<i>haloperidol lactate 2 mg/ml conc</i>	1	
<i>haloperidol lactate 5 mg/ml solution</i>	1	PA
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	3	PA
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	3	PA
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	3	PA
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	3	PA
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	3	PA
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	3	PA
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	3	PA
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	3	PA
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	3	PA
<i>loxapine succinate 10 mg cap</i>	1	
<i>loxapine succinate 25 mg cap</i>	1	
<i>loxapine succinate 5 mg cap</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>loxapine succinate 50 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	
<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 2.5 mg tab</i>	1	
<i>olanzapine 20 mg tab</i>	1	
<i>olanzapine 20 mg tab disp</i>	1	
<i>olanzapine 5 mg tab</i>	1	
<i>olanzapine 5 mg tab disp</i>	1	
<i>olanzapine 7.5 mg tab</i>	1	
<i>paliperidone er 1.5 mg tab er 24h</i>	2	
<i>paliperidone er 3 mg tab er 24h</i>	2	
<i>paliperidone er 6 mg tab er 24h</i>	2	
<i>paliperidone er 9 mg tab er 24h</i>	2	
PIMOZIDE 1 MG TAB	3	PA
PIMOZIDE 2 MG TAB	3	PA
<i>quetiapine fumarate 100 mg tab</i>	1	RX4L Rx4Less Program
<i>quetiapine fumarate 200 mg tab</i>	1	RX4L Rx4Less Program
<i>quetiapine fumarate 25 mg tab</i>	1	
<i>quetiapine fumarate 300 mg tab</i>	1	RX4L Rx4Less Program
<i>quetiapine fumarate 400 mg tab</i>	1	
<i>quetiapine fumarate 50 mg tab</i>	1	RX4L Rx4Less Program
<i>quetiapine fumarate er 150 mg tab er 24h</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>quetiapine fumarate er 200 mg tab er 24h</i>	2	
<i>quetiapine fumarate er 300 mg tab er 24h</i>	2	
<i>quetiapine fumarate er 400 mg tab er 24h</i>	2	
<i>quetiapine fumarate er 50 mg tab er 24h</i>	2	
REXULTI 0.25 MG TAB	3	PA
REXULTI 0.5 MG TAB	3	PA
REXULTI 1 MG TAB	3	PA
REXULTI 2 MG TAB	3	PA
REXULTI 3 MG TAB	3	PA
REXULTI 4 MG TAB	3	PA
<i>risperidone 0.25 mg tab</i>	1	RX4L Rx4Less Program
RISPERIDONE 0.25 MG TAB DISP	1	
<i>risperidone 0.5 mg tab</i>	1	RX4L Rx4Less Program
<i>risperidone 0.5 mg tab disp</i>	1	
<i>risperidone 1 mg tab</i>	1	RX4L Rx4Less Program
<i>risperidone 1 mg tab disp</i>	1	
<i>risperidone 1 mg/ml solution</i>	1	
<i>risperidone 2 mg tab</i>	1	RX4L Rx4Less Program
<i>risperidone 2 mg tab disp</i>	1	
<i>risperidone 3 mg tab</i>	1	
<i>risperidone 3 mg tab disp</i>	1	
<i>risperidone 4 mg tab</i>	1	
<i>risperidone 4 mg tab disp</i>	1	
SECUADO 3.8 MG/24HR PATCH 24HR	3	PA
SECUADO 5.7 MG/24HR PATCH 24HR	3	PA
SECUADO 7.6 MG/24HR PATCH 24HR	3	PA
<i>thioridazine hcl 10 mg tab</i>	1	
<i>thioridazine hcl 100 mg tab</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>thioridazine hcl 25 mg tab</i>	1	
<i>thioridazine hcl 50 mg tab</i>	1	
<i>thiothixene 1 mg cap</i>	1	
<i>thiothixene 10 mg cap</i>	1	
<i>thiothixene 2 mg cap</i>	1	
<i>thiothixene 5 mg cap</i>	1	
<i>trifluoperazine hcl 1 mg tab</i>	1	
<i>trifluoperazine hcl 10 mg tab</i>	1	
<i>trifluoperazine hcl 2 mg tab</i>	1	
<i>trifluoperazine hcl 5 mg tab</i>	1	
VRAYLAR 1.5 & 3 MG CAP THPK	3	QL 30 EA / 30 day(s) PA
VRAYLAR 1.5 MG CAP	3	PA
VRAYLAR 3 MG CAP	3	PA
VRAYLAR 4.5 MG CAP	3	PA
VRAYLAR 6 MG CAP	3	PA
<i>ziprasidone hcl 20 mg cap</i>	2	
<i>ziprasidone hcl 40 mg cap</i>	2	
<i>ziprasidone hcl 60 mg cap</i>	2	
<i>ziprasidone hcl 80 mg cap</i>	2	
ANXIOLYTICS		
<i>alprazolam 0.25 mg tab</i>	1	QL 150 EA / 30 day(s)
<i>alprazolam 0.5 mg tab</i>	1	QL 150 EA / 30 day(s)
<i>alprazolam 1 mg tab</i>	1	QL 150 EA / 30 day(s)
<i>alprazolam 2 mg tab</i>	1	QL 150 EA / 30 day(s)
<i>alprazolam er 0.5 mg tab er 24h</i>	2	QL 60 EA / 30 day(s)
<i>alprazolam er 1 mg tab er 24h</i>	2	QL 60 EA / 30 day(s)
<i>alprazolam er 2 mg tab er 24h</i>	2	QL 60 EA / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>alprazolam er 3 mg tab er 24h</i>	2	QL 60 EA / 30 day(s)
<i>alprazolam xr 0.5 mg tab er 24h</i>	2	QL 60 EA / 30 day(s)
<i>alprazolam xr 1 mg tab er 24h</i>	2	QL 60 EA / 30 day(s)
<i>alprazolam xr 2 mg tab er 24h</i>	2	QL 60 EA / 30 day(s)
<i>alprazolam xr 3 mg tab er 24h</i>	2	QL 60 EA / 30 day(s)
<i>bupirone hcl 10 mg tab</i>	1	RX4L Rx4Less Program
<i>bupirone hcl 15 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 7.5 mg tab</i>	1	
<i>chlordiazepoxide hcl 10 mg cap</i>	1	
<i>chlordiazepoxide hcl 25 mg cap</i>	1	
<i>chlordiazepoxide hcl 5 mg cap</i>	1	
<i>clonazepam 0.125 mg tab disp</i>	2	PD Preventive Drug
<i>clonazepam 0.25 mg tab disp</i>	2	PD Preventive Drug
<i>clonazepam 0.5 mg tab</i>	1	PD Preventive Drug
<i>clonazepam 0.5 mg tab disp</i>	2	PD Preventive Drug
<i>clonazepam 1 mg tab</i>	1	PD Preventive Drug
<i>clonazepam 1 mg tab disp</i>	2	PD Preventive Drug
<i>clonazepam 2 mg tab</i>	1	PD Preventive Drug
<i>clonazepam 2 mg tab disp</i>	2	PD Preventive Drug
<i>clorazepate dipotassium 15 mg tab</i>	1	QL 120 EA / 30 day(s)
<i>clorazepate dipotassium 3.75 mg tab</i>	1	QL 120 EA / 30 day(s)
<i>clorazepate dipotassium 7.5 mg tab</i>	1	QL 120 EA / 30 day(s)
<i>diazepam 10 mg tab</i>	1	QL 120 EA / 30 day(s)
<i>diazepam 2 mg tab</i>	1	QL 120 EA / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>diazepam 5 mg tab</i>	1	QL 120 EA / 30 day(s)
<i>diazepam 5 mg/5ml solution</i>	1	QL 1200 ML / 30 day(s)
<i>lorazepam 0.5 mg tab</i>	1	QL 150 EA / 30 day(s)
<i>lorazepam 1 mg tab</i>	1	QL 150 EA / 30 day(s)
<i>lorazepam 2 mg tab</i>	1	QL 150 EA / 30 day(s)
<i>meprobamate 200 mg tab</i>	2	
<i>meprobamate 400 mg tab</i>	2	
<i>oxazepam 10 mg cap</i>	1	QL 120 EA / 30 day(s)
<i>oxazepam 15 mg cap</i>	1	QL 120 EA / 30 day(s)
<i>oxazepam 30 mg cap</i>	1	QL 120 EA / 30 day(s)
MIGRAINE		
AIMOVIG 140 MG/ML SOLN A-INJ	2	QL 1 ML / 28 day(s) PA
AIMOVIG 70 MG/ML SOLN A-INJ	2	QL 1 ML / 28 day(s) PA
AJOVY 225 MG/1.5ML SOLN A-INJ	2	QL 1.5 ML / 28 day(s) PA
AJOVY 225 MG/1.5ML SOLN PRSYR	2	QL 1.5 ML / 28 day(s) PA
<i>almotriptan malate 12.5 mg tab</i>	3	QL 8 EA / 30 day(s)
<i>almotriptan malate 6.25 mg tab</i>	3	QL 8 EA / 30 day(s)
CAFERGOT 1-100 MG TAB	3	
<i>candesartan cilexetil 16 mg tab</i>	2	PD Preventive Drug
<i>dihydroergotamine mesylate 4 mg/ml solution</i>	2	QL 8 ML / 30 day(s)
<i>eletriptan hydrobromide 20 mg tab</i>	2	QL 12 EA / 30 day(s)
<i>eletriptan hydrobromide 40 mg tab</i>	2	QL 12 EA / 30 day(s)
EMGALITY (300 MG DOSE) 100 MG/ML SOLN PRSYR	2	PA QLC 9 ML / 180 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EMGALITY 120 MG/ML SOLN A-INJ	2	QL 1 ML / 28 day(s) PA
EMGALITY 120 MG/ML SOLN PRSYR	2	QL 1 ML / 28 day(s) PA
ERGOTAMINE-CAFFEINE 1-100 MG TAB	1	
IMITREX STATDOSE REFILL 6 MG/0.5ML SOLN CART	1	QL 3 ML / 30 day(s)
MIGRANAL 4 MG/ML SOLUTION	2	QL 8 ML / 30 day(s)
<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)
NURTEC 75 MG TAB DISP	3	QL 16 EA / 30 day(s) PA
QULIPTA 10 MG TAB	3	PA
QULIPTA 30 MG TAB	3	PA
QULIPTA 60 MG TAB	3	PA
REYVOW 100 MG TAB	3	QL 8 EA / 30 day(s) PA
REYVOW 50 MG TAB	3	QL 8 EA / 30 day(s) PA
<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)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sumatriptan succinate 50 mg tab</i>	1	QL 12 EA / 30 day(s)
<i>sumatriptan succinate 6 mg/0.5ml soln a-inj</i>	1	QL 3 ML / 30 day(s)
<i>sumatriptan succinate 6 mg/0.5ml solution</i>	1	QL 3 ML / 30 day(s)
SUMATRIPTAN SUCCINATE REFILL 6 MG/0.5ML SOLN CART	1	QL 3 ML / 30 day(s)
<i>timolol maleate 10 mg tab</i>	1	PD Preventive Drug
<i>timolol maleate 20 mg tab</i>	1	PD Preventive Drug
<i>timolol maleate 5 mg tab</i>	1	PD Preventive Drug
UBRELVY 100 MG TAB	3	QL 16 EA / 30 day(s) PA
UBRELVY 50 MG TAB	3	QL 16 EA / 30 day(s) PA
ZOLMITRIPTAN 2.5 MG SOLUTION	3	QL 6 EA / 30 day(s)
<i>zolmitriptan 2.5 mg tab</i>	1	QL 12 EA / 30 day(s)
<i>zolmitriptan 2.5 mg tab disp</i>	1	QL 12 EA / 30 day(s)
<i>zolmitriptan 5 mg solution</i>	3	QL 6 EA / 30 day(s)
<i>zolmitriptan 5 mg tab</i>	1	QL 12 EA / 30 day(s)
<i>zolmitriptan 5 mg tab disp</i>	1	QL 12 EA / 30 day(s)
ZOMIG 2.5 MG SOLUTION	3	QL 6 EA / 30 day(s)
<i>zomig 2.5 mg tab</i>	1	QL 12 EA / 30 day(s)
<i>zomig 5 mg tab</i>	1	QL 12 EA / 30 day(s)
MISCELLANEOUS		
<i>lithium 8 meq/5ml solution</i>	1	
LITHIUM CARBONATE 150 MG CAP	1	
<i>lithium carbonate 150 mg cap</i>	1	RX4L Rx4Less Program
LITHIUM CARBONATE 300 MG CAP	1	
<i>lithium carbonate 300 mg cap</i>	1	RX4L Rx4Less Program

