

CDPHP Commercial Clinical Formulary-2 2025

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 פריי 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 مجاناً. 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

The information contained in this document is proprietary. The information may not be copied in whole or in part without the written permission of Capital District Physicians' Health Plan, Inc., Capital Physicians' Healthcare Network, Inc., and CDPHP Universal Benefits, Inc. (collectively known as CDPHP). ©2013. All rights reserved.

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	QL 180 ea / 30 day(s)
<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
<i>childrens medi-profen 100 mg/5ml suspension</i>	1	OTC Over the Counter

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	
FENOPROFEN CALCIUM 600 MG TAB	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
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
<i>h-e-b aspirin 81 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>hm adult aspirin 325 mg tab</i>	1	ACA Affordable Care Act OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>hm aspirin 325 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>hm aspirin ec 325 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>hm aspirin ec low dose 81 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>hm ibuprofen childrens 100 mg/5ml suspension</i>	1	OTC Over the Counter
<i>hyvee ibuprofen childrens 100 mg/5ml suspension</i>	1	OTC Over the Counter
<i>ibu 400 mg tab</i>	1	RX4L Rx4Less Program
<i>ibu 600 mg tab</i>	1	RX4L Rx4Less Program
<i>ibu 800 mg tab</i>	1	RX4L Rx4Less Program
<i>ibuprofen 100 mg/5ml suspension</i>	1	OTC Over the Counter
<i>ibuprofen 200 mg/10ml suspension</i>	1	
<i>ibuprofen 400 mg tab</i>	1	RX4L Rx4Less Program
<i>ibuprofen 600 mg tab</i>	1	RX4L Rx4Less Program
<i>ibuprofen 800 mg tab</i>	1	RX4L Rx4Less Program
<i>ibuprofen childrens 100 mg/5ml suspension</i>	1	OTC Over the Counter
<i>ibuprofen childrens 200 mg/10ml suspension</i>	1	OTC Over the Counter
<i>indomethacin 25 mg cap</i>	1	RX4L Rx4Less Program
<i>indomethacin 50 mg cap</i>	1	
<i>indomethacin er 75 mg cap er</i>	1	
KETOPROFEN 50 MG CAP	1	
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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>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 tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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 300-30 mg/12.5ml solution</i>	1	QL 3750 / 30 day(s)
<i>acetaminophen-codeine 300-60 mg tab</i>	1	QL 240 EA / 30 day(s)
<i>ascomp-codeine 50-325-40-30 mg cap</i>	1	QL 180 ea / 30 day(s)
<i>butalbital-apap-caff-cod 50-300-40-30 mg cap</i>	1	QL 180 ea / 30 day(s)
<i>butalbital-apap-caff-cod 50-325-40-30 mg cap</i>	1	QL 180 EA / 30 day(s)
<i>butalbital-asa-caff-codeine 50-325-40-30 mg cap</i>	1	QL 180 ea / 30 day(s)
<i>butorphanol tartrate 10 mg/ml solution</i>	1	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
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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)
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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)
<i>morphine sulfate 20 mg/5ml solution</i>	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
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	
<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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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 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	
OPIOID DEPENDENCE		
BRIXADI (WEEKLY) 16 MG/0.32ML SOLN PRSYR	3	QL 0.32 mL / 7 days SP Specialty
BRIXADI (WEEKLY) 24 MG/0.48ML SOLN PRSYR	3	QL 0.48 mL / 7 days SP Specialty
BRIXADI (WEEKLY) 32 MG/0.64ML SOLN PRSYR	3	QL 0.64 ml / 7 days SP Specialty
BRIXADI (WEEKLY) 8 MG/0.16ML SOLN PRSYR	3	QLC 0.32 mL / 7 days SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BRIXADI 128 MG/0.36ML SOLN PRSYR	3	QL 0.36 mL / 28 days SP Specialty
BRIXADI 64 MG/0.18ML SOLN PRSYR	3	QL 0.18 mL / 28 days SP Specialty
BRIXADI 96 MG/0.27ML SOLN PRSYR	3	QL 0.27 mL / 28 days SP Specialty
<i>buprenorphine hcl 2 mg sl tab</i>	1	QL 90 EA / 30 day(s)
<i>buprenorphine hcl 8 mg sl tab</i>	1	QL 90 EA / 30 day(s)
<i>buprenorphine hcl-naloxone hcl 12-3 mg film</i>	2	QL 60 EA / 30 day(s)
<i>buprenorphine hcl-naloxone hcl 2-0.5 mg film</i>	2	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	QL 90 EA / 30 day(s)
<i>buprenorphine hcl-naloxone hcl 8-2 mg film</i>	2	QL 90 EA / 30 day(s)
<i>buprenorphine hcl-naloxone hcl 8-2 mg sl tab</i>	2	QL 90 EA / 30 day(s)
SUBLOCADE 100 MG/0.5ML SOLN PRSYR	3	QL 0.5 mL / 28 days
SUBLOCADE 300 MG/1.5ML SOLN PRSYR	3	QL 1.5 mL / 28 days
ZUBSOLV 0.7-0.18 MG SL TAB	2	QL 90 EA / 30 day(s)
ZUBSOLV 1.4-0.36 MG SL TAB	2	QL 90 EA / 30 day(s)
ZUBSOLV 11.4-2.9 MG SL TAB	2	QL 30 EA / 30 day(s)
ZUBSOLV 2.9-0.71 MG SL TAB	2	QL 90 EA / 30 day(s)
ZUBSOLV 5.7-1.4 MG SL TAB	2	QL 90 EA / 30 day(s)
ZUBSOLV 8.6-2.1 MG SL TAB	2	QL 60 EA / 30 day(s)
OPIOID REVERSAL AGENTS		
KLOXXADO 8 MG/0.1ML LIQUID	3	
<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	

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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>
<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>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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>
<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>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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>
<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>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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>
<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>

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>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>
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 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>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>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>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>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>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>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>nicotine polacrilex mini 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>nicotine step 1 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>nicotine step 2 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>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>
NICOTROL 10 MG INHALER	3	<p>QL 504 EA / 28 day(s)</p> <p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p>
NICOTROL NS 10 MG/ML SOLUTION	3	<p>QL 120 ML / 30 day(s)</p> <p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p>
<i>px stop smoking aid 2 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 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>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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>
<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>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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>
<i>sm 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>sm 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>sm 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>sm nicotine polacrilex 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>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 sulfatate 0.1 % cream</i>	1	
<i>gentamicin sulfatate 0.1 % ointment</i>	1	
<i>neomycin sulfatate 500 mg tab</i>	1	
STREPTOMYCIN SULFATE 1 GM RECON SOLN	2	PA
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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 vaginal gel 0.75%</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	
<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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
<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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>azithromycin 500 mg tab</i>	1	
<i>azithromycin 600 mg tab</i>	1	
CLARITHROMYCIN 125 MG/5ML RECON SUSP	1	
<i>clarithromycin 250 mg tab</i>	1	
CLARITHROMYCIN 250 MG/5ML RECON SUSP	1	
<i>clarithromycin 500 mg tab</i>	1	
<i>clarithromycin er 500 mg tab er 24h</i>	1	
DIFICID 200 MG TAB	3	
DIFICID 40 MG/ML RECON SUSP	3	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	
<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	
<i>erythromycin ethylsuccinate 400 mg tab</i>	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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	
<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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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 250 mg/5ml solution</i>	2	
<i>gabapentin 300 mg cap</i>	1	
<i>gabapentin 300 mg/6ml solution</i>	2	
<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
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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 2 X 7.5 MG/0.1ML LIQD THPK	3	QL 2 EA / 30 day(s)
VALTOCO 20 MG DOSE 2 X 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
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 (generic of TEGRETOL)</i>	1	PD Preventive Drug
<i>carbamazepine 200 mg tab</i>	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>carBAMazepine 100 MG/5ML SUSPENSION (generic of TEGRETOL)</i>	1	PD Preventive Drug
<i>CarBAMazepine ER 100 MG CAP ER 12H (generic of CARBATROL)</i>	2	PD Preventive Drug
<i>CarBAMazepine ER 100 MG TAB ER 12H (generic of TEGRETOL-XR)</i>	2	PD Preventive Drug
<i>carBAMazepine ER 200 MG CAP ER 12H (generic of CARBATROL)</i>	2	PD Preventive Drug
<i>CarBAMazepine ER 200 MG TAB ER 12H (generic of TEGRETOL-XR)</i>	2	PD Preventive Drug
<i>CarBAMazepine ER 300 MG CAP ER 12H (generic of CARBATROL)</i>	2	PD Preventive Drug
<i>CarBAMazepine ER 400 MG TAB ER 12H (generic of TEGRETOL-XR)</i>	2	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
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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		
AUVELITY 45-105 MG TAB ER	3	PA
<i>bupropion hcl 100 mg tab</i>	1	
<i>bupropion hcl 75 mg tab</i>	1	
<i>bupropion hcl er (sr) 100 mg tab er 12h</i>	1	
<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	
<i>mirtazapine 15 mg tab disp</i>	1	
<i>mirtazapine 30 mg tab</i>	1	
<i>mirtazapine 30 mg tab disp</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
<i>desvenlafaxine succinate er 100 mg tab er 24h</i>	1	
<i>desvenlafaxine succinate er 25 mg tab er 24h</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
<i>paroxetine hcl 20 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	
<i>doxepin hcl 50 mg cap</i>	1	
<i>doxepin hcl 75 mg cap</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	
<i>perphenazine 8 mg tab</i>	1	
<i>prochlorperazine 25 mg suppos</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	
<i>dronabinol 2.5 mg cap</i>	1	
<i>dronabinol 5 mg cap</i>	1	
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)
<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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PALONOSETRON HCL 0.25 MG/5ML SOLN PRSYR	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>caspofungin acetate 50 mg recon soln</i>	3	PA
CASPOFUNGIN ACETATE 70 MG RECON SOLN	3	PA
<i>caspofungin 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	
<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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
<i>medpura antifungal 2 % cream</i>	1	OTC Over the Counter
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	
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	
<i>probenecid 500 mg tab</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
<i>isoniazid 100 mg tab</i>	1	
<i>isoniazid 300 mg tab</i>	1	
<i>isoniazid 50 mg/5ml syrup</i>	1	
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	
GLEOSTINE 100 MG CAP	2	
GLEOSTINE 40 MG CAP	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	QL 120 EA / 30 day(s) 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
<i>nilutamide 150 mg tab</i>	2	SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
POMALYST 2 MG CAP	3	PA MNPA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
SIKLOS 1000 MG TAB	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TABLOID 40 MG TAB	3	SP Specialty
ANTINEOPLASTICS, OTHER		
AUGTYRO 160 MG CAP	3	PA SP Specialty
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 240 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	SP Specialty ! See important benefit information at end of document
SPRYCEL 140 MG TAB	3	SP Specialty ! See important benefit information at end of document
SPRYCEL 20 MG TAB	3	SP Specialty ! See important benefit information at end of document
SPRYCEL 50 MG TAB	3	SP Specialty ! See important benefit information at end of document