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lithium carbonate 300 mg tab</i>	1	
LITHIUM CARBONATE 600 MG CAP	1	
<i>lithium carbonate 600 mg cap</i>	1	
<i>lithium carbonate er 300 mg tab er</i>	1	
<i>lithium carbonate er 450 mg tab er</i>	1	
<i>pyridostigmine bromide 60 mg tab</i>	1	
<i>pyridostigmine bromide er 180 mg tab er</i>	2	
CENTRAL NERVOUS SYSTEM AGENTS		
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES		
<i>amphetamine-dextroamphet er 10 mg cap er 24h</i>	1	QL 60 EA / 30 day(s)
<i>amphetamine-dextroamphet er 15 mg cap er 24h</i>	1	QL 60 EA / 30 day(s)
<i>amphetamine-dextroamphet er 20 mg cap er 24h</i>	1	QL 60 EA / 30 day(s)
<i>amphetamine-dextroamphet er 25 mg cap er 24h</i>	1	QL 60 EA / 30 day(s)
<i>amphetamine-dextroamphet er 30 mg cap er 24h</i>	1	QL 60 EA / 30 day(s)
<i>amphetamine-dextroamphet er 5 mg cap er 24h</i>	1	QL 60 EA / 30 day(s)
<i>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)
<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>dextroamphetamine sulfate 10 mg tab</i>	1	QL 120 EA / 30 day(s)
<i>dextroamphetamine sulfate 5 mg tab</i>	1	QL 120 EA / 30 day(s)
<i>dextroamphetamine sulfate er 10 mg cap er 24h</i>	1	QL 120 EA / 30 day(s)
<i>dextroamphetamine sulfate er 15 mg cap er 24h</i>	1	QL 120 EA / 30 day(s)
<i>dextroamphetamine sulfate er 5 mg cap er 24h</i>	1	QL 120 EA / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lisdexamfetamine dimesylate 10 mg cap</i>	2	QL 30 EA / 30 days
<i>lisdexamfetamine dimesylate 20 mg cap</i>	2	QL 30 EA / 30 days
<i>lisdexamfetamine dimesylate 30 mg cap</i>	2	QL 30 EA / 30 days
<i>lisdexamfetamine dimesylate 40 mg cap</i>	2	QL 30 EA / 30 days
<i>lisdexamfetamine dimesylate 50 mg cap</i>	2	QL 30 EA / 30 days
<i>lisdexamfetamine dimesylate 60 mg cap</i>	2	QL 30 EA / 30 days
<i>lisdexamfetamine dimesylate 70 mg cap</i>	2	QL 30 EA / 30 days
<i>methamphetamine hcl 5 mg tab</i>	3	
VYVANSE 10 MG CAP	2	QL 30 EA / 30 day(s) ! See important benefit information at end of document
VYVANSE 20 MG CAP	2	QL 30 EA / 30 day(s) ! See important benefit information at end of document
VYVANSE 30 MG CAP	2	QL 30 EA / 30 day(s) ! See important benefit information at end of document
VYVANSE 40 MG CAP	2	QL 30 EA / 30 day(s) ! See important benefit information at end of document
VYVANSE 50 MG CAP	2	QL 30 EA / 30 day(s) ! See important benefit information at end of document
VYVANSE 60 MG CAP	2	QL 30 EA / 30 day(s) ! See important benefit information at end of document
VYVANSE 70 MG CAP	2	QL 30 EA / 30 day(s) ! See important benefit information at end of document
<i>zenzedi 10 mg tab</i>	1	QL 120 EA / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
zenzedi 5 mg tab	1	QL 120 EA / 30 day(s)
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES		
atomoxetine hcl 10 mg cap	1	
atomoxetine hcl 100 mg cap	1	
atomoxetine hcl 18 mg cap	1	
atomoxetine hcl 25 mg cap	1	
atomoxetine hcl 40 mg cap	1	
atomoxetine hcl 60 mg cap	1	
atomoxetine hcl 80 mg cap	1	
clonidine hcl 0.1 mg tab er 12h (generic of KAPVAY)	1	
dexmethylphenidate hcl 10 mg tab	1	QL 90 EA / 30 day(s)
Dexmethylphenidate HCl 10 MG TAB (generic of FOCALIN)	1	QL 90 EA / 30 day(s)
Dexmethylphenidate HCl 2.5 MG TAB (generic of FOCALIN)	1	QL 90 EA / 30 day(s)
dexmethylphenidate hcl 5 mg tab	1	QL 90 EA / 30 day(s)
Dexmethylphenidate HCl 5 MG TAB (generic of FOCALIN)	1	QL 90 EA / 30 day(s)
Dexmethylphenidate HCl ER 10 MG CAP ER 24H (generic of FOCALIN XR)	2	QL 30 EA / 30 day(s)
Dexmethylphenidate HCl ER 15 MG CAP ER 24H (generic of FOCALIN XR)	2	QL 30 EA / 30 day(s)
Dexmethylphenidate HCl ER 20 MG CAP ER 24H (generic of FOCALIN XR)	2	QL 30 EA / 30 day(s)
Dexmethylphenidate HCl ER 25 MG CAP ER 24H (generic of FOCALIN XR)	2	QL 30 EA / 30 day(s)
Dexmethylphenidate HCl ER 30 MG CAP ER 24H (generic of FOCALIN XR)	2	QL 30 EA / 30 day(s)
Dexmethylphenidate HCl ER 35 MG CAP ER 24H (generic of FOCALIN XR)	2	QL 30 EA / 30 day(s)
Dexmethylphenidate HCl ER 40 MG CAP ER 24H (generic of FOCALIN XR)	2	QL 30 EA / 30 day(s)
Dexmethylphenidate HCl ER 5 MG CAP ER 24H (generic of FOCALIN XR)	2	QL 30 EA / 30 day(s)
guanfacine hcl er 1 mg tab er 24h	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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 4 mg tab er 24h</i>	1	
<i>Methylphenidate 10 MG/9HR PATCH (generic of DAYTRANA)</i>	3	QL 30 EA / 30 day(s)
<i>Methylphenidate 15 MG/9HR PATCH (generic of DAYTRANA)</i>	3	QL 30 EA / 30 day(s)
<i>Methylphenidate 20 MG/9HR PATCH (generic of DAYTRANA)</i>	3	QL 30 EA / 30 day(s)
<i>Methylphenidate 30 MG/9HR PATCH (generic of DAYTRANA)</i>	3	QL 30 EA / 30 day(s)
<i>methylphenidate hcl 10 mg tab</i>	1	QL 90 EA / 30 day(s)
<i>Methylphenidate HCl 10 MG TAB (generic of RITALIN)</i>	1	QL 90 EA / 30 day(s)
<i>Methylphenidate HCl 10 MG/5ML SOLUTION (generic of METHYLIN)</i>	2	
<i>methylphenidate hcl 20 mg tab</i>	1	QL 90 EA / 30 day(s)
<i>Methylphenidate HCl 20 MG TAB (generic of RITALIN)</i>	1	QL 90 EA / 30 day(s)
<i>methylphenidate hcl 5 mg tab</i>	1	QL 90 EA / 30 day(s)
<i>Methylphenidate HCl 5 MG TAB (generic of RITALIN)</i>	1	QL 90 EA / 30 day(s)
<i>Methylphenidate HCl 5 MG/5ML SOLUTION (generic of METHYLIN)</i>	1	QL 1800 ML / 30 day(s)
<i>Methylphenidate HCl ER (CD) 10 MG CAP ER (generic of METADATE CD)</i>	1	QL 60 EA / 30 day(s)
<i>Methylphenidate HCl ER (CD) 20 MG CAP ER (generic of METADATE CD)</i>	1	QL 60 EA / 30 day(s)
<i>Methylphenidate HCl ER (CD) 30 MG CAP ER (generic of METADATE CD)</i>	1	QL 60 EA / 30 day(s)
<i>Methylphenidate HCl ER (CD) 40 MG CAP ER (generic of METADATE CD)</i>	1	QL 60 EA / 30 day(s)
<i>Methylphenidate HCl ER (CD) 50 MG CAP ER (generic of METADATE CD)</i>	1	QL 60 EA / 30 day(s)
<i>Methylphenidate HCl ER (CD) 60 MG CAP ER (generic of METADATE CD)</i>	1	QL 60 EA / 30 day(s)
<i>Methylphenidate HCl ER (LA) 10 MG CAP ER 24H (generic of RITALIN LA)</i>	3	QL 60 EA / 30 day(s)
<i>Methylphenidate HCl ER (LA) 20 MG CAP ER 24H (generic of RITALIN LA)</i>	1	QL 60 EA / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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) 40 MG CAP ER 24H (generic of RITALIN LA)</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 er (osm) 27 mg tab 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)
<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) 36 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)
<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 10 MG TAB ER (generic of METADATE ER)</i>	1	
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg (generic of CONCERTA)</i>	1	QL 60 EA / 30 day(s)
<i>Methylphenidate HCl ER 20 MG TAB ER (generic of METADATE ER)</i>	1	
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg (generic of CONCERTA)</i>	1	QL 60 EA / 30 day(s)
METHYLPHENIDATE HCL ER 27 MG TAB ER 24H	1	
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg (generic of CONCERTA)</i>	1	QL 60 EA / 30 day(s)
METHYLPHENIDATE HCL ER 36 MG TAB ER 24H	1	
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg (generic of CONCERTA)</i>	1	QL 60 EA / 30 day(s)
METHYLPHENIDATE HCL ER 54 MG TAB ER 24H	1	
QUILLICHEW ER 20 MG CHER	3	QL 60 EA / 30 day(s)
QUILLICHEW ER 30 MG CHER	3	QL 60 EA / 30 day(s)
QUILLICHEW ER 40 MG CHER	3	QL 60 EA / 30 day(s)
QUILLIVANT XR 25 MG/5ML SRER	3	QL 360 ML / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CENTRAL NERVOUS SYSTEM, OTHER		
AUSTEDO 12 MG TAB	3	PA SP Specialty
AUSTEDO 6 MG TAB	3	PA SP Specialty
AUSTEDO 9 MG TAB	3	PA SP Specialty
AUSTEDO XR 12 MG TAB ER 24H	3	QL 30 EA / 30 days PA SP Specialty
AUSTEDO XR 18 MG TAB ER 24H	3	QL 30 ea / 30 day(s) PA SP Specialty
AUSTEDO XR 24 MG TAB ER 24H	3	QL 60 EA / 30 days PA SP Specialty
AUSTEDO XR 30 MG TAB ER 24H	3	QL 30 EA / 30 days PA SP Specialty
AUSTEDO XR 36 MG TAB ER 24H	3	QL 30 EA / 30 days PA SP Specialty
AUSTEDO XR 42 MG TAB ER 24H	3	QL 30 EA / 30 days PA SP Specialty
AUSTEDO XR 48 MG TAB ER 24H	3	QL 30 EA / 30 days PA SP Specialty
AUSTEDO XR 6 MG TAB ER 24H	3	QL 30 EA / 30 days PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AUSTEDO XR PATIENT TITRATION 12 & 18 & 24 & 30 MG TBER THPK	3	<ul style="list-style-type: none"> QL 28 ea / 28 day(s) PA SP Specialty
AUSTEDO XR PATIENT TITRATION 6 & 12 & 24 MG TBER THPK	3	<ul style="list-style-type: none"> PA SP Specialty
<i>bac 50-325-40 mg tab</i>	1	
<i>butalbital-acetaminophen 50-325 mg tab</i>	1	
<i>butalbital-apap-caffeine 50-300-40 mg cap</i>	1	
<i>butalbital-apap-caffeine 50-325-40 mg cap</i>	1	
<i>butalbital-apap-caffeine 50-325-40 mg tab</i>	1	
CONTRAIVE 8-90 MG TAB ER 12H	3	<ul style="list-style-type: none"> PA
<i>esgic 50-325-40 mg cap</i>	1	
INGREZZA 40 & 80 MG CAP THPK	3	<ul style="list-style-type: none"> PA SP Specialty
INGREZZA 40 MG CAP	3	<ul style="list-style-type: none"> PA SP Specialty
INGREZZA 60 MG CAP	3	<ul style="list-style-type: none"> PA SP Specialty
INGREZZA 80 MG CAP	3	<ul style="list-style-type: none"> PA SP Specialty
NUEDEXTA 20-10 MG CAP	3	<ul style="list-style-type: none"> PA
<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	
RADICAVA ORS 105 MG/5ML SUSPENSION	3	<ul style="list-style-type: none"> PA SP Specialty
RADICAVA ORS STARTER KIT 105 MG/5ML SUSPENSION	3	<ul style="list-style-type: none"> PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RILUTEK 50 MG TAB	3	
<i>riluzole 50 mg tab</i>	3	
<i>tetrabenazine 12.5 mg tab</i>	3	PA SP Specialty
<i>tetrabenazine 25 mg tab</i>	3	PA SP Specialty
<i>zebutal 50-325-40 mg cap</i>	1	
FIBROMYALGIA AGENTS		
<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	
<i>pregabalin 100 mg cap</i>	1	
<i>pregabalin 150 mg cap</i>	1	
<i>pregabalin 20 mg/ml solution</i>	1	
<i>pregabalin 200 mg cap</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	
SAVELLA 100 MG TAB	3	
SAVELLA 12.5 MG TAB	3	
SAVELLA 25 MG TAB	3	
SAVELLA 50 MG TAB	3	
SAVELLA TITRATION PACK 12.5 & 25 & 50 MG MISC	3	
MULTIPLE SCLEROSIS AGENTS		
AVONEX PEN 30 MCG/0.5ML AUT-IJ KIT	3	PA SP Specialty
AVONEX PREFILLED 30 MCG/0.5ML PREF SY KT	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BAFIERTAM 95 MG CAP DR	2	PA SP Specialty
BETASERON 0.3 MG KIT	3	PA SP Specialty
COPAXONE 20 MG/ML SOLN PRSYR	2	SP Specialty ! See important benefit information at end of document
COPAXONE 40 MG/ML SOLN PRSYR	2	SP Specialty ! See important benefit information at end of document
<i>dalfampridine er 10 mg tab er 12h</i>	1	SP Specialty
<i>dimethyl fumarate 120 mg cap dr</i>	2	PA SP Specialty
<i>dimethyl fumarate 240 mg cap dr</i>	2	PA SP Specialty
<i>dimethyl fumarate starter pack 120 & 240 mg cpdr thpk</i>	2	PA SP Specialty
<i>fingolimod hcl 0.5 mg cap</i>	2	PA SP Specialty
<i>glatiramer acetate 20 mg/ml soln prsy</i>	2	PA SP Specialty
<i>glatiramer acetate 40 mg/ml soln prsy</i>	2	PA SP Specialty
<i>glatopa 20 mg/ml soln prsy</i>	2	PA SP Specialty
<i>glatopa 40 mg/ml soln prsy</i>	2	PA SP Specialty
KESIMPTA 20 MG/0.4ML SOLN A-INJ	2	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MAVENCLAD (10 TABS) 10 MG TAB THPK	3	PA SP Specialty
MAVENCLAD (4 TABS) 10 MG TAB THPK	3	PA SP Specialty
MAVENCLAD (5 TABS) 10 MG TAB THPK	3	PA SP Specialty
MAVENCLAD (6 TABS) 10 MG TAB THPK	3	PA SP Specialty
MAVENCLAD (7 TABS) 10 MG TAB THPK	3	PA SP Specialty
MAVENCLAD (8 TABS) 10 MG TAB THPK	3	PA SP Specialty
MAVENCLAD (9 TABS) 10 MG TAB THPK	3	PA SP Specialty
MAYZENT 0.25 MG TAB	2	PA SP Specialty
MAYZENT 1 MG TAB	2	PA SP Specialty
MAYZENT 2 MG TAB	2	PA SP Specialty
MAYZENT STARTER PACK 0.25 MG TAB THPK	2	PA SP Specialty
MAYZENT STARTER PACK 12 X 0.25 MG TAB THPK	2	PA SP Specialty
REBIF 22 MCG/0.5ML SOLN PRSYR	3	PA SP Specialty
REBIF 44 MCG/0.5ML SOLN PRSYR	3	PA SP Specialty
REBIF REBIDOSE 22 MCG/0.5ML SOLN A-INJ	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
REBIF REBIDOSE 44 MCG/0.5ML SOLN A-INJ	3	PA SP Specialty
REBIF REBIDOSE TITRATION PACK 6X8.8 & 6X22 MCG SOLN A-INJ	3	PA SP Specialty
REBIF TITRATION PACK 6X8.8 & 6X22 MCG SOLN PRSYR	3	PA SP Specialty
<i>teriflunomide 14 mg tab</i>	2	PA SP Specialty
<i>teriflunomide 7 mg tab</i>	2	PA SP Specialty
TYSABRI 300 MG/15ML CONC	3	PA
VUMERITY 231 MG CAP DR	2	PA SP Specialty
ZEPOSIA 0.92 MG CAP	2	PA SP Specialty
ZEPOSIA 7-DAY STARTER PACK 4 X 0.23MG & 3 X 0.46MG CAP THPK	2	PA SP Specialty
ZEPOSIA STARTER KIT 0.23MG & 0.46MG & 0.92MG CAP THPK	2	PA SP Specialty
ZEPOSIA STARTER KIT 0.23MG & 0.46MG 0.92MG(21) CAP THPK	2	PA SP Specialty
DENTAL AND ORAL AGENTS		
<i>cavarest 1.1 % gel</i>	1	
<i>cevimeline hcl 30 mg cap</i>	3	
<i>chlorhexidine gluconate 0.12 % solution</i>	1	
DEBACTEROL 30-50 % SOLUTION	3	PA MNPA
DEBACTEROL 30-50 % SOLUTION	3	PA MNPA
<i>denta 5000 plus 1.1 % cream</i>	1	
<i>dentagel 1.1 % gel</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fraiche 5000 dental 1.1 % gel</i>	1	
<i>just right 5000 1.1 % gel</i>	1	
KEPIVANCE 5.16 MG RECON SOLN	3	PA
KEPIVANCE 6.25 MG RECON SOLN	3	PA
<i>kourzeq 0.1 % paste</i>	1	
<i>oralone 0.1 % paste</i>	1	
<i>periogard 0.12 % solution</i>	1	
<i>pilocarpine hcl 5 mg tab</i>	1	
<i>pilocarpine hcl 7.5 mg tab</i>	1	
<i>sf 1.1 % gel</i>	1	
<i>sf 5000 plus 1.1 % cream</i>	1	
<i>sodium fluoride 0.2 % solution</i>	2	
<i>sodium fluoride 1.1 % cream</i>	1	
<i>sodium fluoride 1.1 % gel</i>	1	
<i>sodium fluoride 5000 plus 1.1 % cream</i>	1	
<i>sodium fluoride 5000 ppm 1.1 % cream</i>	1	
<i>sodium fluoride 5000 ppm 1.1 % gel</i>	1	
<i>triamcinolone acetonide 0.1 % paste</i>	1	
DERMATOLOGICAL AGENTS		
ACNE AND ROSACEA AGENTS		
<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>acitretin 10 mg cap</i>	3	
<i>acitretin 17.5 mg cap</i>	3	
<i>acitretin 25 mg cap</i>	3	
<i>adapalene 0.1 % cream</i>	1	
<i>adapalene 0.1 % gel</i>	1	
<i>adapalene 0.3 % gel</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>adapalene-benzoyl peroxide 0.1-2.5 % gel</i>	2	QL 45 GM / 30 days
<i>adapalene-benzoyl peroxide 0.3-2.5 % gel</i>	2	QL 45 GM / 30 days
<i>amneesteem 10 mg cap</i>	1	
<i>amneesteem 20 mg cap</i>	1	
<i>amneesteem 40 mg cap</i>	1	
<i>avita 0.025 % cream</i>	1	
<i>avita 0.025 % gel</i>	1	
<i>azelaic acid 15 % gel</i>	2	QL 50 GM / 30 days
AZELEX 20 % CREAM	3	
<i>benzoyl peroxide-erythromycin 5-3 % gel</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>clindamycin phos-benzoyl perox 1-5 % gel</i>	2	
<i>clindamycin phos-benzoyl perox 1.2-2.5 % gel</i>	2	QL 50 GM / 30 days
<i>clindamycin phos-benzoyl perox 1.2-5 % gel</i>	1	QL 45 GM / 30 days
<i>clindamycin-tretinoin 1.2-0.025 % gel</i>	3	
FINACEA 15 % FOAM	2	QL 50 GM / 30 days
<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>myorisan 10 mg cap</i>	1	
<i>myorisan 20 mg cap</i>	1	
<i>myorisan 30 mg cap</i>	1	
<i>myorisan 40 mg cap</i>	1	
<i>neuac 1.2-5 % gel</i>	1	QL 45 GM / 30 days
<i>tazarotene 0.05 % cream</i>	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>tazarotene 0.05 % gel</i>	3	
<i>tazarotene 0.1 % cream</i>	3	
<i>tazarotene 0.1 % gel</i>	3	
TAZORAC 0.05 % CREAM	3	
<i>tretinoin 0.01 % gel</i>	1	
<i>tretinoin 0.025 % cream</i>	1	
<i>tretinoin 0.025 % gel</i>	1	
<i>tretinoin 0.05 % cream</i>	1	
<i>tretinoin 0.1 % cream</i>	1	
<i>tretinoin microsphere 0.08 % gel</i>	3	
<i>tretinoin microsphere pump 0.08 % gel</i>	3	
WINLEVI 1 % CREAM	3	PA
<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	
DERMATITIS AND PRURITUS AGENTS		
<i>al12 12 % lotion</i>	1	OTC Over the Counter
<i>ala-cort 2.5 % cream</i>	1	
<i>alclometasone dipropionate 0.05 % ointment</i>	1	
AMCINONIDE 0.1 % CREAM	1	
AMCINONIDE 0.1 % LOTION	1	
AMCINONIDE 0.1 % OINTMENT	1	
<i>amcinonide 0.1 % ointment</i>	1	
<i>amlactin daily 12 % lotion</i>	1	OTC Over the Counter
<i>ammonium lactate 12 % cream</i>	1	OTC Over the Counter
<i>ammonium lactate 12 % lotion</i>	1	OTC Over the Counter
<i>betamethasone dipropionate 0.05 % cream</i>	1	
<i>betamethasone dipropionate 0.05 % lotion</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BETAMETHASONE DIPROPIONATE AUG 0.05 % GEL	1	
<i>betamethasone dipropionate aug 0.05 % ointment</i>	1	
<i>betamethasone valerate 0.1 % cream</i>	1	
<i>betamethasone valerate 0.1 % lotion</i>	1	
<i>betamethasone valerate 0.1 % ointment</i>	1	
<i>betamethasone valerate 0.12 % foam</i>	2	
<i>clobetasol prop emollient base 0.05 % cream</i>	1	
<i>clobetasol propionate 0.05 % cream</i>	1	
<i>clobetasol propionate 0.05 % foam</i>	1	
<i>clobetasol propionate 0.05 % gel</i>	1	
<i>clobetasol propionate 0.05 % lotion</i>	1	
<i>clobetasol propionate 0.05 % ointment</i>	1	
<i>clobetasol propionate 0.05 % shampoo</i>	2	
<i>clobetasol propionate 0.05 % solution</i>	1	
<i>clodan 0.05 % shampoo</i>	2	
CORDRAN 4 MCG/SQCM TAPE	3	
<i>cvs hydrating skin treatment 12 % lotion</i>	1	OTC Over the Counter
<i>cvs skin treatment 12 % lotion</i>	1	OTC Over the Counter
<i>desonide 0.05 % cream</i>	1	
<i>desonide 0.05 % ointment</i>	1	
<i>desoximetasone 0.05 % cream</i>	3	
<i>desoximetasone 0.05 % gel</i>	3	
<i>desoximetasone 0.25 % cream</i>	3	
<i>desoximetasone 0.25 % ointment</i>	3	
<i>doxepin hcl 5 % cream</i>	3	PA
<i>fluocinolone acetonide 0.01 % solution</i>	1	
<i>fluocinolone acetonide 0.025 % cream</i>	1	
<i>fluocinolone acetonide 0.025 % ointment</i>	1	
<i>fluocinolone acetonide body 0.01 % oil</i>	2	
<i>fluocinolone acetonide scalp 0.01 % oil</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fluocinonide 0.05 % cream</i>	1	
FLUOCINONIDE 0.05 % GEL	1	
<i>fluocinonide 0.05 % gel</i>	1	
<i>fluocinonide 0.05 % ointment</i>	1	
<i>fluocinonide 0.05 % solution</i>	1	
FLURANDRENOLIDE 0.05 % CREAM	3	
FLURANDRENOLIDE 0.05 % LOTION	3	
<i>fluticasone propionate 0.005 % ointment</i>	1	
<i>fluticasone propionate 0.05 % cream</i>	1	
<i>halobetasol propionate 0.05 % cream</i>	1	
<i>halobetasol propionate 0.05 % ointment</i>	1	
<i>hydrocortisone (perianal) 2.5 % cream</i>	1	
<i>hydrocortisone 2.5 % cream</i>	1	
HYDROCORTISONE 2.5 % LOTION	1	
<i>hydrocortisone 2.5 % ointment</i>	1	
HYDROCORTISONE BUTYRATE 0.1 % CREAM	1	
HYDROCORTISONE BUTYRATE 0.1 % SOLUTION	1	
<i>hydrocortisone valerate 0.2 % cream</i>	1	
<i>mometasone furoate 0.1 % solution</i>	1	
<i>pimecrolimus 1 % cream</i>	2	QL 30 GM / 30 day(s)
PRAMOX 1 % GEL	1	
<i>procto-med hc 2.5 % cream</i>	1	
<i>proctosol hc 2.5 % cream</i>	1	
<i>proctozone-hc 2.5 % cream</i>	1	
<i>selenium sulfide 2.5 % lotion</i>	1	
<i>tacrolimus 0.03 % ointment</i>	2	QL 30 GM / 30 day(s)
<i>tacrolimus 0.1 % ointment</i>	2	QL 30 GM / 30 day(s)
<i>triamcinolone acetonide 0.025 % cream</i>	1	
<i>triamcinolone acetonide 0.025 % lotion</i>	1	
<i>triamcinolone acetonide 0.025 % ointment</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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 0.1 % cream</i>	1	
<i>triderm 0.5 % cream</i>	1	
DERMATOLOGICAL AGENTS, OTHER		
<i>acne foaming wash 10 % liquid</i>	1	OTC Over the Counter
<i>acne medication 10 10 % gel</i>	1	OTC Over the Counter
<i>acne medication 5 5 % gel</i>	1	OTC Over the Counter
<i>acne treatment 10 % gel</i>	1	OTC Over the Counter
<i>acne-clear 10 % gel</i>	1	OTC Over the Counter
ANALPRAM HC 2.5-1 % CREAM	2	
ANALPRAM HC SINGLES 2.5-1 % CREAM	2	
<i>avar cleanser 10-5 % liquid</i>	1	
<i>avar-e emollient 10-5 % cream</i>	1	
<i>avar-e green 10-5 % cream</i>	1	
<i>benzoyl peroxide 10 % gel</i>	1	OTC Over the Counter
<i>benzoyl peroxide 10 % liquid</i>	1	OTC Over the Counter
<i>benzoyl peroxide 5 % gel</i>	1	OTC Over the Counter
<i>benzoyl peroxide wash 10 % liquid</i>	1	OTC Over the Counter
<i>benzoyl peroxide wash 10 % liquid</i>	1	OTC Over the Counter
<i>bp gel 10 % gel</i>	1	OTC Over the Counter
<i>bp gel 5 % gel</i>	1	OTC Over the Counter
<i>bp wash 10 % liquid</i>	1	OTC Over the Counter
<i>calcipotriene 0.005 % cream</i>	2	
<i>calcipotriene 0.005 % ointment</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CALCIPOTRIENE 0.005 % SOLUTION	3	
<i>calcipotriene 0.005 % solution</i>	3	
<i>calcipotriene-betameth diprop 0.005-0.064 % suspension</i>	3	
<i>calcitrene 0.005 % ointment</i>	2	
CALCITRIOL 3 MCG/GM OINTMENT	3	
<i>clean & clear persa-gel max st 10 % gel</i>	1	OTC Over the Counter
<i>clotrimazole-betamethasone 1-0.05 % cream</i>	1	
CLOTRIMAZOLE-BETAMETHASONE 1-0.05 % LOTION	1	
<i>clotrimazole-betamethasone 1-0.05 % lotion</i>	1	
<i>cvs acne foaming face wash 10 % liquid</i>	1	OTC Over the Counter
<i>cvs acne treatment 10 % gel</i>	1	OTC Over the Counter
<i>cvs foaming acne face wash 10 % liquid</i>	1	OTC Over the Counter
<i>diclofenac sodium 3 % gel</i>	3	
DRYSOL 20 % SOLUTION	1	
FLUOROURACIL 2 % SOLUTION	1	
<i>fluorouracil 5 % cream</i>	1	
<i>fluorouracil 5 % solution</i>	1	
<i>hydrocort-pramoxine (perianal) 2.5-1 % cream</i>	2	
HYDROCORTISONE ACE-PRAMOXINE 2.5-1 % CREAM	2	
<i>imiquimod 5 % cream</i>	1	
<i>medpura benzoyl peroxide 10 % gel</i>	1	OTC Over the Counter
<i>medpura benzoyl peroxide 10 % liquid</i>	1	OTC Over the Counter
<i>medpura benzoyl peroxide 5 % gel</i>	1	OTC Over the Counter
METHOXSALLEN RAPID 10 MG CAP	3	
NEO-SYNALAR 0.5-0.025 % CREAM	3	PA
<i>nystatin-triamcinolone 100000-0.1 unit/gm-% cream</i>	1	
<i>nystatin-triamcinolone 100000-0.1 unit/gm-% ointment</i>	1	
OTEZLA 20 MG TAB	2	QL 60 EA / 30 day(s) PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OTEZLA 30 MG TAB	2	QL 60 EA / 30 day(s) PA SP Specialty
<i>panoxyl foaming wash 10 % liquid</i>	1	OTC Over the Counter
<i>podofilox 0.5 % gel</i>	3	
PODOFILOX 0.5 % SOLUTION	1	
<i>podofilox 0.5 % solution</i>	1	
PROCTOFOAM HC 1-1 % FOAM	3	
SANTYL 250 UNIT/GM OINTMENT	3	
<i>selenium sulfide 2.25 % shampoo</i>	1	
<i>silver sulfadiazine 1 % cream</i>	1	
<i>sodium sulfacetamide wash 10 % liquid</i>	1	
<i>sodium sulfacetamide wash 10 % liquid</i>	1	
<i>ssd 1 % cream</i>	1	
<i>sss 10-5 10-5 % cream</i>	1	
<i>sulfacetamide sodium 10 % liquid</i>	1	
<i>sulfacetamide sodium-sulfur 10-4 % pad</i>	1	
<i>sulfacetamide sodium-sulfur 10-5 % cream</i>	1	
<i>sulfacetamide sodium-sulfur 10-5 % liquid</i>	1	
<i>sulfacetamide sodium-sulfur 10-5 % lotion</i>	1	
VECTICAL 3 MCG/GM OINTMENT	3	
VEREGEN 15 % OINTMENT	3	PA
PEDICULICIDES/SCABICIDES		
CROTAN 10 % LOTION	3	
<i>ivermectin 1 % cream</i>	3	
<i>malathion 0.5 % lotion</i>	3	
NATROBA 0.9 % SUSPENSION	3	
<i>permethrin 5 % cream</i>	1	
SOOLANTRA 1 % CREAM	3	
SPINOSAD 0.9 % SUSPENSION	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TOPICAL ANTI-INFECTIVES		
<i>acyclovir 5 % cream</i>	2	QL 5 gm / 30 days
<i>acyclovir 5 % ointment</i>	2	QL 15 GM / 30 day(s)
CENTANY 2 % OINTMENT	1	
<i>ciclopirox 0.77 % gel</i>	1	
<i>ciclopirox 1 % shampoo</i>	1	
<i>ciclopirox 8 % solution</i>	1	
<i>clindamycin phosphate 1 % gel</i>	1	
<i>clindamycin phosphate 1 % lotion</i>	1	
<i>clindamycin phosphate 1 % solution</i>	1	
<i>erythromycin 2 % gel</i>	1	
<i>erythromycin 2 % solution</i>	1	
MAFENIDE ACETATE 5 % PACKET	3	
<i>mafenide acetate 5 % packet</i>	3	
<i>mupirocin 2 % ointment</i>	1	
<i>penciclovir 1 % cream</i>	3	QL 5 gm / 30 days PA MNPA
SULFAMYLON 5 % PACKET	3	PA
ELECTROLYTES/MINERALS/METALS/VITAMINS		
ELECTROLYTE/MINERAL REPLACEMENT		
ADVERA LIQUID	1	OTC Over the Counter
ALITRAQ PACKET	1	OTC Over the Counter
ARGINAID PACKET	1	OTC Over the Counter
ARGINAID EXTRA LIQUID	1	OTC Over the Counter
<i>argyle sterile saline 0.9 % solution</i>	1	
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BALANCED NUTRITIONAL SHAKE PLS LIQUID	1	OTC Over the Counter
BEEF/POTATOES/SPINACH LIQUID	1	OTC Over the Counter
BENECALORIE LIQUID	1	OTC Over the Counter
BOOST LIQUID	1	OTC Over the Counter
BOOST BREEZE LIQUID	1	OTC Over the Counter
BOOST GLUCOSE CONTROL LIQUID	1	OTC Over the Counter
BOOST GLUCOSE CTRL MAX PROTEIN LIQUID	1	OTC Over the Counter
BOOST HIGH PROTEIN LIQUID	1	OTC Over the Counter
BOOST KID ESSENTIALS 1.0 CAL LIQUID	1	OTC Over the Counter
BOOST KID ESSENTIALS 1.5 CAL LIQUID	1	OTC Over the Counter
BOOST KID ESSENTIALS 1.5/FIBER LIQUID	1	OTC Over the Counter
BOOST KIDS ESSENTIALS LIQUID	1	OTC Over the Counter
BOOST MAX MEN 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
BOOST/BENEFIBER LIQUID	1	OTC Over the Counter
BRAINSUSTAIN PACKET	1	OTC Over the Counter
BRAINSUSTAIN FOR KIDS POWDER	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
CARNATION INST BREAKFAST JUICE LIQUID	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CARNATION INST BREAKFAST PLUS LIQUID	1	OTC Over the Counter
CARNATION INST BREAKFAST VHC LIQUID	1	OTC Over the Counter
CARNATION INSTANT BREAKFAST LIQUID	1	OTC Over the Counter
CFPREOP LIQUID	1	OTC Over the Counter
CHICKEN/CARROTS/BROWN RICE LIQUID	1	OTC Over the Counter
CHICKEN/PEAS/CARROTS PLUS POWDER	1	OTC Over the Counter
CHICKEN/PEAS/CARROTS PLUS PEDI POWDER	1	OTC Over the Counter
CHOICE DM LIQUID	1	OTC Over the Counter
CHOICE DM TF LIQUID	1	OTC Over the Counter
COMPLEAT LIQUID	1	OTC Over the Counter
COMPLEAT ORGANIC BLENDS 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 PEDIATRIC LIQUID	1	OTC Over the Counter
COMPLEAT PEDIATRIC ORG BLENDS 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
CRITICARE HN LIQUID	1	OTC Over the Counter
CRUCIAL LIQUID	1	OTC Over the Counter
<i>curity sterile saline 0.9 % solution</i>	1	
CVS NUTRITION LIQUID LIQUID	1	OTC Over the Counter
CVS NUTRITION PLUS LIQUID	1	OTC Over the Counter
CVS NUTRITION PLUS CHOCOLATE LIQUID	1	OTC Over the Counter
CVS NUTRITION PLUS VANILLA LIQUID	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CVS NUTRITIONAL SHAKE LIQUID	1	OTC Over the Counter
DIABETIC TF LIQUID	1	OTC Over the Counter
DIABETISHIELD LIQUID	1	OTC Over the Counter
DIABETISOURCE LIQUID	1	OTC Over the Counter
DIABETISOURCE AC LIQUID	1	OTC Over the Counter
DIARESQ PACKET	1	OTC Over the Counter
DIARESQ CHILDRENS PACKET	1	OTC Over the Counter
DIARESQ GENTLE RELIEF TODDLERS PACKET	1	OTC Over the Counter
DPP DIPEPTIDE POWER LIQUID	1	OTC Over the Counter
EAA SUPPLEMENT PACKET	1	OTC Over the Counter
EGGS/APPLES/OATS LIQUID	1	OTC Over the Counter
ENCALA PACKET	1	OTC Over the Counter
ENLIVE LIQUID	1	OTC Over the Counter
ENSURE LIQUID	1	OTC Over the Counter
ENSURE ACTIVE 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 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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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 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 ORIG THERAPEUTIC NUTRI LIQUID	1	OTC Over the Counter
ENSURE ORIGINAL LIQUID	1	OTC Over the Counter
ENSURE ORIGINAL POWDER	1	OTC Over the Counter
ENSURE ORIGINAL/FIBER LIQUID	1	OTC Over the Counter
ENSURE PLANT-BASED PROTEIN LIQUID	1	OTC Over the Counter
ENSURE PLUS 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 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
ENSURE/FIBER LIQUID	1	OTC Over the Counter
ENTERADE LIQUID	1	OTC Over the Counter
ENTERADE IBS-D 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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
EQ WEIGHT LOSS SHAKE LIQUID	1	OTC Over the Counter
EQUATE LIQUID	1	OTC Over the Counter
EQUATE PLUS LIQUID	1	OTC Over the Counter
EXPEDITE LIQUID	1	OTC Over the Counter
F.A.A. LIQUID	1	OTC Over the Counter
FIBER FLOW LIQUID	1	OTC Over the Counter
FIBER-STAT LIQUID	1	OTC Over the Counter
FIBERSOURCE LIQUID	1	OTC Over the Counter
FIBERSOURCE HN LIQUID	1	OTC Over the Counter
FITFOOD LEAN COMPLETE PACKET	1	OTC Over the Counter
FRUITIVITS PACKET	1	OTC Over the Counter
GA EXPRESS15 PACKET	1	OTC Over the Counter
GA GEL PACKET	1	OTC Over the Counter
GELATEIN MCT LIQUID	1	OTC Over the Counter
GLUCERNA LIQUID	1	OTC Over the Counter
GLUCERNA 1.0 CAL 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 1.2 CAL LIQUID	1	OTC Over the Counter
GLUCERNA 1.5 CAL LIQUID	1	OTC Over the Counter
GLUCERNA 1.5 CAL/CARBSTEADY LIQUID	1	OTC Over the Counter
GLUCERNA ADVANCE SHAKE LIQUID	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GLUCERNA CARBSTEDDY LIQUID	1	OTC Over the Counter
GLUCERNA HUNGER SMART SHAKE 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 LIQUID	1	OTC Over the Counter
GLYTROL PREBIO1 LIQUID	1	OTC Over the Counter
GOODSENSE NUTRISURE ORIGINAL LIQUID	1	OTC Over the Counter
GOODSENSE NUTRISURE PLUS LIQUID	1	OTC Over the Counter
HAELAN 951 FERMENTED SOY LIQUID	1	OTC Over the Counter
HAELAN HTPI FERMENTED SOY LIQUID	1	OTC Over the Counter
HCU 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 LIQUID	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
IMPACT 1.5 LIQUID	1	OTC Over the Counter
IMPACT ADVANCED RECOVERY LIQUID	1	OTC Over the Counter
IMPACT GLUTAMINE LIQUID	1	OTC Over the Counter
IMPACT/FIBER LIQUID	1	OTC Over the Counter
INNOVACIN LIQUID	1	OTC Over the Counter
INTROLITE LIQUID	1	OTC Over the Counter
ISOCAL LIQUID	1	OTC Over the Counter
ISOCAL HN LIQUID	1	OTC Over the Counter
ISOCAL HN PLUS LIQUID	1	OTC Over the Counter
ISOSOURCE LIQUID	1	OTC Over the Counter
ISOSOURCE 1.5 CAL LIQUID	1	OTC Over the Counter
ISOSOURCE HN LIQUID	1	OTC Over the Counter
ISOSOURCE VHN LIQUID	1	OTC Over the Counter
JEVITY 1 CAL LIQUID	1	OTC Over the Counter
JEVITY 1 CAL/FIBER LIQUID	1	OTC Over the Counter
JEVITY 1.2 CAL LIQUID	1	OTC Over the Counter
JEVITY 1.2 CAL/FIBER LIQUID	1	OTC Over the Counter
JEVITY 1.5 CAL/FIBER LIQUID	1	OTC Over the Counter
JUICE PLUS FIBRE LIQUID	1	OTC Over the Counter
JUVEN PACKET	1	OTC Over the Counter
JUVEN NUTRIVIGOR PACKET	1	OTC Over the Counter
JUVEN REVIGOR PACKET	1	OTC Over the Counter
KALE/QUINOA/BERRIES PLUS POWDER	1	OTC Over the Counter
KALE/QUINOA/BERRIES PLUS PEDIA POWDER	1	OTC Over the Counter
KATE FARMS GLUCOSE SUPPORT 1.2 LIQUID	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
KETO 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
KFLO LIQUID	1	OTC Over the Counter
KIDS PLANT PROTEIN SHAKE LIQUID	1	OTC Over the Counter
KIDS PROTEIN ORGANIC SHAKE LIQUID	1	OTC Over the Counter
KINDERSPROUT PLANT PROTEIN LIQUID	1	OTC Over the Counter
<i>klor-con 10 10 meq tab er</i>	1	
<i>klor-con 8 meq tab er</i>	1	
<i>klor-con m10 10 meq tab er</i>	1	
<i>klor-con m15 15 meq tab er</i>	3	
<i>klor-con m20 20 meq tab er</i>	1	
LANAFLEX PACKET	1	OTC Over the Counter
LIQUID HOPE LIQUID	1	OTC Over the Counter
LIQUID HOPE PEPTIDE LIQUID	1	OTC Over the Counter
LIQUID HOPE PEPTIDE BERRY LIQUID	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LOPHLEX PACKET	1	OTC Over the Counter
LOPHLEX LQ 20 LIQUID	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
MCT PRO-CAL PACKET	1	OTC Over the Counter
MMA/PA COOLER15 LIQUID	1	OTC Over the Counter
MMA/PA GEL PACKET	1	OTC Over the Counter
MSUD COOLER LIQUID	1	OTC Over the Counter
MSUD EXPRESS 15 PLUS PACKET	1	OTC Over the Counter
MSUD EXPRESS 20 PLUS PACKET	1	OTC Over the Counter
MSUD GEL PACKET	1	OTC Over the Counter
MSUD LOPHLEX LQ LIQUID	1	OTC Over the Counter
MULTIVITAMIN/FLUORIDE 0.25 MG CHEW TAB	1	PD Preventive Drug
MULTIVITAMIN/FLUORIDE 0.5 MG CHEW TAB	1	PD Preventive Drug
MULTIVITAMIN/FLUORIDE 1 MG CHEW TAB	1	PD Preventive Drug
NEOCATE SPLASH LIQUID	1	OTC Over the Counter
NEOCATE SYNEO JUNIOR POWDER	1	OTC Over the Counter
NEPRO LIQUID	1	OTC Over the Counter
NEPRO/CARBSTEADY LIQUID	1	OTC Over the Counter
NOURISH LIQUID	1	OTC Over the Counter
NOURISH PEPTIDE FORMULA LIQUID	1	OTC Over the Counter
NOVASOURCE PULMONARY LIQUID	1	OTC Over the Counter
NOVASOURCE RENAL LIQUID	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NUTRA/SHAKE LIQUID	1	OTC Over the Counter
NUTRAMINE PACKET	1	OTC Over the Counter
NUTRAMINE AMINO BITES PACKET	1	OTC Over the Counter
NUTREN 1.0 LIQUID	1	OTC Over the Counter
NUTREN 1.0/FIBER LIQUID	1	OTC Over the Counter
NUTREN 1.5 LIQUID	1	OTC Over the Counter
NUTREN 1.5 FIBER LIQUID	1	OTC Over the Counter
NUTREN 2.0 LIQUID	1	OTC Over the Counter
NUTREN JR LIQUID	1	OTC Over the Counter
NUTREN JR FIBER LIQUID	1	OTC Over the Counter
NUTREN JUNIOR 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 PULMONARY LIQUID	1	OTC Over the Counter
NUTREN RENAL LIQUID	1	OTC Over the Counter
NUTRICIA PREOP PACKET	1	OTC Over the Counter
NUTRIFOCUS LIQUID	1	OTC Over the Counter
NUTRIHEAL LIQUID	1	OTC Over the Counter
NUTRIHEP 1.5 CAL LIQUID	1	OTC Over the Counter
NUTRIRENAL 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 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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
NUTRIVENT LIQUID	1	OTC Over the Counter
NUTRIVENT 1.5 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 PACKET	1	OTC Over the Counter
OPTIMETABOLIX 2:1 PACKET	1	OTC Over the Counter
OPTISOURCE LIQUID	1	OTC Over the Counter
ORGANIC NUTRITION SHAKE LIQUID	1	OTC Over the Counter
OSAPLEX MK-7 PACKET	1	OTC Over the Counter
OSMOLITE LIQUID	1	OTC Over the Counter
OSMOLITE 1 CAL LIQUID	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 HN LIQUID	1	OTC Over the Counter
OXEPA LIQUID	1	OTC Over the Counter
OXEPA 1.5 LIQUID	1	OTC Over the Counter
PEDIASURE LIQUID	1	OTC Over the Counter
PEDIASURE 1.0 CAL/FIBER LIQUID	1	OTC Over the Counter
PEDIASURE 1.5 CAL LIQUID	1	OTC Over the Counter
PEDIASURE 1.5 CAL/FIBER LIQUID	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PEDIASURE GROW & GAIN LIQUID	1	OTC Over the Counter
PEDIASURE GROW & GAIN ORGANIC LIQUID	1	OTC Over the Counter
PEDIASURE GROW & GAIN/FIBER LIQUID	1	OTC Over the Counter
PEDIASURE HARVEST 1.0 CAL 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 LIQUID	1	OTC Over the Counter
PEDIASURE SIDEKICKS CLEAR LIQUID	1	OTC Over the Counter
PEDIASURE SIDEKICKS SHAKE LIQUID	1	OTC Over the Counter
PEDIASURE/FIBER LIQUID	1	OTC Over the Counter
PEDIATRIC DRINK LIQUID	1	OTC Over the Counter
PEDIATRIC PEPTINEX DT LIQUID	1	OTC Over the Counter
PEDIATRIC PEPTINEX DT/FIBER LIQUID	1	OTC Over the Counter
PEPTAMEN LIQUID	1	OTC Over the Counter
PEPTAMEN 1 CAL LIQUID	1	OTC Over the Counter
PEPTAMEN 1 CAL/PREBIO1 LIQUID	1	OTC Over the Counter
PEPTAMEN 1.5 LIQUID	1	OTC Over the Counter
PEPTAMEN 1.5 CAL LIQUID	1	OTC Over the Counter
PEPTAMEN 1.5 CAL/PREBIO1 LIQUID	1	OTC Over the Counter
PEPTAMEN AF LIQUID	1	OTC Over the Counter
PEPTAMEN BARIATRIC LIQUID	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PEPTAMEN INTENSE VHP LIQUID	1	OTC Over the Counter
PEPTAMEN JUNIOR 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 1.5 LIQUID	1	OTC Over the Counter
PEPTAMEN JUNIOR 1.5 CAL 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 OS LIQUID	1	OTC Over the Counter
PEPTAMEN OS 1.5 LIQUID	1	OTC Over the Counter
PEPTAMEN VHP LIQUID	1	OTC Over the Counter
PEPTAMEN/PREBIO1 LIQUID	1	OTC Over the Counter
PEPTINEX 1.0 LIQUID	1	OTC Over the Counter
PEPTINEX 1.5 LIQUID	1	OTC Over the Counter
PEPTINEX DT LIQUID	1	OTC Over the Counter
PEPTINEX DT/PREBIOTICS LIQUID	1	OTC Over the Counter
PERATIVE LIQUID	1	OTC Over the Counter
PERATIVE 1.3 CAL LIQUID	1	OTC Over the Counter
PHENYLADE ESSENTIAL DRINK MIX PACKET	1	OTC Over the Counter
PHENYLADE ESSENTIAL MIX/FIBER PACKET	1	OTC Over the Counter
PHENYLADE GMP PACKET	1	OTC Over the Counter
PHENYLADE GMP MIX-IN PACKET	1	OTC Over the Counter
PHENYLADE GMP READY LIQUID	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PHENYLADE GMP ULTRA PACKET	1	OTC Over the Counter
PHENYLADE RTD PKU 10 LIQUID	1	OTC Over the Counter
PHENYLADE60 DRINK MIX PACKET	1	OTC Over the Counter
PHLEXY-10 PACKET	1	OTC Over the Counter
PIVOT 1.5 CAL LIQUID	1	OTC Over the Counter
PKU AIR20 GOLD LIQUID	1	OTC Over the Counter
PKU AIR20 GREEN LIQUID	1	OTC Over the Counter
PKU AIR20 YELLOW LIQUID	1	OTC Over the Counter
PKU COOLER 10 LIQUID	1	OTC Over the Counter
PKU COOLER 15 LIQUID	1	OTC Over the Counter
PKU COOLER 20 LIQUID	1	OTC Over the Counter
PKU EASY SHAKE & GO POWDER	1	OTC Over the Counter
PKU EXPLORE10 PACKET	1	OTC Over the Counter
PKU EXPLORE5 PACKET	1	OTC Over the Counter
PKU GEL PACKET	1	OTC Over the Counter
PKU GOLIKE PLUS 16+ PACKET	2	OTC Over the Counter
PKU GOLIKE PLUS 4-16 PACKET	2	OTC Over the Counter
PKU LOPHLEX LQ 20 LIQUID	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
<i>potassium chloride 10 % solution</i>	1	
<i>potassium chloride 20 meq/15ml (10%) solution</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>potassium chloride 40 meq/15ml (20%) solution</i>	1	
<i>potassium chloride crys er 10 meq tab er</i>	1	
<i>potassium chloride crys er 15 meq tab er</i>	3	
<i>potassium chloride crys er 20 meq tab er</i>	1	
<i>potassium chloride er 10 meq cap er</i>	1	
<i>potassium chloride er 10 meq tab er</i>	1	
<i>potassium chloride er 20 meq tab er</i>	1	
<i>potassium chloride er 8 meq cap er</i>	1	
POTASSIUM CHLORIDE ER 8 MEQ TAB ER	1	
<i>potassium chloride er 8 meq tab er</i>	1	
<i>potassium citrate er 10 meq (1080 mg) tab er</i>	1	
<i>potassium citrate er 15 meq (1620 mg) tab er</i>	2	
<i>potassium citrate er 5 meq (540 mg) tab er</i>	1	
PPA/MMA EXPRESS PACKET	1	OTC Over the Counter
PRO-CAL PACKET	1	OTC Over the Counter
PROBALANCE LIQUID	1	OTC Over the Counter
PROMOD LIQUID	1	OTC Over the Counter
PROMOTE LIQUID	1	OTC Over the Counter
PROMOTE 1.0 LIQUID	1	OTC Over the Counter
PROMOTE 1.0 WITH FIBER LIQUID	1	OTC Over the Counter
PROMOTE/FIBER LIQUID	1	OTC Over the Counter
PROSOURCE LIQUID	1	OTC Over the Counter
PROSOURCE NO CARB LIQUID	1	OTC Over the Counter
PROSOURCE PLUS LIQUID	1	OTC Over the Counter
PROSOURCE TF LIQUID	1	OTC Over the Counter
PROSOURCE XTRACAL LIQUID	1	OTC Over the Counter
PROSOURCE ZAC LIQUID	1	OTC Over the Counter
PROSURE LIQUID	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PROTAIN XL LIQUID	1	OTC Over the Counter
PROTALITY LIQUID	1	OTC Over the Counter
PULMOCARE LIQUID	1	OTC Over the Counter
PULMOCARE 1.5 LIQUID	1	OTC Over the Counter
PUSH 20+ ADVANCED LIQUID	1	OTC Over the Counter
PX VANILLA PLUS LIQUID	1	OTC Over the Counter
QUINOA/KALE/HEMP LIQUID	1	OTC Over the Counter
RE/NEPH LIQUID	1	OTC Over the Counter
RE/NEPH LP/HC LIQUID	1	OTC Over the Counter
RE/NEPH REDUCED SUGAR LIQUID	1	OTC Over the Counter
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
REPLETE LIQUID	1	OTC Over the Counter
REPLETE FIBER LIQUID	1	OTC Over the Counter
REPLETE FIBER 1 CAL LIQUID	1	OTC Over the Counter
REPLETE/FIBER LIQUID	1	OTC Over the Counter
RESOURCE 2.0 LIQUID	1	OTC Over the Counter
RESOURCE ARGINAID PACKET	1	OTC Over the Counter
RESOURCE DAIRY THICK LIQUID	1	OTC Over the Counter
RESOURCE DIABETIC TF LIQUID	1	OTC Over the Counter
RESOURCE JUST FOR KIDS LIQUID	1	OTC Over the Counter
RESOURCE JUST FOR KIDS/FIBER LIQUID	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RESOURCE SUPPORT LIQUID	1	OTC Over the Counter
RESOURCE THICKENUP DAIRY LIQUID	1	OTC Over the Counter
RESOURCE THICKENUP JUICE LIQUID	1	OTC Over the Counter
RESPALOR 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
S.O.S. 20 PACKET	1	OTC Over the Counter
S.O.S. 25 PACKET	1	OTC Over the Counter
SALMON/OATS/SQUASH LIQUID	1	OTC Over the Counter
SB COMPLETE NUTRITION LIQUID	1	OTC Over the Counter
SB COMPLETE NUTRITION PLUS LIQUID	1	OTC Over the Counter
SCANDISHAKE PACKET	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
<i>sodium chloride 0.9 % solution</i>	1	
<i>sodium fluoride 0.55 (0.25 f) mg chew tab</i>	1	ACA Affordable Care Act
<i>sodium fluoride 1.1 (0.5 f) mg chew tab</i>	1	ACA Affordable Care Act
<i>sodium fluoride 2.2 (1 f) mg chew tab</i>	1	ACA Affordable Care Act
SUBDUE LIQUID	1	OTC Over the Counter
SUBDUE PLUS LIQUID	1	OTC Over the Counter
SUPLENA LIQUID	1	OTC Over the Counter
SUPLENA 1.8/CARBSTEADY LIQUID	1	OTC Over the Counter
SUPLENA/CARB STEADY LIQUID	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
THICK-IT THICKENED CRANBERRY LIQUID	1	OTC Over the Counter
TOLEREX PACKET	1	OTC Over the Counter
TURKEY/SWEET POTATOES/PEACHES LIQUID	1	OTC Over the Counter
TWOCAL HN LIQUID	1	OTC Over the Counter
TWOCAL HN 2.0 LIQUID	1	OTC Over the Counter
TYLACTIN RTD 15 LIQUID	1	OTC Over the Counter
TYR COOLER LIQUID	1	OTC Over the Counter
TYR GEL 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
ULTRACAL LIQUID	1	OTC Over the Counter
ULTRACAL HN PLUS LIQUID	1	OTC Over the Counter
ULTRIENT 1.5 SAFE-T FEED LIQUID	1	OTC Over the Counter
UTYMAX PACKET	1	OTC Over the Counter
VHC 2.25 LIQUID	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 LIQUID	1	OTC Over the Counter
VITAL AF 1.2 CAL ADV FORMULA 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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
XPHE MAXAMUM PACKET	2	OTC Over the Counter
XTRACAL PLUS LIQUID	1	OTC Over the Counter
ELECTROLYTE/MINERAL/METAL MODIFIERS		
CHEMET 100 MG CAP	3	
<i>deferasirox 125 mg tab sol</i>	3	PA SP Specialty
<i>deferasirox 250 mg tab sol</i>	3	PA SP Specialty
<i>deferasirox 500 mg tab sol</i>	3	PA SP Specialty
<i>deferiprone 1000 mg tab</i>	3	PA SP Specialty
<i>deferiprone 500 mg tab</i>	3	PA SP Specialty
FERRIPROX 100 MG/ML SOLUTION	3	PA SP Specialty
FERRIPROX TWICE-A-DAY 1000 MG TAB	3	PA SP Specialty
JYNARQUE 15 MG TAB	3	PA SP Specialty
JYNARQUE 15 MG TAB THPK	3	SP Specialty
JYNARQUE 30 & 15 MG TAB THPK	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
JYNARQUE 30 MG TAB	3	PA SP Specialty
JYNARQUE 45 & 15 MG TAB THPK	3	PA SP Specialty
JYNARQUE 60 & 30 MG TAB THPK	3	PA SP Specialty
JYNARQUE 90 & 30 MG TAB THPK	3	PA SP Specialty
<i>tolvaptan 15 mg tab</i>	3	PA SP Specialty
<i>tolvaptan 30 mg tab</i>	3	PA SP Specialty
<i>trientine hcl 250 mg cap</i>	3	PA SP Specialty
TRIENTINE HCL 500 MG CAP	3	PA SP Specialty
PHOSPHATE BINDERS		
<i>calcium acetate (phos binder) 667 mg cap</i>	1	
<i>calcium acetate (phos binder) 667 mg tab</i>	2	
<i>calcium acetate 667 mg tab</i>	2	
FOSRENOL 1000 MG PACKET	3	
FOSRENOL 750 MG PACKET	3	
<i>lanthanum carbonate 1000 mg chew tab</i>	3	
<i>lanthanum carbonate 500 mg chew tab</i>	3	
<i>lanthanum carbonate 750 mg chew tab</i>	3	
<i>sevelamer carbonate 0.8 gm packet</i>	2	
<i>sevelamer carbonate 2.4 gm packet</i>	2	
<i>sevelamer carbonate 800 mg tab</i>	1	
<i>sevelamer hcl 400 mg tab</i>	3	
<i>sevelamer hcl 800 mg tab</i>	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
POTASSIUM BINDERS		
<i>kionex 15 gm/60ml suspension</i>	1	
LOKELMA 10 GM PACKET	2	
LOKELMA 5 GM PACKET	2	
VELTASSA 16.8 GM PACKET	2	
VELTASSA 25.2 GM PACKET	2	
VELTASSA 8.4 GM PACKET	2	
VITAMINS		
ADD-INS COMPLETE PACKET	2	OTC Over the Counter
ADVANTAGE INFANT FORMULA/IRON POWDER	2	OTC Over the Counter
ALFAMINO INFANT POWDER	2	OTC Over the Counter
ALFAMINO JUNIOR POWDER	1	OTC Over the Counter
ALIMENTUM POWDER	2	OTC Over the Counter
ALSOY SOY FORMULA CONC	2	OTC Over the Counter
ALSOY SOY FORMULA POWDER	2	OTC Over the Counter
<i>amino action 1200-100 mg tab</i>	1	OTC Over the Counter
ARGUMENT AT PACKET	2	OTC Over the Counter
BABYS ONLY ORGANIC/DAIRY POWDER	2	OTC Over the Counter
BABYS ONLY ORGANIC/DHA & ARA POWDER	2	OTC Over the Counter
BABYS ONLY ORGANIC/SOY POWDER	2	OTC Over the Counter
BABYS ONLY ORGNIC/GENT DHA-ARA POWDER	2	OTC Over the Counter
BABYS ONLY ORGNIC/GENTLE DAIRY POWDER	2	OTC Over the Counter
BABYS ONLY ORGNIC/SENS DHA-ARA POWDER	2	OTC Over the Counter
BOOST SOOTHE LIQUID	1	OTC Over the Counter
<i>bprotected pedía iron 75 (15 fe) mg/ml solution</i>	1	ACA Affordable Care Act OTC Over the Counter
CALCILO XD POWDER	2	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CHICKEN/PEAS/CARROTS POWDER	1	OTC Over the Counter
CITRANATAL 90 DHA 90-1 & 300 MG MISC	3	
CITRANATAL ASSURE 35-1 & 300 MG MISC	3	
CITRANATAL B-CALM 20-1 MG & 2 X 25 MG MISC	3	
CITRANATAL DHA 27-1 & 250 MG MISC	3	
CITRANATAL HARMONY 27-1-260 MG CAP	3	
CVS ADVANTAGE/IRON POWDER	2	OTC Over the Counter
<i>cvs fish oil 1000 mg cap</i>	1	OTC Over the Counter
<i>cvs folic acid 800 mcg tab</i>	1	ACA Affordable Care Act OTC Over the Counter
CVS GENTLE INFANT FORMULA/IRON POWDER	2	OTC Over the Counter
CVS INFANT FORMULA/IRON POWDER	2	OTC Over the Counter
<i>cvs natural fish oil 1000 mg cap</i>	1	OTC Over the Counter
CVS SENSITIVITY/IRON POWDER	2	OTC Over the Counter
<i>cvs slow release iron 45 mg tab er</i>	1	ACA Affordable Care Act OTC Over the Counter
CVS TENDER/IRON POWDER	2	OTC Over the Counter
CVS TODDLER & INFANT/IRON POWDER	2	OTC Over the Counter
CVS TODDLER BEGINNINGS-IRON POWDER	2	OTC Over the Counter
<i>cyanocobalamin 1000 mcg/ml solution</i>	1	
<i>daily amino acid tab</i>	1	OTC Over the Counter
<i>dodex 1000 mcg/ml solution</i>	1	
DR BROWN GOOD ST SOY-EASE PRO POWDER	2	OTC Over the Counter
DR BROWN GOOD START GENTLE PRO POWDER	2	OTC Over the Counter
DR BROWN GOOD START SOOTHE PRO POWDER	2	OTC Over the Counter
<i>effer-k 25 meq effer tab</i>	2	
ELECARE DHA/ARA/IRON INFANT POWDER	2	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ENFAGROW PREMIUM LIPIL POWDER	2	OTC Over the Counter
ENFAGROW PREMIUM OLDER TODDLER POWDER	2	OTC Over the Counter
ENFAGROW PREMIUM TODDLER POWDER	2	OTC Over the Counter
ENFAGROW PREMIUM TODDLER GENTL POWDER	2	OTC Over the Counter
ENFAGROW TODDLER GENTLEASE POWDER	2	OTC Over the Counter
ENFAGROW TODDLER SOY POWDER	2	OTC Over the Counter
ENFAGROW TODDLER TRANSITIONS POWDER	2	OTC Over the Counter
ENFAMIL A.R. INFANT POWDER	2	OTC Over the Counter
ENFAMIL AR SPIT-UP POWDER	2	OTC Over the Counter
ENFAMIL ENFACARE LIPIL POWDER	2	OTC Over the Counter
ENFAMIL ENSPIRE GENTLEASE POWDER	2	OTC Over the Counter
ENFAMIL ENSPIRE OPTIMUM POWDER	2	OTC Over the Counter
ENFAMIL ENSPIRE/IRON POWDER	2	OTC Over the Counter
ENFAMIL GENTLEASE PACKET	2	OTC Over the Counter
ENFAMIL GENTLEASE POWDER	2	OTC Over the Counter
ENFAMIL HUMAN MILK FORTIFIER CONC	2	OTC Over the Counter
ENFAMIL HUMAN MILK FORTIFIER PACKET	2	OTC Over the Counter
ENFAMIL INFANT POWDER	2	OTC Over the Counter
ENFAMIL MILK-BASED W/IRON POWDER	2	OTC Over the Counter
ENFAMIL NEUROPRO ENFACARE POWDER	2	OTC Over the Counter
ENFAMIL NEUROPRO GENTLEASE PACKET	2	OTC Over the Counter
ENFAMIL NEUROPRO GENTLEASE POWDER	2	OTC Over the Counter
ENFAMIL NEUROPRO INFANT PACKET	2	OTC Over the Counter
ENFAMIL NEUROPRO INFANT POWDER	2	OTC Over the Counter
ENFAMIL NEUROPRO SENSITIVE POWDER	2	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ENFAMIL NUTRAMIGEN LIPIL CONC	2	OTC Over the Counter
ENFAMIL NUTRAMIGEN PROBIOT LGG POWDER	2	OTC Over the Counter
ENFAMIL NUTRAMIGEN TOD/ENF LGG POWDER	2	OTC Over the Counter
ENFAMIL PREMIUM INFANT CONC	2	OTC Over the Counter
ENFAMIL PREMIUM INFANT POWDER	2	OTC Over the Counter
ENFAMIL PREMIUM INFANT POWDER	2	OTC Over the Counter
ENFAMIL PREMIUM LIPIL CONC	2	OTC Over the Counter
ENFAMIL PREMIUM NEWBORN POWDER	2	OTC Over the Counter
ENFAMIL PROSOBEE LIPIL CONC	2	OTC Over the Counter
ENFAMIL PROSOBEE SOY POWDER	2	OTC Over the Counter
ENFAMIL REGULINE-IRON POWDER	2	OTC Over the Counter
<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>fe-vite iron 75 (15 fe) mg/ml solution</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>ferrous sulfate 220 (44 fe) mg/5ml solution</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>ferrous sulfate 300 (60 fe) mg/5ml solution</i>	3	ACA Affordable Care Act OTC Over the Counter
<i>ferrous sulfate 75 (15 fe) mg/ml solution</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>ferrous sulfate er 45 mg tab er</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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>fluoritab 0.275 (0.125 f) mg/drop solution</i>	1	ACA Affordable Care Act
<i>folate 400 mcg tab</i>	1	ACA Affordable Care Act OTC Over the Counter
FOLBIC 2.5-25-2 MG TAB	1	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	ACA Affordable Care Act OTC Over the Counter
<i>folic acid 800 mcg tab</i>	1	ACA Affordable Care Act OTC Over the Counter
FOLLOW-UP POWDER	2	OTC Over the Counter
FOLLOW-UP SOY POWDER	2	OTC Over the Counter
FOLLOW-UP/FE CONC	2	OTC Over the Counter
FOLLOW-UP/FE POWDER	2	OTC Over the Counter
<i>ft folic acid 400 mcg tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>ft folic acid 800 mcg tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>ft iron slow release 45 mg tab er</i>	1	ACA Affordable Care Act
GERBER EXTENSIVE HA POWDER	2	OTC Over the Counter
GERBER GOOD START A2-IRON POWDER	2	OTC Over the Counter
GERBER GOOD START A2-TODDLER POWDER	2	OTC Over the Counter
GERBER GOOD START GENTLE CONC	2	OTC Over the Counter
GERBER GOOD START GENTLE POWDER	2	OTC Over the Counter
GERBER GOOD START GENTLE 2 POWDER	2	OTC Over the Counter