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SPRYCEL 70 MG TAB	3	SP Specialty ! See important benefit information at end of document
SPRYCEL 80 MG TAB	3	SP Specialty ! See important benefit information at end of document
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
TAGRISSE 40 MG TAB	3	PA SP Specialty
TAGRISSE 80 MG TAB	3	PA SP Specialty
TASIGNA 150 MG CAP	3	PA SP Specialty
TASIGNA 200 MG CAP	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	
<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>apomorphine hcl 30 mg/3ml soln cart</i>	3	PA SP Specialty
<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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
<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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	
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
PREVYMIS 240 MG TAB	3	PA
PREVYMIS 480 MG TAB	3	PA
<i>valganciclovir hcl 450 mg tab</i>	3	
ZIRGAN 0.15 % GEL	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ISENTRESS 400 MG TAB	2	
ISENTRESS HD 600 MG TAB	2	
JULUCA 50-25 MG TAB	2	
STRIBILD 150-150-200-300 MG TAB	2	
TIVICAY 10 MG TAB	2	
TIVICAY 25 MG TAB	2	
TIVICAY 50 MG TAB	2	
TIVICAY PD 5 MG TAB SOL	2	
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)		
COMPLERA 200-25-300 MG TAB	2	
DELSTRIGO 100-300-300 MG TAB	2	
EDURANT 25 MG TAB	2	
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
<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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
TYBOST 150 MG TAB	2	
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	
PREZCOBIX 800-150 MG TAB	2	
PREZISTA 150 MG TAB	2	
PREZISTA 75 MG TAB	2	
REYATAZ 50 MG PACKET	2	
<i>ritonavir 100 mg tab</i>	2	
SYMTUZA 800-150-200-10 MG TAB	2	
VIRACEPT 250 MG TAB	2	
VIRACEPT 625 MG TAB	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTI-INFLUENZA AGENTS		
<i>oseltamivir phosphate 30 mg cap</i>	1	QLC 14 EA / 180 days
<i>oseltamivir phosphate 45 mg cap</i>	1	QLC 14 EA / 180 days
<i>oseltamivir phosphate 6 mg/ml recon susp</i>	2	QLC 180 ML / 180 day(s)
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GLYBURIDE MICRONIZED 3 MG TAB	1	PD Preventive Drug
GLYBURIDE MICRONIZED 6 MG TAB	1	PD Preventive Drug
<i>glyburide-metformin 1.25-250 mg tab</i>	1	PD Preventive Drug
<i>glyburide-metformin 2.5-500 mg tab</i>	1	PD Preventive Drug
<i>glyburide-metformin 5-500 mg tab</i>	1	PD Preventive Drug
GLYXAMBI 10-5 MG TAB	2	QL 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
<i>liraglutide 18 mg/3ml soln pen</i>	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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
<i>metformin hcl er 500 mg tab er 24h</i>	1	RX4L Rx4Less Program PD Preventive Drug
METFORMIN HCL ER 500 MG TAB ER 24H (GENERIC OF GLUCOPHAGE XR)	1	RX4L Rx4Less Program PD Preventive Drug
METFORMIN HCL ER 750 MG TAB ER 24H (GENERIC OF GLUCOPHAGE XR)	1	RX4L Rx4Less Program PD Preventive Drug
MIGLITOL 100 MG TAB	3	PD Preventive Drug
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MOUNJARO 5 MG/0.5ML SOLN A-INJ	2	<p>QL 2 / 28 days</p> <p>DUR</p> <p>PD Preventive Drug</p>
MOUNJARO 7.5 MG/0.5ML SOLN A-INJ	2	<p>QL 2 / 28 days</p> <p>DUR</p> <p>PD Preventive Drug</p>
<i>nateglinide 120 mg tab</i>	1	<p>PD Preventive Drug</p>
<i>nateglinide 60 mg tab</i>	1	<p>PD Preventive Drug</p>
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/1.5ML SOLN PEN	2	<p>QL 1.5 ML / 28 day(s)</p> <p>DUR</p> <p>PD Preventive Drug</p>
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	2	<p>QL 3 ML / 28 day(s)</p> <p>DUR</p> <p>PD Preventive Drug</p>
OZEMPIC (1 MG/DOSE) 4 MG/3ML SOLN PEN	2	<p>QL 3 ML / 28 day(s)</p> <p>DUR</p> <p>PD Preventive Drug</p>
OZEMPIC (2 MG/DOSE) 8 MG/3ML SOLN PEN	2	<p>QL 3 ML / 28 day(s)</p> <p>DUR</p> <p>PD Preventive Drug</p>
<i>pioglitazone hcl 15 mg tab</i>	1	<p>PD Preventive Drug</p>
<i>pioglitazone hcl 30 mg tab</i>	1	<p>PD Preventive Drug</p>
<i>pioglitazone hcl 45 mg tab</i>	1	<p>PD Preventive Drug</p>
<i>pioglitazone hcl-glimepiride 30-2 mg tab</i>	2	<p>PD Preventive Drug</p>
<i>pioglitazone hcl-glimepiride 30-4 mg tab</i>	2	<p>PD Preventive Drug</p>
<i>pioglitazone hcl-metformin hcl 15-500 mg tab</i>	2	<p>PD Preventive Drug</p>
<i>pioglitazone hcl-metformin hcl 15-850 mg tab</i>	2	<p>PD Preventive Drug</p>
<i>repaglinide 0.5 mg tab</i>	1	<p>PD Preventive Drug</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>repaglinide 1 mg tab</i>	1	PD Preventive Drug
<i>repaglinide 2 mg tab</i>	1	PD Preventive Drug
RYBELSUS 1.5 MG TAB	2	QL 30 EA / 30 DAYS DUR
RYBELSUS 14 MG TAB	2	QL 30 EA / 30 day(s) DUR PD Preventive Drug
RYBELSUS 3 MG TAB	2	DUR QLC 30 EA / 180 day(s) PD Preventive Drug
RYBELSUS 4 MG TAB	2	QL 30 EA / 30 DAYS DUR
RYBELSUS 7 MG TAB	2	QL 30 EA / 30 day(s) DUR PD Preventive Drug
RYBELSUS 9 MG TAB	2	QL 30 EA / 30 DAYS DUR
SOLIQUA 100-33 UNT-MCG/ML SOLN PEN	2	PD Preventive Drug
SYMLINPEN 120 2700 MCG/2.7ML SOLN PEN	3	PD Preventive Drug
SYMLINPEN 60 1500 MCG/1.5ML SOLN PEN	3	PD Preventive Drug
SYNJARDY 12.5-1000 MG TAB	2	PD Preventive Drug
SYNJARDY 12.5-500 MG TAB	2	PD Preventive Drug
SYNJARDY 5-1000 MG TAB	2	PD Preventive Drug
SYNJARDY 5-500 MG TAB	2	PD Preventive Drug
SYNJARDY XR 10-1000 MG TAB ER 24H	2	PD Preventive Drug
SYNJARDY XR 12.5-1000 MG TAB ER 24H	2	PD Preventive Drug
SYNJARDY XR 25-1000 MG TAB ER 24H	2	PD Preventive Drug
SYNJARDY XR 5-1000 MG TAB ER 24H	2	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRADJENTA 5 MG TAB	2	<p>QL 30 EA / 30 day(s)</p> <p>PD Preventive Drug</p>
TRIJARDY XR 10-5-1000 MG TAB ER 24H	2	<p>PD Preventive Drug</p>
TRIJARDY XR 12.5-2.5-1000 MG TAB ER 24H	2	<p>PD Preventive Drug</p>
TRIJARDY XR 25-5-1000 MG TAB ER 24H	2	<p>PD Preventive Drug</p>
TRIJARDY XR 5-2.5-1000 MG TAB ER 24H	2	<p>PD Preventive Drug</p>
TRULICITY 0.75 MG/0.5ML SOLN A-INJ	2	<p>QL 2 / 28 days</p> <p>DUR</p> <p>PD Preventive Drug</p>
TRULICITY 1.5 MG/0.5ML SOLN A-INJ	2	<p>QL 2 / 28 days</p> <p>DUR</p> <p>PD Preventive Drug</p>
TRULICITY 3 MG/0.5ML SOLN A-INJ	2	<p>QL 2 / 28 days</p> <p>DUR</p> <p>PD Preventive Drug</p>
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>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GLYCEMIC AGENTS		
BAQSIMI ONE PACK 3 MG/DOSE POWDER	2	PD Preventive Drug
BAQSIMI TWO PACK 3 MG/DOSE POWDER	2	PD Preventive Drug
<i>diazoxide 50 mg/ml suspension</i>	3	PD Preventive Drug
GLUCAGEN HYPOKIT 1 MG RECON SOLN	2	PD Preventive Drug
GLUCAGON EMERGENCY 1 MG KIT	2	PD Preventive Drug
<i>glucagon emergency 1 mg kit</i>	2	PD Preventive Drug
GLUCAGON EMERGENCY 1 MG/ML RECON SOLN	2	PD Preventive Drug
GVOKE HYOPEN 1-PACK 0.5 MG/0.1ML SOLN A-INJ	2	PD Preventive Drug
GVOKE HYOPEN 1-PACK 1 MG/0.2ML SOLN A-INJ	2	PD Preventive Drug
GVOKE HYOPEN 2-PACK 0.5 MG/0.1ML SOLN A-INJ	2	PD Preventive Drug
GVOKE HYOPEN 2-PACK 1 MG/0.2ML SOLN A-INJ	2	PD Preventive Drug
GVOKE KIT 1 MG/0.2ML SOLUTION	2	
GVOKE PFS 0.5 MG/0.1ML SOLN PRSYR	2	PD Preventive Drug
GVOKE PFS 1 MG/0.2ML SOLN PRSYR	2	PD Preventive Drug
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
LANTUS SOLOSTAR 100 UNIT/ML SOLN PEN	2	PD Preventive Drug
LEVEMIR FLEXPEN 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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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 prsy</i>	1	
<i>enoxaparin sodium 120 mg/0.8ml soln prsy</i>	1	
<i>enoxaparin sodium 150 mg/ml soln prsy</i>	1	
<i>enoxaparin sodium 30 mg/0.3ml soln prsy</i>	1	
<i>enoxaparin sodium 300 mg/3ml solution</i>	1	
<i>enoxaparin sodium 40 mg/0.4ml soln prsy</i>	1	
<i>enoxaparin sodium 60 mg/0.6ml soln prsy</i>	1	
<i>enoxaparin sodium 80 mg/0.8ml soln prsy</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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
<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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
<i>terazosin hcl 10 mg cap</i>	1	
<i>terazosin hcl 2 mg cap</i>	1	
<i>terazosin hcl 5 mg cap</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil 16 mg tab</i>	2	PD Preventive Drug
<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	PD Preventive Drug
<i>irbesartan 300 mg tab</i>	1	PD Preventive Drug
<i>irbesartan 75 mg tab</i>	1	PD Preventive Drug
<i>losartan potassium 100 mg tab</i>	1	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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	PD Preventive Drug
<i>fosinopril sodium 20 mg tab</i>	1	PD Preventive Drug
<i>fosinopril sodium 40 mg tab</i>	1	PD Preventive Drug
<i>lisinopril 10 mg tab</i>	1	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>quinapril hcl 10 mg tab</i>	1	PD Preventive Drug
<i>quinapril hcl 20 mg tab</i>	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>quinapril hcl 40 mg tab</i>	1	PD Preventive Drug
<i>quinapril hcl 5 mg tab</i>	1	PD Preventive Drug
<i>ramipril 1.25 mg cap</i>	1	RX4L Rx4Less Program PD Preventive Drug
<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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
<i>pacerone 400 mg tab</i>	1	
<i>procainamide hcl 100 mg/ml solution</i>	1	PA
<i>procainamide hcl 500 mg/ml solution</i>	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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
<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
PROPRANOLOL HCL 20 MG/5ML SOLUTION	1	PD Preventive Drug
<i>propranolol hcl 40 mg tab</i>	1	PD Preventive Drug
PROPRANOLOL HCL 40 MG/5ML SOLUTION	1	PD Preventive Drug
<i>propranolol hcl 60 mg tab</i>	1	PD Preventive Drug
<i>propranolol hcl 80 mg tab</i>	1	PD Preventive Drug
<i>propranolol hcl er 120 mg cap er 24h</i>	1	PD Preventive Drug
<i>propranolol hcl er 160 mg cap er 24h</i>	1	PD Preventive Drug
<i>propranolol hcl er 60 mg cap er 24h</i>	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>propranolol hcl er 80 mg cap er 24h</i>	1	PD Preventive Drug
CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES		
<i>amlodipine besylate 10 mg tab</i>	1	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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nisoldipine er 34 mg tab er 24h</i>	1	PD Preventive Drug
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	PD Preventive Drug
<i>diltiazem hcl 30 mg tab</i>	1	PD Preventive Drug
<i>diltiazem hcl 60 mg tab</i>	1	PD Preventive Drug
<i>diltiazem hcl 90 mg tab</i>	1	PD Preventive Drug
<i>diltiazem hcl er 120 mg cap er 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
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>verapamil hcl 120 mg tab</i>	1	PD Preventive Drug
<i>verapamil hcl 40 mg tab</i>	1	PD Preventive Drug
<i>verapamil hcl 80 mg tab</i>	1	PD Preventive Drug
VERAPAMIL HCL ER 100 MG CAP ER 24H	1	PD Preventive Drug
<i>verapamil hcl er 120 mg cap er 24h</i>	1	PD Preventive Drug
<i>verapamil hcl er 120 mg tab er</i>	1	PD Preventive Drug
<i>verapamil hcl er 180 mg cap er 24h</i>	1	PD Preventive Drug
<i>verapamil hcl er 180 mg tab er</i>	1	PD Preventive Drug
VERAPAMIL HCL ER 200 MG CAP ER 24H	1	PD Preventive Drug
<i>verapamil hcl er 240 mg cap er 24h</i>	1	PD Preventive Drug
<i>verapamil hcl er 240 mg tab er</i>	1	PD Preventive Drug
VERAPAMIL HCL ER 300 MG CAP ER 24H	1	PD Preventive Drug
VERAPAMIL HCL ER 360 MG CAP ER 24H	1	PD Preventive Drug
VERELAN 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>amlodipine besy-benazepril hcl 10-20 mg cap</i>	1	PD Preventive Drug
<i>amlodipine besy-benazepril hcl 10-40 mg cap</i>	1	PD Preventive Drug
<i>amlodipine besy-benazepril hcl 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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	PD Preventive Drug
<i>atenolol-chlorthalidone 50-25 mg tab</i>	1	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
<i>bisoprolol-hydrochlorothiazide 10-6.25 mg tab</i>	1	PD Preventive Drug
<i>bisoprolol-hydrochlorothiazide 2.5-6.25 mg tab</i>	1	PD Preventive Drug
<i>bisoprolol-hydrochlorothiazide 5-6.25 mg tab</i>	1	PD Preventive Drug
CAMZYOS 10 MG CAP	3	QL 30 EA / 30 day(s) PA
CAMZYOS 15 MG CAP	3	QL 30 EA / 30 day(s) PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CAMZYOS 2.5 MG CAP	3	QL 30 EA / 30 day(s) PA
CAMZYOS 5 MG CAP	3	QL 30 EA / 30 day(s) PA
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
DIGOXIN 0.05 MG/ML SOLUTION	1	
<i>digoxin 0.05 mg/ml solution</i>	1	
<i>digoxin 125 mcg tab</i>	1	
<i>digoxin 250 mcg tab</i>	1	
<i>digoxin 62.5 mcg tab</i>	3	
<i>enalapril-hydrochlorothiazide 10-25 mg tab</i>	1	PD Preventive Drug
<i>enalapril-hydrochlorothiazide 5-12.5 mg tab</i>	1	PD Preventive Drug
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
NEXLETOL 180 MG TAB	3	QL 30 EA / 30 day(s) PA
<i>olmesartan medoxomil-hctz 20-12.5 mg tab</i>	1	PD Preventive Drug
<i>olmesartan medoxomil-hctz 40-12.5 mg tab</i>	1	PD Preventive Drug
<i>olmesartan medoxomil-hctz 40-25 mg tab</i>	1	PD Preventive Drug
<i>olmesartan-amlodipine-hctz 20-5-12.5 mg tab</i>	3	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	PD Preventive Drug
<i>quinapril-hydrochlorothiazide 20-12.5 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
<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	PD Preventive Drug
<i>bumetanide 1 mg tab</i>	1	PD Preventive Drug
<i>bumetanide 2 mg tab</i>	1	PD Preventive Drug
<i>ethacrynic acid 25 mg tab</i>	3	
<i>furosemide 10 mg/ml solution</i>	1	PA PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	
<i>spironolactone 100 mg tab</i>	1	PD Preventive Drug
<i>spironolactone 25 mg tab</i>	1	PD Preventive Drug
<i>spironolactone 25 mg/5ml suspension</i>	2	PD Preventive Drug
<i>spironolactone 50 mg tab</i>	1	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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
<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 RX4L Rx4Less Program PD Preventive Drug

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
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
NEXLIZET 180-10 MG TAB	3	QL 30 EA / 30 day(s) PA
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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)
REPATHA PUSHTRONEX SYSTEM 420 MG/3.5ML SOLN CART	2	QL 3.5 ML / 30 day(s)
REPATHA SURECLICK 140 MG/ML SOLN A-INJ	2	QL 2 ML / 28 day(s)
VASODILATORS, DIRECT-ACTING ARTERIAL		
<i>hydralazine hcl 10 mg tab</i>	1	PD Preventive Drug
<i>hydralazine hcl 100 mg tab</i>	1	PD Preventive Drug
<i>hydralazine hcl 25 mg tab</i>	1	PD Preventive Drug
<i>hydralazine hcl 50 mg tab</i>	1	PD Preventive Drug
<i>minoxidil 10 mg tab</i>	1	PD Preventive Drug
<i>minoxidil 2.5 mg tab</i>	1	PD Preventive Drug
VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS		
<i>isosorbide dinitrate 10 mg tab</i>	1	PD Preventive Drug
<i>isosorbide dinitrate 20 mg tab</i>	1	PD Preventive Drug
<i>isosorbide dinitrate 30 mg tab</i>	1	PD Preventive Drug
<i>isosorbide dinitrate 5 mg tab</i>	1	PD Preventive Drug
ISOSORBIDE MONONITRATE 10 MG TAB	1	PD Preventive Drug
<i>isosorbide mononitrate 10 mg tab</i>	1	PD Preventive Drug
ISOSORBIDE MONONITRATE 20 MG TAB	1	PD Preventive Drug
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
<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 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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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		
ABILIFY ASIMTUFII 720 MG/2.4ML PRSYR	3	QL 2.4 ML / 56 day(s)
ABILIFY ASIMTUFII 960 MG/3.2ML PRSYR	3	QL 3.2 ML / 56 day(s)
ABILIFY MAINTENA 300 MG PRSYR	3	QL 1 EA / 28 day(s)
ABILIFY MAINTENA 300 MG SRER	3	QL 1 EA / 28 day(s)
ABILIFY MAINTENA 400 MG PRSYR	3	QL 1 EA / 28 day(s)
ABILIFY MAINTENA 400 MG SRER	3	QL 1 EA / 28 day(s)
<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	
<i>aripiprazole 30 mg tab</i>	1	
<i>aripiprazole 5 mg tab</i>	1	
ARISTADA 1064 MG/3.9ML PRSYR	3	QL 3.9 ML / 56 day(s)
ARISTADA 441 MG/1.6ML PRSYR	3	QL 1.6 ML / 28 day(s)
ARISTADA 662 MG/2.4ML PRSYR	3	QL 2.4 ML / 28 day(s)
ARISTADA 882 MG/3.2ML PRSYR	3	QL 3.2 ML / 28 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	
<i>fluphenazine hcl 2.5 mg tab</i>	1	
FLUPHENAZINE HCL 2.5 MG/5ML ELIXIR	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fluphenazine hcl 5 mg tab</i>	1	
FLUPHENAZINE HCL 5 MG/ML CONC	1	
HALDOL DECANOATE 100 MG/ML SOLUTION	3	
HALDOL DECANOATE 50 MG/ML SOLUTION	3	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	
<i>haloperidol decanoate 50 mg/ml solution</i>	1	
<i>haloperidol lactate 2 mg/ml conc</i>	1	
<i>haloperidol lactate 5 mg/ml solution</i>	1	PA
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	3	QL 3.5 ml / 180 day(s)
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	3	QL 5 ML / 180 day(s)
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	3	
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	3	
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	3	
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	3	
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	3	
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	3	
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	3	
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	3	
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	3	
<i>loxapine succinate 10 mg cap</i>	1	
<i>loxapine succinate 25 mg cap</i>	1	
<i>loxapine succinate 5 mg cap</i>	1	
<i>loxapine succinate 50 mg cap</i>	1	
<i>lurasidone hcl 120 mg tab</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
QUETIAPINE FUMARATE 150 MG TAB	3	
<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	
<i>quetiapine fumarate er 200 mg tab er 24h</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
THIORIDAZINE HCL 10 MG TAB	1	
THIORIDAZINE HCL 100 MG TAB	1	
THIORIDAZINE HCL 25 MG TAB	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
THIORIDAZINE HCL 50 MG TAB	1	
<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	
UZEDY 100 MG/0.28ML SUSP PRSYR	3	QL 0.28 ML / 28 day(s)
UZEDY 125 MG/0.35ML SUSP PRSYR	3	QL 0.35 ML / 28 day(s)
UZEDY 150 MG/0.42ML SUSP PRSYR	3	QL 0.42 ML / 56 day(s)
UZEDY 200 MG/0.56ML SUSP PRSYR	3	QL 0.56 ML / 56 day(s)
UZEDY 250 MG/0.7ML SUSP PRSYR	3	QL 0.7 ML / 56 day(s)
UZEDY 50 MG/0.14ML SUSP PRSYR	3	QL 0.14 ML / 28 day(s)
UZEDY 75 MG/0.21ML SUSP PRSYR	3	QL 0.21 ML / 28 day(s)
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)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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)
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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)
<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)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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)
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
ERGOMAR 2 MG SL TAB	3	QLC 20 / 28 Day(s) PA MNPA
ERGOTAMINE-CAFFEINE 1-100 MG TAB	1	
<i>frovatriptan succinate 2.5 mg tab</i>	2	QLC 12 EA / 30 DAY(S)
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>rizatriptan benzoate 10 mg tab</i>	1	QL 12 EA / 30 day(s)
<i>rizatriptan benzoate 10 mg tab disp</i>	1	QL 12 EA / 30 day(s)
<i>rizatriptan benzoate 5 mg tab</i>	1	QL 12 EA / 30 day(s)
<i>rizatriptan benzoate 5 mg tab disp</i>	1	QL 12 EA / 30 day(s)
<i>sumatriptan 20 mg/act solution</i>	1	QL 6 EA / 30 day(s)
<i>sumatriptan 5 mg/act solution</i>	1	QL 6 EA / 30 day(s)
<i>sumatriptan succinate 100 mg tab</i>	1	QL 12 EA / 30 day(s)
<i>sumatriptan succinate 25 mg tab</i>	1	QL 12 EA / 30 day(s)
<i>sumatriptan succinate 4 mg/0.5ml soln a-inj</i>	1	QL 3 ML / 30 day(s)
<i>sumatriptan succinate 50 mg tab</i>	1	QL 12 EA / 30 day(s)
<i>sumatriptan succinate 6 mg/0.5ml soln a-inj</i>	1	QL 3 ML / 30 day(s)
<i>sumatriptan succinate 6 mg/0.5ml solution</i>	1	QL 3 ML / 30 day(s)
SUMATRIPTAN SUCCINATE REFILL 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)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
LITHIUM CARBONATE 300 MG CAP	1	
<i>lithium carbonate 300 mg cap</i>	1	
<i>lithium carbonate 300 mg tab</i>	1	
LITHIUM CARBONATE 600 MG CAP	1	
<i>lithium carbonate 600 mg cap</i>	1	
<i>lithium carbonate er 300 mg tab er</i>	1	
<i>lithium carbonate er 450 mg tab er</i>	1	
<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)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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)
<i>lisdexamfetamine dimesylate 10 mg cap</i>	2	QL 30 EA / 30 days
<i>lisdexamfetamine dimesylate 10 mg chew tab</i>	2	QL 30 ea / 30 day(s)
<i>lisdexamfetamine dimesylate 20 mg cap</i>	2	QL 30 EA / 30 days
<i>lisdexamfetamine dimesylate 20 mg chew tab</i>	2	QL 30 ea / 30 day(s)
<i>lisdexamfetamine dimesylate 30 mg cap</i>	2	QL 30 EA / 30 days
<i>lisdexamfetamine dimesylate 30 mg chew tab</i>	2	QL 30 ea / 30 day(s)
<i>lisdexamfetamine dimesylate 40 mg cap</i>	2	QL 30 EA / 30 days
<i>lisdexamfetamine dimesylate 40 mg chew tab</i>	2	QL 30 ea / 30 day(s)
<i>lisdexamfetamine dimesylate 50 mg cap</i>	2	QL 30 EA / 30 days
<i>lisdexamfetamine dimesylate 50 mg chew tab</i>	2	QL 30 ea / 30 day(s)
<i>lisdexamfetamine dimesylate 60 mg cap</i>	2	QL 30 EA / 30 days
<i>lisdexamfetamine dimesylate 60 mg chew tab</i>	2	QL 30 ea / 30 day(s)
<i>lisdexamfetamine dimesylate 70 mg cap</i>	2	QL 30 EA / 30 days
METHAMPHETAMINE HCL 5 MG TAB	3	
<i>methamphetamine hcl 5 mg tab</i>	3	
<i>zenzedi 10 mg tab</i>	1	QL 120 EA / 30 day(s)
<i>zenzedi 5 mg tab</i>	1	QL 120 EA / 30 day(s)