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GERBER NATURA STAGE 3 POWDER	2	OTC Over the Counter
<i>gnp fish oil 1000 mg cap</i>	1	OTC Over the Counter
<i>gnp folic acid 400 mcg tab</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
GOOD START POWDER	2	OTC Over the Counter
GOOD START 2 ESSENTIALS SOY/FE POWDER	2	OTC Over the Counter
GOOD START 2 ESSENTIALS/IRON CONC	2	OTC Over the Counter
GOOD START 2 SUPREME/IRON CONC	2	OTC Over the Counter
GOOD START 2 SUPREME/IRON POWDER	2	OTC Over the Counter
GOOD START ESSENTIALS SOY/IRON CONC	2	OTC Over the Counter
GOOD START ESSENTIALS SOY/IRON POWDER	2	OTC Over the Counter
GOOD START ESSENTIALS/IRON POWDER	2	OTC Over the Counter
GOOD START GENTLE PLUS CONC	2	OTC Over the Counter
GOOD START GENTLE PLUS POWDER	2	OTC Over the Counter
GOOD START NATURAL CULTURES POWDER	2	OTC Over the Counter
GOOD START SOY PLUS 2 POWDER	2	OTC Over the Counter
GOOD START SUPREME/IRON CONC	2	OTC Over the Counter
GOOD START SUPREME/IRON POWDER	2	OTC Over the Counter
GOOD START/FE CONC	2	OTC Over the Counter
GOOD START/FE POWDER	2	OTC Over the Counter
HEPAMENT PACKET	2	OTC Over the Counter
<i>hm fish oil 1000 mg cap</i>	1	OTC Over the Counter
<i>hm folic acid 400 mcg tab</i>	1	ACA Affordable Care Act OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>iron (ferrous sulfate) 75 (15 fe) mg/ml solution</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>iron high-potency 45 mg tab er</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>iron infant & toddler 15 mg/ml solution</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>iron infant/toddler 75 (15 fe) mg/ml solution</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>iron slow release 45 mg tab er</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>iron supplement 15 mg/ml solution</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>iron supplement childrens 75 (15 fe) mg/ml solution</i>	1	ACA Affordable Care Act OTC Over the Counter
ISOMIL 2 POWDER	2	OTC Over the Counter
ISOMIL SF/IRON CONC	2	OTC Over the Counter
ISOMIL SOY/IRON POWDER	2	OTC Over the Counter
ISOMIL/IRON CONC	2	OTC Over the Counter
ISOMIL/IRON POWDER	2	OTC Over the Counter
k-prime 25 meq effer tab	2	
KALE/QUINOA/BERRIES POWDER	1	OTC Over the Counter
<i>klor-con/ef 25 meq effer tab</i>	2	
<i>kp folic acid 1 mg tab</i>	1	OTC Over the Counter
<i>kp folic acid 800 mcg tab</i>	1	ACA Affordable Care Act OTC Over the Counter
LIPISTART POWDER	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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MSUD ANALOG POWDER	2	OTC Over the Counter
MULTI-VITAMIN/FLUORIDE 0.25 MG/ML SOLUTION	1	PD Preventive Drug
MULTI-VITAMIN/FLUORIDE 0.5 MG/ML SOLUTION	1	PD Preventive Drug
<i>multi-vitamin/fluoride/iron 0.25-10 mg/ml solution</i>	1	PD Preventive Drug
MULTIVITAMIN + FLUORIDE 0.25 MG CHEW TAB	1	OTC Over the Counter PD Preventive Drug
MULTIVITAMIN + FLUORIDE 0.5 MG CHEW TAB	1	OTC Over the Counter PD Preventive Drug
MULTIVITAMIN + FLUORIDE 1 MG CHEW TAB	1	OTC Over the Counter PD Preventive Drug
MULTIVITAMIN/FLUORIDE 0.25 MG CHEW TAB	1	OTC Over the Counter PD Preventive Drug
MULTIVITAMIN/FLUORIDE 0.25 MG/ML SOLUTION	1	OTC Over the Counter PD Preventive Drug
<i>multivitamin/fluoride 0.25 mg/ml solution</i>	1	OTC Over the Counter PD Preventive Drug
MULTIVITAMIN/FLUORIDE 0.5 MG CHEW TAB	1	OTC Over the Counter PD Preventive Drug
MULTIVITAMIN/FLUORIDE 0.5 MG/ML SOLUTION	1	OTC Over the Counter PD Preventive Drug
<i>multivitamin/fluoride 0.5 mg/ml solution</i>	1	OTC Over the Counter PD Preventive Drug
MULTIVITAMIN/FLUORIDE 1 MG CHEW TAB	1	OTC Over the Counter PD Preventive Drug
N-A-C SUSTAIN 600 MG TAB ER	1	OTC Over the Counter
n-acetyl cysteine 600 mg cap	1	OTC Over the Counter
<i>nac 600 600 mg cap</i>	1	OTC Over the Counter
<i>nac 600 mg cap</i>	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nafrinse 2.2 (1 f) mg chew tab</i>	1	ACA Affordable Care Act
NAFRINSE DROPS 0.275 (0.125 F) MG/DROP SOLUTION	1	ACA Affordable Care Act
NAN POWDER	2	OTC Over the Counter
NEOCATE SYNEO INFANT POWDER	2	OTC Over the Counter
NEONATAL + DHA 29-1 & 200 MG MISC	3	
NEONATAL 19 1 MG TAB	3	
NEONATAL FE 90-1 MG TAB	3	
NESTLE NAN PRO 1-IRON POWDER	2	OTC Over the Counter
NESTLE NAN PRO-TODDLER POWDER	2	OTC Over the Counter
<i>nf formulas nac 600 mg cap</i>	1	OTC Over the Counter
NIVA-FOL 2.5-25-2 MG TAB	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 iii epa+dha 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>pc pediatric iron drops 15 mg/ml solution</i>	1	ACA Affordable Care Act OTC Over the Counter
PEDIASMART PEA PROTEIN POWDER	1	OTC Over the Counter
PEPTICATE POWDER	2	OTC Over the Counter
PERIFLEX INFANT POWDER	2	OTC Over the Counter
PHENYL-FREE 1 POWDER	2	OTC Over the Counter
PHENYLADE AMINO ACID BLEND PACKET	2	OTC Over the Counter
PHENYLADE MTE AMINO ACID BLEND PACKET	2	OTC Over the Counter
PHENYLADE40 DRINK MIX PACKET	2	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>phlexy-10 tab</i>	1	OTC Over the Counter
<i>physiolyte solution</i>	1	
<i>physiosol irrigation solution</i>	1	
PKU GOLIKE PLUS 16+ PACKET	2	OTC Over the Counter
PKU GOLIKE PLUS 4-16 PACKET	2	OTC Over the Counter
PKU START POWDER	1	OTC Over the Counter
<i>pre protein tab</i>	1	OTC Over the Counter
PREGESTIMIL POWDER	2	OTC Over the Counter
PREMIUM INFANT FORMULA/IRON POWDER	2	OTC Over the Counter
PRENAISSANCE PLUS 28-1-250 MG CAP	3	
PRENATAL 27-1 MG TAB	1	
PRENATAL PLUS 27-1 MG TAB	1	
PRENATAL PLUS VITAMIN/MINERAL 27-1 MG TAB	1	
PRENATAL VITAMIN PLUS LOW IRON 27-1 MG TAB	1	
PRENATRIX 27-1 MG TAB	1	
PRENATRYL 27-1 MG TAB	1	
PROSOURCE NO CARB LIQUID	1	OTC Over the Counter
PROSOURCE PROTEIN LIQUID	1	OTC Over the Counter
<i>proteinex tab</i>	1	OTC Over the Counter
PURAMINO DHA/ARA POWDER	2	OTC Over the Counter
PURAMINO JR POWDER	2	OTC Over the Counter
PURAMINO TODDLER POWDER	2	OTC Over the Counter
PURE BLISS ORG/A2 MILK/IRON POWDER	2	OTC Over the Counter
PURE BLISS ORGANIC/IRON POWDER	2	OTC Over the Counter
<i>px fish oil 1000 mg cap</i>	1	OTC Over the Counter
<i>px folic acid 400 mcg tab</i>	1	ACA Affordable Care Act OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>qc fish oil 1000 mg cap</i>	1	OTC Over the Counter
<i>qc folic acid 800 mcg tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>ra fish oil 1000 mg cap</i>	1	OTC Over the Counter
<i>ra folic acid 400 mcg tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>ra folic acid 800 mcg tab</i>	1	ACA Affordable Care Act OTC Over the Counter
RCF CONC	2	OTC Over the Counter
RCF LOW-IRON CONC	2	OTC Over the Counter
RESTORE FUSION RENAL SUPPORT POWDER	1	OTC Over the Counter
RESTORE RENAL SUPPORT POWDER	1	OTC Over the Counter
<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
SIMILAC POWDER	2	OTC Over the Counter
SIMILAC 2 ADVANCE POWDER	2	OTC Over the Counter
SIMILAC 2-IRON POWDER	2	OTC Over the Counter
SIMILAC 360 TOTAL CARE POWDER	2	OTC Over the Counter
SIMILAC 360 TOTAL CARE 5 HMO POWDER	2	OTC Over the Counter
SIMILAC 360 TOTAL CARE 5 HMO POWDER	2	OTC Over the Counter
SIMILAC 360 TOTAL CARE SENS POWDER	2	OTC Over the Counter
SIMILAC ADVANCE COMPLETE POWDER	2	OTC Over the Counter
SIMILAC ADVANCE EARLY SHIELD CONC	2	OTC Over the Counter
SIMILAC ADVANCE EARLY SHIELD POWDER	2	OTC Over the Counter
SIMILAC ADVANCE LAMEHADRIN POWDER	2	OTC Over the Counter
SIMILAC ADVANCE NON-GMO POWDER	2	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SIMILAC ADVANCE OPTIGRO/IRON POWDER	2	OTC Over the Counter
SIMILAC ADVANCE ORGANIC POWDER	2	OTC Over the Counter
SIMILAC ADVANCE-IRON POWDER	2	OTC Over the Counter
SIMILAC ADVANCE/IRON PACKET	2	OTC Over the Counter
SIMILAC ALIMENTUM TODDLER POWDER	2	OTC Over the Counter
SIMILAC ALIMENTUM-IRON POWDER	2	OTC Over the Counter
SIMILAC FOR SPIT-UP POWDER	2	OTC Over the Counter
SIMILAC FOR SPIT-UP/OPTIGRO POWDER	2	OTC Over the Counter
SIMILAC FOR SUPPLEMENTATION POWDER	2	OTC Over the Counter
SIMILAC GO & GROW EARLY SHIELD POWDER	2	OTC Over the Counter
SIMILAC GO & GROW HMO POWDER	2	OTC Over the Counter
SIMILAC GO & GROW NON-GMO POWDER	2	OTC Over the Counter
SIMILAC GO & GROW OPTIGRO POWDER	2	OTC Over the Counter
SIMILAC GO & GROW TODDLER PACKET	2	OTC Over the Counter
SIMILAC GO & GROW TODDLER POWDER	2	OTC Over the Counter
SIMILAC HUMAN MILK FORTIFIER CONC	2	OTC Over the Counter
SIMILAC HUMAN MILK FORTIFIER POWDER	2	OTC Over the Counter
SIMILAC LACTOSE FREE POWDER	2	OTC Over the Counter
SIMILAC LACTOSE FREE ADVANCE POWDER	2	OTC Over the Counter
SIMILAC LOW-IRON CONC	2	OTC Over the Counter
SIMILAC LOW-IRON POWDER	2	OTC Over the Counter
SIMILAC NEOSURE POWDER	2	OTC Over the Counter
SIMILAC NEOSURE OPTIGRO POWDER	2	OTC Over the Counter
SIMILAC ORGANIC/A2 MILK/IRON POWDER	2	OTC Over the Counter
SIMILAC ORGANIC/IRON POWDER	2	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SIMILAC PM POWDER	2	OTC Over the Counter
SIMILAC PRO-ADVANCE OPTIGRO POWDER	2	OTC Over the Counter
SIMILAC PRO-ADVANCE WITH IRON POWDER	2	OTC Over the Counter
SIMILAC PRO-SENSITIVE OPTIGRO POWDER	2	OTC Over the Counter
SIMILAC PRO-SENSITIVE/IRON POWDER	2	OTC Over the Counter
SIMILAC PRO-TOTAL COMFORT POWDER	2	OTC Over the Counter
SIMILAC PURE BLISS POWDER	2	OTC Over the Counter
SIMILAC PURE BLISS/IRON POWDER	2	OTC Over the Counter
SIMILAC SENSITIVE CONC	2	OTC Over the Counter
SIMILAC SENSITIVE POWDER	2	OTC Over the Counter
SIMILAC SENSITIVE EARLY SHIELD CONC	2	OTC Over the Counter
SIMILAC SENSITIVE EARLY SHIELD POWDER	2	OTC Over the Counter
SIMILAC SENSITIVE FUSSINESS POWDER	2	OTC Over the Counter
SIMILAC SENSITIVE NON-GMO POWDER	2	OTC Over the Counter
SIMILAC SENSITIVE OPTIGRO/IRON POWDER	2	OTC Over the Counter
SIMILAC SOY ISOMIL CONC	2	OTC Over the Counter
SIMILAC SOY ISOMIL PACKET	2	OTC Over the Counter
SIMILAC SOY ISOMIL POWDER	2	OTC Over the Counter
SIMILAC SPIT-UP OPTIGRO/IRON POWDER	2	OTC Over the Counter
SIMILAC TOTAL CMFRT OPTIGRO/FE POWDER	2	OTC Over the Counter
SIMILAC TOTAL COMFORT POWDER	2	OTC Over the Counter
SIMILAC/IRON CONC	2	OTC Over the Counter
SIMILAC/IRON PACKET	2	OTC Over the Counter
SIMILAC/IRON POWDER	2	OTC Over the Counter
<i>sm fish oil 1000 mg cap</i>	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sm folic acid 400 mcg tab</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
SOD ANAMIX EARLY YEARS POWDER	2	OTC Over the Counter
<i>sodium fluoride 0.55 (0.25 f) mg chew tab</i>	1	ACA Affordable Care Act
<i>sodium fluoride 1.1 (0.5 f) mg chew tab</i>	1	ACA Affordable Care Act
SODIUM FLUORIDE 1.1 (0.5 F) MG TAB	1	ACA Affordable Care Act
SODIUM FLUORIDE 1.1 (0.5 F) MG/ML SOLUTION	1	ACA Affordable Care Act
<i>sodium fluoride 2.2 (1 f) mg chew tab</i>	1	ACA Affordable Care Act
SODIUM FLUORIDE 2.2 (1 F) MG TAB	1	
<i>super amino acids tab</i>	1	OTC Over the Counter
<i>super dha gems 1000 mg cap</i>	1	OTC Over the Counter
<i>super omega 3 epa/dha 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
TRI-VITE/FLUORIDE 0.25 MG/ML SOLUTION	1	PD Preventive Drug
TRI-VITE/FLUORIDE 0.5 MG/ML SOLUTION	1	PD Preventive Drug
<i>true folic acid 1 mg tab</i>	1	OTC Over the Counter
<i>true folic acid 400 mcg tab</i>	1	ACA Affordable Care Act OTC Over the Counter
UCD ANAMIX INFANT POWDER	2	OTC Over the Counter
<i>ultra omega 3 1000 mg cap</i>	1	OTC Over the Counter
VITAFOL STRIPS 1 MG FILM	3	
VITAMINS ACD-FLUORIDE 0.25 MG/ML SOLUTION	1	PD Preventive Drug
VITAMINS ACD-FLUORIDE 0.5 MG/ML SOLUTION	1	PD Preventive Drug
<i>wee care 15 mg/1.25ml suspension</i>	1	ACA Affordable Care Act OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
WESTAB MAX 2.5-25-2 MG TAB	1	OTC Over the Counter
XLEU ANALOG POWDER	2	OTC Over the Counter
XLYS XTRP ANALOG POWDER	2	OTC Over the Counter
XMET ANALOG POWDER	2	OTC Over the Counter
XMTVI ANALOG POWDER	2	OTC Over the Counter
XPHE MAXAMUM PACKET	2	OTC Over the Counter
XPHE-XTYR ANALOG POWDER	2	OTC Over the Counter
XPTM ANALOG POWDER	2	OTC Over the Counter
<i>yl folic acid 400 mcg tab</i>	1	ACA Affordable Care Act OTC Over the Counter
GASTROINTESTINAL AGENTS		
ANTI-CONSTIPATION AGENTS		
<i>clearlax 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>constulose 10 gm/15ml solution</i>	1	
<i>cvs purelax 17 gm packet</i>	1	OTC Over the Counter
<i>cvs purelax 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>enulose 10 gm/15ml solution</i>	1	
<i>eq clearlax 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>eq laxative 17 gm packet</i>	1	OTC Over the Counter
<i>eq clearlax 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>ft clearlax 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>gavilax 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter


PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>gavilyte-n with flavor pack 420 gm recon soln</i>	1	ACA Affordable Care Act
<i>generlac 10 gm/15ml solution</i>	1	
<i>gentlelax 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>glycolax 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>gnp clearlax 17 gm packet</i>	1	OTC Over the Counter
<i>gnp clearlax 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>goodsense clearlax 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>healthylax 17 gm packet</i>	1	OTC Over the Counter
<i>hm clearlax 17 gm packet</i>	1	OTC Over the Counter
<i>hm clearlax 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>kls laxaclear 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>lactulose 10 gm/15ml solution</i>	1	
<i>lactulose 20 gm/30ml solution</i>	1	
<i>lactulose encephalopathy 10 gm/15ml solution</i>	1	
LINZESS 145 MCG CAP	2	QL 30 ea / 30 day(s)
LINZESS 290 MCG CAP	2	QL 30 ea / 30 day(s)
LINZESS 72 MCG CAP	2	QL 30 ea / 30 day(s)
<i>lubiprostone 24 mcg cap</i>	3	PA MNPA
<i>mm clearlax 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter
MOVANTIK 12.5 MG TAB	2	QL 30 EA / 30 day(s)
MOVANTIK 25 MG TAB	2	QL 30 EA / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MOVIPREP 100 GM RECON SOLN	3	ACA Affordable Care Act
<i>na sulfate-k sulfate-mg sulf 17.5-3.13-1.6 gm/177ml solution</i>	3	ACA Affordable Care Act
OSMOPREP 1.102-0.398 GM TAB	3	
<i>peg 3350 17 gm packet</i>	1	OTC Over the Counter
<i>peg 3350 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>peg 3350-kcl-na bicarb-nacl 420 gm recon soln</i>	1	ACA Affordable Care Act
<i>polyethylene glycol 3350 17 gm packet</i>	1	OTC Over the Counter
<i>polyethylene glycol 3350 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>qc natura-lax 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>ra laxative 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>sb polyethylene glycol 3350 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>sm clearlax 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>smooth lax 17 gm packet</i>	1	OTC Over the Counter
<i>smooth lax 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>true laxative 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter
TRULANCE 3 MG TAB	2	QL 30 ea / 30 day(s)
ANTI-DIARRHEAL AGENTS		
<i>alose tron hcl 0.5 mg tab</i>	3	
<i>alose tron hcl 1 mg tab</i>	3	
<i>diphenoxylate-atropine 2.5-0.025 mg tab</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DIPHENOXYLATE-ATROPINE 2.5-0.025 MG/5ML LIQUID	1	
<i>loperamide hcl 2 mg cap</i>	1	
MYTESI 125 MG TAB DR	3	PA MNPA
VIBERZI 100 MG TAB	3	PA
VIBERZI 75 MG TAB	3	PA
ANTISPASMODICS, GASTROINTESTINAL		
<i>chlordiazepoxide-clidinium 5-2.5 mg cap</i>	1	
<i>dicyclomine hcl 10 mg cap</i>	1	
<i>dicyclomine hcl 10 mg/5ml solution</i>	1	
<i>dicyclomine hcl 20 mg tab</i>	1	
<i>ed-spaz 0.125 mg tab disp</i>	1	
<i>glycopyrrolate 1 mg tab</i>	1	
<i>glycopyrrolate 1 mg/5ml solution</i>	3	PA
<i>glycopyrrolate 2 mg tab</i>	1	
<i>hyoscyamine sulfate 0.125 mg sl tab</i>	1	
<i>hyoscyamine sulfate 0.125 mg tab</i>	1	
<i>hyoscyamine sulfate 0.125 mg tab disp</i>	1	
<i>hyoscyamine sulfate er 0.375 mg tab er 12h</i>	1	
<i>methscopolamine bromide 2.5 mg tab</i>	1	
<i>nulev 0.125 mg tab disp</i>	1	
<i>oscimin 0.125 mg sl tab</i>	1	
<i>oscimin 0.125 mg tab</i>	1	
GASTROINTESTINAL AGENTS, OTHER		
GAVILYTE-C 240 GM RECON SOLN	1	ACA Affordable Care Act
<i>gavilyte-g 236 gm recon soln</i>	1	ACA Affordable Care Act
MOTOFEN 1-0.025 MG TAB	3	
ORLISTAT 120 MG CAP	3	PA
<i>peg-3350/electrolytes 236 gm recon soln</i>	1	ACA Affordable Care Act
<i>ursodiol 250 mg tab</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ursodiol 300 mg cap</i>	1	
<i>ursodiol 500 mg tab</i>	1	
VOQUEZNA 10 MG TAB	3	PA
VOQUEZNA 20 MG TAB	3	PA
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS		
<i>cimetidine 300 mg tab</i>	1	
<i>cimetidine 400 mg tab</i>	1	
<i>cimetidine 800 mg tab</i>	3	
CIMETIDINE HCL 300 MG/5ML SOLUTION	3	
<i>cimetidine hcl 300 mg/5ml solution</i>	3	
<i>famotidine 20 mg tab</i>	1	
<i>famotidine 40 mg tab</i>	1	
<i>famotidine 40 mg/5ml recon susp</i>	3	
NIZATIDINE 150 MG CAP	3	
NIZATIDINE 300 MG CAP	3	
PROTECTANTS		
<i>misoprostol 100 mcg tab</i>	1	
<i>misoprostol 200 mcg tab</i>	1	
<i>sucralfate 1 gm tab</i>	1	
<i>sucralfate 1 gm/10ml suspension</i>	2	
PROTON PUMP INHIBITORS		
<i>cvs esomeprazole magnesium 20 mg cap dr</i>	1	OTC Over the Counter
<i>cvs omeprazole-sod bicarbonate 20-1100 mg cap</i>	1	OTC Over the Counter
<i>eq esomeprazole magnesium 20 mg cap dr</i>	1	OTC Over the Counter
<i>esomeprazole magnesium 10 mg packet</i>	3	
<i>esomeprazole magnesium 20 mg cap dr</i>	2	OTC Over the Counter
<i>esomeprazole magnesium 20 mg packet</i>	3	
<i>esomeprazole magnesium 40 mg cap dr</i>	2	
<i>esomeprazole magnesium 40 mg packet</i>	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FIRST PANTOPRAZOLE 4 MG/ML SUSPENSION	2	
<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>goodsense omeprazole/sodium bicarbonate 20-1100 mg cap</i>	1	OTC Over the Counter
<i>hm esomeprazole magnesium 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>lansoprazole 15 mg cap dr</i>	2	! See important benefit information at end of document
<i>lansoprazole 15 mg tab dr disp</i>	2	! See important benefit information at end of document
<i>lansoprazole 30 mg cap dr</i>	2	! See important benefit information at end of document
<i>lansoprazole 30 mg tab dr disp</i>	2	! See important benefit information at end of document
<i>omeprazole 10 mg cap dr</i>	2	! See important benefit information at end of document
<i>omeprazole 20 mg cap dr</i>	2	! See important benefit information at end of document
<i>omeprazole 40 mg cap dr</i>	2	! See important benefit information at end of document
<i>omeprazole-sodium bicarbonate 20-1100 mg cap</i>	1	OTC Over the Counter
<i>pantoprazole sodium 20 mg tab dr</i>	2	! See important benefit information at end of document
<i>pantoprazole sodium 40 mg tab dr</i>	2	! See important benefit information at end of document
<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>rabeprazole sodium 20 mg tab dr</i>	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sm esomeprazole magnesium 20 mg cap dr</i>	1	OTC Over the Counter
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
ARALAST NP 500 MG RECON SOLN	3	PA MNPA SP Specialty
<i>betaine powder</i>	3	PA
BYLVAY (PELLETS) 200 MCG CAP SPRINK	3	PA SP Specialty
BYLVAY (PELLETS) 600 MCG CAP SPRINK	3	PA SP Specialty
BYLVAY 1200 MCG CAP	3	PA SP Specialty
BYLVAY 400 MCG CAP	3	PA SP Specialty
CEREZYME 400 UNIT RECON SOLN	3	PA SP Specialty
CHOLBAM 250 MG CAP	3	PA
CREON 12000-38000 UNIT CP DR PART	2	
CREON 24000-76000 UNIT CP DR PART	2	
CREON 3000-9500 UNIT CP DR PART	2	
CREON 36000-114000 UNIT CP DR PART	2	
CREON 6000-19000 UNIT CP DR PART	3	
CYSTAGON 150 MG CAP	3	PA SP Specialty
CYSTAGON 50 MG CAP	3	PA SP Specialty
DAYBUE 200 MG/ML SOLUTION	3	PA SP Specialty
ENDARI 5 GM PACKET	3	SP Specialty  See important benefit information at end of document

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FABRAZYME 35 MG RECON SOLN	3	PA SP Specialty
FABRAZYME 5 MG RECON SOLN	3	PA SP Specialty
GLASSIA 1000 MG/50ML SOLUTION	3	PA MNPA SP Specialty
<i>javygtor 100 mg tab</i>	3	PA SP Specialty
<i>javygtor 500 mg packet</i>	3	PA SP Specialty
JOENJA 70 MG TAB	3	PA SP Specialty
l-glutamine 5 gm packet	3	PA SP Specialty
LIVMARLI 19 MG/ML SOLUTION	3	PA SP Specialty
LIVMARLI 9.5 MG/ML SOLUTION	3	PA SP Specialty
LUMIZYME 50 MG RECON SOLN	3	PA SP Specialty
<i>miglustat 100 mg cap</i>	3	PA SP Specialty
<i>nitisinone 10 mg cap</i>	3	SP Specialty
OPFOLDA 65 MG CAP	3	PA SP Specialty
PANCREAZE 10500-35500 UNIT CP DR PART	3	
PANCREAZE 16800-56800 UNIT CP DR PART	3	
PANCREAZE 21000-54700 UNIT CP DR PART	3	
PANCREAZE 2600-8800 UNIT CP DR PART	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PANCREAZE 37000-97300 UNIT CP DR PART	3	
PANCREAZE 4200-14200 UNIT CP DR PART	3	
PERTZYE 16000 UNIT CP DR PART	3	
PERTZYE 16000-57500 UNIT CP DR PART	3	
PERTZYE 24000-86250 UNIT CP DR PART	3	
PERTZYE 4000 UNIT CP DR PART	3	
PERTZYE 4000-14375 UNIT CP DR PART	3	
PERTZYE 8000 UNIT CP DR PART	3	
PROLASTIN-C 1000 MG RECON SOLN	2	PA SP Specialty
<i>sapropterin dihydrochloride 100 mg packet</i>	3	SP Specialty
<i>sapropterin dihydrochloride 100 mg tab</i>	3	PA SP Specialty
<i>sapropterin dihydrochloride 500 mg packet</i>	3	PA SP Specialty
SKYCLARYS 50 MG CAP	3	PA SP Specialty
<i>sodium phenylbutyrate 500 mg tab</i>	3	PA SP Specialty
SOHONOS 1 MG CAP	3	PA SP Specialty
SOHONOS 1.5 MG CAP	3	PA SP Specialty
SOHONOS 10 MG CAP	3	PA SP Specialty
SOHONOS 2.5 MG CAP	3	PA SP Specialty
SOHONOS 5 MG CAP	3	PA SP Specialty


PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
STRENSIQ 18 MG/0.45ML SOLUTION	3	PA SP Specialty
STRENSIQ 28 MG/0.7ML SOLUTION	3	PA SP Specialty
STRENSIQ 40 MG/ML SOLUTION	3	PA SP Specialty
STRENSIQ 80 MG/0.8ML SOLUTION	3	PA SP Specialty
SUCRAID 8500 UNIT/ML SOLUTION	3	PA SP Specialty
TEGSEDI 284 MG/1.5ML SOLN PRSYR	3	PA SP Specialty
VIOKACE 10440-39150 UNIT TAB	3	
VIOKACE 20880-78300 UNIT TAB	3	
VOXZOGO 0.4 MG RECON SOLN	3	PA SP Specialty
VOXZOGO 0.56 MG RECON SOLN	3	PA SP Specialty
VOXZOGO 1.2 MG RECON SOLN	3	PA SP Specialty
VYNDAQEL 20 MG CAP	3	PA SP Specialty
<i>yargesa 100 mg cap</i>	3	PA SP Specialty
ZEMAIRA 1000 MG RECON SOLN	3	PA SP Specialty
ZEMAIRA 4000 MG RECON SOLN	3	PA SP Specialty
ZEMAIRA 5000 MG RECON SOLN	3	PA SP Specialty


PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZENPEP 10000-32000 UNIT CP DR PART	2	
ZENPEP 15000-47000 UNIT CP DR PART	2	
ZENPEP 20000-63000 UNIT CP DR PART	2	
ZENPEP 25000-79000 UNIT CP DR PART	2	
ZENPEP 3000-10000 UNIT CP DR PART	2	
ZENPEP 40000-126000 UNIT CP DR PART	2	
ZENPEP 5000-24000 UNIT CP DR PART	2	
ZENPEP 60000-189600 UNIT CP DR PART	2	
GENITOURINARY AGENTS		
ANTISPASMODICS, URINARY		
<i>darifenacin hydrobromide er 15 mg tab er 24h</i>	3	
<i>darifenacin hydrobromide er 7.5 mg tab er 24h</i>	3	
<i>fesoterodine fumarate er 4 mg tab er 24h</i>	3	PA MNPA
<i>flavoxate hcl 100 mg tab</i>	2	
GELNIQUE 10 % GEL	2	
GEMTESA 75 MG TAB	3	QL 30 EA / 30 day(s)
MYRBETRIQ 25 MG TAB ER 24H	2	
MYRBETRIQ 50 MG TAB ER 24H	2	
MYRBETRIQ 8 MG/ML SRER	2	
<i>oxybutynin chloride 5 mg tab</i>	1	
<i>oxybutynin chloride 5 mg/5ml solution</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 5 mg tab er 24h</i>	1	
<i>solifenacin succinate 10 mg tab</i>	2	
<i>solifenacin succinate 5 mg tab</i>	2	
<i>tolterodine tartrate 1 mg tab</i>	2	
<i>tolterodine tartrate 2 mg tab</i>	2	
<i>tolterodine tartrate er 2 mg cap er 24h</i>	3	
<i>tolterodine tartrate er 4 mg cap er 24h</i>	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>trospium chloride 20 mg tab</i>	2	
<i>trospium chloride er 60 mg cap er 24h</i>	2	
BENIGN PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin hcl er 10 mg tab er 24h</i>	1	
CARDURA XL 4 MG TAB ER 24H	3	
CARDURA XL 8 MG TAB ER 24H	3	
<i>dutasteride 0.5 mg cap</i>	3	
<i>dutasteride-tamsulosin hcl 0.5-0.4 mg cap</i>	3	
<i>finasteride 5 mg tab</i>	1	
<i>silodosin 4 mg cap</i>	3	
<i>silodosin 8 mg cap</i>	3	
<i>tadalafil 10 mg tab</i>	3	QL 4 EA / 30 day(s)
<i>tadalafil 2.5 mg tab</i>	3	QL 4 EA / 30 day(s)
<i>tadalafil 20 mg tab</i>	3	QL 4 EA / 30 day(s)
<i>tadalafil 5 mg tab</i>	3	QL 30 EA / 30 day(s)
<i>tamsulosin hcl 0.4 mg cap</i>	1	
GENITOURINARY AGENTS, OTHER		
<i>bethanechol chloride 10 mg tab</i>	1	
<i>bethanechol chloride 25 mg tab</i>	1	
<i>bethanechol chloride 5 mg tab</i>	1	
<i>bethanechol chloride 50 mg tab</i>	1	
ELMIRON 100 MG CAP	3	
ENCARE 100 MG SUPPOS	2	ACA Affordable Care Act OTC Over the Counter
OPTIONS GYNOL II CONTRACEPTIVE 3 % GEL	2	ACA Affordable Care Act OTC Over the Counter
<i>penicillamine 250 mg tab</i>	3	SP Specialty
<i>phenazo 200 mg tab</i>	1	
<i>phenazopyridine hcl 100 mg tab</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>phenazopyridine hcl 200 mg tab</i>	1	
SHUR-SEAL CONTRACEPTIVE 2 % GEL	2	ACA Affordable Care Act OTC Over the Counter
<i>sildenafil citrate 100 mg tab</i>	2	QL 4 EA / 30 day(s)
<i>sildenafil citrate 25 mg tab</i>	2	QL 4 EA / 30 day(s)
<i>sildenafil citrate 50 mg tab</i>	2	QL 4 EA / 30 day(s)
TODAY SPONGE 1000 MG MISC	2	ACA Affordable Care Act OTC Over the Counter
VCF VAGINAL CONTRACEPTIVE 12.5 % FOAM	2	ACA Affordable Care Act OTC Over the Counter
VCF VAGINAL CONTRACEPTIVE 28 % FILM	2	ACA Affordable Care Act OTC Over the Counter
VCF VAGINAL CONTRACEPTIVE 4 % GEL	2	ACA Affordable Care Act OTC Over the Counter
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
ACTHAR 80 UNIT/ML GEL	3	PA SP Specialty
<i>alclometasone dipropionate 0.05 % cream</i>	1	
<i>anucort-hc 25 mg suppos</i>	1	
<i>anusol-hc 25 mg suppos</i>	1	
<i>betamethasone dipropionate 0.05 % ointment</i>	1	
<i>betamethasone dipropionate aug 0.05 % cream</i>	1	
<i>betamethasone dipropionate aug 0.05 % lotion</i>	1	
<i>clobetasol propionate e 0.05 % cream</i>	1	
CORTROPHIN 80 UNIT/ML GEL	3	PA SP Specialty
<i>desonide 0.05 % lotion</i>	3	
<i>dexamethasone 0.5 mg tab</i>	1	
<i>dexamethasone 0.5 mg/5ml elixir</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DEXAMETHASONE 0.5 MG/5ML SOLUTION	1	
<i>dexamethasone 0.75 mg tab</i>	1	
<i>dexamethasone 1 mg tab</i>	1	
<i>dexamethasone 1.5 mg tab</i>	1	
<i>dexamethasone 2 mg tab</i>	1	
<i>dexamethasone 4 mg tab</i>	1	
<i>dexamethasone 6 mg tab</i>	1	
DEXAMETHASONE INTENSOL 1 MG/ML CONC	2	
<i>dexamethasone sodium phosphate 20 mg/5ml solution</i>	1	PA
DEXAMETHASONE SODIUM PHOSPHATE 4 MG/ML SOLN PRSYR	1	
<i>dexamethasone sodium phosphate 4 mg/ml solution</i>	1	
<i>fludrocortisone acetate 0.1 mg tab</i>	1	
<i>hemmorex-hc 25 mg suppos</i>	1	
<i>hemmorex-hc 30 mg suppos</i>	1	
<i>hydrocortisone acetate 25 mg suppos</i>	1	
<i>hydrocortisone acetate 30 mg suppos</i>	1	
HYDROCORTISONE BUTYRATE 0.1 % OINTMENT	1	
<i>hydrocortisone butyrate 0.1 % ointment</i>	1	
<i>hydrocortisone valerate 0.2 % ointment</i>	1	
MEDROL 2 MG TAB	3	
<i>methylprednisolone 16 mg tab</i>	1	
<i>methylprednisolone 32 mg tab</i>	1	
<i>methylprednisolone 4 mg tab</i>	1	
<i>methylprednisolone 4 mg tab thpk</i>	1	
<i>methylprednisolone 8 mg tab</i>	1	
<i>mifepristone 300 mg tab</i>	3	PA SP Specialty
<i>mometasone furoate 0.1 % cream</i>	1	
<i>mometasone furoate 0.1 % ointment</i>	1	
PREDNICARBATE 0.1 % OINTMENT	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>prednisolone 15 mg/5ml solution</i>	1	
<i>prednisolone sodium phosphate 15 mg/5ml solution</i>	1	
<i>prednisolone sodium phosphate 25 mg/5ml solution</i>	1	
<i>prednisolone sodium phosphate 6.7 (5 base) mg/5ml solution</i>	1	
<i>prednisone 1 mg tab</i>	1	
<i>prednisone 10 mg (21) tab thpk</i>	1	
<i>prednisone 10 mg (48) tab thpk</i>	1	
<i>prednisone 10 mg tab</i>	1	RX4L Rx4Less Program
<i>prednisone 2.5 mg tab</i>	1	
<i>prednisone 20 mg tab</i>	1	
<i>prednisone 5 mg (21) tab thpk</i>	1	
<i>prednisone 5 mg (48) tab thpk</i>	1	
<i>prednisone 5 mg tab</i>	1	RX4L Rx4Less Program
PREDNISONE 5 MG/5ML SOLUTION	1	
<i>prednisone 50 mg tab</i>	1	
PREDNISONE INTENSOL 5 MG/ML CONC	3	
SOLU-CORTEF 100 MG RECON SOLN	1	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
CHORIONIC GONADOTROPIN 10000 UNIT RECON SOLN	3	PA SP Specialty  See important benefit information at end of document
<i>desmopressin ace spray refrig 0.01 % solution</i>	1	
<i>desmopressin acetate 0.1 mg tab</i>	1	
<i>desmopressin acetate 0.2 mg tab</i>	1	
<i>desmopressin acetate spray 0.01 % solution</i>	1	
EGRIFTA SV 2 MG RECON SOLN	3	PA SP Specialty
FOLLISTIM AQ 300 UNT/0.36ML SOLUTION	2	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FOLLISTIM AQ 600 UNT/0.72ML SOLUTION	2	PA SP Specialty
FOLLISTIM AQ 900 UNT/1.08ML SOLUTION	2	PA SP Specialty
GENOTROPIN 12 MG CARTRIDGE	3	PA SP Specialty
HUMATROPE 12 MG CARTRIDGE	3	PA SP Specialty
HUMATROPE 24 MG CARTRIDGE	3	PA SP Specialty
HUMATROPE 6 MG CARTRIDGE	3	PA SP Specialty
INCRELEX 40 MG/4ML SOLUTION	3	PA SP Specialty
MENOPUR 75 UNIT RECON SOLN	2	PA SP Specialty
MYFEMBREE 40-1-0.5 MG TAB	2	PA
NOCDURNA 27.7 MCG SL TAB	3	PA
NOCDURNA 55.3 MCG SL TAB	3	PA
NORDITROPIN FLEXPRO 10 MG/1.5ML SOLN PEN	2	PA SP Specialty
NORDITROPIN FLEXPRO 15 MG/1.5ML SOLN PEN	2	PA SP Specialty
NORDITROPIN FLEXPRO 30 MG/3ML SOLN PEN	2	PA SP Specialty
NORDITROPIN FLEXPRO 5 MG/1.5ML SOLN PEN	2	PA SP Specialty
NOVAREL 10000 UNIT RECON SOLN	3	PA SP Specialty  See important benefit information at end of document

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OMNITROPE 10 MG/1.5ML SOLN CART	3	PA SP Specialty
OMNITROPE 5 MG/1.5ML SOLN CART	3	PA SP Specialty
ORIAHNN 300-1-0.5 & 300 MG CAP THPK	2	PA
OVIDREL 250 MCG/0.5ML SOLN PRSYR	2	PA SP Specialty
PREGNYL 10000 UNIT RECON SOLN	2	PA SP Specialty
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
ANDROGENS		
<i>danazol 100 mg cap</i>	1	
<i>danazol 200 mg cap</i>	1	
<i>danazol 50 mg cap</i>	1	
<i>depo-testosterone 100 mg/ml solution</i>	1	
<i>depo-testosterone 200 mg/ml solution</i>	1	
<i>methyltestosterone 10 mg cap</i>	3	
<i>testosterone 1.62 % gel</i>	2	QL 150 GM / 30 day(s)
TESTOSTERONE 12.5 MG/ACT (1%) GEL	2	QL 300 GM / 30 day(s)
<i>testosterone 12.5 mg/act (1%) gel</i>	2	QL 300 GM / 30 day(s)
<i>testosterone 20.25 mg/1.25gm (1.62%) gel</i>	2	QL 150 GM / 30 day(s)
<i>testosterone 20.25 mg/act (1.62%) gel</i>	2	QL 150 GM / 30 day(s)
<i>testosterone 25 mg/2.5gm (1%) gel</i>	2	QL 300 GM / 30 day(s)
<i>testosterone 40.5 mg/2.5gm (1.62%) gel</i>	2	QL 150 GM / 30 day(s)
TESTOSTERONE 50 MG/5GM (1%) GEL	2	QL 300 GM / 30 day(s)
<i>testosterone 50 mg/5gm (1%) gel</i>	2	QL 300 GM / 30 day(s)
<i>testosterone cypionate 100 mg/ml solution</i>	1	
TESTOSTERONE CYPIONATE 200 MG/ML SOLUTION	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>testosterone cypionate 200 mg/ml solution</i>	1	
TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION	1	
VOGELXO PUMP 12.5 MG/ACT (1%) GEL	2	QL 300 GM / 30 day(s)
ESTROGENS		
<i>afirmelle 0.1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>altavera 0.15-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>alyacen 1/35 1-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>alyacen 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>amabelz 0.5-0.1 mg tab</i>	1	
<i>amabelz 1-0.5 mg tab</i>	1	
<i>amethia 0.15-0.03 & 0.01 mg tab</i>	1	ACA Affordable Care Act
<i>amethyst 90-20 mcg tab</i>	1	ACA Affordable Care Act
ANNOVERA 0.013-0.15 MG/24HR RING	3	QLC 1 EA / 365 day(s) ACA Affordable Care Act
<i>apri 0.15-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>aranelle 0.5/1/0.5-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>ashlyna 0.15-0.03 & 0.01 mg tab</i>	1	ACA Affordable Care Act
<i>aubra 0.1-20 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>aurovela 1.5/30 1.5-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>aurovela 1/20 1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>aurovela 24 fe 1-20 mg-mcg(24) tab</i>	1	ACA Affordable Care Act
<i>aurovela fe 1.5/30 1.5-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>aurovela fe 1/20 1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>azurette 0.15-0.02/0.01 mg (21/5) tab</i>	1	ACA Affordable Care Act
<i>balziva 0.4-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>blisovi 24 fe 1-20 mg-mcg(24) tab</i>	1	ACA Affordable Care Act
<i>blisovi fe 1.5/30 1.5-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>blisovi fe 1/20 1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>briellyn 0.4-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>camrese 0.15-0.03 &0.01 mg tab</i>	1	ACA Affordable Care Act
<i>camrese lo 0.1-0.02 & 0.01 mg tab</i>	1	ACA Affordable Care Act
<i>charlotte 24 fe 1-20 mg-mcg(24) chew tab</i>	3	ACA Affordable Care Act
<i>chateal 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
CLIMARA PRO 0.045-0.015 MG/DAY PATCH WK	2	
CLOMID 50 MG TAB	2	
CLOMIPHENE CITRATE 50 MG TAB	1	
COMBIPATCH 0.05-0.14 MG/DAY PATCH TW	3	
COMBIPATCH 0.05-0.25 MG/DAY PATCH TW	3	
<i>covaryx 1.25-2.5 mg tab</i>	3	
<i>covaryx hs 0.625-1.25 mg tab</i>	3	
<i>cryselle-28 0.3-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>cyred 0.15-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>cyred eq 0.15-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>dasetta 1/35 1-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>dasetta 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>daysee 0.15-0.03 &0.01 mg tab</i>	1	ACA Affordable Care Act
DELESTROGEN 10 MG/ML OIL	3	! See important benefit information at end of document
<i>delyla 0.1-20 mg-mcg tab</i>	1	ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DEPO-ESTRADIOL 5 MG/ML OIL	3	
<i>desogestrel-ethinyl estradiol 0.15-0.02/0.01 mg (21/5) tab</i>	1	ACA Affordable Care Act
<i>desogestrel-ethinyl estradiol 0.15-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>dolishale 90-20 mcg tab</i>	1	ACA Affordable Care Act
<i>dotti 0.025 mg/24hr patch tw</i>	1	
<i>dotti 0.0375 mg/24hr patch tw</i>	1	
<i>dotti 0.05 mg/24hr patch tw</i>	1	
<i>dotti 0.075 mg/24hr patch tw</i>	1	
<i>dotti 0.1 mg/24hr patch tw</i>	1	
<i>drospiren-eth estrad-levomefol 3-0.02-0.451 mg tab</i>	3	ACA Affordable Care Act
<i>drospiren-eth estrad-levomefol 3-0.03-0.451 mg tab</i>	3	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
DUAVEE 0.45-20 MG TAB	3	PA
<i>eemt 1.25-2.5 mg tab</i>	3	
<i>eemt hs 0.625-1.25 mg tab</i>	3	
ELESTRIN 0.52 MG/0.87 GM (0.06%) GEL	3	
<i>elinest 0.3-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>eluryng 0.12-0.015 mg/24hr ring</i>	3	ACA Affordable Care Act
<i>enilloring 0.12-0.015 mg/24hr ring</i>	3	ACA Affordable Care Act
<i>enpresse-28 50-30/75-40/ 125-30 mcg tab</i>	1	ACA Affordable Care Act
<i>enskyce 0.15-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>est estrogens-methyltest 1.25-2.5 mg tab</i>	3	
<i>est estrogens-methyltest ds 1.25-2.5 mg tab</i>	3	
<i>est estrogens-methyltest hs 0.625-1.25 mg tab</i>	3	
<i>estarylla 0.25-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>estradiol 0.025 mg/24hr patch tw</i>	1	
<i>estradiol 0.025 mg/24hr patch wk</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	
<i>estradiol 0.1 mg/24hr patch tw</i>	1	
<i>estradiol 0.1 mg/24hr patch wk</i>	1	
<i>estradiol 0.1 mg/gm cream</i>	1	
<i>estradiol 0.25 mg/0.25gm gel</i>	3	
<i>estradiol 0.5 mg tab</i>	1	
<i>estradiol 0.5 mg/0.5gm gel</i>	3	
<i>estradiol 0.75 mg/0.75gm gel</i>	3	
<i>estradiol 0.75 mg/1.25 gm (0.06%) gel</i>	3	
<i>estradiol 1 mg tab</i>	1	
<i>estradiol 1 mg/gm gel</i>	3	
<i>estradiol 1.25 mg/1.25gm gel</i>	3	
<i>estradiol 10 mcg tab</i>	1	
<i>estradiol 2 mg tab</i>	1	
<i>estradiol-norethindrone acet 0.5-0.1 mg tab</i>	1	
<i>estradiol-norethindrone acet 1-0.5 mg tab</i>	1	
<i>estratest f.s. 1.25-2.5 mg tab</i>	3	
<i>estratest h.s. 0.625-1.25 mg tab</i>	3	
ESTRING 2 MG RING	3	
ESTRING 7.5 MCG/24HR RING	3	
<i>ethynodiol diac-eth estradiol 1-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>ethynodiol diac-eth estradiol 1-50 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>etonogestrel-ethinyl estradiol 0.12-0.015 mg/24hr ring</i>	3	ACA Affordable Care Act
EVAMIST 1.53 MG/SPRAY SOLUTION	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>falmina 0.1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>fayosim 42-21-21-7 days tab</i>	2	ACA Affordable Care Act
FEMRING 0.05 MG/24HR RING	3	QL 1 EA / 90 day(s)
FEMRING 0.1 MG/24HR RING	3	QL 1 EA / 90 day(s)
<i>femynor 0.25-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>finzala 1-20 mg-mcg(24) chew tab</i>	3	ACA Affordable Care Act
<i>fyavolv 0.5-2.5 mg-mcg tab</i>	3	
<i>fyavolv 1-5 mg-mcg tab</i>	3	
<i>gemmily 1-20 mg-mcg(24) cap</i>	2	ACA Affordable Care Act
<i>hailey 1.5/30 1.5-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>hailey 24 fe 1-20 mg-mcg(24) tab</i>	1	ACA Affordable Care Act
<i>hailey fe 1.5/30 1.5-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>hailey fe 1/20 1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>haloette 0.12-0.015 mg/24hr ring</i>	3	ACA Affordable Care Act
<i>iclevia 0.15-0.03 mg tab</i>	1	ACA Affordable Care Act
<i>introvale 0.15-0.03 mg tab</i>	1	ACA Affordable Care Act
<i>isibloom 0.15-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>jaimiess 0.15-0.03 &0.01 mg tab</i>	1	ACA Affordable Care Act
<i>jasmiel 3-0.02 mg tab</i>	1	ACA Affordable Care Act
<i>jinteli 1-5 mg-mcg tab</i>	3	
<i>jolessa 0.15-0.03 mg tab</i>	1	ACA Affordable Care Act
<i>juleber 0.15-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>junel 1.5/30 1.5-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>junel 1/20 1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>junel fe 1.5/30 1.5-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>junel fe 1/20 1-20 mg-mcg tab</i>	1	ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>junel fe 24 1-20 mg-mcg(24) tab</i>	1	ACA Affordable Care Act
<i>kaitlib fe 0.8-25 mg-mcg chew tab</i>	1	ACA Affordable Care Act
<i>kalliga 0.15-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>kariva 0.15-0.02/0.01 mg (21/5) tab</i>	1	ACA Affordable Care Act
<i>kelnor 1/35 1-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>kelnor 1/50 1-50 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>kurvelo 0.15-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>larin 1.5/30 1.5-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>larin 1/20 1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>larin 24 fe 1-20 mg-mcg(24) tab</i>	1	ACA Affordable Care Act
<i>larin fe 1.5/30 1.5-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>larin fe 1/20 1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>layolis fe 0.8-25 mg-mcg chew tab</i>	1	ACA Affordable Care Act
<i>leena 0.5/1/0.5-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>lessina 0.1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>levonest 50-30/75-40/ 125-30 mcg tab</i>	1	ACA Affordable Care Act
<i>levonorg-eth estrad triphasic 50-30/75-40/ 125-30 mcg tab</i>	1	ACA Affordable Care Act
<i>levonorgest-eth est & eth est 42-21-21-7 days tab</i>	2	ACA Affordable Care Act
<i>levonorgest-eth estrad 91-day 0.1-0.02 & 0.01 mg tab</i>	1	ACA Affordable Care Act
<i>levonorgest-eth estrad 91-day 0.15-0.03 & 0.01 mg tab</i>	1	ACA Affordable Care Act
<i>levonorgest-eth estrad 91-day 0.15-0.03 mg tab</i>	1	ACA Affordable Care Act
<i>levonorgestrel-ethinyl estrad 0.1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>levonorgestrel-ethinyl estrad 0.15-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>levonorgestrel-ethinyl estrad 90-20 mcg tab</i>	1	ACA Affordable Care Act
<i>levora 0.15/30 (28) 0.15-30 mg-mcg tab</i>	1	ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LO LOESTRIN FE 1 MG-10 MCG / 10 MCG TAB	2	ACA Affordable Care Act
<i>lo-zumandimine 3-0.02 mg tab</i>	1	ACA Affordable Care Act
<i>loestrin 1.5/30 (21) 1.5-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>loestrin 1/20 (21) 1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>loestrin fe 1.5/30 1.5-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>loestrin fe 1/20 1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>lojaimiess 0.1-0.02 & 0.01 mg tab</i>	1	ACA Affordable Care Act
<i>loryna 3-0.02 mg tab</i>	1	ACA Affordable Care Act
<i>low-ogestrel 0.3-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>luttera 0.1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>lyllana 0.025 mg/24hr patch tw</i>	1	
<i>lyllana 0.0375 mg/24hr patch tw</i>	1	
<i>lyllana 0.05 mg/24hr patch tw</i>	1	
<i>lyllana 0.075 mg/24hr patch tw</i>	1	
<i>lyllana 0.1 mg/24hr patch tw</i>	1	
<i>marlissa 0.15-30 mg-mcg tab</i>	1	ACA Affordable Care Act
MENEST 0.3 MG TAB	3	
MENEST 0.625 MG TAB	3	
MENEST 1.25 MG TAB	3	
MENEST 2.5 MG TAB	3	
MENOSTAR 14 MCG/24HR PATCH WK	3	
<i>merzee 1-20 mg-mcg(24) cap</i>	2	ACA Affordable Care Act
<i>mibelas 24 fe 1-20 mg-mcg(24) chew tab</i>	3	ACA Affordable Care Act
<i>microgestin 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 24 fe 1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>microgestin fe 1.5/30 1.5-30 mg-mcg tab</i>	1	ACA Affordable Care Act

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nortrel 1/35 (28) 1-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>nortrel 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>nylia 1/35 1-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>nylia 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>nymyo 0.25-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>ocella 3-0.03 mg tab</i>	1	ACA Affordable Care Act
OSPHENA 60 MG TAB	2	
<i>philith 0.4-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>pimtrea 0.15-0.02/0.01 mg (21/5) tab</i>	1	ACA Affordable Care Act
<i>pirmella 1/35 1-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>pirmella 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>portia-28 0.15-30 mg-mcg tab</i>	1	ACA Affordable Care Act
PREFEST 1/1-0.09 MG (15/15) TAB	3	
PREMARIN 0.3 MG TAB	3	
PREMARIN 0.45 MG TAB	3	
PREMARIN 0.625 MG TAB	3	
PREMARIN 0.625 MG/GM CREAM	3	
PREMARIN 0.9 MG TAB	3	
PREMARIN 1.25 MG TAB	3	
PREMPHASE 0.625-5 MG TAB	3	
PREMPRO 0.3-1.5 MG TAB	3	
PREMPRO 0.45-1.5 MG TAB	3	
PREMPRO 0.625-2.5 MG TAB	3	
PREMPRO 0.625-5 MG TAB	3	
<i>raloxifene hcl 60 mg tab</i>	2	PD Preventive Drug
<i>reclipsen 0.15-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>rivelsa 42-21-21-7 days tab</i>	2	ACA Affordable Care Act
<i>setlakin 0.15-0.03 mg tab</i>	1	ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>simliya 0.15-0.02/0.01 mg (21/5) tab</i>	1	ACA Affordable Care Act
<i>simpesse 0.15-0.03 & 0.01 mg tab</i>	1	ACA Affordable Care Act
<i>sprintec 28 0.25-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>sronyx 0.1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>syeda 3-0.03 mg tab</i>	1	ACA Affordable Care Act
<i>tarina 24 fe 1-20 mg-mcg(24) tab</i>	1	ACA Affordable Care Act
<i>tarina fe 1/20 1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>tarina fe 1/20 eq 1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>taysofy 1-20 mg-mcg(24) cap</i>	2	ACA Affordable Care Act
<i>tilia fe 1-20/1-30/1-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>tri femynor 0.18/0.215/0.25 mg-35 mcg tab</i>	1	ACA Affordable Care Act
<i>tri-estarylla 0.18/0.215/0.25 mg-35 mcg tab</i>	1	ACA Affordable Care Act
<i>tri-legest fe 1-20/1-30/1-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>tri-linyah 0.18/0.215/0.25 mg-35 mcg tab</i>	1	ACA Affordable Care Act
<i>tri-lo-estarylla 0.18/0.215/0.25 mg-25 mcg tab</i>	3	ACA Affordable Care Act
<i>tri-lo-marzia 0.18/0.215/0.25 mg-25 mcg tab</i>	3	ACA Affordable Care Act
<i>tri-lo-mili 0.18/0.215/0.25 mg-25 mcg tab</i>	3	ACA Affordable Care Act
<i>tri-lo-sprintec 0.18/0.215/0.25 mg-25 mcg tab</i>	3	ACA Affordable Care Act
<i>tri-mili 0.18/0.215/0.25 mg-35 mcg tab</i>	1	ACA Affordable Care Act
<i>tri-nymyo 0.18/0.215/0.25 mg-35 mcg tab</i>	1	ACA Affordable Care Act
<i>tri-sprintec 0.18/0.215/0.25 mg-35 mcg tab</i>	1	ACA Affordable Care Act
<i>tri-vylibra 0.18/0.215/0.25 mg-35 mcg tab</i>	1	ACA Affordable Care Act
<i>tri-vylibra lo 0.18/0.215/0.25 mg-25 mcg tab</i>	3	ACA Affordable Care Act
<i>trivora (28) 50-30/75-40/ 125-30 mcg tab</i>	1	ACA Affordable Care Act
<i>turqoz 0.3-30 mg-mcg tab</i>	1	ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>tydemy 3-0.03-0.451 mg tab</i>	3	ACA Affordable Care Act
VELIVET 0.1/0.125/0.15 -0.025 MG TAB	1	ACA Affordable Care Act
<i>vestura 3-0.02 mg tab</i>	1	ACA Affordable Care Act
<i>vienva 0.1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>viorele 0.15-0.02/0.01 mg (21/5) tab</i>	1	ACA Affordable Care Act
<i>volnea 0.15-0.02/0.01 mg (21/5) tab</i>	1	ACA Affordable Care Act
<i>vyfemla 0.4-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>vylibra 0.25-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>wera 0.5-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>wymzya fe 0.4-35 mg-mcg chew tab</i>	1	ACA Affordable Care Act
XULANE	2	QL 3 EA / 28 day(s) ACA Affordable Care Act
<i>yuvaferm 10 mcg tab</i>	1	
<i>zafemy 150-35 mcg/24hr patch wk</i>	2	QL 3 EA / 28 day(s) ACA Affordable Care Act
ZAFEMY	2	QL 3 EA / 28 day(s) ACA Affordable Care Act
<i>zovia 1/35 (28) 1-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>zumandimine 3-0.03 mg tab</i>	1	ACA Affordable Care Act
PROGESTINS		
<i>aftera 1.5 mg tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>afterpill 1.5 mg tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>camila 0.35 mg tab</i>	1	ACA Affordable Care Act
CRINONE 4 % GEL	2	PA
CRINONE 8 % GEL	2	PA

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>medroxyprogesterone acetate 2.5 mg tab</i>	1	
<i>medroxyprogesterone acetate 5 mg tab</i>	1	
<i>megestrol acetate 20 mg tab</i>	1	
<i>megestrol acetate 40 mg tab</i>	1	
<i>megestrol acetate 40 mg/ml suspension</i>	1	
<i>megestrol acetate 400 mg/10ml suspension</i>	1	
<i>megestrol acetate 800 mg/20ml suspension</i>	1	
MIRENA (52 MG) 20 MCG/DAY IUD	3	ACA Affordable Care Act
<i>my choice 1.5 mg tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>my way 1.5 mg tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>new day 1.5 mg tab</i>	1	ACA Affordable Care Act OTC Over the Counter
NEXPLANON 68 MG IMPLANT	3	ACA Affordable Care Act
<i>nora-be 0.35 mg tab</i>	1	ACA Affordable Care Act
<i>norethindrone 0.35 mg tab</i>	1	ACA Affordable Care Act
<i>norethindrone acetate 5 mg tab</i>	1	
<i>norlyroc 0.35 mg tab</i>	1	ACA Affordable Care Act
<i>opcicon one-step 1.5 mg tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>option 2 1.5 mg tab</i>	1	ACA Affordable Care Act OTC Over the Counter
PHEXXI 1.8-1-0.4 % GEL	3	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	PA
<i>react 1.5 mg tab</i>	1	ACA Affordable Care Act OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sharobel 0.35 mg tab</i>	1	ACA Affordable Care Act
SKYLA 13.5 MG IUD	3	ACA Affordable Care Act
SLYND 4 MG TAB	3	ACA Affordable Care Act
<i>take action 1.5 mg tab</i>	1	ACA Affordable Care Act OTC Over the Counter
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
ADTHYZA 120 MG TAB	1	
ADTHYZA 15 MG TAB	1	
ADTHYZA 30 MG TAB	1	
ADTHYZA 60 MG TAB	1	
ADTHYZA 90 MG TAB	1	
ARMOUR THYROID 120 MG TAB	1	
ARMOUR THYROID 15 MG TAB	1	
ARMOUR THYROID 180 MG TAB	1	
ARMOUR THYROID 240 MG TAB	1	
ARMOUR THYROID 30 MG TAB	1	
ARMOUR THYROID 300 MG TAB	1	
ARMOUR THYROID 60 MG TAB	1	
ARMOUR THYROID 90 MG TAB	1	
<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	