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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 (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 (generic of RITALIN)</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</i>	1	QL 60 EA / 30 day(s)
<i>Methylphenidate HCl ER (LA) 20 MG CAP ER 24H (generic of RITALIN LA)</i>	1	QL 60 EA / 30 day(s)
<i>methylphenidate hcl er (la) 30 mg cap er 24h</i>	1	QL 60 EA / 30 day(s)
<i>Methylphenidate HCl ER (LA) 30 MG CAP ER 24H (generic of RITALIN LA)</i>	1	QL 60 EA / 30 day(s)
<i>methylphenidate hcl er (la) 40 mg cap er 24h</i>	1	QL 60 EA / 30 day(s)
<i>Methylphenidate HCl ER (LA) 40 MG CAP ER 24H (generic of RITALIN LA)</i>	1	QL 60 EA / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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)
CENTRAL NERVOUS SYSTEM, OTHER		
AUSTEDO 12 MG TAB	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AUSTEDO 6 MG TAB	3	PA SP Specialty
AUSTEDO 9 MG TAB	3	PA SP Specialty
AUSTEDO XR 12 MG TAB ER 24H	3	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
AUSTEDO XR PATIENT TITRATION 12 & 18 & 24 & 30 MG TBER THPK	3	QL 28 ea / 28 day(s) PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AUSTEDO XR PATIENT TITRATION 6 & 12 & 24 MG TBER THPK	3	PA SP Specialty
<i>bac 50-325-40 mg tab</i>	1	QL 180 ea / 30 day(s)
<i>butalbital-acetaminophen 50-325 mg tab</i>	1	QL 180 ea / 30 day(s)
<i>butalbital-apap-caffeine 50-300-40 mg cap</i>	1	QL 180 ea / 30 day(s)
<i>butalbital-apap-caffeine 50-325-40 mg cap</i>	1	QL 180 ea / 30 day(s)
<i>butalbital-apap-caffeine 50-325-40 mg tab</i>	1	QL 180 ea / 30 day(s)
CONTRAIVE 8-90 MG TAB ER 12H	3	PA
<i>esgic 50-325-40 mg cap</i>	1	QL 180 ea / 30 day(s)
INGREZZA 40 & 80 MG CAP THPK	3	PA SP Specialty
INGREZZA 40 MG CAP	3	PA SP Specialty
INGREZZA 60 MG CAP	3	PA SP Specialty
INGREZZA 80 MG CAP	3	PA SP Specialty
NUEDEXTA 20-10 MG CAP	3	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	
QSYMIA 11.25-69 MG CAP ER 24H	3	QL 30 EA / 30 day(s) PA
QSYMIA 15-92 MG CAP ER 24H	3	QL 30 EA / 30 day(s) PA
QSYMIA 3.75-23 MG CAP ER 24H	3	QL 45 EA / 30 day(s) PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
QSYMIA 7.5-46 MG CAP ER 24H	3	QL 30 EA / 30 day(s) PA
RADICAVA ORS 105 MG/5ML SUSPENSION	3	PA SP Specialty
RADICAVA ORS STARTER KIT 105 MG/5ML SUSPENSION	3	PA SP Specialty
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	QL 180 ea / 30 day(s)
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 40 mg cp dr part</i>	3	
<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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
BAFIERTAM 95 MG CAP DR	2	PA SP Specialty
BETASERON 0.3 MG KIT	3	PA SP Specialty
<i>dalfampridine er 10 mg tab er 12h</i>	1	SP Specialty
<i>dimethyl fumarate 120 mg cap dr</i>	1	QL 60 EA / 30 day(s) SP Specialty
<i>dimethyl fumarate 240 mg cap dr</i>	1	QL 60 EA / 30 day(s) SP Specialty
<i>dimethyl fumarate starter pack 120 & 240 mg cpdr thpk</i>	2	PA SP Specialty
<i> fingolimod hcl 0.5 mg cap</i>	1	QL 30 EA / 30 day(s) SP Specialty
<i>glatiramer acetate 20 mg/ml soln prsy</i>	2	QL 30 ML / 30 day(s) SP Specialty
<i>glatiramer acetate 40 mg/ml soln prsy</i>	2	QL 12 ML / 28 day(s) SP Specialty
<i>glatopa 20 mg/ml soln prsy</i>	2	QL 30 ML / 30 day(s) SP Specialty
<i>glatopa 40 mg/ml soln prsy</i>	2	QL 12 ML / 28 day(s) 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>	1	QL 30 EA / 30 day(s) SP Specialty
<i>teriflunomide 7 mg tab</i>	1	QL 30 EA / 30 day(s) 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	
<i>clinpro 5000 1.1 % paste</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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>dentagel 1.1 % gel</i>	1	
<i>fluoridex 1.1 % paste</i>	1	
<i>fluoridex enhanced whitening 1.1 % paste</i>	1	
<i>fluorimax 5000 1.1 % paste</i>	1	
<i>fraiche 5000 dental 1.1 % gel</i>	1	
<i>just right 5000 1.1 % gel</i>	1	
<i>just right 5000 1.1 % paste</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>sodium fluoride 5000 ppm 1.1 % paste</i>	1	
<i>triamcinolone acetone 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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	
<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>amnesteam 10 mg cap</i>	1	
<i>amnesteam 20 mg cap</i>	1	
<i>amnesteam 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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	
<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	See important benefit information at end of document
<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	
ALCLOMETASONE DIPROPIONATE 0.05 % OINTMENT	1	
<i>alclometasone dipropionate 0.05 % ointment</i>	1	
AMCINONIDE 0.1 % CREAM	1	
AMCINONIDE 0.1 % LOTION	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AMCINONIDE 0.1 % OINTMENT	1	
<i>amcinonide 0.1 % ointment</i>	1	
<i>amlactin daily 12 % lotion</i>	1	OTC Over the Counter
<i>amlactin daily nourish 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	
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	
<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)
<i>procto-med hc 2.5 % cream</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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 wash 10 % liquid</i>	1	OTC Over the Counter
<i>calcipotriene 0.005 % cream</i>	2	
<i>calcipotriene 0.005 % ointment</i>	2	
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	2	
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
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 % 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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ELECTROLYTES/MINERALS/METALS/VITAMINS		
ELECTROLYTE/MINERAL REPLACEMENT		
ADVERA LIQUID	2	OTC Over the Counter
ALITRAQ PACKET	2	OTC Over the Counter
ARGINAID PACKET	2	OTC Over the Counter
ARGINAID EXTRA LIQUID	2	OTC Over the Counter
<i>argyle sterile saline 0.9 % solution</i>	1	
BABY'S BIG SUPPORT POWDER	2	OTC Over the Counter
BALANCED NUTRITIONAL DRINK LIQUID	2	OTC Over the Counter
BALANCED NUTRITIONAL DRINK PLS LIQUID	2	OTC Over the Counter
BALANCED NUTRITIONAL SHAKE PLS LIQUID	2	OTC Over the Counter
BEEF/POTATOES/SPINACH LIQUID	2	OTC Over the Counter
BENECALORIE LIQUID	2	OTC Over the Counter
BOOST LIQUID	2	OTC Over the Counter
BOOST BREEZE LIQUID	2	OTC Over the Counter
BOOST GLUCOSE CONTROL LIQUID	2	OTC Over the Counter
BOOST GLUCOSE CTRL MAX PROTEIN LIQUID	2	OTC Over the Counter
BOOST HIGH PROTEIN LIQUID	2	OTC Over the Counter
BOOST KID ESSENTIALS 1.0 CAL LIQUID	2	OTC Over the Counter
BOOST KID ESSENTIALS 1.5 CAL LIQUID	2	OTC Over the Counter
BOOST KID ESSENTIALS 1.5/FIBER LIQUID	2	OTC Over the Counter
BOOST ORIGINAL LIQUID	2	OTC Over the Counter
BOOST PLUS LIQUID	2	OTC Over the Counter
BOOST VERY HIGH CALORIE LIQUID	2	OTC Over the Counter
BOOST VHC LIQUID	2	OTC Over the Counter
BOOST WOMEN LIQUID	2	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BRAINSUSTAIN PACKET	2	OTC Over the Counter
BRAINSUSTAIN FOR KIDS POWDER	2	OTC Over the Counter
BRIGHT BEGINNINGS PEDIATRIC LIQUID	2	OTC Over the Counter
CARNATION BREAKFAST ESSENTIALS LIQUID	2	OTC Over the Counter
CARNATION BREAKFAST ESSENTIALS PACKET	2	OTC Over the Counter
CFPREOP LIQUID	2	OTC Over the Counter
CHICKEN/CARROTS/BROWN RICE LIQUID	2	OTC Over the Counter
CHICKEN/PEAS/CARROTS PLUS POWDER	2	OTC Over the Counter
CHICKEN/PEAS/CARROTS PLUS PEDI POWDER	2	OTC Over the Counter
COMPLEAT LIQUID	2	OTC Over the Counter
COMPLEAT ORGANIC BLENDS LIQUID	2	OTC Over the Counter
COMPLEAT PEDI PEPTIDE 1.5 LIQUID	2	OTC Over the Counter
COMPLEAT PEDI STANDARD 1.0 LIQUID	2	OTC Over the Counter
COMPLEAT PEDI STANDARD 1.4 LIQUID	2	OTC Over the Counter
COMPLEAT PEDIATRIC LIQUID	2	OTC Over the Counter
COMPLEAT PEDIATRIC ORG BLENDS LIQUID	2	OTC Over the Counter
COMPLEAT PEPTIDE 1.5 LIQUID	2	OTC Over the Counter
COMPLEAT STANDARD 1.4 LIQUID	2	OTC Over the Counter
COMPLEX ESSENTIAL MSD POWDER	2	OTC Over the Counter
<i>curity sterile saline 0.9 % solution</i>	1	
CVS NUTRITION LIQUID LIQUID	2	OTC Over the Counter
CVS NUTRITION PLUS LIQUID	2	OTC Over the Counter
CVS NUTRITION PLUS CHOCOLATE LIQUID	2	OTC Over the Counter
CVS NUTRITION PLUS VANILLA LIQUID	2	OTC Over the Counter
CVS NUTRITIONAL SHAKE LIQUID	2	OTC Over the Counter
DIABETISOURCE AC LIQUID	2	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DIARESQ PACKET	2	OTC Over the Counter
DIARESQ CHILDRENS PACKET	2	OTC Over the Counter
DIARESQ GENTLE RELIEF TODDLERS PACKET	2	OTC Over the Counter
DPP DIPEPTIDE POWER LIQUID	2	OTC Over the Counter
EAA SUPPLEMENT PACKET	2	OTC Over the Counter
EGGS/APPLES/OATS LIQUID	2	OTC Over the Counter
ELECARE JR POWDER	2	OTC Over the Counter
ENCALA PACKET	2	OTC Over the Counter
ENCALA POWDER	2	OTC Over the Counter
ENLIVE LIQUID	2	OTC Over the Counter
ENSURE LIQUID	2	OTC Over the Counter
ENSURE ACTIVE LIQUID	2	OTC Over the Counter
ENSURE ACTIVE HEART HEALTH LIQUID	2	OTC Over the Counter
ENSURE ACTIVE HIGH PROTEIN LIQUID	2	OTC Over the Counter
ENSURE ACTIVE LIGHT LIQUID	2	OTC Over the Counter
ENSURE BONE HEALTH REVIGOR LIQUID	2	OTC Over the Counter
ENSURE CLEAR LIQUID	2	OTC Over the Counter
ENSURE CLINICAL ST REVIGOR LIQUID	2	OTC Over the Counter
ENSURE COMPACT LIQUID	2	OTC Over the Counter
ENSURE COMPLETE LIQUID	2	OTC Over the Counter
ENSURE COMPLETE SHAKE LIQUID	2	OTC Over the Counter
ENSURE ENLIVE LIQUID	2	OTC Over the Counter
ENSURE HEALTHY MOM LIQUID	2	OTC Over the Counter
ENSURE HIGH CALCIUM LIQUID	2	OTC Over the Counter
ENSURE HIGH PROTEIN LIQUID	2	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ENSURE IMMUNE HEALTH LIQUID	2	OTC Over the Counter
ENSURE MAX PROTEIN LIQUID	2	OTC Over the Counter
ENSURE MUSCLE HEALTH REVIGOR LIQUID	2	OTC Over the Counter
ENSURE NUTRA SHAKE HI-CAL LIQUID	2	OTC Over the Counter
ENSURE NUTRITION SHAKE LIQUID	2	OTC Over the Counter
ENSURE ORIG THERAPEUTIC NUTRI LIQUID	2	OTC Over the Counter
ENSURE ORIGINAL LIQUID	2	OTC Over the Counter
ENSURE ORIGINAL POWDER	2	OTC Over the Counter
ENSURE ORIGINAL/FIBER LIQUID	2	OTC Over the Counter
ENSURE PLANT-BASED PROTEIN LIQUID	2	OTC Over the Counter
ENSURE PLUS LIQUID	2	OTC Over the Counter
ENSURE PLUS HIGH PROTEIN LIQUID	2	OTC Over the Counter
ENSURE PLUS HN LIQUID	2	OTC Over the Counter
ENSURE PLUS WITH FIBER LIQUID	2	OTC Over the Counter
ENSURE PRE-SURGERY LIQUID	2	OTC Over the Counter
ENSURE SURGERY LIQUID	2	OTC Over the Counter
ENSURE SURGICAL NUTRITION LIQUID	2	OTC Over the Counter
ENSURE/FIBER LIQUID	2	OTC Over the Counter
ENTERADE LIQUID	2	OTC Over the Counter
ENTERADE IBS-D LIQUID	2	OTC Over the Counter
ENU COMPLETE NUTRITION SHAKE LIQUID	2	OTC Over the Counter
ENU NUTRITIONAL SHAKE LIQUID	2	OTC Over the Counter
EO28 SPLASH LIQUID	2	OTC Over the Counter
EQ NUTRITIONAL SHAKE LIQUID	2	OTC Over the Counter
EQ NUTRITIONAL SHAKE PLUS LIQUID	2	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EQ WEIGHT LOSS SHAKE LIQUID	2	OTC Over the Counter
EQUATE LIQUID	2	OTC Over the Counter
EQUATE PLUS LIQUID	2	OTC Over the Counter
EXPEDITE LIQUID	2	OTC Over the Counter
FIBER FLOW LIQUID	2	OTC Over the Counter
FIBER-STAT LIQUID	2	OTC Over the Counter
FIBERSOURCE HN LIQUID	2	OTC Over the Counter
FITFOOD LEAN COMPLETE PACKET	2	OTC Over the Counter
FRUITIVITS PACKET	2	OTC Over the Counter
GA EXPRESS15 PACKET	2	OTC Over the Counter
GA GEL PACKET	2	OTC Over the Counter
GELATEIN MCT LIQUID	2	OTC Over the Counter
GLUCERNA LIQUID	2	OTC Over the Counter
GLUCERNA 1.0 CAL LIQUID	2	OTC Over the Counter
GLUCERNA 1.0 CAL/CARBSTEADY LIQUID	2	OTC Over the Counter
GLUCERNA 1.0 CAL/FIBER LIQUID	2	OTC Over the Counter
GLUCERNA 1.2 CAL LIQUID	2	OTC Over the Counter
GLUCERNA 1.5 CAL LIQUID	2	OTC Over the Counter
GLUCERNA 1.5 CAL/CARBSTEADY LIQUID	2	OTC Over the Counter
GLUCERNA ADVANCE SHAKE LIQUID	2	OTC Over the Counter
GLUCERNA CARBSTEADY LIQUID	2	OTC Over the Counter
GLUCERNA HUNGER SMART SHAKE LIQUID	2	OTC Over the Counter
GLUCERNA OS LIQUID	2	OTC Over the Counter
GLUCERNA SELECT LIQUID	2	OTC Over the Counter
GLUCERNA SHAKE LIQUID	2	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GLUCERNA SNACK SHAKE LIQUID	2	OTC Over the Counter
GLUCERNA WEIGHT LOSS SHAKE LIQUID	2	OTC Over the Counter
GLYCOSAIDE PACKET	2	OTC Over the Counter
GLYTROL PREBIO1 LIQUID	2	OTC Over the Counter
GOODSENSE NUTRISURE ORIGINAL LIQUID	2	OTC Over the Counter
GOODSENSE NUTRISURE PLUS LIQUID	2	OTC Over the Counter
HAELAN 951 FERMENTED SOY LIQUID	2	OTC Over the Counter
HAELAN HTPI FERMENTED SOY LIQUID	2	OTC Over the Counter
HCU COOLER LIQUID	2	OTC Over the Counter
HCU COOLER15 LIQUID	2	OTC Over the Counter
HCU GEL PACKET	2	OTC Over the Counter
HCU LOPHLEX LQ LIQUID	2	OTC Over the Counter
HEALTHY ACCENTS NUTRA FIT LIQUID	2	OTC Over the Counter
HEALTHY ACCENTS NUTRA FIT PLUS LIQUID	2	OTC Over the Counter
HI-CAL LIQUID	2	OTC Over the Counter
HIGH-PROTEIN NUTRITIONAL SHAKE LIQUID	2	OTC Over the Counter
HM NUTRISURE LIQUID	2	OTC Over the Counter
HM NUTRISURE PLUS LIQUID	2	OTC Over the Counter
I5 PACKET	2	OTC Over the Counter
IMPACT LIQUID	2	OTC Over the Counter
IMPACT ADVANCED RECOVERY LIQUID	2	OTC Over the Counter
INNOVACIN LIQUID	2	OTC Over the Counter
INTROLITE LIQUID	2	OTC Over the Counter
ISOSOURCE 1.5 CAL LIQUID	2	OTC Over the Counter
ISOSOURCE HN LIQUID	2	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
JEVITY 1 CAL LIQUID	2	OTC Over the Counter
JEVITY 1 CAL/FIBER LIQUID	2	OTC Over the Counter
JEVITY 1.2 CAL LIQUID	2	OTC Over the Counter
JEVITY 1.2 CAL/FIBER LIQUID	2	OTC Over the Counter
JEVITY 1.5 CAL/FIBER LIQUID	2	OTC Over the Counter
JUICE PLUS FIBRE LIQUID	2	OTC Over the Counter
JUVEN PACKET	2	OTC Over the Counter
JUVEN NUTRIVIGOR PACKET	2	OTC Over the Counter
JUVEN REVIGOR PACKET	2	OTC Over the Counter
KALE/QUINOA/BERRIES PLUS POWDER	2	OTC Over the Counter
KALE/QUINOA/BERRIES PLUS PEDIA POWDER	2	OTC Over the Counter
KATE FARMS GLUCOSE SUPPORT 1.2 LIQUID	2	OTC Over the Counter
KATE FARMS KIDS NUTRITION LIQUID	2	OTC Over the Counter
KATE FARMS PED PEPTIDE 1.0 LIQUID	2	OTC Over the Counter
KATE FARMS PED PEPTIDE 1.5 LIQUID	2	OTC Over the Counter
KATE FARMS PED STANDARD 1.2 LIQUID	2	OTC Over the Counter
KATE FARMS PEPTIDE 1.0 LIQUID	2	OTC Over the Counter
KATE FARMS PEPTIDE 1.5 LIQUID	2	OTC Over the Counter
KATE FARMS RENAL SUPPORT 1.8 LIQUID	2	OTC Over the Counter
KATE FARMS STANDARD 1.0 LIQUID	2	OTC Over the Counter
KATE FARMS STANDARD 1.4 LIQUID	2	OTC Over the Counter
KETO LIQUID	2	OTC Over the Counter
KETOCAL 2.5:1 LQ MULTI FIBER LIQUID	2	OTC Over the Counter
KETOCAL 4:1 LIQUID	2	OTC Over the Counter
KETOCAL 4:1 LQ MULTI FIBER LIQUID	2	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KETOCAL 4:1 LQ MULTI-FIBER LIQUID	2	OTC Over the Counter
KFLO LIQUID	2	OTC Over the Counter
KIDS PLANT PROTEIN SHAKE LIQUID	2	OTC Over the Counter
KIDS PROTEIN ORGANIC SHAKE LIQUID	2	OTC Over the Counter
KINDERSPROUT PLANT PROTEIN LIQUID	2	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	2	OTC Over the Counter
LIL MIXINS-EGG 5 GM/5GM POWDER	2	OTC Over the Counter
LIL MIXINS-PEANUT 5 GM/5GM POWDER	2	OTC Over the Counter
LIQUID HOPE LIQUID	2	OTC Over the Counter
LIQUID HOPE PEPTIDE LIQUID	2	OTC Over the Counter
LIQUID HOPE PEPTIDE BERRY LIQUID	2	OTC Over the Counter
LOPHLEX PACKET	2	OTC Over the Counter
LOPHLEX LQ 20 LIQUID	2	OTC Over the Counter
LPS CRITICAL CARE SUGAR FREE LIQUID	2	OTC Over the Counter
LPS SUGAR FREE LIQUID	2	OTC Over the Counter
LUTRISH CHOCOLATE SHAKE PACKET	2	OTC Over the Counter
LUTRISH VANILLA SHAKE PACKET	2	OTC Over the Counter
MALTOCARB POWDER	2	OTC Over the Counter
MCT PRO-CAL PACKET	2	OTC Over the Counter
MCTPROCAL PACKET	2	OTC Over the Counter
MMA/PA COOLER15 LIQUID	2	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MMA/PA EXPRESS 15 PACKET	2	OTC Over the Counter
MMA/PA GEL PACKET	2	OTC Over the Counter
MSUD COOLER LIQUID	2	OTC Over the Counter
MSUD EXPRESS 15 PLUS PACKET	2	OTC Over the Counter
MSUD EXPRESS 20 PLUS PACKET	2	OTC Over the Counter
MSUD GEL PACKET	2	OTC Over the Counter
MSUD LOPHLEX LQ LIQUID	2	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	2	OTC Over the Counter
NEOCATE SYNEO JUNIOR POWDER	2	OTC Over the Counter
NEPRO LIQUID	2	OTC Over the Counter
NEPRO/CARBSTEADY LIQUID	2	OTC Over the Counter
NOURISH LIQUID	2	OTC Over the Counter
NOURISH PEPTIDE FORMULA LIQUID	2	OTC Over the Counter
NOVASOURCE RENAL LIQUID	2	OTC Over the Counter
NUTRA/SHAKE LIQUID	2	OTC Over the Counter
NUTRAMINE PACKET	2	OTC Over the Counter
NUTRAMINE AMINO BITES PACKET	2	OTC Over the Counter
NUTREN 1.0 LIQUID	2	OTC Over the Counter
NUTREN 1.0/FIBER LIQUID	2	OTC Over the Counter
NUTREN 1.5 LIQUID	2	OTC Over the Counter
NUTREN 2.0 LIQUID	2	OTC Over the Counter
NUTREN JR LIQUID	2	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NUTREN JR FIBER LIQUID	2	OTC Over the Counter
NUTREN JUNIOR 1.0 LIQUID	2	OTC Over the Counter
NUTREN JUNIOR/FIBER LIQUID	2	OTC Over the Counter
NUTREN PULMONARY LIQUID	2	OTC Over the Counter
NUTRICIA PREOP PACKET	2	OTC Over the Counter
NUTRIFOCUS LIQUID	2	OTC Over the Counter
NUTRIHEP 1.5 CAL LIQUID	2	OTC Over the Counter
NUTRITIONAL DRINK LIQUID	2	OTC Over the Counter
NUTRITIONAL DRINK PLUS LIQUID	2	OTC Over the Counter
NUTRITIONAL SHAKE LIQUID	2	OTC Over the Counter
NUTRITIONAL SHAKE COMPLETE LIQUID	2	OTC Over the Counter
NUTRITIONAL SHAKE HIGH PROTEIN LIQUID	2	OTC Over the Counter
NUTRITIONAL SHAKE PLUS LIQUID	2	OTC Over the Counter
NUTRITIONAL SHAKE PLUS PROTEIN LIQUID	2	OTC Over the Counter
NUTRITIONAL SUPPLEMENT LIQUID	2	OTC Over the Counter
NUTRITIONAL SUPPLEMENT PLUS LIQUID	2	OTC Over the Counter
OPTICLEANSE GHI PACKET	2	OTC Over the Counter
OPTICLEANSE PLUS PACKET	2	OTC Over the Counter
OPTIMENTAL LIQUID	2	OTC Over the Counter
OPTIMETABOLIX PACKET	2	OTC Over the Counter
OPTIMETABOLIX 2:1 PACKET	2	OTC Over the Counter
ORGANIC NUTRITION SHAKE LIQUID	2	OTC Over the Counter
OSAPLEX MK-7 PACKET	2	OTC Over the Counter
OSMOLITE LIQUID	2	OTC Over the Counter
OSMOLITE 1 CAL LIQUID	2	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OSMOLITE 1.2 CAL LIQUID	2	OTC Over the Counter
OSMOLITE 1.5 CAL LIQUID	2	OTC Over the Counter
OSMOLITE HN LIQUID	2	OTC Over the Counter
OXEPA LIQUID	2	OTC Over the Counter
OXEPA 1.5 LIQUID	2	OTC Over the Counter
PEDIASURE LIQUID	2	OTC Over the Counter
PEDIASURE 1.0 CAL/FIBER LIQUID	2	OTC Over the Counter
PEDIASURE 1.5 CAL LIQUID	2	OTC Over the Counter
PEDIASURE 1.5 CAL/FIBER LIQUID	2	OTC Over the Counter
PEDIASURE GROW & GAIN LIQUID	2	OTC Over the Counter
PEDIASURE GROW & GAIN ORGANIC LIQUID	2	OTC Over the Counter
PEDIASURE GROW & GAIN/FIBER LIQUID	2	OTC Over the Counter
PEDIASURE HARVEST 1.0 CAL LIQUID	2	OTC Over the Counter
PEDIASURE NUTRIPALS LIQUID	2	OTC Over the Counter
PEDIASURE PEDIATRIC LIQUID	2	OTC Over the Counter
PEDIASURE PEPTIDE 1.0 CAL LIQUID	2	OTC Over the Counter
PEDIASURE PEPTIDE 1.5 CAL LIQUID	2	OTC Over the Counter
PEDIASURE REDUCED CALORIE LIQUID	2	OTC Over the Counter
PEDIASURE SHAKE/FIBER LIQUID	2	OTC Over the Counter
PEDIASURE SIDEKICKS LIQUID	2	OTC Over the Counter
PEDIASURE SIDEKICKS CLEAR LIQUID	2	OTC Over the Counter
PEDIASURE SIDEKICKS SHAKE LIQUID	2	OTC Over the Counter
PEDIASURE/FIBER LIQUID	2	OTC Over the Counter
PEDIATRIC DRINK LIQUID	2	OTC Over the Counter
PEPTAMEN LIQUID	2	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PEPTAMEN 1 CAL/PREBIO1 LIQUID	2	OTC Over the Counter
PEPTAMEN 1.5 CAL LIQUID	2	OTC Over the Counter
PEPTAMEN 1.5 CAL/PREBIO1 LIQUID	2	OTC Over the Counter
PEPTAMEN AF LIQUID	2	OTC Over the Counter
PEPTAMEN INTENSE VHP LIQUID	2	OTC Over the Counter
PEPTAMEN JUNIOR 1 CAL LIQUID	2	OTC Over the Counter
PEPTAMEN JUNIOR 1 CAL/PREBIO1 LIQUID	2	OTC Over the Counter
PEPTAMEN JUNIOR 1.5 LIQUID	2	OTC Over the Counter
PEPTAMEN JUNIOR 1.5 CAL LIQUID	2	OTC Over the Counter
PEPTAMEN JUNIOR FIBER LIQUID	2	OTC Over the Counter
PEPTAMEN JUNIOR HP LIQUID	2	OTC Over the Counter
PEPTAMEN JUNIOR PHGG 1.2 LIQUID	2	OTC Over the Counter
PEPTAMEN JUNIOR/PREBIO1 LIQUID	2	OTC Over the Counter
PEPTAMEN/PREBIO1 LIQUID	2	OTC Over the Counter
PERATIVE LIQUID	2	OTC Over the Counter
PERATIVE 1.3 CAL LIQUID	2	OTC Over the Counter
PHENYLADE ESSENTIAL DRINK MIX PACKET	2	OTC Over the Counter
PHENYLADE ESSENTIAL DRINK MIX POWDER	2	OTC Over the Counter
PHENYLADE ESSENTIAL MIX/FIBER PACKET	2	OTC Over the Counter
PHENYLADE GMP PACKET	2	OTC Over the Counter
PHENYLADE GMP MIX DHA/FIBER POWDER	2	OTC Over the Counter
PHENYLADE GMP MIX-IN PACKET	2	OTC Over the Counter
PHENYLADE GMP MIX-IN POWDER	2	OTC Over the Counter
PHENYLADE GMP READY LIQUID	2	OTC Over the Counter
PHENYLADE GMP ULTRA PACKET	2	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PHENYLADE RTD PKU 10 LIQUID	2	OTC Over the Counter
PHENYLADE60 DRINK MIX PACKET	2	OTC Over the Counter
PHENYLADE60 DRINK MIX POWDER	2	OTC Over the Counter
PHLEXY-10 PACKET	2	OTC Over the Counter
PIVOT 1.5 CAL LIQUID	2	OTC Over the Counter
PKU AIR20 GOLD LIQUID	2	OTC Over the Counter
PKU AIR20 GREEN LIQUID	2	OTC Over the Counter
PKU AIR20 YELLOW LIQUID	2	OTC Over the Counter
PKU COOLER 10 LIQUID	2	OTC Over the Counter
PKU COOLER 15 LIQUID	2	OTC Over the Counter
PKU COOLER 20 LIQUID	2	OTC Over the Counter
PKU EASY SHAKE & GO POWDER	2	OTC Over the Counter
PKU EXPLORE10 PACKET	2	OTC Over the Counter
PKU EXPLORE5 PACKET	2	OTC Over the Counter
PKU GEL PACKET	2	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	2	OTC Over the Counter
PKU SPHERE 15 PACKET	2	OTC Over the Counter
PKU SPHERE 20 LIQUID	2	OTC Over the Counter
PKU SPHERE 20 PACKET	2	OTC Over the Counter
PKU SPHERE NEXT 15 LIQUID	2	OTC Over the Counter
PKU START POWDER	2	OTC Over the Counter
PKU TRIO POWDER	2	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	2	OTC Over the Counter
PROMOD LIQUID	2	OTC Over the Counter
PROMOTE LIQUID	2	OTC Over the Counter
PROMOTE 1.0 LIQUID	2	OTC Over the Counter
PROMOTE 1.0 WITH FIBER LIQUID	2	OTC Over the Counter
PROMOTE/FIBER LIQUID	2	OTC Over the Counter
PROSOURCE LIQUID	2	OTC Over the Counter
PROSOURCE NO CARB LIQUID	2	OTC Over the Counter
PROSOURCE PLUS LIQUID	2	OTC Over the Counter
PROSOURCE TF LIQUID	2	OTC Over the Counter
PROSOURCE XTRACAL LIQUID	2	OTC Over the Counter
PROSOURCE ZAC LIQUID	2	OTC Over the Counter
PROSURE LIQUID	2	OTC Over the Counter
PROTALITY LIQUID	2	OTC Over the Counter
PULMOCARE LIQUID	2	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PULMOCARE 1.5 LIQUID	2	OTC Over the Counter
PUSH 20+ ADVANCED LIQUID	2	OTC Over the Counter
PX VANILLA PLUS LIQUID	2	OTC Over the Counter
QUINOA/KALE/HEMP LIQUID	2	OTC Over the Counter
RE/NEPH LIQUID	2	OTC Over the Counter
RE/NEPH LP/HC LIQUID	2	OTC Over the Counter
RE/NEPH REDUCED SUGAR LIQUID	2	OTC Over the Counter
REAL FOOD BLENDS LIQUID	2	OTC Over the Counter
REASON LIQUID	2	OTC Over the Counter
REGULAR NUTRITIONAL SHAKE LIQUID	2	OTC Over the Counter
RENALCAL LIQUID	2	OTC Over the Counter
RENASTART POWDER	2	OTC Over the Counter
RENASTEP LIQUID	2	OTC Over the Counter
REPLETE LIQUID	2	OTC Over the Counter
REPLETE FIBER LIQUID	2	OTC Over the Counter
REPLETE FIBER 1 CAL LIQUID	2	OTC Over the Counter
RESOURCE 2.0 LIQUID	2	OTC Over the Counter
RESURGEX PACKET	2	OTC Over the Counter
RESURGEX PLUS PACKET	2	OTC Over the Counter
RESURGEX SELECT PACKET	2	OTC Over the Counter
S.O.S. 20 PACKET	2	OTC Over the Counter
S.O.S. 25 PACKET	2	OTC Over the Counter
SALMON/OATS/SQUASH LIQUID	2	OTC Over the Counter
SB COMPLETE NUTRITION LIQUID	2	OTC Over the Counter
SB COMPLETE NUTRITION PLUS LIQUID	2	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SCANDISHAKE PACKET	2	OTC Over the Counter
SERACAL PACKET	2	OTC Over the Counter
SERACAL POWDER	2	OTC Over the Counter
SM NUTRI-DRINK LIQUID	2	OTC Over the Counter
SM NUTRI-DRINK + LIQUID	2	OTC Over the Counter
SODIUM CHLORIDE 0.9 % SOLUTION	1	
<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
SUPLENA LIQUID	2	OTC Over the Counter
SUPLENA 1.8/CARBSTEADY LIQUID	2	OTC Over the Counter
SUPLENA/CARB STEADY LIQUID	2	OTC Over the Counter
THICK-IT THICKENED CRANBERRY LIQUID	2	OTC Over the Counter
TOLEREX PACKET	2	OTC Over the Counter
TURKEY/SWEET POTATOES/PEACHES LIQUID	2	OTC Over the Counter
TWOCAL HN LIQUID	2	OTC Over the Counter
TWOCAL HN 2.0 LIQUID	2	OTC Over the Counter
TYR COOLER LIQUID	2	OTC Over the Counter
TYR GEL PACKET	2	OTC Over the Counter
TYR LOPHLEX GMP MIX-IN PACKET	2	OTC Over the Counter
TYR LOPHLEX LQ LIQUID	2	OTC Over the Counter
UCD TRIO POWDER	2	OTC Over the Counter
ULTRIENT 1.5 SAFE-T FEED LIQUID	2	OTC Over the Counter
UTYMAX PACKET	2	OTC Over the Counter
VITAL 1.0 CAL LIQUID	2	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VITAL 1.5 CAL LIQUID	2	OTC Over the Counter
VITAL AF 1.2 CAL LIQUID	2	OTC Over the Counter
VITAL AF 1.2 CAL ADV FORMULA LIQUID	2	OTC Over the Counter
VITAL HIGH PROTEIN LIQUID	2	OTC Over the Counter
VITAL HN PACKET	2	OTC Over the Counter
VITAL HP 1.0 CAL LIQUID	2	OTC Over the Counter
VITAL JR LIQUID	2	OTC Over the Counter
VITAL PEPTIDE 1.5 CAL LIQUID	2	OTC Over the Counter
VIVONEX PEDIATRIC PACKET	2	OTC Over the Counter
VIVONEX PEDIATRIC POWDER	2	OTC Over the Counter
VIVONEX PEDIATRIC RTF LIQUID	2	OTC Over the Counter
VIVONEX PLUS PACKET	2	OTC Over the Counter
VIVONEX RTF LIQUID	2	OTC Over the Counter
VIVONEX T.E.N. PACKET	2	OTC Over the Counter
XPHE MAXAMUM PACKET	2	OTC Over the Counter
XTRACAL PLUS LIQUID	2	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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
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	2	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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	2	OTC Over the Counter
<i>bprotected pedia 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
CHICKEN/PEAS/CARROTS POWDER	2	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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
<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
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
<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	2	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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LIPISTART POWDER	2	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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
<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
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	2	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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PHENYLADE MTE AMINO ACID BLEND PACKET	2	OTC Over the Counter
PHENYLADE40 DRINK MIX PACKET	2	OTC Over the Counter
<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	2	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	
PRENATRIX 27-1 MG TAB	1	
PRENATRYL 27-1 MG TAB	1	
PROSOURCE NO CARB LIQUID	2	OTC Over the Counter
PROSOURCE PROTEIN LIQUID	2	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	2	OTC Over the Counter
RESTORE RENAL SUPPORT POWDER	2	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>eql clearlax 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>ft clearlax 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter
<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/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>	1	QL 60 EA / 30 day(s) PA MNPA
<i>lubiprostone 8 mcg cap</i>	1	QL 60 EA / 30 day(s)
<i>mm clearlax 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter
MOVANTI ^K 12.5 MG TAB	2	QL 30 EA / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MOVANTIK 25 MG TAB	2	QL 30 EA / 30 day(s)
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>alosetron hcl 0.5 mg tab</i>	3	
<i>alosetron hcl 1 mg tab</i>	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>diphenoxylate-atropine 2.5-0.025 mg tab</i>	1	
DIPHENOXYLATE-ATROPINE 2.5-0.025 MG/5ML LIQUID	1	
<i>loperamide hcl 2 mg cap</i>	1	
MYTESI 125 MG TAB DR	3	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>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	
<i>nizatidine 150 mg cap</i>	3	
NIZATIDINE 300 MG CAP	3	
PROTECTANTS		
<i>misoprostol 100 mcg tab</i>	1	
<i>misoprostol 200 mcg tab</i>	1	
<i>sucralfate 1 gm tab</i>	1	
<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>	1	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 omep/sod bicarb 20-1100 mg cap</i>	1	OTC Over the Counter
<i>hm esomeprazole magnesium dr 20 mg cap dr</i>	1	OTC Over the Counter
<i>kls esomeprazole magnesium 20 mg cap dr</i>	1	OTC Over the Counter
<i>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	3	
CREON 3000-9500 UNIT CP DR PART	2	
CREON 36000-114000 UNIT CP DR PART	2	
CREON 6000-19000 UNIT CP DR PART	2	
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	
RENACIDIN SOLUTION	3	PA MNPA
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>dexamethasone 0.5 mg/5ml elixir</i>	1	
DEXAMETHASONE 0.5 MG/5ML SOLUTION	1	
<i>dexamethasone 0.75 mg tab</i>	1	
<i>dexamethasone 1 mg tab</i>	1	
<i>dexamethasone 1.5 mg tab</i>	1	
<i>dexamethasone 2 mg tab</i>	1	
<i>dexamethasone 4 mg tab</i>	1	
<i>dexamethasone 6 mg tab</i>	1	
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PREDNICARBATE 0.1 % OINTMENT	3	
<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
PREDNISONONE 5 MG/5ML SOLUTION	1	
<i>prednisone 50 mg tab</i>	1	
PREDNISONONE INTENSOL 5 MG/ML CONC	3	
SOLU-CORTEF 100 MG RECON SOLN	1	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
<i>desmopressin ace spray refrig 0.01 % solution</i>	1	
<i>desmopressin acetate 0.1 mg tab</i>	1	
<i>desmopressin acetate 0.2 mg tab</i>	1	
<i>desmopressin acetate 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
FOLLISTIM AQ 600 UNT/0.72ML SOLUTION	2	PA SP Specialty
FOLLISTIM AQ 900 UNT/1.08ML SOLUTION	2	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
OMNITROPE 10 MG/1.5ML SOLN CART	2	PA SP Specialty
OMNITROPE 5 MG/1.5ML SOLN CART	2	PA SP Specialty
OMNITROPE 5.8 MG RECON SOLN	2	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OORIAHNN 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>oxandrolone 2.5 mg tab</i>	3	PA
<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	
<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)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XYOSTED 100 MG/0.5ML SOLN A-INJ	3	QL 2 ml / 28 day(s)
XYOSTED 50 MG/0.5ML SOLN A-INJ	3	QL 2 ml / 28 day(s)
XYOSTED 75 MG/0.5ML SOLN A-INJ	3	QL 2 ml / 28 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 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
<i>azurette 0.15-0.02/0.01 mg (21/5) tab</i>	1	ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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 eq 0.15-30 mg-mcg tab</i>	1	ACA Affordable Care Act
CLIMARA PRO 0.045-0.015 MG/DAY PATCH WK	2	
<i>clomid 50 mg tab</i>	2	
<i>clomiphene citrate 50 mg tab</i>	2	
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
DROSPIREN-ETH ESTRAD-LEVOMEFOL 3-0.03-0.451 MG TAB	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	
<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	
<i>estradiol 0.0375 mg/24hr patch tw</i>	1	
<i>estradiol 0.0375 mg/24hr patch wk</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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 valerate 10 mg/ml oil</i>	3	
<i>estradiol valerate 20 mg/ml oil</i>	3	
<i>estradiol valerate 40 mg/ml oil</i>	3	
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EVAMIST 1.53 MG/SPRAY SOLUTION	3	
<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
<i>feirza 1.5/30 1.5-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>feirza 1/20 1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
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>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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>junel fe 1.5/30 1.5-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>junel fe 1/20 1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>junel fe 24 1-20 mg-mcg(24) tab</i>	1	ACA Affordable Care Act
<i>kaitlib fe 0.8-25 mg-mcg chew tab</i>	1	ACA Affordable Care Act
<i>kalliga 0.15-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>kariva 0.15-0.02/0.01 mg (2 1/5) 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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>levonorgestrel-ethinyl estrad 90-20 mcg tab</i>	1	ACA Affordable Care Act
<i>levora 0.15/30 (28) 0.15-30 mg-mcg tab</i>	1	ACA Affordable Care Act
LO LOESTRIN FE 1 MG-10 MCG / 10 MCG TAB	2	ACA Affordable Care Act
<i>lo-zumandimine 3-0.02 mg tab</i>	1	ACA Affordable Care Act
<i>loestrin 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>lutera 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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>microgestin 24 fe 1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>microgestin fe 1.5/30 1.5-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>microgestin fe 1/20 1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>mili 0.25-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>mimvey 1-0.5 mg tab</i>	1	
<i>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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nortrel 0.5/35 (28) 0.5-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>nortrel 1/35 (21) 1-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>nortrel 1/35 (28) 1-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>nortrel 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>nylia 1/35 1-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>nylia 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>nymyo 0.25-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>ocella 3-0.03 mg tab</i>	1	ACA Affordable Care Act
OSPHENA 60 MG TAB	2	
<i>philith 0.4-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>pimtreea 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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
<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 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-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
<i>valtya 1/50 1-50 mg-mcg tab</i>	1	ACA Affordable Care Act
VELIVET 0.1/0.125/0.15 -0.025 MG TAB	1	ACA Affordable Care Act
<i>vestura 3-0.02 mg tab</i>	1	ACA Affordable Care Act
<i>vienva 0.1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>viorele 0.15-0.02/0.01 mg (21/5) tab</i>	1	ACA Affordable Care Act
<i>volnea 0.15-0.02/0.01 mg (21/5) tab</i>	1	ACA Affordable Care Act
<i>vyfemla 0.4-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>vylibra 0.25-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>wera 0.5-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>wymzya fe 0.4-35 mg-mcg chew tab</i>	1	ACA Affordable Care Act
<i>xarah fe 1-20/1-30/1-35 mg-mcg tab</i>	1	ACA Affordable Care Act
XULANE	2	QL 3 EA / 28 day(s) ACA Affordable Care Act
<i>yuvafem 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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CRINONE 4 % GEL	2	PA
CRINONE 8 % GEL	2	PA
<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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>medroxyprogesterone acetate 150 mg/ml susp prsyr</i>	1	ACA Affordable Care Act
<i>medroxyprogesterone acetate 150 mg/ml suspension</i>	1	ACA Affordable Care Act
<i>medroxyprogesterone acetate 2.5 mg tab</i>	1	
<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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
<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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>euthyrox 25 mcg tab</i>	1	
<i>euthyrox 50 mcg tab</i>	1	
<i>euthyrox 75 mcg tab</i>	1	
<i>euthyrox 88 mcg tab</i>	1	
<i>levo-t 100 mcg tab</i>	1	
<i>levo-t 112 mcg tab</i>	1	
<i>levo-t 125 mcg tab</i>	1	
<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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	
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	