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LEVOTHYROXINE SODIUM 50 MCG CAP	2	
<i>levothyroxine sodium 50 mcg tab</i>	1	
LEVOTHYROXINE SODIUM 75 MCG CAP	2	
<i>levothyroxine sodium 75 mcg tab</i>	1	
LEVOTHYROXINE SODIUM 88 MCG CAP	2	
<i>levothyroxine sodium 88 mcg tab</i>	1	
<i>levoxyl 100 mcg tab</i>	1	
<i>levoxyl 112 mcg tab</i>	1	
<i>levoxyl 125 mcg tab</i>	1	
<i>levoxyl 137 mcg tab</i>	1	
<i>levoxyl 150 mcg tab</i>	1	
<i>levoxyl 175 mcg tab</i>	1	
<i>levoxyl 200 mcg tab</i>	1	
<i>levoxyl 25 mcg tab</i>	1	
<i>levoxyl 50 mcg tab</i>	1	
<i>levoxyl 75 mcg tab</i>	1	
<i>levoxyl 88 mcg tab</i>	1	
<i>liothyronine sodium 25 mcg tab</i>	1	
<i>liothyronine sodium 5 mcg tab</i>	1	
<i>liothyronine sodium 50 mcg tab</i>	1	
NIVA THYROID 120 MG TAB	1	
NIVA THYROID 15 MG TAB	1	
NIVA THYROID 30 MG TAB	1	
NIVA THYROID 60 MG TAB	1	
NIVA THYROID 90 MG TAB	1	
NP THYROID 120 MG TAB	1	
NP THYROID 15 MG TAB	1	
NP THYROID 30 MG TAB	1	
NP THYROID 60 MG TAB	1	
NP THYROID 90 MG TAB	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SYNTHROID 100 MCG TAB	2	
SYNTHROID 112 MCG TAB	2	
SYNTHROID 125 MCG TAB	2	
SYNTHROID 137 MCG TAB	2	
SYNTHROID 150 MCG TAB	2	
SYNTHROID 175 MCG TAB	2	
SYNTHROID 200 MCG TAB	2	
SYNTHROID 25 MCG TAB	2	
SYNTHROID 300 MCG TAB	2	
SYNTHROID 50 MCG TAB	2	
SYNTHROID 75 MCG TAB	2	
SYNTHROID 88 MCG TAB	2	
THYROID 120 MG TAB	1	
THYROID 15 MG TAB	1	
THYROID 30 MG TAB	1	
THYROID 60 MG TAB	1	
THYROID 90 MG TAB	1	
TIROSINT 100 MCG CAP	2	
TIROSINT 112 MCG CAP	2	
TIROSINT 125 MCG CAP	2	
TIROSINT 13 MCG CAP	2	
TIROSINT 137 MCG CAP	2	
TIROSINT 150 MCG CAP	2	
TIROSINT 175 MCG CAP	2	
TIROSINT 200 MCG CAP	2	
TIROSINT 25 MCG CAP	2	
TIROSINT 37.5 MCG CAP	2	
TIROSINT 44 MCG CAP	2	
TIROSINT 50 MCG CAP	2	
TIROSINT 62.5 MCG CAP	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TIROSINT 75 MCG CAP	2	
TIROSINT 88 MCG CAP	2	
TIROSINT-SOL 100 MCG/ML SOLUTION	2	
TIROSINT-SOL 112 MCG/ML SOLUTION	2	
TIROSINT-SOL 125 MCG/ML SOLUTION	2	
TIROSINT-SOL 13 MCG/ML SOLUTION	2	
TIROSINT-SOL 137 MCG/ML SOLUTION	2	
TIROSINT-SOL 150 MCG/ML SOLUTION	2	
TIROSINT-SOL 175 MCG/ML SOLUTION	2	
TIROSINT-SOL 200 MCG/ML SOLUTION	2	
TIROSINT-SOL 25 MCG/ML SOLUTION	2	
TIROSINT-SOL 37.5 MCG/ML SOLUTION	2	
TIROSINT-SOL 44 MCG/ML SOLUTION	2	
TIROSINT-SOL 50 MCG/ML SOLUTION	2	
TIROSINT-SOL 62.5 MCG/ML SOLUTION	2	
TIROSINT-SOL 75 MCG/ML SOLUTION	2	
TIROSINT-SOL 88 MCG/ML SOLUTION	2	
<i>unithroid 100 mcg tab</i>	1	
<i>unithroid 112 mcg tab</i>	1	
<i>unithroid 125 mcg tab</i>	1	
<i>unithroid 137 mcg tab</i>	1	
<i>unithroid 150 mcg tab</i>	1	
<i>unithroid 175 mcg tab</i>	1	
<i>unithroid 200 mcg tab</i>	1	
<i>unithroid 25 mcg tab</i>	1	
<i>unithroid 300 mcg tab</i>	1	
<i>unithroid 50 mcg tab</i>	1	
<i>unithroid 75 mcg tab</i>	1	
<i>unithroid 88 mcg tab</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
<i>cabergoline 0.5 mg tab</i>	1	
<i>cetrotide 0.25 mg kit</i>	2	PA
CETROTIDE 0.25 MG KIT	2	PA
FIRMAGON (240 MG DOSE) 120 MG/VIAL RECON SOLN	3	PA SP Specialty
FIRMAGON 80 MG RECON SOLN	3	PA SP Specialty
<i>fyremadel 250 mcg/0.5ml soln prsyr</i>	2	PA SP Specialty
<i>ganirelix acetate 250 mcg/0.5ml soln prsyr</i>	2	PA SP Specialty
LANREOTIDE ACETATE 120 MG/0.5ML SOLUTION	3	PA SP Specialty
<i>lanreotide acetate 120 mg/0.5ml solution</i>	3	PA SP Specialty
<i>leuprolide acetate 1 mg/0.2ml kit</i>	3	SP Specialty
LUPRON DEPOT (1-MONTH) 3.75 MG KIT	3	SP Specialty
LUPRON DEPOT (1-MONTH) 7.5 MG KIT	3	SP Specialty
LUPRON DEPOT (3-MONTH) 11.25 MG KIT	3	SP Specialty
LUPRON DEPOT (3-MONTH) 22.5 MG KIT	3	SP Specialty
LUPRON DEPOT (4-MONTH) 30 MG KIT	3	SP Specialty
LUPRON DEPOT (6-MONTH) 45 MG KIT	3	SP Specialty
LUPRON DEPOT-PED (1-MONTH) 11.25 MG KIT	3	SP Specialty
LUPRON DEPOT-PED (1-MONTH) 15 MG KIT	3	SP Specialty
LUPRON DEPOT-PED (1-MONTH) 7.5 MG KIT	3	SP Specialty
LUPRON DEPOT-PED (3-MONTH) 11.25 MG (PED) KIT	3	SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LUPRON DEPOT-PED (3-MONTH) 30 MG KIT	3	SP Specialty
LUPRON DEPOT-PED (6-MONTH) 45 MG KIT	3	SP Specialty
OCTREOTIDE ACETATE 100 MCG/ML SOLN PRSYR	3	SP Specialty
<i>octreotide acetate 100 mcg/ml solution</i>	3	SP Specialty
<i>octreotide acetate 1000 mcg/ml solution</i>	3	SP Specialty
<i>octreotide acetate 200 mcg/ml solution</i>	3	SP Specialty
OCTREOTIDE ACETATE 50 MCG/ML SOLN PRSYR	3	SP Specialty
<i>octreotide acetate 50 mcg/ml solution</i>	3	SP Specialty
OCTREOTIDE ACETATE 500 MCG/ML SOLN PRSYR	3	SP Specialty
<i>octreotide acetate 500 mcg/ml solution</i>	3	SP Specialty
ORGOVYX 120 MG TAB	3	PA SP Specialty
ORILISSA 150 MG TAB	2	PA
ORILISSA 200 MG TAB	2	PA
SOMATULINE DEPOT 60 MG/0.2ML SOLUTION	3	PA SP Specialty
SOMATULINE DEPOT 90 MG/0.3ML SOLUTION	3	PA SP Specialty
SOMAVERT 10 MG RECON SOLN	3	PA SP Specialty
SOMAVERT 15 MG RECON SOLN	3	PA SP Specialty
SOMAVERT 20 MG RECON SOLN	3	PA SP Specialty
SOMAVERT 25 MG RECON SOLN	3	PA SP Specialty
SOMAVERT 30 MG RECON SOLN	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SYNAREL 2 MG/ML SOLUTION	2	
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
ANTITHYROID AGENTS		
<i>methimazole 10 mg tab</i>	1	
<i>methimazole 5 mg tab</i>	1	
<i>potassium iodide 1 gm/ml solution</i>	3	
<i>propylthiouracil 50 mg tab</i>	1	
IMMUNOLOGICAL AGENTS		
ANGIOEDEMA AGENTS		
BERINERT 500 UNIT KIT	3	PA MNPA SP Specialty
<i>icatibant acetate 30 mg/3ml soln prsy</i>	3	PA MNPA SP Specialty
<i>sajazir 30 mg/3ml soln prsy</i>	3	PA MNPA SP Specialty
TAKHZYRO 150 MG/ML SOLN PRSYR	3	PA SP Specialty
TAKHZYRO 300 MG/2ML SOLN PRSYR	3	PA SP Specialty
TAKHZYRO 300 MG/2ML SOLUTION	3	PA SP Specialty
IMMUNOGLOBULINS		
GAMMAGARD 1 GM/10ML SOLUTION	3	PA SP Specialty
GAMMAKED 1 GM/10ML SOLUTION	3	PA SP Specialty
HYQVIA 10 GM/100ML KIT	3	PA MNPA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
IMMUNOLOGICAL AGENTS, OTHER		
ARCALYST 220 MG RECON SOLN	3	PA SP Specialty
BENLYSTA 200 MG/ML SOLN A-INJ	3	PA SP Specialty
BENLYSTA 200 MG/ML SOLN PRSYR	3	PA SP Specialty
COSENTYX (300 MG DOSE) 150 MG/ML SOLN PRSYR	2	QL 2 ML / 28 day(s) PA SP Specialty
COSENTYX 150 MG/ML SOLN PRSYR	2	QL 1 ML / 28 day(s) PA SP Specialty
COSENTYX 75 MG/0.5ML SOLN PRSYR	2	QL 0.5 mL / 28 day(s) PA SP Specialty
COSENTYX SENSOREADY (300 MG) 150 MG/ML SOLN A-INJ	2	QL 2 ML / 28 day(s) PA SP Specialty
COSENTYX SENSOREADY PEN 150 MG/ML SOLN A-INJ	2	QL 1 ML / 28 day(s) PA SP Specialty
COSENTYX UNOREADY 300 MG/2ML SOLN A-INJ	2	QL 2 mL / 28 day(s) PA SP Specialty
DUPIXENT 100 MG/0.67ML SOLN PRSYR	2	PA SP Specialty
DUPIXENT 200 MG/1.14ML SOLN A-INJ	2	PA SP Specialty
DUPIXENT 200 MG/1.14ML SOLN PRSYR	2	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DUPIXENT 300 MG/2ML SOLN A-INJ	2	PA SP Specialty
DUPIXENT 300 MG/2ML SOLN PRSYR	2	PA SP Specialty
EMPAVELI 1080 MG/20ML SOLUTION	3	PA
ENSPRYNG 120 MG/ML SOLN PRSYR	3	PA SP Specialty
KEVZARA 150 MG/1.14ML SOLN A-INJ	3	QL 2.28 mL / 28 day(s) PA SP Specialty
KEVZARA 150 MG/1.14ML SOLN PRSYR	3	QL 2.28 mL / 28 day(s) PA SP Specialty
KEVZARA 200 MG/1.14ML SOLN A-INJ	3	QL 2.28 mL / 28 day(s) PA SP Specialty
KEVZARA 200 MG/1.14ML SOLN PRSYR	3	QL 2.28 mL / 28 day(s) PA SP Specialty
OTEZLA 10 & 20 & 30 MG TAB THPK	2	QL 55 EA / 28 day(s) PA SP Specialty
OTEZLA 4 X 10 & 51 X20 MG TAB THPK	2	QL 55 EA / 28 DAYS PA SP Specialty
PALFORZIA (12 MG DAILY DOSE) 2 X 1 MG & 10 MG CSPK	3	PA SP Specialty
PALFORZIA (120 MG DAILY DOSE) 20 MG & 100 MG CSPK	3	PA SP Specialty
PALFORZIA (160 MG DAILY DOSE) 3 X 20 MG & 100 MG CSPK	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PALFORZIA (20 MG DAILY DOSE) 20 MG CSPK	3	PA SP Specialty
PALFORZIA (200 MG DAILY DOSE) 2 X 100 MG CSPK	3	PA SP Specialty
PALFORZIA (240 MG DAILY DOSE) 2 X 20 MG & 2 X 100 MG CSPK	3	PA SP Specialty
PALFORZIA (3 MG DAILY DOSE) 3 X 1 MG CSPK	3	PA SP Specialty
PALFORZIA (300 MG MAINTENANCE) 300 MG PACKET	3	PA SP Specialty
PALFORZIA (300 MG TITRATION) 300 MG PACKET	3	PA SP Specialty
PALFORZIA (40 MG DAILY DOSE) 2 X 20 MG CSPK	3	PA SP Specialty
PALFORZIA (6 MG DAILY DOSE) 6 X 1 MG CSPK	3	PA SP Specialty
PALFORZIA (80 MG DAILY DOSE) 4 X 20 MG CSPK	3	PA SP Specialty
PALFORZIA INITIAL ESCALATION 0.5 & 1 & 1.5 & 3 & 6 MG CSPK	3	PA SP Specialty
RIDAURA 3 MG CAP	3	PA MNPA
SIMULECT 10 MG RECON SOLN	3	PA
SIMULECT 20 MG RECON SOLN	3	PA
SKYRIZI (150 MG DOSE) 75 MG/0.83ML PEF SY KT	2	PA QLC 2 EA / 84 days SP Specialty
SKYRIZI 150 MG/ML SOLN PRSYR	2	PA QLC 1 ML / 84 days SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SKYRIZI 180 MG/1.2ML SOLN CART	2	PA QLC 1.2 ML / 56 days SP Specialty
SKYRIZI 360 MG/2.4ML SOLN CART	2	PA QLC 2.4 ML / 56 days SP Specialty
SKYRIZI PEN 150 MG/ML SOLN A-INJ	2	PA QLC 1 ML / 84 days SP Specialty
STELARA 45 MG/0.5ML SOLN PRSYR	2	QL 0.5 mL / 84 days PA QLC 0.5 mL / 84 days SP Specialty
STELARA 45 MG/0.5ML SOLUTION	2	QL 0.5 mL / 84 days PA QLC 0.5 mL / 84 days SP Specialty
STELARA 90 MG/ML SOLN PRSYR	2	QL 1 mL / 56 days PA QLC 1 ML / 56 days SP Specialty
TREMFYA 100 MG/ML SOLN A-INJ	2	PA QLC 1 ML / 56 days SP Specialty
TREMFYA 100 MG/ML SOLN PRSYR	2	PA QLC 1 ML / 56 days SP Specialty
TREMFYA 200 MG/2ML SOLN A-INJ	2	PA QLC 2 mL / 28 days SP Specialty
TREMFYA 200 MG/2ML SOLN PRSYR	2	PA QLC 2 mL / 28 days SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XELJANZ 1 MG/ML SOLUTION	2	<ul style="list-style-type: none"> QL 240 mL / 24 day(s) PA SP Specialty
XELJANZ 10 MG TAB	2	<ul style="list-style-type: none"> QL 60 EA / 30 day(s) PA SP Specialty
XELJANZ 5 MG TAB	2	<ul style="list-style-type: none"> QL 60 EA / 30 day(s) PA SP Specialty
IMMUNOSTIMULANTS		
ACTIMMUNE 2000000 UNIT/0.5ML SOLUTION	3	<ul style="list-style-type: none"> PA SP Specialty
INTRON A 10000000 UNIT RECON SOLN	3	<ul style="list-style-type: none"> PA
INTRON A 50000000 UNIT RECON SOLN	3	<ul style="list-style-type: none"> PA
PEGASYS 180 MCG/0.5ML SOLN PRSYR	3	<ul style="list-style-type: none"> PA SP Specialty
PEGASYS 180 MCG/ML SOLUTION	3	<ul style="list-style-type: none"> PA SP Specialty
IMMUNOSUPPRESSANTS		
<i>azathioprine 50 mg tab</i>	1	
<i>cyclosporine modified 100 mg cap</i>	1	
<i>cyclosporine modified 100 mg/ml solution</i>	1	
<i>cyclosporine modified 25 mg cap</i>	1	
<i>cyclosporine modified 50 mg cap</i>	1	
ENBREL 25 MG/0.5ML SOLN PRSYR	2	<ul style="list-style-type: none"> QL 4 mL / 28 day(s) PA SP Specialty
ENBREL 25 MG/0.5ML SOLUTION	2	<ul style="list-style-type: none"> QL 4 mL / 28 day(s) PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ENBREL 50 MG/ML SOLN PRSYR	2	<ul style="list-style-type: none"> QL 4 mL / 28 day(s) PA SP Specialty
ENBREL MINI 50 MG/ML SOLN CART	2	<ul style="list-style-type: none"> QL 4 mL / 28 day(s) PA SP Specialty
ENBREL SURECLICK 50 MG/ML SOLN A-INJ	2	<ul style="list-style-type: none"> QL 4 mL / 28 day(s) PA SP Specialty
<i>everolimus 0.25 mg tab</i>	3	<ul style="list-style-type: none"> PA SP Specialty
<i>everolimus 0.5 mg tab</i>	3	<ul style="list-style-type: none"> PA SP Specialty
<i>everolimus 0.75 mg tab</i>	3	<ul style="list-style-type: none"> PA SP Specialty
<i>everolimus 1 mg tab</i>	3	<ul style="list-style-type: none"> SP Specialty
<i>gengraf 100 mg cap</i>	1	
<i>gengraf 100 mg/ml solution</i>	1	
<i>gengraf 25 mg cap</i>	1	
HUMIRA (2 PEN) 40 MG/0.4ML AUT-IJ KIT	2	<ul style="list-style-type: none"> QL 4 EA / 28 day(s) PA SP Specialty
HUMIRA (2 PEN) 40 MG/0.8ML AUT-IJ KIT	2	<ul style="list-style-type: none"> QL 4 EA / 28 day(s) PA SP Specialty
HUMIRA (2 PEN) 80 MG/0.8ML AUT-IJ KIT	2	<ul style="list-style-type: none"> QL 3 EA / 28 day(s) PA SP Specialty
HUMIRA (2 SYRINGE) 40 MG/0.8ML PREF SY KT	2	<ul style="list-style-type: none"> QL 4 ea / 28 day(s) PA SP Specialty

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>leflunomide 10 mg tab</i>	1	
<i>leflunomide 20 mg tab</i>	1	
LUPKYNIS 7.9 MG CAP	3	PA
<i>methotrexate sodium (pf) 50 mg/2ml solution</i>	1	
<i>methotrexate sodium 2.5 mg tab</i>	1	
<i>methotrexate sodium 50 mg/2ml solution</i>	1	
<i>mycophenolate mofetil 200 mg/ml recon susp</i>	2	
<i>mycophenolate mofetil 250 mg cap</i>	1	
<i>mycophenolate mofetil 500 mg tab</i>	1	
<i>mycophenolate sodium 180 mg tab dr</i>	3	
<i>mycophenolate sodium 360 mg tab dr</i>	3	
<i>mycophenolic acid 180 mg tab dr</i>	3	
<i>mycophenolic acid 360 mg tab dr</i>	3	
NULOJIX 250 MG RECON SOLN	3	PA
RINVOQ 15 MG TAB ER 24H	2	QL 30 EA / 30 day(s) PA SP Specialty
RINVOQ 30 MG TAB ER 24H	2	QL 30 EA / 30 day(s) PA SP Specialty
RINVOQ 45 MG TAB ER 24H	2	QL 30 EA / 30 day(s) PA SP Specialty
<i>sirolimus 0.5 mg tab</i>	2	
<i>sirolimus 1 mg tab</i>	2	
<i>sirolimus 1 mg/ml solution</i>	2	
<i>sirolimus 2 mg tab</i>	2	
<i>tacrolimus 0.5 mg cap</i>	1	
<i>tacrolimus 1 mg cap</i>	1	
<i>tacrolimus 5 mg cap</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>temsirolimus 25 mg/ml solution</i>	3	PA
XELJANZ XR 11 MG TAB ER 24H	2	QL 30 EA / 30 day(s) PA SP Specialty
XELJANZ XR 22 MG TAB ER 24H	2	QL 30 EA / 30 day(s) PA SP Specialty
INFLAMMATORY BOWEL DISEASE AGENTS		
AMINOSALICYLATES		
<i>balsalazide disodium 750 mg cap</i>	1	
DIPENTUM 250 MG CAP	3	
<i>mesalamine 1.2 gm tab dr</i>	2	
<i>mesalamine 1000 mg suppos</i>	2	
<i>mesalamine 4 gm enema</i>	1	
<i>mesalamine 800 mg tab dr</i>	2	
<i>mesalamine er 0.375 gm cap er 24h</i>	1	
<i>mesalamine-cleanser 4 gm kit</i>	1	
PENTASA 250 MG CAP ER	3	PA
<i>sulfasalazine 500 mg tab</i>	1	
<i>sulfasalazine 500 mg tab dr</i>	1	
GLUCOCORTICOIDS		
<i>budesonide 3 mg cp dr part</i>	1	
<i>budesonide er 9 mg tab er 24h</i>	3	QLC 90 EA / 365 days
<i>hydrocortisone 10 mg tab</i>	1	
<i>hydrocortisone 100 mg/60ml enema</i>	1	
<i>hydrocortisone 20 mg tab</i>	1	
<i>hydrocortisone 5 mg tab</i>	1	
TARPEYO 4 MG CAP DR	3	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
METABOLIC BONE DISEASE AGENTS		
<i>alendronate sodium 10 mg tab</i>	1	PD Preventive Drug
<i>alendronate sodium 35 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
ALENDRONATE SODIUM 5 MG TAB	1	PD Preventive Drug
<i>alendronate sodium 70 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>alendronate sodium 70 mg/75ml solution</i>	2	PD Preventive Drug
<i>aqueous vitamin d 10 mcg/ml liquid</i>	1	OTC Over the Counter
<i>bprotected pedia d-vite 10 mcg/ml liquid</i>	1	OTC Over the Counter
<i>calcitonin (salmon) 200 unit/act solution</i>	1	PD Preventive Drug
<i>calcitriol 0.25 mcg cap</i>	1	
<i>calcitriol 0.5 mcg cap</i>	1	
<i>calcitriol 1 mcg/ml solution</i>	1	
<i>cinacalcet hcl 30 mg tab</i>	3	PA SP Specialty
<i>cinacalcet hcl 60 mg tab</i>	3	PA SP Specialty
<i>cinacalcet hcl 90 mg tab</i>	3	PA SP Specialty
<i>cvs d3 10 mcg (400 unit) cap</i>	1	OTC Over the Counter
<i>d-400 10 mcg (400 unit) tab</i>	1	OTC Over the Counter
<i>d-vite pediatric 10 mcg/ml liquid</i>	1	OTC Over the Counter
<i>d3 10 mcg (400 unit) chew tab</i>	1	OTC Over the Counter
<i>d3 high potency 10 mcg (400 unit) tab</i>	1	OTC Over the Counter
<i>d3 kids 10 mcg (400 unit) chew tab</i>	1	OTC Over the Counter
<i>d3-50 1.25 mg (50000 ut) cap</i>	2	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>decara 1.25 mg (50000 ut) cap</i>	2	OTC Over the Counter
<i>delta d3 10 mcg (400 unit) tab</i>	1	OTC Over the Counter
<i>doxercalciferol 0.5 mcg cap</i>	2	
<i>doxercalciferol 1 mcg cap</i>	2	
<i>doxercalciferol 2.5 mcg cap</i>	2	
<i>eqi vitamin d3 10 mcg (400 unit) cap</i>	1	OTC Over the Counter
<i>ergocalciferol 1.25 mg (50000 ut) cap</i>	1	
FORTEO 600 MCG/2.4ML SOLN PEN	2	QLC 57.6 ML / 730 day(s) SP Specialty
FOSAMAX PLUS D 70-5600 MG-UNIT TAB	3	PD Preventive Drug
<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>ibandronate sodium 150 mg tab</i>	3	PD Preventive Drug
<i>kp vitamin d 10 mcg (400 unit) chew tab</i>	1	OTC Over the Counter
NATPARA 100 MCG CARTRIDGE	3	PA SP Specialty
NATPARA 25 MCG CARTRIDGE	3	PA SP Specialty
NATPARA 50 MCG CARTRIDGE	3	PA SP Specialty
NATPARA 75 MCG CARTRIDGE	3	PA SP Specialty
<i>optimal d3 1.25 mg (50000 ut) cap</i>	2	OTC Over the Counter
<i>pamidronate disodium 30 mg/10ml solution</i>	2	PA
PAMIDRONATE DISODIUM 6 MG/ML SOLUTION	2	PA
<i>pamidronate disodium 90 mg/10ml solution</i>	2	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>paricalcitol 1 mcg cap</i>	2	
<i>paricalcitol 2 mcg cap</i>	2	
<i>paricalcitol 4 mcg cap</i>	2	
<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>risedronate sodium 150 mg tab</i>	1	PD Preventive Drug
<i>risedronate sodium 30 mg tab</i>	2	PD Preventive Drug
<i>risedronate sodium 35 mg tab</i>	1	PD Preventive Drug
<i>risedronate sodium 35 mg tab dr</i>	3	PD Preventive Drug
<i>risedronate sodium 5 mg tab</i>	2	PD Preventive Drug
<i>sm vitamin d 10 mcg (400 unit) tab</i>	1	OTC Over the Counter
<i>true vitamin d3 1.25 mg (50000 ut) cap</i>	2	OTC Over the Counter
<i>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
TYMLOS 3120 MCG/1.56ML SOLN PEN	2	QL 1.56 ML / 30 day(s) SP Specialty
<i>vitamin d (cholecalciferol) 10 mcg (400 unit) cap</i>	1	OTC Over the Counter
<i>vitamin d (cholecalciferol) 10 mcg (400 unit) chew tab</i>	1	OTC Over the Counter
<i>vitamin d (cholecalciferol) 10 mcg (400 unit) tab</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>vitamin d 10 mcg/ml liquid</i>	1	OTC Over the Counter
<i>vitamin d infant 10 mcg/ml liquid</i>	1	OTC Over the Counter
<i>vitamin d3 1.25 mg (50000 ut) cap</i>	2	OTC Over the Counter
<i>vitamin 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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>vitamin d3 10 mcg/ml liquid</i>	1	OTC Over the Counter
<i>weekly-d 1.25 mg (50000 ut) cap</i>	2	OTC Over the Counter
MISCELLANEOUS THERAPEUTIC AGENTS		
3232A INFANT FORMULA POWDER	1	OTC Over the Counter
LANCETS	2	OTC Over the Counter
ACERFLEX POWDER	1	OTC Over the Counter
AKEEGA 100-500 MG TAB	3	QL 60 EA / 30 Days PA SP Specialty
AKEEGA 50-500 MG TAB	3	QL 60 EA / 30 Days PA SP Specialty
ALCOHOL SWABS	1	OTC Over the Counter
ALIMENTUM LIQUID	2	OTC Over the Counter
ALSOY SOY FORMULA LIQUID	2	OTC Over the Counter
AQ INSULIN SYRINGE 31G X 5/16" 1 ML MISC	2	
PEAK FLOW METERS	2	OTC Over the Counter PD Preventive Drug
BARIUM SULFATE POWDER	3	
BCAD 1 POWDER	1	OTC Over the Counter
BCAD 2 POWDER	1	OTC Over the Counter
CAYA DIAPHRAGM	2	ACA Affordable Care Act
CHOLEXTRA POWDER	1	OTC Over the Counter
CLICK ESPRESSO PROTEIN DRINK POWDER	1	OTC Over the Counter
CONTOUR BLOOD GLUCOSE SYSTEM W/DEVICE KIT	2	OTC Over the Counter PD Preventive Drug
CONTOUR NEXT EZ W/DEVICE KIT	2	OTC Over the Counter PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CONTOUR NEXT GEN MONITOR DEVICE	2	<ul style="list-style-type: none"> QLC 1 EA/180 day(s) OTC Over the Counter PD Preventive Drug
CONTOUR NEXT GEN MONITOR W/DEVICE KIT	2	<ul style="list-style-type: none"> OTC Over the Counter PD Preventive Drug
CONTOUR NEXT LINK W/DEVICE KIT	2	<ul style="list-style-type: none"> OTC Over the Counter PD Preventive Drug
CONTOUR NEXT MONITOR W/DEVICE KIT	2	<ul style="list-style-type: none"> OTC Over the Counter PD Preventive Drug
CONTOUR NEXT ONE KIT	2	<ul style="list-style-type: none"> OTC Over the Counter PD Preventive Drug
CONTOUR NEXT TEST STRIP	2	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) OTC Over the Counter
CONTOUR PLUS BLUE W/DEVICE KIT	2	<ul style="list-style-type: none"> QLC 1 EA / 180 DAYS OTC Over the Counter PD Preventive Drug
CONTOUR PLUS TEST STRIP	2	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) OTC Over the Counter
CONTOUR TEST STRIP	2	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) OTC Over the Counter
CYCLINEX-1 POWDER	1	<ul style="list-style-type: none"> OTC Over the Counter
CYCLINEX-2 POWDER	1	<ul style="list-style-type: none"> OTC Over the Counter
D-XYLOSE POWDER	3	
DEXCOM G6 RECEIVER DEVICE	2	<ul style="list-style-type: none"> DUR QLC 1 / 365 days
DEXCOM G6 SENSOR MISC	2	<ul style="list-style-type: none"> QL 3 / 30 day(s) DUR
DEXCOM G6 TRANSMITTER MISC	2	<ul style="list-style-type: none"> DUR QLC 1 / 84 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DEXCOM G7 RECEIVER DEVICE	2	DUR QLC 1 / 365 days
DEXCOM G7 SENSOR MISC	2	QL 3 / 30 day(s) DUR
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 0.5 ML MISC	2	
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 1 ML MISC	2	
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 0.3 ML MISC	2	
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 0.5 ML MISC	2	
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 1 ML MISC	2	
DUOCAL POWDER	1	OTC Over the Counter
EASY COMFORT INSULIN SYRINGE 31G X 1/2" 0.3 ML MISC	2	OTC Over the Counter PD Preventive Drug
EGG/PRO POWDER	1	OTC Over the Counter
ELECARE POWDER	1	OTC Over the Counter
ELECARE DHA/ARA POWDER	1	OTC Over the Counter
ELECARE DHA/ARA INFANT POWDER	1	OTC Over the Counter
ELECARE JR POWDER	1	OTC Over the Counter
ENCALA POWDER	1	OTC Over the Counter
ENFAGROW NEUROPRO TODDLER LIQUID	2	OTC Over the Counter
ENFAGROW NEXT STEP LIQUID	2	OTC Over the Counter
ENFAMIL 24 LIQUID	2	OTC Over the Counter
ENFAMIL AR LIPIL LIQUID	2	OTC Over the Counter
ENFAMIL AR SPIT-UP LIQUID	2	OTC Over the Counter
ENFAMIL DHA & ARA SUPPLEMENT LIQUID	2	OTC Over the Counter
ENFAMIL DHA & ARA SUPPLEMENT 20-40 MG/0.5ML LIQUID	2	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ENFAMIL ENFACARE LIQUID	2	OTC Over the Counter
ENFAMIL GENTLEASE LIQUID	2	OTC Over the Counter
ENFAMIL GENTLEASE LIPIL LIQUID	2	OTC Over the Counter
ENFAMIL HUMAN MILK FORTIFIER LIQUID	2	OTC Over the Counter
ENFAMIL INFANT LIQUID	2	OTC Over the Counter
ENFAMIL LIPIL ENFACARE LIQUID	2	OTC Over the Counter
ENFAMIL MILK-BASED W/IRON LIQUID	2	OTC Over the Counter
ENFAMIL NEUROPRO ENFACARE LIQUID	2	OTC Over the Counter
ENFAMIL NEUROPRO GENTLEASE LIQUID	2	OTC Over the Counter
ENFAMIL NEUROPRO INFANT LIQUID	2	OTC Over the Counter
ENFAMIL NUTRAMIGEN LIQUID	2	OTC Over the Counter
ENFAMIL NUTRAMIGEN LIPIL LIQUID	2	OTC Over the Counter
ENFAMIL PREGESTIMIL LIPIL LIQUID	2	OTC Over the Counter
ENFAMIL PREMATURE LIQUID	2	OTC Over the Counter
ENFAMIL PREMIUM INFANT LIQUID	2	OTC Over the Counter
ENFAMIL PREMIUM LIPIL LIQUID	2	OTC Over the Counter
ENFAMIL PREMIUM NEWBORN LIQUID	2	OTC Over the Counter
ENFAMIL PROSOBEE LIPIL LIQUID	2	OTC Over the Counter
ENFAMIL PROSOBEE/SENSITIVE LIQUID	2	OTC Over the Counter
ENFAMIL SOY PROSOBEE LIQUID	2	OTC Over the Counter
ENFAPORT LIQUID	2	OTC Over the Counter
ENSURE POWDER	1	OTC Over the Counter
ENSURE HIGH PROTEIN POWDER	1	OTC Over the Counter
ENSURE ORIGINAL POWDER	1	OTC Over the Counter
EVRYSDI 0.75 MG/ML RECON SOLN	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FC2 FEMALE CONDOM MISC	2	ACA Affordable Care Act OTC Over the Counter
FEMCAP 22 MM DEVICE	2	ACA Affordable Care Act
FEMCAP 26 MM DEVICE	2	ACA Affordable Care Act
FEMCAP 30 MM DEVICE	2	ACA Affordable Care Act
FIRST-LANSOPRAZOLE 3 MG/ML SUSPENSION	2	
FIXODENT EXTRA HOLD POWDER	3	OTC Over the Counter
FOLLOW-UP/FE LIQUID	2	OTC Over the Counter
FORTA DRINK POWDER	1	OTC Over the Counter
FORTA SHAKE POWDER	1	OTC Over the Counter
FORTINI INFANT FORMULA LIQUID	2	OTC Over the Counter
FREESTYLE LIBRE 14 DAY READER DEVICE	2	DUR QLC 1 / 365 days
FREESTYLE LIBRE 14 DAY SENSOR MISC	2	QL 2 / 28 day(s) DUR
FREESTYLE LIBRE 2 PLUS SENSOR MISC	2	QL 2 EA / 28 day(s) DUR DUR
FREESTYLE LIBRE 2 READER DEVICE	2	DUR QLC 1 / 365 days
FREESTYLE LIBRE 2 SENSOR MISC	2	QL 2 / 28 day(s) DUR
FREESTYLE LIBRE 3 PLUS SENSOR MISC	2	QL 2 EA / 28 DAYS DUR
FREESTYLE LIBRE 3 READER DEVICE	2	DUR QLC 1 /365 Days
FREESTYLE LIBRE 3 SENSOR MISC	2	QL 2 / 28 day(s) DUR


PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GA POWDER	1	OTC Over the Counter
GA-1 ANAMIX EARLY YEARS POWDER	1	OTC Over the Counter
GERBER GOOD START GENTLE LIQUID	2	OTC Over the Counter
GERBER GOOD START NOURISH LIQUID	2	OTC Over the Counter
GERBER GOOD START PREMATURE LIQUID	2	OTC Over the Counter
GERBER GOOD START SOY/IRON LIQUID	2	OTC Over the Counter
GERBER GOOD START SUPREME/IRON LIQUID	2	OTC Over the Counter
GLUTAREX-1 POWDER	1	OTC Over the Counter
GLUTAREX-2 POWDER	1	OTC Over the Counter
GOOD START LIQUID	2	OTC Over the Counter
GOOD START 2 ESSENTIALS/IRON LIQUID	2	OTC Over the Counter
GOOD START 2 SUPREME/IRON LIQUID	2	OTC Over the Counter
GOOD START ESSENTIALS SOY/IRON LIQUID	2	OTC Over the Counter
GOOD START SUPREME/IRON LIQUID	2	OTC Over the Counter
GOOD START/FE LIQUID	2	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
I-VALEX-1 POWDER	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
I-VALEX-2 POWDER	1	OTC Over the Counter
IMMULIFE POWDER	1	OTC Over the Counter
INSULIN SYRINGE-NEEDLE U-100 27G X 1/2" 0.5 ML MISC	2	
INSULIN SYRINGE-NEEDLE U-100 30G X 1/2" 1 ML MISC	2	
INSULIN SYRINGE-NEEDLE U-100 31G X 5/16" 0.5 ML MISC	2	
INSULIN SYRINGE-NEEDLE U-100 31G X 5/16" 1 ML MISC	2	
ISOMIL ADVANCE SOY FORMULA-FE LIQUID	2	OTC Over the Counter
ISOMIL DF LIQUID	2	OTC Over the Counter
ISOMIL SOY FORMULA/IRON LIQUID	2	OTC Over the Counter
ISOMIL/IRON LIQUID	2	OTC Over the Counter
IVA ANAMIX EARLY YEARS POWDER	1	OTC Over the Counter
IVA ANAMIX NEXT POWDER	1	OTC Over the Counter
IVA MAXAMUM POWDER	1	OTC Over the Counter
JUVEN POWDER	1	OTC Over the Counter
K-PAX PROTEIN BLEND IMMUNE 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
KETONEX-2 POWDER	1	OTC Over the Counter
KLUTCH POWDER	3	OTC Over the Counter
LAGEVRIO 200 MG CAP	3	QLC 80 EA / 30 day(s)
LIPISTART POWDER	1	OTC Over the Counter
LMD POWDER	1	OTC Over the Counter
MERITENE POWDER	1	OTC Over the Counter
METHIONAID POWDER	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
MODULEN IBD 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 NUTRA POWDER	1	OTC Over the Counter
NEOSURE ADVANCE LIQUID	2	OTC Over the Counter
NUTRITIONAL DRINK MIX POWDER	1	OTC Over the Counter
NUTRITIONAL DRINK SHAKE MIX POWDER	1	OTC Over the Counter
OA 1 POWDER	1	OTC Over the Counter
OA 2 POWDER	1	OTC Over the Counter
OMEPRAZOLE+SYRSPEND SF ALKA 2 MG/ML SUSPENSION	2	
OMNIFLEX DIAPHRAGM DIAPHRAGM	2	ACA Affordable Care Act
OMNIPOD 5 G6 INTRO (GEN 5) KIT	2	QLC 1 EA / 700 Days
OMNIPOD 5 G6 PODS (GEN 5) MISC	2	QL 15 EA / 30 day(s)
OMNIPOD 5 PACK MISC	2	QL 15 EA / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OMNIPOD CLASSIC PDM (GEN 3) KIT	2	QLC 1 EA / 700 Days
OMNIPOD DASH INTRO (GEN 4) KIT	2	QLC 1 EA / 700 Days
OMNIPOD DASH PDM (GEN 4) KIT	2	QLC 1 EA / 700 Days
OMNIPOD DASH PODS (GEN 4) MISC	2	QL 15 EA / 30 day(s)
OMNIPOD POD PALS MISC	2	QL 10 / 30 day(s) OTC Over the Counter
ONETOUCH SOLUTIONS STARTER KIT W/ WELL DEVICE KIT	2	OTC Over the Counter PD Preventive Drug
ONETOUCH ULTRA STRIP	2	QL 100 EA / 30 day(s) OTC Over the Counter
ONETOUCH ULTRA 2 W/DEVICE KIT	2	OTC Over the Counter PD Preventive Drug
ONETOUCH ULTRA BLUE TEST STRIP	2	QL 100 EA / 30 day(s) OTC Over the Counter
ONETOUCH ULTRA MINI W/DEVICE KIT	2	OTC Over the Counter PD Preventive Drug
ONETOUCH ULTRA TEST STRIP	2	QL 100 EA / 30 day(s) OTC Over the Counter
ONETOUCH VERIO STRIP	2	QL 100 EA / 30 day(s) OTC Over the Counter
ONETOUCH VERIO FLEX SYSTEM DEVICE	2	QLC 1 EA/180 day(s) OTC Over the Counter PD Preventive Drug
ONETOUCH VERIO FLEX SYSTEM W/DEVICE KIT	2	OTC Over the Counter PD Preventive Drug
ONETOUCH VERIO REFLECT W/DEVICE KIT	2	OTC Over the Counter PD Preventive Drug
ONETOUCH VERIO W/DEVICE KIT	2	OTC Over the Counter PD Preventive Drug






PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OPTICLEANSE GHI POWDER	1	OTC Over the Counter
OPVEE 2.7 MG/0.1ML SOLUTION	2	
ORGANIC PEDIA SMART POWDER	1	OTC Over the Counter
OS 2 POWDER	1	OTC Over the Counter
PARAGARD INTRAUTERINE COPPER IUD	3	ACA Affordable Care Act
PAXLOVID (150/100) 10 X 150 MG & 10 X 100MG TAB THPK	2	QLC 20 EA /30 days
PAXLOVID (300/100) 20 X 150 MG & 10 X 100MG TAB THPK	2	QLC 30 EA /30 days
PEDIASURE GROW & GAIN POWDER	1	OTC Over the Counter
PEDIASURE SHAKE MIX POWDER	1	OTC Over the Counter
PEDIASURE SIDEKICKS POWDER	1	OTC Over the Counter
PEN NEEDLES 30G X 5 MM MISC	2	
PEPTAMEN JUNIOR POWDER	1	OTC Over the Counter
PERIFLEX ADVANCE POWDER	1	OTC Over the Counter
PERIFLEX JUNIOR POWDER	1	OTC Over the Counter
PFD POWDER	1	OTC Over the Counter
PFD 2 POWDER	1	OTC Over the Counter
PHENEX-1 POWDER	1	OTC Over the Counter
PHENEX-2 POWDER	1	OTC Over the Counter
PHENYL-FREE 2 POWDER	1	OTC Over the Counter
PHENYL-FREE 2HP 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 POWDER	1	OTC Over the Counter
PHENYLADE GMP MIX-IN POWDER	1	OTC Over the Counter
PHENYLADE60 DRINK MIX POWDER	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
POLIGRIP SUPER STRONG EX ST POWDER	3	OTC Over the Counter
POLYCAL POWDER	1	OTC Over the Counter
PORTAGEN POWDER	1	OTC Over the Counter
PRO-PHREE POWDER	1	OTC Over the Counter
PROMOD POWDER	1	OTC Over the Counter
PROPIMEX-1 POWDER	1	OTC Over the Counter
PROPIMEX-2 POWDER	1	OTC Over the Counter
PROSOURCE POWDER	1	OTC Over the Counter
PROTEIN FORTIFIER LIQUID	2	OTC Over the Counter
PROVIMIN POWDER	1	OTC Over the Counter
PURE BLISS ORGANIC/IRON LIQUID	2	OTC Over the Counter
PURECARB POWDER	1	OTC Over the Counter
RENASTART POWDER	1	OTC Over the Counter
SAXENDA 18 MG/3ML SOLN PEN	2	QL 15 ML / 30 day(s) PA  See important benefit information at end of document
SCANDICAL POWDER	1	OTC Over the Counter
SCANDISHAKE POWDER	1	OTC Over the Counter
SIMILAC LIQUID	2	OTC Over the Counter
SIMILAC 360 TOT CARE SENS 5HMO LIQUID	2	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SIMILAC 360 TOTAL CARE 5 HMO LIQUID	2	OTC Over the Counter
SIMILAC ADVANCE COMPLETE LIQUID	2	OTC Over the Counter
SIMILAC ADVANCE EARLY SHIELD LIQUID	2	OTC Over the Counter
SIMILAC ADVANCE KOSHER LIQUID	2	OTC Over the Counter
SIMILAC ADVANCE ON-THE-GO LIQUID	2	OTC Over the Counter
SIMILAC ADVANCE ORGANIC LIQUID	2	OTC Over the Counter
SIMILAC ADVANCE-IRON LIQUID	2	OTC Over the Counter
SIMILAC ALIMENTUM ADVANCE-IRON LIQUID	2	OTC Over the Counter
SIMILAC ALIMENTUM IMMUNESUPP LIQUID	2	OTC Over the Counter
SIMILAC EXPERT CARE ALIMENTUM LIQUID	2	OTC Over the Counter
SIMILAC EXPERT CARE DIARRHEA LIQUID	2	OTC Over the Counter
SIMILAC EXPERT CARE NEOSURE/FE LIQUID	2	OTC Over the Counter
SIMILAC FOR SPIT-UP LIQUID	2	OTC Over the Counter
SIMILAC FOR SUPPLEMENTATION LIQUID	2	OTC Over the Counter
SIMILAC LACTOSE FREE ADVANCE LIQUID	2	OTC Over the Counter
SIMILAC LOW-IRON LIQUID	2	OTC Over the Counter
SIMILAC NATURAL CARE LIQUID	2	OTC Over the Counter
SIMILAC NEOSURE ADVANCE/IRON LIQUID	2	OTC Over the Counter
SIMILAC NEOSURE OPTIGRO LIQUID	2	OTC Over the Counter
SIMILAC ORGANIC/IRON LIQUID	2	OTC Over the Counter
SIMILAC PRO-ADVANCE OPTIGRO LIQUID	2	OTC Over the Counter
SIMILAC PRO-ADVANCE WITH IRON LIQUID	2	OTC Over the Counter
SIMILAC PRO-SENSITIVE LIQUID	2	OTC Over the Counter
SIMILAC PRO-SENSITIVE OPTIGRO LIQUID	2	OTC Over the Counter
SIMILAC PRO-TOTAL COMFORT LIQUID	2	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SIMILAC SENSITIVE EARLY SHIELD LIQUID	2	OTC Over the Counter
SIMILAC SENSITIVE OPTIGRO LIQUID	2	OTC Over the Counter
SIMILAC SENSITIVE SPIT-UP LIQUID	2	OTC Over the Counter
SIMILAC SOY ISOMIL LIQUID	2	OTC Over the Counter
SIMILAC SPECIAL CARE LIQUID	2	OTC Over the Counter
SIMILAC SPECIAL CARE PREMATURE LIQUID	2	OTC Over the Counter
SIMILAC SPECIAL CARE/IRON LIQUID	2	OTC Over the Counter
SIMILAC SPECIAL CARE/LOW IRON LIQUID	2	OTC Over the Counter
SIMILAC TOTAL COMFORT LIQUID	2	OTC Over the Counter
SIMILAC/IRON LIQUID	2	OTC Over the Counter
SODIUM SACCHARIN POWDER	3	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
VEOZAH 45 MG TAB	3	PA
VIVONEX PLUS PACKET	1	OTC Over the Counter
VOWST CAP	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
WATER ORAL LIQUID	2	OTC Over the Counter
WEGOVY 0.25 MG/0.5ML SOLN A-INJ	2	QL 2 ML / 28 day(s) PA ! See important benefit information at end of document
WEGOVY 0.5 MG/0.5ML SOLN A-INJ	2	QL 2 ML / 28 day(s) PA ! See important benefit information at end of document
WEGOVY 1 MG/0.5ML SOLN A-INJ	2	QL 2 ML / 28 day(s) PA ! See important benefit information at end of document
WEGOVY 1.7 MG/0.75ML SOLN A-INJ	2	QL 3 ML / 28 day(s) PA ! See important benefit information at end of document
WEGOVY 2.4 MG/0.75ML SOLN A-INJ	2	QL 3 ML / 28 day(s) PA ! See important benefit information at end of document
WIDE-SEAL DIAPHRAGM 60 2 % DIAPHRAGM	2	ACA Affordable Care Act
WIDE-SEAL DIAPHRAGM 65 2 % DIAPHRAGM	2	ACA Affordable Care Act
WIDE-SEAL DIAPHRAGM 70 2 % DIAPHRAGM	2	ACA Affordable Care Act
WIDE-SEAL DIAPHRAGM 75 2 % DIAPHRAGM	2	ACA Affordable Care Act
WIDE-SEAL DIAPHRAGM 80 2 % DIAPHRAGM	2	ACA Affordable Care Act
WIDE-SEAL DIAPHRAGM 85 2 % DIAPHRAGM	2	ACA Affordable Care Act
WIDE-SEAL DIAPHRAGM 90 2 % DIAPHRAGM	2	ACA Affordable Care Act
WIDE-SEAL DIAPHRAGM 95 2 % DIAPHRAGM	2	ACA Affordable Care Act
WND 1 POWDER	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
WND 2 POWDER	1	OTC Over the Counter
XLEU MAXAMAID POWDER	1	OTC Over the Counter
XLYS-XTRP MAXAMAID POWDER	1	OTC Over the Counter
XLYS-XTRP MAXAMUM POWDER	1	OTC Over the Counter
XMET MAXAMAID POWDER	1	OTC Over the Counter
XMET XCYS MAXAMAID POWDER	1	OTC Over the Counter
XMTVI MAXAMAID POWDER	1	OTC Over the Counter
XPHE MAXAMAID POWDER	1	OTC Over the Counter
XPHE-XTYR MAXAMAID POWDER	1	OTC Over the Counter
XPHOZAH 20 MG TAB	3	PA
XPHOZAH 30 MG TAB	3	PA
ZEPBOUND 10 MG/0.5ML SOLN A-INJ	2	QL 2 mL / 28 day(s) PA  See important benefit information at end of document
ZEPBOUND 12.5 MG/0.5ML SOLN A-INJ	2	QL 2 mL / 28 day(s) PA  See important benefit information at end of document
ZEPBOUND 15 MG/0.5ML SOLN A-INJ	2	QL 2 mL / 28 day(s) PA  See important benefit information at end of document
ZEPBOUND 2.5 MG/0.5ML SOLN A-INJ	2	QL 2 ml / 28 day(s) PA  See important benefit information at end of document
ZEPBOUND 5 MG/0.5ML SOLN A-INJ	2	QL 2 mL / 28 day(s) PA  See important benefit information at end of document