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TIROSINT 37.5 MCG CAP	2	
TIROSINT 44 MCG CAP	2	
TIROSINT 50 MCG CAP	2	
TIROSINT 62.5 MCG CAP	2	
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>unithroid 50 mcg tab</i>	1	
<i>unithroid 75 mcg tab</i>	1	
<i>unithroid 88 mcg tab</i>	1	
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
<i>cabergoline 0.5 mg tab</i>	1	
<i>cetrotide acetate 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
GANIRELIX ACETATE 250 MCG/0.5ML SOLN PRSYR	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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SOMAVERT 25 MG RECON SOLN	3	PA SP Specialty
SOMAVERT 30 MG RECON SOLN	3	PA SP Specialty
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 (expectorant) 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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HYQVIA 10 GM/100ML KIT	3	PA MNPA SP Specialty
IMMUNOLOGICAL AGENTS, OTHER		
ARCALYST 220 MG RECON SOLN	3	PA SP Specialty
BENLYSTA 200 MG/ML SOLN A-INJ	3	PA SP Specialty
BENLYSTA 200 MG/ML SOLN PRSYR	3	PA SP Specialty
COSENTYX (300 MG DOSE) 150 MG/ML SOLN PRSYR	2	QL 2 ML / 28 day(s) PA SP Specialty
COSENTYX 150 MG/ML SOLN PRSYR	2	QL 1 ML / 28 day(s) PA SP Specialty
COSENTYX 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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DUPIXENT 200 MG/1.14ML SOLN PRSYR	2	PA SP Specialty
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 (1 MG DAILY DOSE) 1 X 1 MG CSPK	3	QL 15 EA / 15 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PALFORZIA (12 MG DAILY DOSE) 2 X 1 MG & 10 MG CSPK	3	PA SP Specialty
PALFORZIA (120 MG DAILY DOSE) 20 MG & 100 MG CSPK	3	PA SP Specialty
PALFORZIA (160 MG DAILY DOSE) 3 X 20 MG & 100 MG CSPK	3	PA SP Specialty
PALFORZIA (20 MG DAILY DOSE) 20 MG CSPK	3	PA SP Specialty
PALFORZIA (200 MG DAILY DOSE) 2 X 100 MG CSPK	3	PA SP Specialty
PALFORZIA (240 MG DAILY DOSE) 2 X 20 MG & 2 X 100 MG CSPK	3	PA SP Specialty
PALFORZIA (3 MG DAILY DOSE) 3 X 1 MG CSPK	3	PA SP Specialty
PALFORZIA (300 MG MAINTENANCE) 300 MG PACKET	3	PA SP Specialty
PALFORZIA (300 MG TITRATION) 300 MG PACKET	3	PA SP Specialty
PALFORZIA (40 MG DAILY DOSE) 2 X 20 MG CSPK	3	PA SP Specialty
PALFORZIA (6 MG DAILY DOSE) 6 X 1 MG CSPK	3	PA SP Specialty
PALFORZIA (80 MG DAILY DOSE) 4 X 20 MG CSPK	3	PA SP Specialty
PALFORZIA INITIAL DOSE 1-3YRS 0.5 & 1 & 1.5 & 3 MG CSPK	3	QL 7 EA / 1 day PA SP Specialty
PALFORZIA INITIAL DOSE 4-17YRS 0.5 & 1 & 1.5 & 3 & 6 MG CSPK	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PALFORZIA INITIAL ESCALATION 0.5 & 1 & 1.5 & 3 & 6 MG CSPK	3	PA SP Specialty
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TEZSPIRE 210 MG/1.91ML SOLN A-INJ	2	<ul style="list-style-type: none"> QL 1.91 ml / 28 day(s) PA SP Specialty
TREMFYA 100 MG/ML SOLN A-INJ	2	<ul style="list-style-type: none"> PA QLC 1 ML / 56 days SP Specialty
TREMFYA 100 MG/ML SOLN PRSYR	2	<ul style="list-style-type: none"> PA QLC 1 ML / 56 days SP Specialty
TREMFYA 200 MG/2ML SOLN A-INJ	2	<ul style="list-style-type: none"> PA QLC 2 mL / 28 days SP Specialty
TREMFYA 200 MG/2ML SOLN PRSYR	2	<ul style="list-style-type: none"> PA QLC 2 mL / 28 days SP Specialty
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
XOLAIR 150 MG/ML SOLN PRSYR	2	<ul style="list-style-type: none"> QL 2 ml / 28 day(s) PA SP Specialty
XOLAIR 300 MG/2ML SOLN PRSYR	2	<ul style="list-style-type: none"> QL 4 ml / 28 day(s) PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XOLAIR 75 MG/0.5ML SOLN PRSYR	2	<ul style="list-style-type: none"> QL 1 ml / 28 day(s) PA SP Specialty
IMMUNOSTIMULANTS		
ACTIMMUNE 100 MCG/0.5ML SOLUTION	3	<ul style="list-style-type: none"> PA SP Specialty
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>everolimus 0.25 mg tab</i>	3	PA SP Specialty
<i>everolimus 0.5 mg tab</i>	3	PA SP Specialty
<i>everolimus 0.75 mg tab</i>	3	PA SP Specialty
<i>everolimus 1 mg tab</i>	3	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	QL 4 EA / 28 day(s) PA SP Specialty
HUMIRA (2 PEN) 40 MG/0.8ML AUT-IJ KIT	2	QL 4 EA / 28 day(s) PA SP Specialty
HUMIRA (2 PEN) 80 MG/0.8ML AUT-IJ KIT	2	QL 3 EA / 28 day(s) PA SP Specialty
HUMIRA (2 SYRINGE) 20 MG/0.2ML PREF SY KT	2	QL 2 EA / 28 day(s) PA SP Specialty
HUMIRA (2 SYRINGE) 40 MG/0.8ML PREF SY KT	2	QL 4 ea / 28 day(s) PA SP Specialty
HUMIRA 10 MG/0.1ML PREF SY KT	2	QL 2 EA / 28 day(s) PA SP Specialty
HUMIRA 40 MG/0.4ML PREF SY KT	2	QL 4 EA / 28 day(s) PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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 PREF 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 PREF 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
<i>leflunomide 10 mg tab</i>	1	
<i>leflunomide 20 mg tab</i>	1	
LUPKYNIS 7.9 MG CAP	3	<ul style="list-style-type: none"> PA
<i>methotrexate sodium (pf) 50 mg/2ml solution</i>	1	
<i>methotrexate sodium 2.5 mg tab</i>	1	
METHOTREXATE SODIUM 50 MG/2ML SOLUTION	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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	2	
<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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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>	2	SP Specialty
<i>cinacalcet hcl 60 mg tab</i>	2	SP Specialty
<i>cinacalcet hcl 90 mg tab</i>	2	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
<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
DOXERCALCIFEROL 0.5 MCG CAP	2	
<i>doxercalciferol 0.5 mcg cap</i>	2	
DOXERCALCIFEROL 1 MCG CAP	2	
<i>doxercalciferol 1 mcg cap</i>	2	
DOXERCALCIFEROL 2.5 MCG CAP	2	
<i>doxercalciferol 2.5 mcg cap</i>	2	
<i>eql 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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
<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	2	OTC Over the Counter
LANCETS	2	OTC Over the Counter
ACERFLEX POWDER	2	OTC Over the Counter
AKEEGA 100-500 MG TAB	3	QL 60 EA / 30 Days PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AKEEGA 50-500 MG TAB	3	<ul style="list-style-type: none"> QL 60 EA / 30 Days PA SP Specialty
ALCOHOL SWABS	1	<ul style="list-style-type: none"> OTC Over the Counter
ALIMENTUM LIQUID	2	<ul style="list-style-type: none"> OTC Over the Counter
ALSOY SOY FORMULA LIQUID	2	<ul style="list-style-type: none"> OTC Over the Counter
AQ INSULIN SYRINGE 31G X 5/16" 1 ML MISC	2	
PEAK FLOW METERS	2	<ul style="list-style-type: none"> OTC Over the Counter PD Preventive Drug
BARIUM SULFATE POWDER	3	
BCAD 1 POWDER	2	<ul style="list-style-type: none"> OTC Over the Counter
BCAD 2 POWDER	2	<ul style="list-style-type: none"> OTC Over the Counter
CAYA DIAPHRAGM	2	<ul style="list-style-type: none"> ACA Affordable Care Act
CHOLEXTRA POWDER	2	<ul style="list-style-type: none"> OTC Over the Counter
CLICK ESPRESSO PROTEIN DRINK POWDER	2	<ul style="list-style-type: none"> OTC Over the Counter
CONTOUR BLOOD GLUCOSE SYSTEM W/DEVICE KIT	2	<ul style="list-style-type: none"> OTC Over the Counter PD Preventive Drug
CONTOUR NEXT EZ W/DEVICE KIT	2	<ul style="list-style-type: none"> OTC Over the Counter PD Preventive Drug
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CONTOUR NEXT ONE KIT	2	OTC Over the Counter PD Preventive Drug
CONTOUR NEXT TEST STRIP	2	QL 100 EA / 30 day(s) OTC Over the Counter
CONTOUR PLUS BLUE W/DEVICE KIT	2	QLC 1 EA / 180 DAYS OTC Over the Counter PD Preventive Drug
CONTOUR PLUS TEST STRIP	2	QL 100 EA / 30 day(s) OTC Over the Counter
CONTOUR TEST STRIP	2	QL 100 EA / 30 day(s) OTC Over the Counter
CYCLINEX-1 POWDER	2	OTC Over the Counter
CYCLINEX-2 POWDER	2	OTC Over the Counter
D-XYLOSE POWDER	3	
DEXCOM G6 RECEIVER DEVICE	2	DUR QLC 1 / 365 days
DEXCOM G6 SENSOR MISC	2	QL 3 / 30 day(s) DUR
DEXCOM G6 TRANSMITTER MISC	2	DUR QLC 1 / 84 days
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	2	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	2	OTC Over the Counter
ELECARE POWDER	2	OTC Over the Counter
ELECARE DHA/ARA POWDER	2	OTC Over the Counter
ELECARE DHA/ARA INFANT POWDER	2	OTC Over the Counter
ELECARE JR POWDER	2	OTC Over the Counter
ENCALA POWDER	2	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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	2	OTC Over the Counter
ENSURE HIGH PROTEIN POWDER	2	OTC Over the Counter
ENSURE ORIGINAL POWDER	2	OTC Over the Counter
EVRYSDI 0.75 MG/ML RECON SOLN	3	PA SP Specialty
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FORTA DRINK POWDER	2	OTC Over the Counter
FORTA SHAKE POWDER	2	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
GA POWDER	2	OTC Over the Counter
GA-1 ANAMIX EARLY YEARS POWDER	2	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	2	OTC Over the Counter


PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GLUTAREX-2 POWDER	2	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	2	OTC Over the Counter
HCU ANAMIX NEXT POWDER	2	OTC Over the Counter
HCU MAXAMUM POWDER	2	OTC Over the Counter
HCY 1 POWDER	2	OTC Over the Counter
HCY 2 POWDER	2	OTC Over the Counter
HEALTH SOURCE POWDER	2	OTC Over the Counter
HOM 2 POWDER	2	OTC Over the Counter
HOMINEX-1 POWDER	2	OTC Over the Counter
HOMINEX-2 POWDER	2	OTC Over the Counter
I-VALEX-1 POWDER	2	OTC Over the Counter
I-VALEX-2 POWDER	2	OTC Over the Counter
IMMULIFE POWDER	2	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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ISOMIL/IRON LIQUID	2	OTC Over the Counter
IVA ANAMIX EARLY YEARS POWDER	2	OTC Over the Counter
IVA ANAMIX NEXT POWDER	2	OTC Over the Counter
IVA MAXAMUM POWDER	2	OTC Over the Counter
JUVEN POWDER	2	OTC Over the Counter
K-PAX PROTEIN BLEND IMMUNE POWDER	2	OTC Over the Counter
KETOCAL 3:1 POWDER	2	OTC Over the Counter
KETOCAL 4:1 POWDER	2	OTC Over the Counter
KETOGEN POWDER	2	OTC Over the Counter
KETONEX-1 POWDER	2	OTC Over the Counter
KETONEX-2 POWDER	2	OTC Over the Counter
KLUTCH POWDER	3	OTC Over the Counter
LAGEVRIO 200 MG CAP	3	QLC 80 EA / 30 day(s)
LIPISTART POWDER	2	OTC Over the Counter
LMD POWDER	2	OTC Over the Counter
METHIONAID POWDER	2	OTC Over the Counter
MMA/PA ANAMIX EARLY YEARS POWDER	2	OTC Over the Counter
MMA/PA ANAMIX NEXT POWDER	2	OTC Over the Counter
MMA/PA MAXAMUM POWDER	2	OTC Over the Counter
MODULEN POWDER	2	OTC Over the Counter
MONOGEN POWDER	2	OTC Over the Counter
MSUD 2 POWDER	2	OTC Over the Counter
MSUD AID POWDER	2	OTC Over the Counter
MSUD ANAMIX EARLY YEARS POWDER	2	OTC Over the Counter
MSUD MAXAMAID POWDER	2	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MSUD MAXAMUM POWDER	2	OTC Over the Counter
NEOCATE INFANT DHA/ARA POWDER	2	OTC Over the Counter
NEOCATE JUNIOR POWDER	2	OTC Over the Counter
NEOCATE JUNIOR PREBIOTICS POWDER	2	OTC Over the Counter
NEOCATE NUTRA POWDER	2	OTC Over the Counter
NEOSURE ADVANCE LIQUID	2	OTC Over the Counter
NUTRITIONAL DRINK MIX POWDER	2	OTC Over the Counter
NUTRITIONAL DRINK SHAKE MIX POWDER	2	OTC Over the Counter
OA 1 POWDER	2	OTC Over the Counter
OA 2 POWDER	2	OTC Over the Counter
OMEPRAZOLE+SYRSPEND SF ALKA 2 MG/ML SUSPENSION	2	
OMNIFLEX DIAPHRAGM DIAPHRAGM	2	ACA Affordable Care Act
<i>Omnipod 5 DexG7G6 Pods Gen 5 MISC</i>	2	QL 15 EA / 30 day(s)
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)
<i>Omnipod 5 G7 Intro (Gen 5) KIT</i>	2	QLC 1 EA / 700 Days
OMNIPOD 5 G7 PODS (GEN 5) MISC	2	QL 15 EA / 30 day(s)
OMNIPOD 5 LIBRE2 PLUS G6 KIT	2	QLC 1 EA / 700 Days
OMNIPOD 5 LIBRE2 PLUS G6 PODS MISC	2	QL 15 EA / 30 day(s)
OMNIPOD CLASSIC PODS (GEN 3) MISC	2	QL 15 EA / 30 day(s)
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
OPTICLEANSE GHI POWDER	2	OTC Over the Counter
OPVEE 2.7 MG/0.1ML SOLUTION	2	
ORGANIC PEDIA SMART POWDER	2	OTC Over the Counter
OS 2 POWDER	2	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







PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PAXLOVID (300/100) 20 X 150 MG & 10 X 100MG TAB THPK	2	QLC 30 EA /30 days
PEDIASURE GROW & GAIN POWDER	2	OTC Over the Counter
PEDIASURE SHAKE MIX POWDER	2	OTC Over the Counter
PEDIASURE SIDEKICKS POWDER	2	OTC Over the Counter
PEN NEEDLES 30G X 5 MM MISC	2	
PERIFLEX ADVANCE POWDER	2	OTC Over the Counter
PERIFLEX JUNIOR POWDER	2	OTC Over the Counter
PFD POWDER	2	OTC Over the Counter
PFD 2 POWDER	2	OTC Over the Counter
PHENEX-1 POWDER	2	OTC Over the Counter
PHENEX-2 POWDER	2	OTC Over the Counter
PHENYL-FREE 2 POWDER	2	OTC Over the Counter
PHENYL-FREE 2HP POWDER	2	OTC Over the Counter
PHENYLADE DRINK MIX POWDER	2	OTC Over the Counter
PHENYLADE ESSENTIAL DRINK MIX POWDER	2	OTC Over the Counter
PHENYLADE ESSENTIAL MIX/FIBER POWDER	2	OTC Over the Counter
PHENYLADE GMP POWDER	2	OTC Over the Counter
PHENYLADE GMP MIX-IN POWDER	2	OTC Over the Counter
PHENYLADE60 DRINK MIX POWDER	2	OTC Over the Counter
PKU 2 POWDER	2	OTC Over the Counter
PKU 3 POWDER	2	OTC Over the Counter
PKU PERIFLEX EARLY YEARS POWDER	2	OTC Over the Counter
PKU PERIFLEX JUNIOR PLUS POWDER	2	OTC Over the Counter
PKU TRIO POWDER	2	OTC Over the Counter
POLIGRIP SUPER STRONG EX ST POWDER	3	OTC Over the Counter
POLYCAL POWDER	2	OTC Over the Counter

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	2	OTC Over the Counter
TYR ANAMIX EARLY YEARS POWDER	2	OTC Over the Counter
TYR ANAMIX NEXT POWDER	2	OTC Over the Counter
TYREX-1 POWDER	2	OTC Over the Counter
TYREX-2 POWDER	2	OTC Over the Counter
TYROS 1 POWDER	2	OTC Over the Counter
TYROS 2 POWDER	2	OTC Over the Counter
UCD 2 POWDER	2	OTC Over the Counter
UCD ANAMIX JUNIOR POWDER	2	OTC Over the Counter
UCD TRIO POWDER	2	OTC Over the Counter
ULTRAMINO SOY PROTEIN POWDER	2	OTC Over the Counter
VEOZAH 45 MG TAB	3	PA
VIVONEX PLUS PACKET	2	OTC Over the Counter
VOWST CAP	3	PA SP Specialty
WATER ORAL LIQUID	2	OTC Over the Counter
WEGOZY 0.25 MG/0.5ML SOLN A-INJ	3	QL 2 ML / 28 day(s) PA ! See important benefit information at end of document
WEGOZY 0.5 MG/0.5ML SOLN A-INJ	3	QL 2 ML / 28 day(s) PA ! See important benefit information at end of document

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
WEGOVY 1 MG/0.5ML SOLN A-INJ	3	<p>QL 2 ML / 28 day(s)</p> <p>PA</p> <p>! See important benefit information at end of document</p>
WEGOVY 1.7 MG/0.75ML SOLN A-INJ	3	<p>QL 3 ML / 28 day(s)</p> <p>PA</p> <p>! See important benefit information at end of document</p>
WEGOVY 2.4 MG/0.75ML SOLN A-INJ	3	<p>QL 3 ML / 28 day(s)</p> <p>PA</p> <p>! See important benefit information at end of document</p>
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	2	OTC Over the Counter
WND 2 POWDER	2	OTC Over the Counter
XLEU MAXAMAID POWDER	2	OTC Over the Counter
XLYS-XTRP MAXAMAID POWDER	2	OTC Over the Counter
XLYS-XTRP MAXAMUM POWDER	2	OTC Over the Counter
XMET MAXAMAID POWDER	2	OTC Over the Counter
XMET XCYS MAXAMAID POWDER	2	OTC Over the Counter
XMTVI MAXAMAID POWDER	2	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XPHE MAXAMAID POWDER	2	OTC Over the Counter
XPHE-XTYR MAXAMAID POWDER	2	OTC Over the Counter
XPHOZAH 20 MG TAB	3	PA
XPHOZAH 30 MG TAB	3	PA
ZEPBOUND 10 MG/0.5ML SOLN A-INJ	3	QL 2 mL / 28 day(s) PA  See important benefit information at end of document
ZEPBOUND 12.5 MG/0.5ML SOLN A-INJ	3	QL 2 mL / 28 day(s) PA  See important benefit information at end of document
ZEPBOUND 15 MG/0.5ML SOLN A-INJ	3	QL 2 mL / 28 day(s) PA  See important benefit information at end of document
ZEPBOUND 2.5 MG/0.5ML SOLN A-INJ	3	QL 2 ml / 28 day(s) PA  See important benefit information at end of document
ZEPBOUND 5 MG/0.5ML SOLN A-INJ	3	QL 2 mL / 28 day(s) PA  See important benefit information at end of document
ZEPBOUND 7.5 MG/0.5ML SOLN A-INJ	3	QL 2 mL / 28 day(s) PA  See important benefit information at end of document

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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 sulfate 1 % ointment</i>	1	
ATROPINE SULFATE 1 % SOLUTION	1	
ATROPINE SULFATE 1 % SOLUTION	1	
<i>atropine sulfate 1 % solution</i>	1	
<i>bacitra-neomycin-polymyxin-hc 1 % ointment</i>	1	
<i>bacitracin-polymyxin b 500-10000 unit/gm ointment</i>	1	
<i>brimonidine tartrate-timolol 0.2-0.5 % solution</i>	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	
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	
XDEMVIY 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	
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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 sulfata 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	
<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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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 hcl 0.2 % solution</i>	3	PA QLC 14 mL / 7 Day(s)
<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	
<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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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)
XHANCE 93 MCG/ACT EXHU	3	QL 16 ml / 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
<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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
<i>gnp allergy relief 180 mg tab</i>	3	OTC Over the Counter
<i>gnp fexofenadine hcl 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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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 12.5 mg/10ml solution</i>	1	
<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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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)
<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
ALBUTEROL SULFATE (5 MG/ML) 0.5% NEBU SOLN	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)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	
ALBUTEROL SULFATE 2.5 MG/0.5ML NEBU SOLN	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)
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)
<i>formoterol fumarate 20 mcg/2ml nebu soln</i>	3	QL 120 ML / 30 day(s)
<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)
NEFFY 2 MG/0.1ML SOLUTION	3	QLC 6 mL / 365 Day(s)
SEREVENT DISKUS 50 MCG/ACT AER POW BA	3	QL 60 EA / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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 HFA 115-21 MCG/ACT AEROSOL	2	QL 12 GM / 30 day(s) PD Preventive Drug
ADVAIR HFA 230-21 MCG/ACT AEROSOL	2	QL 12 GM / 30 day(s) PD Preventive Drug
ADVAIR HFA 45-21 MCG/ACT AEROSOL	2	QL 12 GM / 30 day(s) PD Preventive Drug
AIRDUO RESPICLICK 113/14 113-14 MCG/ACT AER POW BA	1	QL 1 EA / 30 day(s) PD Preventive Drug
AIRDUO RESPICLICK 55/14 55-14 MCG/ACT AER POW BA	1	QL 1 EA / 30 day(s) PD Preventive Drug
AIRSUPRA 90-80 MCG/ACT AEROSOL	3	PA QLC 21.4 gm / 23 Day(s)
ANORO ELLIPTA 62.5-25 MCG/ACT AER POW BA	2	QL 60 EA / 30 day(s) PD Preventive Drug
<i>benzonatate 100 mg cap</i>	1	
<i>benzonatate 200 mg cap</i>	1	
BREO ELLIPTA 100-25 MCG/ACT AER POW BA	2	QL 60 EA / 30 day(s) PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BREO ELLIPTA 200-25 MCG/ACT AER POW BA	2	QL 60 EA / 30 day(s) PD Preventive Drug
BREO ELLIPTA 50-25 MCG/INH AER POW BA	2	QL 60 EA / 30 day(s) PD Preventive Drug
<i>breynga 160-4.5 mcg/act aerosol</i>	2	QL 10.3 GM / 30 day(s) PD Preventive Drug
<i>breynga 80-4.5 mcg/act aerosol</i>	2	QL 10.3 GM / 30 day(s) PD Preventive Drug
BREZTRI AEROSPHERE 160-9-4.8 MCG/ACT AEROSOL	2	QL 23.6 GM / 30 day(s) PD Preventive Drug
<i>bromfed dm 2-30-10 mg/5ml syrup</i>	1	
<i>bromphen-pseudoeph-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
FASENRA PEN 30 MG/ML SOLN A-INJ	2	QL 1 ml / 28 day(s) PA SP Specialty
<i>fluticasone-salmeterol 100-50 mcg/act aer pow ba</i>	1	QL 60 EA / 30 day(s) PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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>guaiaitussin 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
<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
NUCALA 100 MG/ML SOLN A-INJ	2	QL 3 ml / 28 day(s) PA SP Specialty
NUCALA 100 MG/ML SOLN PRSYR	2	QL 3 ml / 28 day(s) PA SP Specialty
NUCALA 40 MG/0.4ML SOLN PRSYR	2	QL 0.4 ml / 28 day(s) PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	<p>QL 4 GM / 30 day(s)</p> <p>PD Preventive Drug</p>
TRELEGY ELLIPTA 100-62.5-25 MCG/ACT AER POW BA	2	<p>QL 60 EA / 30 day(s)</p> <p>PD Preventive Drug</p>
TRELEGY ELLIPTA 200-62.5-25 MCG/ACT AER POW BA	2	<p>QL 60 EA / 30 day(s)</p> <p>PD Preventive Drug</p>
<i>trymine cg 225-7.5 mg/5ml liquid</i>	1	OTC Over the Counter
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	<p>QL 60 EA / 30 day(s)</p> <p>PD Preventive Drug</p>
<i>wixela inhub 250-50 mcg/act aer pow ba</i>	1	<p>QL 60 EA / 30 day(s)</p> <p>PD Preventive Drug</p>
<i>wixela inhub 500-50 mcg/act aer pow ba</i>	1	<p>QL 60 EA / 30 day(s)</p> <p>PD Preventive Drug</p>
SKELETAL MUSCLE RELAXANTS		
<i>carisoprodol 350 mg tab</i>	3	
<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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NORGESIC 25-385-30 MG TAB	1	
<i>orphenadrine citrate er 100 mg tab er 12h</i>	1	
ORPHENADRINE-ASPIRIN-CAFFEINE 25-385-30 MG TAB	1	
<i>orphengesic forte 50-770-60 mg tab</i>	1	
<i>vanadom 350 mg tab</i>	3	
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)
<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)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
LUMRYZ 6 GM PACKET	3	QL 30 ea / 30 day(s) PA SP Specialty
LUMRYZ 7.5 GM PACKET	3	QL 30 ea / 30 day(s) PA SP Specialty
LUMRYZ 9 GM PACKET	3	QL 30 ea / 30 day(s) PA SP Specialty
<i>modafinil 100 mg tab</i>	1	QL 60 EA / 30 day(s)
<i>modafinil 200 mg tab</i>	1	QL 30 EA / 30 day(s)
SODIUM OXYBATE 500 MG/ML SOLUTION	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
XYWAV 500 MG/ML SOLUTION	3	<ul style="list-style-type: none"> PA SP Specialty
Uncategorized		
Unclassified		
ACTHAR GEL 40 UNIT/0.5ML A-INJ	3	<ul style="list-style-type: none"> PA SP Specialty
ACTHAR GEL 80 UNIT/ML A-INJ	3	<ul style="list-style-type: none"> PA SP Specialty
AQNEURSA 1 GM PACKET	3	<ul style="list-style-type: none"> PA SP Specialty
ATTRUBY 356 MG TAB THPK	3	<ul style="list-style-type: none"> QL 112 ea / 28 day(s) PA SP Specialty
BOSULIF 100 MG CAP	3	<ul style="list-style-type: none"> PA SP Specialty
BOSULIF 50 MG CAP	3	<ul style="list-style-type: none"> QL 30 EA / 30 Days PA SP Specialty
COBENFY 100-20 MG CAP	3	<ul style="list-style-type: none"> PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
COBENFY 125-30 MG CAP	3	PA
COBENFY 50-20 MG CAP	3	PA
COBENFY STARTER PACK 50-20 & 100-20 MG CAP THPK	3	PA
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	
EVRYSDI 5 MG TAB	3	QL 30 EA / 30 DAYS PA SP Specialty
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
ITOVEBI 3 MG TAB	3	QL 56 ea / 28 day(s) PA SP Specialty
ITOVEBI 9 MG TAB	3	QL 28 ea / 28 day(s) PA SP Specialty
IWILFIN 192 MG TAB	3	QL 240 EA / 30 days PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LAZCLUZE 240 MG TAB	3	<ul style="list-style-type: none"> QL 30 ea / 30 day(s) PA SP Specialty
LAZCLUZE 80 MG TAB	3	<ul style="list-style-type: none"> QL 60 ea / 30 day(s) PA SP Specialty
LIVDELZI 10 MG CAP	3	<ul style="list-style-type: none"> PA SP Specialty
OHTUVAYRE 3 MG/2.5ML SUSPENSION	3	<ul style="list-style-type: none"> QL 5 ML / 1 day(s) 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
PREVYMIS 120 MG PACKET	3	<ul style="list-style-type: none"> QL 120 ea / 30 day(s) PA
PREVYMIS 20 MG PACKET	3	<ul style="list-style-type: none"> QL 120 ea / 30 day(s) PA
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
REVUFORJ 110 MG TAB	3	<ul style="list-style-type: none"> QL 120 ea / 30 day(s) PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
REVUFORJ 160 MG TAB	3	<ul style="list-style-type: none"> QL 60 ea / 30 day(s) 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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VORANIGO 10 MG TAB	3	<ul style="list-style-type: none"> QL 60 ea / 30 day(s) PA SP Specialty
VORANIGO 40 MG TAB	3	<ul style="list-style-type: none"> QL 30 ea / 30 day(s) 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
VYALEV 12-240 MG/ML SOLUTION	3	<ul style="list-style-type: none"> QL 450 ml / 30 day(s) 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
WINREVAIR 60 MG KIT	3	<ul style="list-style-type: none"> QL 1 EA / 21 days PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XOLAIR 150 MG/ML SOLN A-INJ	2	<ul style="list-style-type: none"> QL 2 ml / 28 day(s) PA SP Specialty
XOLAIR 300 MG/2ML SOLN A-INJ	2	<ul style="list-style-type: none"> QL 4 ml / 28 day(s) PA SP Specialty
XOLAIR 75 MG/0.5ML SOLN A-INJ	2	<ul style="list-style-type: none"> QL 1 ml / 28 day(s) PA SP Specialty
XOLREMDI 100 MG CAP	3	<ul style="list-style-type: none"> QL 120 EA / 30 days PA SP Specialty
XROMI 100 MG/ML SOLUTION	3	<ul style="list-style-type: none"> QL 148 ML / 30 day(s) PA
YORVIPATH 168 MCG/0.56ML SOLN PEN	3	<ul style="list-style-type: none"> PA SP Specialty
YORVIPATH 294 MCG/0.98ML SOLN PEN	3	<ul style="list-style-type: none"> PA SP Specialty
YORVIPATH 420 MCG/1.4ML SOLN PEN	3	<ul style="list-style-type: none"> PA SP Specialty
ZILBRYSQ 16.6 MG/0.416ML SOLN PRSYR	3	<ul style="list-style-type: none"> QL 11.65 mL / 28 days PA SP Specialty
ZILBRYSQ 23 MG/0.574ML SOLN PRSYR	3	<ul style="list-style-type: none"> QL 16.1 mL / 28 days PA SP Specialty
ZILBRYSQ 32.4 MG/0.81ML SOLN PRSYR	3	<ul style="list-style-type: none"> QL 22.68 mL / 28 days PA SP Specialty

Index of covered drugs

1		
12hr allergy relief	252	
2		
24hr allergy relief	252	
3		
3232A INFANT FORMULA	230	
7		
7t lido	16	
A		
abacavir sulfate	75	
abacavir sulfate-lamivudine	75	
ABELCET	49	
ABILIFY ASIMTUFI	117	
ABILIFY MAINTENA	117	
abiraterone acetate	53	
acamprosate calcium	17	
acarbose	78	
accutane	138	
acebutolol hcl	99	
ACERFLEX	230	
ACETAMINOPHEN-CODEINE	13	
acetaminophen-codeine	13	
acetazolamide	105	
acetazolamide er	249	
acetazolamide sodium	105	
acetic acid	29	
acetylcysteine	261	
acitretin	139	
acne foaming wash	143	
acne medication 10	143	
acne medication 5	143	
acne treatment	143	
acne-clear	143	
ACTHAR	192	
ACTHAR GEL	267	
ACTIMMUNE	223	
acyclovir	78,146	
adapalene	139	
adapalene-benzoyl peroxide	139	
ADD-INS COMPLETE	165	
adefovir dipivoxil	74	
ADEMPAS	258,259	
ADMELOG	85	
ADTHYZA	210	
adult aspirin regimen	1	
ADVAIR HFA	261	
ADVANTAGE INFANT FORMULA/IRON	165	
ADVERA	147	
afirmelle	197	
aftera	207	
afterpill	207	
AIMOVIG	124	
AIRDUO RESPICLICK 113/14	261	
AIRDUO RESPICLICK 55/14	261	
AIRSUPRA	261	
AJOVY	124	
ak-poly-bac	246	
AKEEGA	230,231	
al12	140	
ala-cort	140	
alaway	247	
alaway childrens allergy	247	
albendazole	70	
albuterol sulfate	255,256	
ALBUTEROL SULFATE	255,256	
albuterol sulfate hfa	256	
albuterol sulfate hfa 108 (90 base) mcg/act aero soln (generic of proair hfa)	256	
albuterol sulfate hfa 108 (90 base) mcg/act aero soln (generic of proventil hfa)	256	
ALBUTEROL SULFATE HFA 108 (90 BASE) MCG/ACT AERO SOLN (GENERIC OF VENTOLIN HFA)	256	
ALCLOMETASONE DIPROPIONATE	140,192	
alclometasone dipropionate	140,192	
ALCOHOL SWABS	231	
ALECENSA	60	

alendronate sodium	227	aminocaproic acid	93
ALENDRONATE SODIUM	227	amiodarone hcl	98
ALFAMINO INFANT	165	amitriptyline hcl	46
ALFAMINO JUNIOR	165	amlactin daily	141
alfuzosin hcl er	191	amlactin daily nourish	141
ALIMENTUM	165,231	amlodipine besy-benazepril hcl	105,106
ALINIA	70	amlodipine besylate	102
aliskiren fumarate	105	amlodipine besylate-valsartan	106
ALITRAQ	147	amlodipine-olmesartan	106
allegra hives 24hr	252	amlodipine-valsartan-hctz	106
allergy 24-hr	252	ammonium lactate	141
allergy relief	252	amnesteam	139
allergy relief/indoor/outdoor	252	amoxapine	46
allopurinol	51	AMOXICILLIN	32,33
almotriptan malate	124	amoxicillin	32,33
ALOCRIL	247	AMOXICILLIN-POT CLAVULANATE	33
ALOMIDE	247	amoxicillin-pot clavulanate	33
alose tron hcl	182	AMOXICILLIN-POT CLAVULANATE ER	33
alprazolam	122,123	amphetamine-dextroamphet er	127
alprazolam er	123	amphetamine-dextroamphetamine	127,128
alprazolam xr	123	AMPHOTERICIN B	49
ALREX	248	ampicillin	33
ALSOY SOY FORMULA	165,231	anagrelide hcl	90
ALTABAX	29	ANALPRAM HC	143
altafrin	246	ANALPRAM HC SINGLES	143
altavera	197	anastrozole	59
ALVESCO	251	ANNOVERA	197
alyacen 1/35	197	ANORO ELLIPTA	261
alyacen 7/7/7	197	antifungal	49
alyq	259	anucort-hc	192
amabelz	197	anusol-hc	192
amantadine hcl	71	APIDRA SOLOSTAR	85
ambrisentan	259	APO-VARENICLINE	19
AMCINONIDE	140,141	apomorphine hcl	71
amcinonide	141	APRACLONIDINE HCL	249
amethia	197	apraclonidine hcl	249
amethyst	197	aprepitant	48
AMICAR	93	apri	197
amiloride hcl	110	APTIOM	40
AMILORIDE-HYDROCHLOROTHIAZIDE	105	APTIVUS	77
amino action	165	AQ INSULIN SYRINGE	231