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZEPBOUND 7.5 MG/0.5ML SOLN A-INJ	2	<p>QL 2 mL / 28 day(s)</p> <p>PA</p> <p>! See important benefit information at end of document</p>
OPHTHALMIC AGENTS		
OPHTHALMIC AGENTS, OTHER		
<i>ak-poly-bac 500-10000 unit/gm ointment</i>	1	
<i>altafrin 10 % solution</i>	1	
<i>altafrin 2.5 % solution</i>	1	
ATROPINE SULFATE 0.025 % SOLUTION	1	
ATROPINE SULFATE 0.05 % SOLUTION	1	
ATROPINE SULFATE 1 % OINTMENT	1	
<i>atropine sulfat 1 % ointment</i>	1	
ATROPINE SULFATE 1 % SOLUTION	1	
ATROPINE SULFATE 1 % SOLUTION	1	
<i>atropine sulfat 1 % solution</i>	1	
<i>bacitra-neomycin-polymyxin-hc 1 % ointment</i>	1	
<i>bacitracin-polymyxin b 500-10000 unit/gm ointment</i>	1	
BLEPHAMIDE S.O.P. 10-0.2 % OINTMENT	3	
<i>brimonidine tartrate-timolol 0.2-0.5 % solution</i>	2	
<i>cyclosporine 0.05 % emulsion</i>	2	
<i>dorzolamide hcl-timolol mal 22.3-6.8 mg/ml solution</i>	1	
<i>dorzolamide hcl-timolol mal pf 2-0.5 % solution</i>	2	
HOMATROPAIRE 5 % SOLUTION	1	
ISOPTO ATROPINE 1 % SOLUTION	1	
LACRISERT 5 MG INSERT	3	PA
MIEBO 1.338 GM/ML SOLUTION	3	PA
<i>neo-polycin hc 1 % ointment</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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NEOMYCIN-POLYMYXIN-GRAMICIDIN 1.75-10000-.025 SOLUTION	1	
NEOMYCIN-POLYMYXIN-HC 3.5-10000-1 SUSPENSION	1	
OXERVATE 0.002 % SOLUTION	3	PA SP Specialty
<i>phenylephrine hcl 10 % solution</i>	1	
<i>phenylephrine hcl 2.5 % solution</i>	1	
<i>polycin 500-10000 unit/gm ointment</i>	1	
RESTASIS MULTIDOSE 0.05 % EMULSION	2	
ROCKLATAN 0.02-0.005 % SOLUTION	3	
SULFACETAMIDE-PREDNISOLONE 10-0.23 % SOLUTION	1	
TOBRADEX 0.3-0.1 % OINTMENT	3	
<i>tobramycin-dexamethasone 0.3-0.1 % suspension</i>	1	
<i>tropicamide 0.5 % solution</i>	1	
XDEMVY 0.25 % SOLUTION	3	PA
XIIDRA 5 % SOLUTION	2	
OPHTHALMIC ANTI-ALLERGY AGENTS		
<i>alaway 0.035 % solution</i>	1	OTC Over the Counter
<i>alaway childrens allergy 0.035 % solution</i>	1	OTC Over the Counter
ALOCRIAL 2 % SOLUTION	3	
ALOMIDE 0.1 % SOLUTION	3	PA MNPA
<i>azelastine hcl 0.05 % solution</i>	1	
<i>bepotastine besilate 1.5 % solution</i>	2	
<i>claritin eye 0.035 % solution</i>	1	OTC Over the Counter
CROMOLYN SODIUM 4 % SOLUTION	1	PD Preventive Drug
<i>cromolyn sodium 4 % solution</i>	1	PD Preventive Drug
<i>cvs allergy eye drops 0.035 % solution</i>	1	OTC Over the Counter
<i>cvs eye itch relief 0.035 % solution</i>	1	OTC Over the Counter
<i>epinastine hcl 0.05 % solution</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>eq eye itch relief 0.035 % solution</i>	1	OTC Over the Counter
<i>eye itch relief 0.035 % solution</i>	1	OTC Over the Counter
<i>ketotifen fumarate 0.035 % solution</i>	1	OTC Over the Counter
LASTACAFT 0.25 % SOLUTION	3	OTC Over the Counter
<i>olopatadine hcl 0.1 % solution</i>	2	
<i>olopatadine hcl 0.2 % solution</i>	3	
<i>ra eye itch relief 0.035 % solution</i>	1	OTC Over the Counter
<i>sm eye itch relief 0.035 % solution</i>	1	OTC Over the Counter
OPHTHALMIC ANTI-INFECTIVES		
AZASITE 1 % SOLUTION	3	PA
BACITRACIN 500 UNIT/GM OINTMENT	1	
<i>erythromycin 5 mg/gm ointment</i>	1	
<i>gatifloxacin 0.5 % solution</i>	3	
GENTAK 0.3 % OINTMENT	1	
<i>gentamicin sulfite 0.3 % solution</i>	1	
KLARITY-A 1 % SOLUTION	3	PA
LEVOFLOXACIN 0.5 % SOLUTION	2	
<i>levofloxacin 0.5 % solution</i>	2	
<i>moxifloxacin hcl 0.5 % solution</i>	2	
NATACYN 5 % SUSPENSION	3	
<i>ofloxacin 0.3 % solution</i>	1	
<i>polymyxin b-trimethoprim 10000-0.1 unit/ml-% solution</i>	1	
<i>sulfacetamide sodium 10 % solution</i>	1	
<i>tobramycin 0.3 % solution</i>	1	
OPHTHALMIC ANTI-INFLAMMATORIES		
ALREX 0.2 % SUSPENSION	2	
<i>bromfenac sodium (once-daily) 0.09 % solution</i>	2	
<i>bromfenac sodium 0.07 % solution</i>	3	
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>diclofenac sodium 0.1 % solution</i>	1	
<i>difluprednate 0.05 % emulsion</i>	2	
<i>fluorometholone 0.1 % suspension</i>	1	
FLURBIPROFEN SODIUM 0.03 % SOLUTION	1	
ILEVRO 0.3 % SUSPENSION	3	
<i>ketorolac tromethamine 0.4 % solution</i>	1	
<i>ketorolac tromethamine 0.5 % solution</i>	1	
LOTEMAX 0.5 % OINTMENT	2	
LOTEMAX SM 0.38 % GEL	2	
<i>loteprednol etabonate 0.2 % suspension</i>	2	
<i>loteprednol etabonate 0.5 % gel</i>	2	
<i>loteprednol etabonate 0.5 % suspension</i>	3	
NEVANAC 0.1 % SUSPENSION	3	
PRED FORTE 1 % SUSPENSION	1	
PRED MILD 0.12 % SUSPENSION	3	
<i>prednisolone acetate 1 % suspension</i>	1	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	2	
OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS		
BETAXOLOL HCL 0.5 % SOLUTION	1	
<i>betaxolol hcl 0.5 % solution</i>	1	
BETOPTIC-S 0.25 % SUSPENSION	3	
CARTEOLOL HCL 1 % SOLUTION	1	
LEVOBUNOLOL HCL 0.5 % SOLUTION	1	
<i>timolol maleate 0.25 % gel f soln</i>	1	
<i>timolol maleate 0.25 % solution</i>	1	
<i>timolol maleate 0.5 % gel f soln</i>	1	
<i>timolol maleate 0.5 % solution</i>	1	
<i>timolol maleate ocudose 0.5 % solution</i>	3	
<i>timolol maleate pf 0.5 % solution</i>	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER		
<i>acetazolamide er 500 mg cap er 12h</i>	1	
APRACLONIDINE HCL 0.5 % SOLUTION	3	
<i>apraclonidine hcl 0.5 % solution</i>	3	
<i>brimonidine tartrate 0.1 % solution</i>	2	
<i>brimonidine tartrate 0.15 % solution</i>	1	
<i>brimonidine tartrate 0.2 % solution</i>	1	
<i>brinzolamide 1 % suspension</i>	3	
<i>dorzolamide hcl 2 % solution</i>	1	
<i>methazolamide 25 mg tab</i>	1	
<i>methazolamide 50 mg tab</i>	1	
PHOSPHOLINE IODIDE 0.125 % RECON SOLN	3	
<i>pilocarpine hcl 1 % solution</i>	3	
<i>pilocarpine hcl 2 % solution</i>	1	
<i>pilocarpine hcl 4 % solution</i>	1	
RHOPRESSA 0.02 % SOLUTION	3	
SIMBRINZA 1-0.2 % SUSPENSION	3	PA MNPA
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS		
<i>bimatoprost 0.03 % solution</i>	3	
<i>latanoprost 0.005 % solution</i>	1	
LUMIGAN 0.01 % SOLUTION	2	
<i>tafluprost (pf) 0.0015 % solution</i>	3	
<i>travoprost (bak free) 0.004 % solution</i>	3	
VYZULTA 0.024 % SOLUTION	3	
OTIC AGENTS		
CIPRO HC 0.2-1 % SUSPENSION	3	
<i>ciprofloxacin-dexamethasone 0.3-0.1 % suspension</i>	2	
CIPROFLOXACIN-FLUOCINOLONE PF 0.3-0.025 % SOLUTION	3	PA PA MNPA
<i>flac 0.01 % oil</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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>	3	
RESPIRATORY TRACT/PULMONARY AGENTS		
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
ALVESCO 160 MCG/ACT AERO SOLN	3	PD Preventive Drug
ARNUIITY ELLIPTA 100 MCG/ACT AER POW BA	2	QL 30 EA / 30 day(s) PD Preventive Drug
ARNUIITY ELLIPTA 200 MCG/ACT AER POW BA	2	QL 30 EA / 30 day(s) PD Preventive Drug
ARNUIITY ELLIPTA 50 MCG/ACT AER POW BA	2	QL 30 EA / 30 day(s) PD Preventive Drug
<i>budesonide 0.25 mg/2ml suspension</i>	1	QL 120 ML / 30 day(s) PD Preventive Drug
<i>budesonide 0.5 mg/2ml suspension</i>	1	QL 120 ML / 30 day(s) PD Preventive Drug
<i>budesonide 1 mg/2ml suspension</i>	2	QL 60 ML / 30 day(s) PD Preventive Drug
FLOVENT HFA 110 MCG/ACT AEROSOL	2	QL 24 GM / 30 day(s) ! See important benefit information at end of document PD Preventive Drug
FLOVENT HFA 220 MCG/ACT AEROSOL	2	QL 24 GM / 30 day(s) ! See important benefit information at end of document PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>flunisolide 25 mcg/act (0.025%) solution</i>	3	QL 50 ML / 30 day(s)
<i>fluticasone propionate 50 mcg/act suspension</i>	1	QL 16 GM / 30 day(s)
FLUTICASONE PROPIONATE DISKUS 100 MCG/ACT AER POW BA	2	QL 120 EA / 30 day(s) PD Preventive Drug
FLUTICASONE PROPIONATE DISKUS 250 MCG/ACT AER POW BA	2	QL 240 EA / 30 day(s) PD Preventive Drug
FLUTICASONE PROPIONATE DISKUS 50 MCG/ACT AER POW BA	2	QL 120 EA / 30 day(s) PD Preventive Drug
FLUTICASONE PROPIONATE HFA 110 MCG/ACT AEROSOL	2	QL 24 GM / 30 day(s) PD Preventive Drug
FLUTICASONE PROPIONATE HFA 220 MCG/ACT AEROSOL	2	QL 24 GM / 30 day(s) PD Preventive Drug
FLUTICASONE PROPIONATE HFA 44 MCG/ACT AEROSOL	2	QL 21.2 GM / 30 day(s) PD Preventive Drug
<i>mometasone furoate 50 mcg/act suspension</i>	2	
PULMICORT FLEXHALER 180 MCG/ACT AER POW BA	2	QL 1 EA / 30 day(s) PD Preventive Drug
PULMICORT FLEXHALER 90 MCG/ACT AER POW BA	2	QL 1 EA / 30 day(s) PD Preventive Drug
QVAR REDHALER 40 MCG/ACT AERO BA	2	QL 21.2 GM / 30 day(s)
QVAR REDHALER 80 MCG/ACT AERO BA	2	QL 21.2 GM / 30 day(s)
ANTIHISTAMINES		
12hr allergy relief 60 mg tab	3	OTC Over the Counter
24hr allergy relief 180 mg tab	3	OTC Over the Counter
<i>allegra hives 24hr 180 mg tab</i>	3	OTC Over the Counter
<i>allergy 24-hr 180 mg tab</i>	3	OTC Over the Counter
<i>allergy relief 180 mg tab</i>	3	OTC Over the Counter
<i>allergy relief 60 mg tab</i>	3	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>allergy relief/indoor/outdoor 180 mg tab</i>	3	OTC Over the Counter
<i>azelastine hcl 0.1 % solution</i>	1	QL 60 ML / 30 day(s)
<i>azelastine hcl 0.15 % solution</i>	3	
<i>azelastine hcl 137 mcg/spray solution</i>	1	QL 60 ML / 30 day(s)
<i>azelastine-fluticasone 137-50 mcg/act suspension</i>	3	
<i>banophen 50 mg cap</i>	1	OTC Over the Counter
<i>carbinoxamine maleate 4 mg tab</i>	1	
<i>cetirizine hcl 1 mg/ml solution</i>	1	
<i>cetirizine hcl 5 mg/5ml solution</i>	1	
CLEMASTINE FUMARATE 2.68 MG TAB	1	
<i>cvs allergy relief 180 mg tab</i>	3	OTC Over the Counter
<i>cvs allergy relief 60 mg tab</i>	3	OTC Over the Counter
<i>cyproheptadine hcl 2 mg/5ml syrup</i>	1	
<i>cyproheptadine hcl 4 mg tab</i>	1	
<i>desloratadine 5 mg tab</i>	3	
DIPHENHYDRAMINE HCL 12.5 MG/5ML ELIXIR	1	
<i>diphenhydramine hcl 12.5 mg/5ml elixir</i>	1	
<i>diphenhydramine hcl 50 mg cap</i>	1	OTC Over the Counter
<i>diphenhydramine hcl 50 mg/ml solution</i>	1	PA
<i>eq allergy relief 180 mg tab</i>	3	OTC Over the Counter
<i>eql aller-ease 180 mg tab</i>	3	OTC Over the Counter
<i>eql allergy relief 180 mg tab</i>	3	OTC Over the Counter
<i>fexofenadine hcl 180 mg tab</i>	3	OTC Over the Counter
<i>fexofenadine hcl 60 mg tab</i>	3	OTC Over the Counter
<i>ft allergy relief 12 hour 60 mg tab</i>	3	OTC Over the Counter
<i>ft allergy relief 180 mg tab</i>	3	OTC Over the Counter
<i>ft allergy relief 24 hour 180 mg tab</i>	3	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>gnp allergy relief 180 mg tab</i>	3	OTC Over the Counter
<i>goodsense aller-ease 180 mg tab</i>	3	OTC Over the Counter
<i>hm allergy relief 180 mg tab</i>	3	OTC Over the Counter
<i>hm allergy relief 60 mg tab</i>	3	OTC Over the Counter
<i>hm fexofenadine hcl 180 mg tab</i>	3	OTC Over the Counter
<i>hm fexofenadine hcl 60 mg tab</i>	3	OTC Over the Counter
<i>hydroxyzine hcl 10 mg tab</i>	1	
<i>hydroxyzine hcl 10 mg/5ml syrup</i>	1	
<i>hydroxyzine hcl 25 mg tab</i>	1	
<i>hydroxyzine hcl 50 mg tab</i>	1	
HYDROXYZINE PAMOATE 100 MG CAP	1	
<i>hydroxyzine pamoate 25 mg cap</i>	1	
<i>hydroxyzine pamoate 50 mg cap</i>	1	
<i>kls aller-fex 180 mg tab</i>	3	OTC Over the Counter
<i>kp diphenhydramine hcl 50 mg cap</i>	1	OTC Over the Counter
<i>kp fexofenadine hcl 60 mg tab</i>	3	OTC Over the Counter
<i>levocetirizine dihydrochloride 2.5 mg/5ml solution</i>	2	
<i>levocetirizine dihydrochloride 5 mg tab</i>	2	
<i>mm allergy relief 24 hour 180 mg tab</i>	3	OTC Over the Counter
<i>mm fexofenadine hcl 180 mg tab</i>	3	OTC Over the Counter
<i>olopatadine hcl 0.6 % solution</i>	3	
<i>pharbedryl 50 mg cap</i>	1	OTC Over the Counter
<i>promethazine hcl 6.25 mg/5ml solution</i>	1	
<i>px allergy relief 180 mg tab</i>	3	OTC Over the Counter
<i>qc allergy relief 180 mg tab</i>	3	OTC Over the Counter
<i>qc allergy relief 60 mg tab</i>	3	OTC Over the Counter
<i>ra allergy relief 180 mg tab</i>	3	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RYCLORA 2 MG/5ML SOLUTION	3	
<i>sm allergy relief 60 mg tab</i>	3	OTC Over the Counter
<i>sm fexofenadine hcl 180 mg tab</i>	3	OTC Over the Counter
<i>sm fexofenadine hcl 60 mg tab</i>	3	OTC Over the Counter
<i>wal-fex 180 mg tab</i>	3	OTC Over the Counter
<i>wal-fex allergy 180 mg tab</i>	3	OTC Over the Counter
<i>wal-fex allergy 60 mg tab</i>	3	OTC Over the Counter
ANTILEUKOTRIENES		
<i>montelukast sodium 10 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>montelukast sodium 4 mg chew tab</i>	1	PD Preventive Drug
<i>montelukast sodium 4 mg packet</i>	1	PD Preventive Drug
<i>montelukast sodium 5 mg chew tab</i>	1	PD Preventive Drug
<i>zafirlukast 10 mg tab</i>	2	PD Preventive Drug
<i>zafirlukast 20 mg tab</i>	2	PD Preventive Drug
<i>zileuton er 600 mg tab er 12h</i>	3	PD Preventive Drug
BRONCHODILATORS, ANTICHOLINERGIC		
ATROVENT HFA 17 MCG/ACT AERO SOLN	3	QL 26 GM / 30 day(s)
INCRUSE ELLIPTA 62.5 MCG/ACT AER POW BA	2	QL 30 EA / 30 day(s) PD Preventive Drug
<i>ipratropium bromide 0.02 % solution</i>	1	QL 300 ML / 30 day(s) RX4L Rx4Less Program
<i>ipratropium bromide 0.03 % solution</i>	1	
<i>ipratropium bromide 0.06 % solution</i>	1	
SPIRIVA HANDIHALER 18 MCG CAP	2	QL 30 EA / 30 day(s)
SPIRIVA RESPIMAT 1.25 MCG/ACT AERO SOLN	2	QL 4 GM / 30 day(s)
SPIRIVA RESPIMAT 2.5 MCG/ACT AERO SOLN	2	QL 4 GM / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>tiotropium bromide monohydrate 18 mcg cap</i>	2	QL 30 EA / 30 days
BRONCHODILATORS, SYMPATHOMIMETIC		
<i>albuterol sulfate (2.5 mg/3ml) 0.083% nebu soln</i>	1	QL 375 ML / 30 day(s) RX4L Rx4Less Program
<i>albuterol sulfate (5 mg/ml) 0.5% nebu soln</i>	1	QL 60 EA / 30 day(s)
<i>albuterol sulfate (5 mg/ml) 0.5% nebu soln</i>	1	QL 60 EA / 30 day(s)
<i>albuterol sulfate 0.63 mg/3ml nebu soln</i>	1	QL 375 ML / 30 day(s)
<i>albuterol sulfate 1.25 mg/3ml nebu soln</i>	1	QL 375 ML / 30 day(s)
<i>albuterol sulfate 2 mg tab</i>	1	
<i>albuterol sulfate 2 mg/5ml syrup</i>	1	
<i>albuterol sulfate 2.5 mg/0.5ml nebu soln</i>	1	QL 60 EA / 30 day(s)
<i>albuterol sulfate 4 mg tab</i>	1	
ALBUTEROL SULFATE HFA 108 (90 BASE) MCG/ACT AERO SOLN (GENERIC OF VENTOLIN HFA)	1	QL 36 GM / 30 day(s)
<i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln</i>	2	
<i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln (generic of proair hfa)</i>	1	QL 17 GM / 30 day(s)
<i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln (generic of proventil hfa)</i>	1	QL 13.4 GM / 30 day(s)
<i>arformoterol tartrate 15 mcg/2ml nebu soln</i>	3	QL 120 ML / 30 day(s) PD Preventive Drug
EPINEPHRINE 0.1 MG/10ML SOLN PRSYR	1	
EPINEPHRINE 0.15 MG/0.15ML SOLN A-INJ	1	QLC 6 EA / 365 day(s)
<i>epinephrine 0.15 mg/0.3ml soln a-inj</i>	1	QLC 6 EA / 365 day(s)
EPINEPHRINE 0.3 MG/0.3ML SOLN A-INJ	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 1 MG/10ML SOLN PRSYR	1	
EPIPEN 2-PAK 0.3 MG/0.3ML SOLN A-INJ	2	QLC 6 EA / 365 day(s)
EPIPEN JR 2-PAK 0.15 MG/0.3ML SOLN A-INJ	2	QLC 6 EA / 365 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>formoterol fumarate 20 mcg/2ml nebu soln</i>	3	QL 120 ML / 30 day(s) PD Preventive Drug
<i>levalbuterol hcl 0.31 mg/3ml nebu soln</i>	1	QL 288 ML / 30 day(s)
<i>levalbuterol hcl 0.63 mg/3ml nebu soln</i>	3	QL 288 ML / 30 day(s)
<i>levalbuterol hcl 1.25 mg/0.5ml nebu soln</i>	3	QL 288 EA / 30 day(s)
<i>levalbuterol hcl 1.25 mg/3ml nebu soln</i>	3	
LEVALBUTEROL TARTRATE 45 MCG/ACT AEROSOL	2	QL 30 GM / 30 day(s)
SEREVENT DISKUS 50 MCG/ACT AER POW BA	3	QL 60 EA / 30 day(s) PD Preventive Drug
SYMJEPI 0.15 MG/0.3ML SOLN PRSYR	2	QLC 6 EA / 365 day(s)
SYMJEPI 0.3 MG/0.3ML SOLN PRSYR	2	QLC 6 EA / 365 day(s)
<i>terbutaline sulfate 2.5 mg tab</i>	1	
<i>terbutaline sulfate 5 mg tab</i>	1	
XOPENEX HFA 45 MCG/ACT AEROSOL	2	QL 30 GM / 30 day(s)
CYSTIC FIBROSIS AGENTS		
KALYDECO 13.4 MG PACKET	3	PA SP Specialty
KALYDECO 25 MG PACKET	3	PA SP Specialty
KALYDECO 5.8 MG PACKET	3	PA SP Specialty
KALYDECO 50 MG PACKET	3	PA SP Specialty
KALYDECO 75 MG PACKET	3	PA SP Specialty
ORKAMBI 100-125 MG PACKET	3	PA SP Specialty
ORKAMBI 100-125 MG TAB	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ORKAMBI 150-188 MG PACKET	3	PA SP Specialty
ORKAMBI 200-125 MG TAB	3	PA SP Specialty
ORKAMBI 75-94 MG PACKET	3	PA
PULMOZYME 2.5 MG/2.5ML SOLUTION	3	SP Specialty
SYMDEKO 100-150 & 150 MG TAB THPK	3	PA SP Specialty
SYMDEKO 50-75 & 75 MG TAB THPK	3	PA SP Specialty
TOBRAMYCIN 300 MG/5ML NEBU SOLN	3	SP Specialty
<i>tobramycin 300 mg/5ml nebu soln</i>	3	SP Specialty
TRIKAFTA 100-50-75 & 150 MG TAB THPK	3	PA SP Specialty
TRIKAFTA 100-50-75 & 75 MG THER PACK	3	PA SP Specialty
TRIKAFTA 50-25-37.5 & 75 MG TAB THPK	3	PA SP Specialty
TRIKAFTA 80-40-60 & 59.5 MG THER PACK	3	PA SP Specialty
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE		
<i>roflumilast 250 mcg tab</i>	3	QL 30 EA / 30 days PD Preventive Drug
<i>roflumilast 500 mcg tab</i>	1	PD Preventive Drug
THEOPHYLLINE ER 100 MG TAB ER 12H	1	PD Preventive Drug
THEOPHYLLINE ER 200 MG TAB ER 12H	1	PD Preventive Drug
<i>theophylline er 300 mg tab er 12h</i>	1	
<i>theophylline er 400 mg tab er 24h</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>theophylline er 450 mg tab er 12h</i>	1	
<i>theophylline er 600 mg tab er 24h</i>	1	
PULMONARY ANTIHYPERTENSIVES		
ADEMPAS 0.5 MG TAB	3	PA SP Specialty
ADEMPAS 1 MG TAB	3	PA SP Specialty
ADEMPAS 1.5 MG TAB	3	PA SP Specialty
ADEMPAS 2 MG TAB	3	PA SP Specialty
ADEMPAS 2.5 MG TAB	3	PA SP Specialty
<i>alyq 20 mg tab</i>	3	PA SP Specialty
<i>ambrisentan 10 mg tab</i>	3	QL 30 EA / 30 day(s) PA SP Specialty
<i>ambrisentan 5 mg tab</i>	3	QL 30 EA / 30 day(s) PA SP Specialty
<i>bosentan 125 mg tab</i>	3	QL 60 EA / 30 day(s) SP Specialty
<i>bosentan 62.5 mg tab</i>	3	QL 60 EA / 30 day(s) SP Specialty
<i>epoprostenol sodium 0.5 mg recon soln</i>	3	PA SP Specialty
<i>epoprostenol sodium 1.5 mg recon soln</i>	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LIQREV 10 MG/ML SUSPENSION	2	PA SP Specialty
OPSUMIT 10 MG TAB	3	PA SP Specialty
<i>sildenafil citrate 10 mg/12.5ml solution</i>	3	PA SP Specialty
<i>sildenafil citrate 10 mg/ml recon susp</i>	3	PA SP Specialty
<i>sildenafil citrate 20 mg tab</i>	1	SP Specialty
<i>tadalafil (pah) 20 mg tab</i>	3	PA SP Specialty
TRACLEER 32 MG TAB SOL	3	SP Specialty
<i>treprostinil 100 mg/20ml solution</i>	3	PA SP Specialty
<i>treprostinil 20 mg/20ml solution</i>	3	PA SP Specialty
<i>treprostinil 200 mg/20ml solution</i>	3	PA SP Specialty
<i>treprostinil 50 mg/20ml solution</i>	3	PA SP Specialty
TYVASO 0.6 MG/ML SOLUTION	3	PA SP Specialty
TYVASO DPI INSTITUTIONAL KIT 16 MCG POWDER	3	PA
TYVASO DPI INSTITUTIONAL KIT 32 MCG POWDER	3	PA
TYVASO DPI INSTITUTIONAL KIT 48 MCG POWDER	3	PA
TYVASO DPI INSTITUTIONAL KIT 64 MCG POWDER	3	PA
TYVASO DPI MAINTENANCE KIT 112 X 32MCG & 112 X48MCG POWDER	3	PA
TYVASO DPI MAINTENANCE KIT 16 MCG POWDER	3	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TYVASO DPI MAINTENANCE KIT 32 MCG POWDER	3	PA
TYVASO DPI MAINTENANCE KIT 48 MCG POWDER	3	PA
TYVASO DPI MAINTENANCE KIT 64 MCG POWDER	3	PA
TYVASO DPI TITRATION KIT 112 X 16MCG & 84 X 32MCG POWDER	3	PA
TYVASO DPI TITRATION KIT 16 & 32 & 48 MCG POWDER	3	PA
TYVASO REFILL 0.6 MG/ML SOLUTION	3	PA SP Specialty
TYVASO STARTER 0.6 MG/ML SOLUTION	3	PA SP Specialty
PULMONARY FIBROSIS AGENTS		
OFEV 100 MG CAP	3	PA SP Specialty
OFEV 150 MG CAP	3	PA SP Specialty
<i>pirfenidone 267 mg cap</i>	3	SP Specialty
<i>pirfenidone 267 mg tab</i>	3	SP Specialty
<i>pirfenidone 801 mg tab</i>	3	SP Specialty
RESPIRATORY TRACT AGENTS, OTHER		
<i>acetylcysteine 10 % solution</i>	1	
<i>acetylcysteine 20 % solution</i>	1	
ADVAIR DISKUS 100-50 MCG/ACT AER POW BA	2	QL 60 EA / 30 day(s) ! See important benefit information at end of document PD Preventive Drug
ADVAIR DISKUS 250-50 MCG/ACT AER POW BA	2	QL 60 EA / 30 day(s) ! See important benefit information at end of document PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ADVAIR DISKUS 500-50 MCG/ACT AER POW BA	2	<p>QL 60 EA / 30 day(s)</p> <p>! See important benefit information at end of document</p> <p>PD Preventive Drug</p>
ADVAIR HFA 115-21 MCG/ACT AEROSOL	2	<p>QL 12 GM / 30 day(s)</p> <p>PD Preventive Drug</p>
ADVAIR HFA 230-21 MCG/ACT AEROSOL	2	<p>QL 12 GM / 30 day(s)</p> <p>PD Preventive Drug</p>
ADVAIR HFA 45-21 MCG/ACT AEROSOL	2	<p>QL 12 GM / 30 day(s)</p> <p>PD Preventive Drug</p>
AIRDUO RESPICLICK 113/14 113-14 MCG/ACT AER POW BA	1	<p>QL 1 EA / 30 day(s)</p> <p>PD Preventive Drug</p>
AIRDUO RESPICLICK 55/14 55-14 MCG/ACT AER POW BA	1	<p>QL 1 EA / 30 day(s)</p> <p>PD Preventive Drug</p>
ANORO ELLIPTA 62.5-25 MCG/ACT AER POW BA	2	<p>QL 60 EA / 30 day(s)</p> <p>PD Preventive Drug</p>
<i>benzonatate 100 mg cap</i>	1	
<i>benzonatate 200 mg cap</i>	1	
BREO ELLIPTA 100-25 MCG/ACT AER POW BA	2	<p>QL 60 EA / 30 day(s)</p> <p>PD Preventive Drug</p>
BREO ELLIPTA 200-25 MCG/ACT AER POW BA	2	<p>QL 60 EA / 30 day(s)</p> <p>PD Preventive Drug</p>
BREO ELLIPTA 50-25 MCG/INH AER POW BA	2	<p>QL 60 EA / 30 day(s)</p> <p>PD Preventive Drug</p>
<i>breyna 160-4.5 mcg/act aerosol</i>	2	<p>QL 10.3 GM / 30 day(s)</p> <p>PD Preventive Drug</p>
<i>breyna 80-4.5 mcg/act aerosol</i>	2	<p>QL 10.3 GM / 30 day(s)</p> <p>PD Preventive Drug</p>
BREZTRI AEROSPHERE 160-9-4.8 MCG/ACT AEROSOL	2	<p>QL 23.6 GM / 30 day(s)</p> <p>PD Preventive Drug</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>bromfed dm 2-30-10 mg/5ml syrup</i>	1	
<i>budesonide-formoterol fumarate 160-4.5 mcg/act aerosol</i>	2	QL 10.3 GM / 30 day(s) PD Preventive Drug
<i>budesonide-formoterol fumarate 80-4.5 mcg/act aerosol</i>	2	QL 10.3 GM / 30 day(s) PD Preventive Drug
COMBIVENT RESPIMAT 20-100 MCG/ACT AERO SOLN	2	QL 8 GM / 30 day(s)
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	1	QL 240 ML / 30 day(s) PD Preventive Drug
DULERA 100-5 MCG/ACT AEROSOL	2	QL 13 GM / 30 day(s) PD Preventive Drug
DULERA 200-5 MCG/ACT AEROSOL	2	QL 13 GM / 30 day(s) PD Preventive Drug
DULERA 50-5 MCG/ACT AEROSOL	2	QL 13 GM / 30 day(s) PD Preventive Drug
<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
<i>fluticasone-salmeterol 500-50 mcg/act aer pow ba</i>	1	QL 60 EA / 30 day(s) PD Preventive Drug
FLUTICASONE-SALMETEROL 55-14 MCG/ACT AER POW BA	1	QL 1 EA / 30 day(s) PD Preventive Drug
g tussin ac 100-10 mg/5ml solution	1	OTC Over the Counter
<i>guaiaatussin ac 100-10 mg/5ml syrup</i>	1	OTC Over the Counter
<i>guaifenesin ac 100-10 mg/5ml syrup</i>	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>guaifenesin-codeine 100-10 mg/5ml solution</i>	1	OTC Over the Counter
<i>guaifenesin-codeine 200-20 mg/10ml solution</i>	1	OTC Over the Counter
HYDROCOD POLI-CHLORPHE POLI ER 10-8 MG/5ML SUSP	1	
<i>hydrocod poli-chlorphe poli er 10-8 mg/5ml susp</i>	1	
<i>hydrocodone bit-homatrop mbr 5-1.5 mg tab</i>	1	
<i>hydrocodone bit-homatrop mbr 5-1.5 mg/5ml solution</i>	1	
<i>hydromet 5-1.5 mg/5ml solution</i>	1	
<i>ipratropium-albuterol 0.5-2.5 (3) mg/3ml solution</i>	1	QL 540 ML / 30 day(s)
<i>maxi-tuss ac 100-10 mg/5ml solution</i>	1	OTC Over the Counter
PROMETHAZINE VC/CODEINE 6.25-5-10 MG/5ML SYRUP	1	
<i>promethazine-codeine 6.25-10 mg/5ml solution</i>	1	
<i>promethazine-codeine 6.25-10 mg/5ml syrup</i>	1	
<i>promethazine-dm 6.25-15 mg/5ml syrup</i>	1	
<i>promethazine-phenyleph-codeine 6.25-5-10 mg/5ml syrup</i>	1	
<i>pseudoeph-bromphen-dm 30-2-10 mg/5ml syrup</i>	1	
STIOLTO RESPIMAT 2.5-2.5 MCG/ACT AERO SOLN	2	QL 4 GM / 30 day(s) PD Preventive Drug
SYMBICORT 160-4.5 MCG/ACT AEROSOL	2	QL 10.3 GM / 30 day(s) ! See important benefit information at end of document PD Preventive Drug
SYMBICORT 80-4.5 MCG/ACT AEROSOL	2	QL 10.3 GM / 30 day(s) ! See important benefit information at end of document PD Preventive Drug
TRELEGY ELLIPTA 100-62.5-25 MCG/ACT AER POW BA	2	QL 60 EA / 30 day(s) PD Preventive Drug
TRELEGY ELLIPTA 200-62.5-25 MCG/ACT AER POW BA	2	QL 60 EA / 30 day(s) PD Preventive Drug
<i>trymine cg 225-7.5 mg/5ml liquid</i>	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TUSNEL C 30-10-100 MG/5ML SYRUP	1	OTC Over the Counter
<i>wixela inhub 100-50 mcg/act aer pow ba</i>	1	QL 60 EA / 30 day(s) PD Preventive Drug
<i>wixela inhub 250-50 mcg/act aer pow ba</i>	1	QL 60 EA / 30 day(s) PD Preventive Drug
<i>wixela inhub 500-50 mcg/act aer pow ba</i>	1	QL 60 EA / 30 day(s) PD Preventive Drug
SKELETAL MUSCLE RELAXANTS		
<i>chlorzoxazone 500 mg tab</i>	1	
<i>cisatracurium besylate 20 mg/10ml solution</i>	3	PA MNPA
<i>cyclobenzaprine hcl 10 mg tab</i>	1	
<i>cyclobenzaprine hcl 5 mg tab</i>	1	
<i>metaxalone 800 mg tab</i>	3	
<i>methocarbamol 500 mg tab</i>	1	
<i>methocarbamol 750 mg tab</i>	1	
<i>norgesic 25-385-30 mg tab</i>	1	
<i>orphenadrine citrate er 100 mg tab er 12h</i>	1	
<i>orphenadrine-aspirin-caffeine 25-385-30 mg tab</i>	1	
<i>orphengesic forte 50-770-60 mg tab</i>	1	
SLEEP DISORDER AGENTS		
SLEEP PROMOTING AGENTS		
BELSOMRA 10 MG TAB	3	PA MNPA
BELSOMRA 15 MG TAB	3	PA MNPA
BELSOMRA 20 MG TAB	3	PA MNPA
BELSOMRA 5 MG TAB	3	PA MNPA
DORAL 15 MG TAB	3	QL 30 EA / 30 day(s) PA MNPA
<i>estazolam 1 mg tab</i>	1	QL 30 EA / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>eszopiclone 1 mg tab</i>	2	QL 30 EA / 30 day(s)
<i>eszopiclone 2 mg tab</i>	2	QL 30 EA / 30 day(s)
<i>eszopiclone 3 mg tab</i>	2	QL 30 EA / 30 day(s)
FLURAZEPAM HCL 15 MG CAP	3	QL 30 EA / 30 day(s) PA MNPA
QUAZEPAM 15 MG TAB	3	QL 30 EA / 30 day(s) PA MNPA
<i>ramelteon 8 mg tab</i>	2	QL 30 EA / 30 day(s)
<i>temazepam 15 mg cap</i>	1	QL 30 EA / 30 day(s)
<i>temazepam 22.5 mg cap</i>	1	QL 30 EA / 30 day(s)
<i>temazepam 30 mg cap</i>	1	QL 30 EA / 30 day(s)
<i>temazepam 7.5 mg cap</i>	1	QL 30 EA / 30 day(s)
<i>triazolam 0.125 mg tab</i>	1	QL 30 EA / 30 day(s)
<i>triazolam 0.25 mg tab</i>	1	QL 30 EA / 30 day(s)
<i>zaleplon 10 mg cap</i>	1	QL 30 EA / 30 day(s)
<i>zaleplon 5 mg cap</i>	1	QL 30 EA / 30 day(s)
<i>zolpidem tartrate 10 mg tab</i>	1	QL 30 EA / 30 day(s)
<i>zolpidem tartrate 5 mg tab</i>	1	QL 30 EA / 30 day(s)
<i>zolpidem tartrate er 12.5 mg tab er</i>	1	QL 30 EA / 30 day(s)
<i>zolpidem tartrate er 6.25 mg tab er</i>	1	QL 30 EA / 30 day(s)
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)
LUMRYZ 4.5 GM PACKET	3	QL 30 ea / 30 day(s) PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LUMRYZ 6 GM PACKET	3	<ul style="list-style-type: none"> QL 30 ea / 30 day(s) PA SP Specialty
LUMRYZ 7.5 GM PACKET	3	<ul style="list-style-type: none"> QL 30 ea / 30 day(s) PA SP Specialty
LUMRYZ 9 GM PACKET	3	<ul style="list-style-type: none"> QL 30 ea / 30 day(s) PA SP Specialty
<i>modafinil 100 mg tab</i>	1	<ul style="list-style-type: none"> QL 60 EA / 30 day(s)
<i>modafinil 200 mg tab</i>	1	<ul style="list-style-type: none"> QL 30 EA / 30 day(s)
SODIUM OXYBATE 500 MG/ML SOLUTION	3	<ul style="list-style-type: none"> PA SP Specialty
SUNOSI 150 MG TAB	3	<ul style="list-style-type: none"> QL 30 EA / 30 day(s) PA
SUNOSI 75 MG TAB	3	<ul style="list-style-type: none"> QL 60 EA / 30 day(s) PA
WAKIX 17.8 MG TAB	3	<ul style="list-style-type: none"> QL 60 EA / 30 day(s) PA SP Specialty
WAKIX 4.45 MG TAB	3	<ul style="list-style-type: none"> QL 60 EA / 30 day(s) PA SP Specialty
XYREM 500 MG/ML SOLUTION	3	<ul style="list-style-type: none"> SP Specialty ! See important benefit information at end of document
XYWAV 500 MG/ML SOLUTION	3	<ul style="list-style-type: none"> PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
Uncategorized		
Unclassified		
ACTHAR GEL 40 UNIT/0.5ML A-INJ	3	PA SP Specialty
ACTHAR GEL 80 UNIT/ML A-INJ	3	PA SP Specialty
BOSULIF 100 MG CAP	3	PA SP Specialty
BOSULIF 50 MG CAP	3	QL 30 EA / 30 Days PA SP Specialty
DUVYZAT 8.86 MG/ML SUSPENSION	3	QL 420 ML / 30 days PA SP Specialty
ENTRESTO 15-16 MG CAP SPRINK	3	
ENTRESTO 6-6 MG CAP SPRINK	3	
FABHALTA 200 MG CAP	3	QL 60 EA / 30 days PA SP Specialty
INGREZZA 40 MG CAP SPRINK	3	PA SP Specialty
INGREZZA 60 MG CAP SPRINK	3	PA SP Specialty
INGREZZA 80 MG CAP SPRINK	3	PA SP Specialty
IQIRVO 80 MG TAB	3	PA SP Specialty
IWILFIN 192 MG TAB	3	QL 240 EA / 30 days PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OHTUVAYRE 3 MG/2.5ML SUSPENSION	3	<ul style="list-style-type: none"> QL 60 ML / 30 days PA SP Specialty
OJEMDA 100 MG TAB	3	<ul style="list-style-type: none"> QL 24 EA / 28 days PA SP Specialty
OJEMDA 25 MG/ML RECON SUSP	3	<ul style="list-style-type: none"> QL 96 ML / 28 days PA SP Specialty
RETEVMO 120 MG TAB	3	<ul style="list-style-type: none"> PA SP Specialty
RETEVMO 160 MG TAB	3	<ul style="list-style-type: none"> PA SP Specialty
RETEVMO 40 MG TAB	3	<ul style="list-style-type: none"> PA SP Specialty
RETEVMO 80 MG TAB	3	<ul style="list-style-type: none"> PA SP Specialty
REZDIFFRA 100 MG TAB	3	<ul style="list-style-type: none"> PA SP Specialty
REZDIFFRA 60 MG TAB	3	<ul style="list-style-type: none"> PA SP Specialty
REZDIFFRA 80 MG TAB	3	<ul style="list-style-type: none"> PA SP Specialty
RINVOQ LQ 1 MG/ML SOLUTION	2	<ul style="list-style-type: none"> QL 360 ML / 30 DAYS PA SP Specialty
RIVFLOZA 128 MG/0.8ML SOLN PRSYR	3	<ul style="list-style-type: none"> QL 0.8 mL / 28 days PA SP Specialty
RIVFLOZA 160 MG/ML SOLN PRSYR	3	<ul style="list-style-type: none"> QL 1 mL / 28 days PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RIVFLOZA 80 MG/0.5ML SOLUTION	3	<ul style="list-style-type: none"> QL 1 mL / 28 days PA SP Specialty
TRUQAP 160 MG TAB THPK	3	<ul style="list-style-type: none"> QL 64 EA / 28 day(s) PA SP Specialty
TRUQAP 200 MG TAB THPK	3	<ul style="list-style-type: none"> QL 64 ea / 28 day(s) PA SP Specialty
VIJOICE 50 MG PACKET	3	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA SP Specialty
VOYDEYA 100 MG TAB	3	<ul style="list-style-type: none"> QL 180 EA / 30 days PA SP Specialty
VOYDEYA 50 & 100 MG TAB THPK	3	<ul style="list-style-type: none"> QL 180 EA / 30 days PA SP Specialty
WAINUA 45 MG/0.8ML SOLN A-INJ	3	<ul style="list-style-type: none"> QL 0.8 mL / 28 days PA SP Specialty
WINREVAIR 2 X 45 MG KIT	3	<ul style="list-style-type: none"> QL 1 EA / 21 days PA SP Specialty
WINREVAIR 2 X 60 MG KIT	3	<ul style="list-style-type: none"> QL 1 EA / 21 days PA SP Specialty
WINREVAIR 45 MG KIT	3	<ul style="list-style-type: none"> QL 1 EA / 21 days PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
WINREVAIR 60 MG KIT	3	QL 1 EA / 21 days PA SP Specialty
XOLREMDI 100 MG CAP	3	QL 120 EA / 30 days PA SP Specialty
ZILBRYSQ 16.6 MG/0.416ML SOLN PRSYR	3	QL 11.65 mL / 28 days PA SP Specialty
ZILBRYSQ 23 MG/0.574ML SOLN PRSYR	3	QL 16.1 mL / 28 days PA SP Specialty
ZILBRYSQ 32.4 MG/0.81ML SOLN PRSYR	3	QL 22.68 mL / 28 days PA SP Specialty

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Formulary Changes Pending

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

Please refer to the table below for pending formulary changes.

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

Drug Name/Strength	Formulary Change Action	Date of Formulary Change	Date Formulary Change Will Be Effective For Enrollees Using Therapy on Date of Change
Corlanor oral tablets	Brand name not covered	9-11-2024	Date of enrollee's renewal in 2025
Endari powder pack 5gm (glutamine-sickle cell)	Brand name not covered	9-11-2024	Date of enrollee's renewal in 2025
lansoprazole ODT and delayed-release oral capsules	Tier change to tier 2	9-11-2024	Date of enrollee's renewal in 2025
omeprazole delayed-release capsules	Tier change to tier 2	9-11-2024	Date of enrollee's renewal in 2025

Over the counter formulations of lansoprazole and omeprazole	Not Covered	9-11-2024	Date of enrollee's renewal in 2025
pantoprazole delayed-release oral tablets	Tier change to tier 2	9-11-2024	Date of enrollee's renewal in 2025
Saxenda, Wegovy, and Zepbound	Tier change to tier 3	1-1-2025	Date of enrollee's renewal in 2025