AQNEURSA	267	ATROVENT HFA	255
aqueous vitamin d	228	ATTRUBY	267
ARALAST NP	186	aubra eq	197
aranelle	197	AUGMENTIN	33
ARANESP (ALBUMIN FREE)	90,91	AUGTYRO	56
ARCALYST	218	aurovela 1.5/30	197
arformoterol tartrate	256	aurovela 1/20	197
ARGUMENT AT	165	aurovela 24 fe	197
ARGINAID	147	aurovela fe 1.5/30	197
ARGINAID EXTRA	147	aurovela fe 1/20	197
argyle sterile saline	147	AUSTEDO	131,132
aripiprazole	117	AUSTEDO XR	132
ARISTADA	117	AUSTEDO XR PATIENT TITRATION	132,133
armodafinil	266	AUVELITY	42
ARMOUR THYROID	210	avar cleanser	143
ARNUITY ELLIPTA	251	avar-e emollient	143
ascomp-codeine	13	avar-e green	143
asenapine maleate	118	aviane	197
ashlyna	197	avita	139
aspirin	1	AVONEX PEN	135
aspirin 81	1	AVONEX PREFILLED	135
aspirin adult low dose	1	ayuna	197
aspirin adult low strength	1	AYVAKIT	56
aspirin childrens	1	AZASITE	248
aspirin ec adult low dose	1	azathioprine	223
aspirin ec low dose	1	azelaic acid	139
aspirin ec low strength	1	azelastine hcl	247,252
aspirin low dose	2	azelastine-fluticasone	252
aspirin regimen	2	AZELEX	139
aspirin-dipyridamole er	93	AZITHROMYCIN	33,34
atazanavir sulfate	77	azithromycin	33,34
atenolol	100	aztreonam	29
atenolol-chlorthalidone	106	azurette	197
atomoxetine hcl	129		
atorvastatin calcium	112	B	
atorvastatin calcium 10 mg tab	111	BABY'S BIG SUPPORT	147
atorvastatin calcium 20 mg tab	111	BABYS ONLY ORGANIC/DAIRY	165
atovaquone	70	BABYS ONLY ORGANIC/DHA & ARA	166
atovaquone-proguanil hcl	70	BABYS ONLY ORGANIC/SOY	166
ATROPINE SULFATE	246	BABYS ONLY ORGNIC/GENT DHA-ARA	166
atropine sulfate	246	BABYS ONLY ORGNIC/GENTLE DAIRY	166

BABYS ONLY ORGNIC/SENS DHA-ARA	166	BESIVANCE	34
bac	133	betaine	186
bacitra-neomycin-polymyxin-hc	246	betamethasone dipropionate	141,192
BACITRACIN	248	BETAMETHASONE DIPROPIONATE AUG	141
bacitracin-polymyxin b	246	betamethasone dipropionate aug	141,192
baclofen	73	betamethasone valerate	141
BAFIERTAM	135	BETASERON	135
BALANCED NUTRITIONAL DRINK	147	betaxolol hcl	100,249
BALANCED NUTRITIONAL DRINK PLS	147	BETAXOLOL HCL	249
BALANCED NUTRITIONAL SHAKE PLS	147	bethanechol chloride	191
balsalazide disodium	227	BETOPTIC-S	249
BALVERSA	60	bexarotene	70
balziva	198	bicalutamide	53
banophen	252	BIKTARVY	74
BAQSIMI ONE PACK	85	bimatoprost	250
BAQSIMI TWO PACK	85	bisoprolol fumarate	100
BARACLUDE	74	bisoprolol-hydrochlorothiazide	106
BARIUM SULFATE	231	blisovi 24 fe	198
BASAGLAR KWIKPEN	85	blisovi fe 1.5/30	198
BASAGLAR TEMPO PEN	85	blisovi fe 1/20	198
BAXDELA	34	BONJESTA	47
bayer advanced aspirin reg st	2	BOOST	147
bayer aspirin	2	BOOST BREEZE	147
bayer aspirin ec low dose	2	BOOST GLUCOSE CONTROL	147
bayer low dose	2	BOOST GLUCOSE CTRL MAX PROTEIN	147
baza antifungal	49	BOOST HIGH PROTEIN	147
BCAD 1	231	BOOST KID ESSENTIALS 1.0 CAL	147
BCAD 2	231	BOOST KID ESSENTIALS 1.5 CAL	147
BEEF/POTATOES/SPINACH	147	BOOST KID ESSENTIALS 1.5/FIBER	147
BELSOMRA	265	BOOST ORIGINAL	147
benazepril hcl	96	BOOST PLUS	147
benazepril-hydrochlorothiazide	106	BOOST SOOTHE	166
BENECALORIE	147	BOOST VERY HIGH CALORIE	147
BENLYSTA	218	BOOST VHC	147
benzonatate	261	BOOST WOMEN	147
benzoyl peroxide	143	bosentan	259
benzoyl peroxide wash	144	BOSULIF	60,267
benzoyl peroxide-erythromycin	139	bp wash	144
benztropine mesylate	71	bprotected pedia d-vite	228
bepotastine besilate	247	bprotected pedia iron	166
BERINERT	217	BRAINSUSTAIN	148

BRAINSUSTAIN FOR KIDS	148
BREO ELLIPTA	261,262
breynd	262
BREZTRI AEROSPHERE	262
briellyn	198
BRIGHT BEGINNINGS PEDIATRIC	148
BRILINTA	93
brimonidine tartrate	249,250
brimonidine tartrate-timolol	246
brinzolamide	250
BRIXADI	18
BRIXADI (WEEKLY)	17
bromfed dm	262
bromfenac sodium	248
bromfenac sodium (once-daily)	248
bromocriptine mesylate	71
bromphen-pseudoeph-dm	262
BRUKINSA	56
budesonide	227,251
budesonide er	227
budesonide-formoterol fumarate	262
bumetanide	109
buprenorphine	10
buprenorphine hcl	18
buprenorphine hcl-naloxone hcl	18
bupropion hcl	42
bupropion hcl er (smoking det)	19
bupropion hcl er (sr)	42
bupropion hcl er (xl)	42
burn gel	16
bupirone hcl	123
butalbital-acetaminophen	133
butalbital-apap-caff-cod	13
butalbital-apap-caffeine	133
butalbital-asa-caff-codeine	13
butalbital-aspirin-caffeine	2
butorphanol tartrate	13
BYLVAY	186
BYLVAY (PELLETS)	186

C

cabergoline	215
CABOMETYX	60
CAFERGOT	125
CALCILO XD	166
calcipotriene	144
CALCIPOTRIENE	144
calcipotriene-betameth diprop	144
calcitonin (salmon)	228
calcitrene	144
CALCITRIOL	144,228
calcitriol	228
calcium acetate	164
calcium acetate (phos binder)	164
CALQUENCE	60
camila	207
camrese	198
camrese lo	198
CAMZYOS	106,107
candesartan cilexetil	95,125
capecitabine	55
CAPLYTA	118
CAPRELSA	60
captopril	96
CAPTOPRIL-HYDROCHLOROTHIAZIDE	107
carbamazepine	40
carBAMazepine 100 MG/5ML SUSPENSION (generic of TEGRETOL)	40,41
CarBAMazepine ER 100 MG CAP ER 12H (generic of CARBATROL)	41
CarBAMazepine ER 100 MG TAB ER 12H (generic of TEGRETOL-XR)	41
carBAMazepine ER 200 MG CAP ER 12H (generic of CARBATROL)	41
CarBAMazepine ER 200 MG TAB ER 12H (generic of TEGRETOL-XR)	41
CarBAMazepine ER 300 MG CAP ER 12H (generic of CARBATROL)	41
CarBAMazepine ER 400 MG TAB ER 12H (generic of TEGRETOL-XR)	41

carbidopa	72	CHEMET	163
carbidopa-levodopa	72	CHICKEN/CARROTS/BROWN RICE	148
CARBIDOPA-LEVODOPA	72,73	CHICKEN/PEAS/CARROTS	166
carbidopa-levodopa er	73	CHICKEN/PEAS/CARROTS PLUS	148
carbidopa-levodopa-entacapone	71	CHICKEN/PEAS/CARROTS PLUS PEDI	148
carbinoxamine maleate	252	childrens aspirin	2
CARDURA XL	191	childrens ibuprofen	2
carisoprodol	264	childrens ibuprofen 100	2
CARNATION BREAKFAST ESSENTIALS	148	childrens medi-profen	2
CARTEOLOL HCL	249	chlordiazepoxide hcl	123
cartia xt	103	chlordiazepoxide-clidinium	183
carvedilol	100	chlorhexidine gluconate	137
CASPOFUNGIN ACETATE	49	chloroquine phosphate	70
caspofungin acetate	49	chlorpromazine hcl	118
cavarest	137	chlorthalidone	110
cavilon	49	chlorzoxazone	264
CAYA	231	CHOLBAM	186
CEFACLOR	31	cholestyramine	113
CEFACLOR ER	31	cholestyramine light	113,114
CEFADROXIL	31	CHOLEXTRA	231
cefadroxil	31	ciclopirox	146
cefdinir	31	ciclopirox olamine	49
cefepime hcl	31	cilostazol	93
cefixime	31	CILOXAN	34
cefpodoxime proxetil	31	CIMDUO	76
cefprozil	31	cimetidine	184
ceftazidime	32	CIMETIDINE HCL	184
ceftriaxone sodium	32	cimetidine hcl	184
cefuroxime axetil	32	cinacalcet hcl	228
celecoxib	2	CIPRO HC	250
CELONTIN	38	ciprofloxacin	34
CENTANY	146	ciprofloxacin hcl	35,250
cephalexin	32	CIPROFLOXACIN HCL	35
CEREZYME	186	ciprofloxacin-dexamethasone	250
cetirizine hcl	252	CIPROFLOXACIN-FLUOCINOLONE PF	250
cetorelix acetate	215	cisatracurium besylate	264
CETROTIDE	215	citalopram hydrobromide	43
cevimeline hcl	137	CITRANATAL 90 DHA	166
CFPREOP	148	CITRANATAL ASSURE	166
charlotte 24 fe	198	CITRANATAL B-CALM	166
chateal eq	198	CITRANATAL DHA	166

CITRANATAL HARMONY	166	codeine sulfate	13
claravis	139	colchicine	51
CLARITHROMYCIN	34	colchicine-probenecid	51
clarithromycin	34	colesevelam hcl	114
clarithromycin er	34	colestipol hcl	114
claritin eye	247	COMBIPATCH	198
clean & clear persa-gel max st	144	COMBIVENT RESPIMAT	262
clearlax	180	COMETRIQ (100 MG DAILY DOSE)	61
CLEMASTINE FUMARATE	252	COMETRIQ (140 MG DAILY DOSE)	61
CLEOCIN	29	COMETRIQ (60 MG DAILY DOSE)	61
CLICK ESPRESSO PROTEIN DRINK	231	COMPLEAT	148
CLIMARA PRO	198	COMPLEAT ORGANIC BLENDS	148
clindamycin hcl	29	COMPLEAT PEDI PEPTIDE 1.5	148
clindamycin palmitate hcl	29	COMPLEAT PEDI STANDARD 1.0	148
clindamycin phos-benzoyl perox	139	COMPLEAT PEDI STANDARD 1.4	148
clindamycin phosphate	29,146	COMPLEAT PEDIATRIC	148
clindamycin-tretinoin	139	COMPLEAT PEDIATRIC ORG BLENDS	148
clinpro 5000	137	COMPLEAT PEPTIDE 1.5	148
clobazam	39	COMPLEAT STANDARD 1.4	148
clobetasol prop emollient base	141	COMPLERA	75
clobetasol propionate	141	COMPLEX ESSENTIAL MSD	148
clobetasol propionate e	192	compro	47
clodan	141	constulose	180
clomid	198	CONTOUR BLOOD GLUCOSE SYSTEM	231
clomiphene citrate	198	CONTOUR NEXT EZ	231
clomipramine hcl	46	CONTOUR NEXT GEN MONITOR	231
clonazepam	123,124	CONTOUR NEXT LINK	231
clonidine	94	CONTOUR NEXT MONITOR	231
clonidine hcl	94	CONTOUR NEXT ONE	232
clonidine hcl 0.1 mg tab er 12h (generic of KAPVAY)	129	CONTOUR NEXT TEST	232
clopidogrel bisulfate	93	CONTOUR PLUS BLUE	232
clorazepate dipotassium	124	CONTOUR PLUS TEST	232
clotrimazole	49	CONTOUR TEST	232
clotrimazole-betamethasone	144	CONTRAVE	133
CLOTTRIMAZOLE-BETAMETHASONE	144	CORDRAN	141
clozapine	118	CORLANOR	107
COARTEM	70	CORTROPHIN	192
COBENFY	267,268	COSENTYX	218
COBENFY STARTER PACK	268	COSENTYX (300 MG DOSE)	218
CODEINE SULFATE	13	COSENTYX SENSOREADY (300 MG)	218
		COSENTYX SENSOREADY PEN	218

COSENTYX UNOREADY	218	CVS NUTRITION PLUS CHOCOLATE	148
COTELLIC	61	CVS NUTRITION PLUS VANILLA	148
covaryx	198	CVS NUTRITIONAL SHAKE	148
covaryx hs	198	cvs omeprazole-sod bicarbonate	184
CREON	186	cvs purelax	180
CRESEMBA	49	CVS SENSITIVITY/IRON	166
CRINONE	208	cvs skin treatment	141
CROMOLYN SODIUM	247,262	cvs slow release iron	166
cromolyn sodium	247,262	CVS TENDER/IRON	166
CROTAN	146	CVS TODDLER & INFANT/IRON	166
cryselle-28	198	CVS TODDLER BEGINNINGS-IRON	167
curae	208	cyanocobalamin	167
curity sterile saline	148	CYCLINEX-1	232
cvs acne foaming face wash	144	CYCLINEX-2	232
cvs acne treatment	144	cyclobenzaprine hcl	264
CVS ADVANTAGE/IRON	166	CYCLOPHOSPHAMIDE	52
cvs allergy eye drops	247	cyclophosphamide	52
cvs allergy relief	253	cycloserine	52
cvs aspirin	3	cyclosporine	246
cvs aspirin adult low dose	3	cyclosporine modified	223
cvs aspirin adult low strength	3	cyproheptadine hcl	253
cvs aspirin ec	3	cyred	198
cvs aspirin low dose	3	cyred eq	198
cvs aspirin low strength	3	CYSTAGON	186
cvs childrens ibuprofen	3		
cvs d3	228	D	
cvs esomeprazole magnesium	184	d-400	228
cvs eye itch relief	247	d-vite pediatric	228
cvs fish oil	166	D-XYLOSE	232
cvs foaming acne face wash	144	d3	228
cvs folic acid	166	d3 high potency	228
CVS GENTLE INFANT FORMULA/IRON	166	d3 kids	228
cvs genuine aspirin	3	d3-50	228
cvs hydrating skin treatment	141	daily amino acid	167
cvs ibuprofen childrens	3	dalfampridine er	135
CVS INFANT FORMULA/IRON	166	danazol	196
cvs natural fish oil	166	dantrolene sodium	73
cvs nicotine	19	dapsone	52
cvs nicotine polacrilex	19,20	DAPTOMYCIN	30
CVS NUTRITION LIQUID	148	daptomycin	30
CVS NUTRITION PLUS	148	darifenacin hydrobromide er	190

darunavir	77	Dexamethylphenidate HCl 10 MG TAB (generic of FOCALIN)	129
dasatinib	61	Dexamethylphenidate HCl 2.5 MG TAB (generic of FOCALIN)	129
dasetta 1/35	198	Dexamethylphenidate HCl 5 MG TAB (generic of FOCALIN)	129
dasetta 7/7/7	198	Dexamethylphenidate HCl ER 10 MG CAP ER 24H (generic of FOCALIN XR)	129
DAYBUE	186	Dexamethylphenidate HCl ER 15 MG CAP ER 24H (generic of FOCALIN XR)	129
daysee	198	Dexamethylphenidate HCl ER 20 MG CAP ER 24H (generic of FOCALIN XR)	129
DEBACTEROL	137	Dexamethylphenidate HCl ER 25 MG CAP ER 24H (generic of FOCALIN XR)	129
deblitane	208	Dexamethylphenidate HCl ER 30 MG CAP ER 24H (generic of FOCALIN XR)	129
decara	228	Dexamethylphenidate HCl ER 35 MG CAP ER 24H (generic of FOCALIN XR)	129
deferasirox	163	Dexamethylphenidate HCl ER 40 MG CAP ER 24H (generic of FOCALIN XR)	129
deferiprone	163	Dexamethylphenidate HCl ER 5 MG CAP ER 24H (generic of FOCALIN XR)	129
DELESTROGEN	198	dextroamphetamine sulfate	128
DELSTRIGO	75	dextroamphetamine sulfate er	128
delta d3	228	DIABETISOURCE AC	148
delyla	198	DIARESQ	149
demeclocycline hcl	35	DIARESQ CHILDRENS	149
denta 5000 plus	137	DIARESQ GENTLE RELIEF TODDLERS	149
dentagel	138	diazepam	39,124
DEPO-ESTRADIOL	198	DIAZEPAM	39,124
DEPO-SUBQ PROVERA 104	208	diazoxide	85
depo-testosterone	196	diclofenac potassium	3
DESCOVY	76	diclofenac sodium	3,144,248
desipramine hcl	46	diclofenac sodium er	3
desloratadine	253	diclofenac-misoprostol	3
desmopressin ace spray refrig	194	dicloxacillin sodium	33
desmopressin acetate	194	dicyclomine hcl	183
desmopressin acetate spray	194	DIFICID	34
desogestrel-ethinyl estradiol	198,199	diflunisal	3
desonide	141,192	difluprednate	248
desoximetasone	141,142	DIGOXIN	107
desvenlafaxine succinate er	43,44		
dexamethasone	192,193		
DEXAMETHASONE	193		
DEXAMETHASONE INTENSOL	193		
dexamethasone sodium phosphate	193		
DEXAMETHASONE SODIUM PHOSPHATE	193,248		
DEXCOM G6 RECEIVER	232		
DEXCOM G6 SENSOR	232		
DEXCOM G6 TRANSMITTER	232		
DEXCOM G7 RECEIVER	232		
DEXCOM G7 SENSOR	232		

digoxin	107	DR BROWN GOOD START SOOTHE PRO	167
dihydroergotamine mesylate	125	dronabinol	48
dilt-xr	103	DROPSAFE SAFETY SYRINGE/NEEDLE	232,233
diltiazem hcl	103	drospiren-eth estrad-levomefol	199
diltiazem hcl er	103	DROSPIREN-ETH ESTRAD-LEVOMEFOL	199
diltiazem hcl er beads	103,104	drospirenone-ethinyl estradiol	199
diltiazem hcl er coated beads	104	DROXIA	55
dimethyl fumarate	135	DRYSOL	144
dimethyl fumarate starter pack	135	DUAVEE	199
DIPENTUM	227	DULERA	262
DIPHENHYDRAMINE HCL	253,254	duloxetine hcl	134
diphenhydramine hcl	253	DUOCAL	233
diphenoxylate-atropine	183	DUOPA	73
DIPHENOXYLATE-ATROPINE	183	DUPIXENT	218,219
dipyridamole	94	dutasteride	191
disopyramide phosphate	98	dutasteride-tamsulosin hcl	191
disulfiram	17	DUVYZAT	268
DIURIL	110		
divalproex sodium	36	E	
divalproex sodium er	36	e.e.s. 400	34
dodex	167	EAA SUPPLEMENT	149
dofetilide	98	EASY COMFORT INSULIN SYRINGE	233
dolishale	199	ec-naproxen	3
donepezil hcl	116	econazole nitrate	49
DOPTELET	94	econtra ez	208
DORAL	265	econtra one-step	208
dorzolamide hcl	250	ecotrin low strength	3
dorzolamide hcl-timolol mal	246	EDARBI	95
dorzolamide hcl-timolol mal pf	246	EDURANT	75
dotti	199	eemt	199
DOVATO	74	eemt hs	199
doxazosin mesylate	95	EFAVIRENZ	75
doxepin hcl	46,142	efavirenz	75
DOXERCALCIFEROL	228	efavirenz-emtricitab-tenofo df	75
doxercalciferol	228	efavirenz-lamivudine-tenofovir	75
doxycycline hyclate	35	effer-k	167
doxycycline monohydrate	35,36	EGG/PRO	233
doxylamine-pyridoxine	47	EGGS/APPLES/OATS	149
DPP DIPEPTIDE POWER	149	EGRIFTA SV	194
DR BROWN GOOD ST SOY-EASE PRO	167	ELECARE	233
DR BROWN GOOD START GENTLE PRO	167	ELECARE DHA/ARA	233

ELECARE DHA/ARA INFANT	233	ENFAMIL A.R. INFANT	167
ELECARE DHA/ARA/IRON INFANT	167	ENFAMIL AR LIPIL	233
ELECARE JR	149,233	ENFAMIL AR SPIT-UP	167,233
ELESTRIN	199	ENFAMIL DHA & ARA SUPPLEMENT	233
eletriptan hydrobromide	125	ENFAMIL ENFACARE	233
elinest	199	ENFAMIL ENFACARE LIPIL	167
ELIQUIS	87,88	ENFAMIL ENSPIRE GENTLEASE	167
ELIQUIS DVT/PE STARTER PACK	88	ENFAMIL ENSPIRE OPTIMUM	167
ELLA	208	ENFAMIL ENSPIRE/IRON	167
ELMIRON	191	ENFAMIL GENTLEASE	167,233
eluryng	199	ENFAMIL GENTLEASE LIPIL	233
EMCYT	55	ENFAMIL HUMAN MILK FORTIFIER	167,233
EMEND	48	ENFAMIL INFANT	168,233
EMGALITY	125	ENFAMIL LIPIL ENFACARE	233
EMGALITY (300 MG DOSE)	125	ENFAMIL MILK-BASED W/IRON	168,233
EMPAVELI	219	ENFAMIL NEUROPRO ENFACARE	168,234
EMSAM	43	ENFAMIL NEUROPRO GENTLEASE	168,234
emtricitabine	76	ENFAMIL NEUROPRO INFANT	168,234
emtricitabine-tenofovir df	76	ENFAMIL NEUROPRO SENSITIVE	168
EMTRIVA	76	ENFAMIL NUTRAMIGEN	234
emzahn	208	ENFAMIL NUTRAMIGEN LIPIL	168,234
enalapril maleate	96,97	ENFAMIL NUTRAMIGEN PROBIOT LGG	168
enalapril-hydrochlorothiazide	107	ENFAMIL NUTRAMIGEN TOD/ENF LGG	168
ENBREL	223	ENFAMIL PREGESTIMIL LIPIL	234
ENBREL MINI	223	ENFAMIL PREMATURE	234
ENBREL SURECLICK	223	ENFAMIL PREMIUM INFANT	168,234
ENCALA	149,233	ENFAMIL PREMIUM LIPIL	168,234
ENCARE	191	ENFAMIL PREMIUM NEWBORN	168,234
ENDARI	186	ENFAMIL PROSOBEE LIPIL	168,234
endocet	13	ENFAMIL PROSOBEE SOY	168
ENDOMETRIN	208	ENFAMIL PROSOBEE/SENSITIVE	234
ENFAGROW NEUROPRO TODDLER	233	ENFAMIL REGULINE-IRON	168
ENFAGROW NEXT STEP	233	ENFAMIL SOY PROSOBEE	234
ENFAGROW PREMIUM LIPIL	167	ENFAPORT	234
ENFAGROW PREMIUM OLDER TODDLER	167	enilloring	199
ENFAGROW PREMIUM TODDLER	167	ENLIVE	149
ENFAGROW PREMIUM TODDLER GENTL	167	enoxaparin sodium	88
ENFAGROW TODDLER GENTLEASE	167	enpresse-28	199
ENFAGROW TODDLER SOY	167	enskyce	199
ENFAGROW TODDLER TRANSITIONS	167	ENSPRYNG	219
ENFAMIL 24	233	ENSURE	149,234

ENSURE ACTIVE	149	EPINEPHRINE	256
ENSURE ACTIVE HEART HEALTH	149	epinephrine	256
ENSURE ACTIVE HIGH PROTEIN	149	EPIPEN 2-PAK	256
ENSURE ACTIVE LIGHT	149	EPIPEN JR 2-PAK	256
ENSURE BONE HEALTH REVIGOR	149	epitol	41
ENSURE CLEAR	149	EPIVIR HBV	74
ENSURE CLINICAL ST REVIGOR	149	eplerenone	110
ENSURE COMPACT	149	epoprostenol sodium	259
ENSURE COMPLETE	149	eq allergy relief	253
ENSURE COMPLETE SHAKE	149	eq aspirin	4
ENSURE ENLIVE	149	eq aspirin adult low dose	4
ENSURE HEALTHY MOM	149	eq aspirin low dose	4
ENSURE HIGH CALCIUM	149	eq clearlax	180
ENSURE HIGH PROTEIN	149,234	eq esomeprazole magnesium	184
ENSURE IMMUNE HEALTH	150	eq eye itch relief	247
ENSURE MAX PROTEIN	150	eq ibuprofen childrens	4
ENSURE MUSCLE HEALTH REVIGOR	150	eq laxative	180
ENSURE NUTRA SHAKE HI-CAL	150	eq nicotine	20
ENSURE NUTRITION SHAKE	150	eq nicotine polacrilex	20,21
ENSURE ORIG THERAPEUTIC NUTRI	150	eq nicotine step 3	21
ENSURE ORIGINAL	150,234	EQ NUTRITIONAL SHAKE	150
ENSURE ORIGINAL/FIBER	150	EQ NUTRITIONAL SHAKE PLUS	150
ENSURE PLANT-BASED PROTEIN	150	EQ WEIGHT LOSS SHAKE	151
ENSURE PLUS	150	eql aller-ease	253
ENSURE PLUS HIGH PROTEIN	150	eql allergy relief	253
ENSURE PLUS HN	150	eql aspirin ec	4
ENSURE PLUS WITH FIBER	150	eql aspirin low dose	4
ENSURE PRE-SURGERY	150	eql childrens ibuprofen	4
ENSURE SURGERY	150	eql clearlax	180
ENSURE SURGICAL NUTRITION	150	eql fish oil	168
ENSURE/FIBER	150	eql nicotine polacrilex	21
entacapone	71	eql omega 3 fish oil	168
entecavir	74	eql vitamin d3	228
ENTERADE	150	EQUATE	151
ENTERADE IBS-D	150	EQUATE PLUS	151
ENTRESTO	107,268	ERAXIS	49
ENU COMPLETE NUTRITION SHAKE	150	ergocalciferol	228
ENU NUTRITIONAL SHAKE	150	ERGOLOID MESYLATES	116
enulose	180	ERGOMAR	125
EO28 SPLASH	150	ERGOTAMINE-CAFFEINE	125
epinastine hcl	247	ERIVEDGE	61

ERLEADA	53	ezetimibe-simvastatin	114
erlotinib hcl	61		
errin	208	F	
ery-tab	34	FABHALTA	268
ERYTHROCIN STEARATE	34	FABRAZYME	187
erythromycin	34,146,248	falmina	201
ERYTHROMYCIN BASE	34	famciclovir	78
erythromycin base	34	famotidine	184
erythromycin ethylsuccinate	34	FANAPT	118
escitalopram oxalate	44	FANAPT TITRATION PACK	118
esgic	133	FARXIGA	78
esomeprazole magnesium	184	FASENRA PEN	262
est estrogens-methyltest	199	fayosim	201
est estrogens-methyltest ds	199	FC2 FEMALE CONDOM	234
est estrogens-methyltest hs	199	fe-vite iron	168
estarylla	199	febuxostat	51
estazolam	265	feirza 1.5/30	201
estradiol	199,200	feirza 1/20	201
estradiol valerate	200	felbamate	36
estradiol-norethindrone acet	200	felodipine er	102
estratest f.s.	200	FEMCAP	234
estratest h.s.	200	FEMRING	201
ESTRING	200	fenofibrate	111
eszopiclone	265	fenofibrate micronized	111
ethacrynic acid	109	fenofibric acid	111
ethambutol hcl	52	FENOPROFEN CALCIUM	4
ethosuximide	38	fentanyl	10
ethynodiol diac-eth estradiol	200	FENTANYL CITRATE	13,14
etodolac	4	fentanyl citrate	13,14
etonogestrel-ethinyl estradiol	200	FERRIPROX	164
ETOPOSIDE	59	FERRIPROX TWICE-A-DAY	164
etravirine	75	ferrous sulfate	168,169
euthyrox	210,211	ferrous sulfate er	169
EVAMIST	201	fesoterodine fumarate er	190
everolimus	61,62,224	fexofenadine hcl	253
EVOTAZ	77	FIASP	85
EVRYSDI	234,268	FIASP FLEXTOUCH	85
exemestane	59	FIASP PENFILL	85
EXPEDITE	151	FIASP PUMPCART	85
eye itch relief	247	FIBER FLOW	151
ezetimibe	114	FIBER-STAT	151

FIBERSOURCE HN	151	fluphenazine hcl	118,119
FINACEA	139	FLUPHENAZINE HCL	118,119
finasteride	191	FLURANDRENOLIDE	142
fingolimod hcl	135	FLURAZEPAM HCL	265
FINTEPLA	36	flurbiprofen	4
finzala	201	FLURBIPROFEN	4
FIRMAGON	215	FLURBIPROFEN SODIUM	248
FIRMAGON (240 MG DOSE)	215	fluticasone propionate	142,251
FIRST PANTOPRAZOLE	185	FLUTICASONE PROPIONATE DISKUS	251
FIRST-LANSOPRAZOLE	234	FLUTICASONE PROPIONATE HFA	251,252
fish oil	169	fluticasone-salmeterol	262,263
fish oil burp-less	169	FLUTICASONE-SALMETEROL	263,264
fish oil concentrate	169	fluvastatin sodium	112
fish oil high potency	169	fluvoxamine maleate	44
fish oil omega-3	169	folate	169
fish oil/super potent/no burp	169	FOLBIC	169
FITFOOD LEAN COMPLETE	151	folic acid	169
FIXODENT EXTRA HOLD	234	FOLLISTIM AQ	194
flac	250	fondaparinux sodium	88
flavoxate hcl	190	formoterol fumarate	256
flecainide acetate	98	FORTA DRINK	235
fluconazole	49,50	FORTA SHAKE	235
flucytosine	50	FORTEO	228
fludrocortisone acetate	193	FORTINI INFANT FORMULA	235
flunisolide	251	FOSAMAX PLUS D	229
fluocinolone acetonide	142,250	fosamprenavir calcium	77
fluocinolone acetonide body	142	foscarnet sodium	73
fluocinolone acetonide scalp	142	fosfomycin tromethamine	30
fluocinonide	142	fosinopril sodium	97
FLUOCINONIDE	142	fosinopril sodium-hctz	107
fluoridex	138	FOSRENOL	165
fluoridex enhanced whitening	138	FRAGMIN	88
fluorimax 5000	138	fraiche 5000 dental	138
fluoritab	169	FREESTYLE LIBRE 14 DAY READER	235
fluorometholone	248	FREESTYLE LIBRE 14 DAY SENSOR	235
FLUOROURACIL	144	FREESTYLE LIBRE 2 PLUS SENSOR	235
fluorouracil	144	FREESTYLE LIBRE 2 READER	235
fluoxetine hcl	44	FREESTYLE LIBRE 2 SENSOR	235
FLUOXETINE HCL	44	FREESTYLE LIBRE 3 PLUS SENSOR	235
FLUOXETINE HCL (PMDD)	44	FREESTYLE LIBRE 3 READER	235
fluphenazine decanoate	118	FREESTYLE LIBRE 3 SENSOR	235

frovatriptan succinate	125	gavilyte-n with flavor pack	181
FRUITIVITS	151	GAVRETO	62
ft acid reducer	185	GELATEIN MCT	151
ft allergy relief	253	GELNIQUE	190
ft allergy relief 12 hour	253	gemfibrozil	111
ft allergy relief 24 hour	253	gemmily	201
ft antifungal	50	GEMTESA	190
ft aspirin	4	generlac	181
ft aspirin low dose	4	gengraf	224
ft clearlax	180	GENOTROPIN	195
ft enteric coated aspirin	4	GENTAK	248
ft folic acid	169	gentamicin sulfate	29,248
ft ibuprofen childrens	5	gentlelax	181
ft iron slow release	169	genuine aspirin	5
ft nicotine	21,22	GENVOYA	74
ft nicotine mini	22	GERBER EXTENSIVE HA	169
furosemide	109,110	GERBER GOOD START A2-IRON	169
FUZEON	77	GERBER GOOD START A2-TODDLER	170
fyavolv	201	GERBER GOOD START GENTLE	170,235
FYCOMPA	36	GERBER GOOD START GENTLE 2	170
fyremadel	215	GERBER GOOD START GENTLEPRO	170
		GERBER GOOD START GENTLEPRO 2	170
		GERBER GOOD START GENTLEPRO/FE	170
		GERBER GOOD START GROW 3	170
		GERBER GOOD START NOURISH	170,235
		GERBER GOOD START PREMATURE	170,235
		GERBER GOOD START PROTECT/IRON	170
		GERBER GOOD START SOOTHE	170
		GERBER GOOD START SOOTHE 1	170
		GERBER GOOD START SOOTHE 2	170
		GERBER GOOD START SOOTHEPRO	170
		GERBER GOOD START SOOTHEPRO/FE	170
		GERBER GOOD START SOY	170
		GERBER GOOD START SOY/IRON	170,235
		GERBER GOOD START SUPREME/IRON	170,235
		GERBER GRADUATES GENTLE/IRON	170
		GERBER GRADUATES PROTECT/IRON	170
		GERBER GRADUATES SOOTHE	171
		GERBER GRADUATES SOY/IRON	171
		GERBER NATURA STAGE 1	171
		GERBER NATURA STAGE 2	171

G

GERBER NATURA STAGE 3.....	171	GLYXAMBI.....	80
GILOTRIF.....	62	gnp adult aspirin low strength.....	5
GLASSIA.....	187	gnp allergy relief.....	253
glatiramer acetate.....	135	gnp aspirin.....	5
glatopa.....	135	gnp aspirin low dose.....	5
GLEOSTINE.....	52	gnp childrens ibuprofen.....	5
GLIADEL WAFER.....	53	gnp clearlax.....	181
glimepiride.....	78,79	gnp esomeprazole magnesium.....	185
glipizide.....	79	gnp fexofenadine hcl.....	253
GLIPIZIDE.....	79	gnp fish oil.....	171
glipizide er.....	79	gnp folic acid.....	171
glipizide xl.....	79	gnp iron.....	171
glipizide-metformin hcl.....	79	gnp nicotine.....	22
GLUCAGEN HYPOKIT.....	85	gnp nicotine mini.....	22
GLUCAGON EMERGENCY.....	85	gnp nicotine polacrilex.....	23
glucagon emergency.....	85	gnp vitamin d.....	229
GLUCERNA.....	151	gnp vitamin d3.....	229
GLUCERNA 1.0 CAL.....	151	GOOD START.....	171,236
GLUCERNA 1.0 CAL/CARBSTEADY.....	151	GOOD START 2 ESSENTIALS SOY/FE.....	171
GLUCERNA 1.0 CAL/FIBER.....	151	GOOD START 2 ESSENTIALS/IRON.....	171,236
GLUCERNA 1.2 CAL.....	151	GOOD START 2 SUPREME/IRON.....	171,236
GLUCERNA 1.5 CAL.....	151	GOOD START ESSENTIALS SOY/IRON.....	171,236
GLUCERNA 1.5 CAL/CARBSTEADY.....	151	GOOD START ESSENTIALS/IRON.....	171
GLUCERNA ADVANCE SHAKE.....	151	GOOD START GENTLE PLUS.....	171
GLUCERNA CARBSTEADY.....	151	GOOD START NATURAL CULTURES.....	171
GLUCERNA HUNGER SMART SHAKE.....	151	GOOD START SOY PLUS 2.....	171
GLUCERNA OS.....	151	GOOD START SUPREME/IRON.....	171,236
GLUCERNA SELECT.....	151	GOOD START/FE.....	171,236
GLUCERNA SHAKE.....	151	goodsense aller-ease.....	253
GLUCERNA SNACK SHAKE.....	152	goodsense aspirin.....	5
GLUCERNA WEIGHT LOSS SHAKE.....	152	goodsense aspirin adults.....	5
GLUTAREX-1.....	235	goodsense aspirin low dose.....	5
GLUTAREX-2.....	236	goodsense clearlax.....	181
glyburide.....	79	goodsense esomeprazole.....	185
GLYBURIDE MICRONIZED.....	79,80	goodsense ibuprofen childrens.....	5
glyburide-metformin.....	80	goodsense nicotine.....	23
glycolax.....	181	GOODSENSE NUTRISURE ORIGINAL.....	152
glycopyrrolate.....	183	GOODSENSE NUTRISURE PLUS.....	152
GLYCOSADE.....	152	goodsense omeprazole/sod bicarb.....	185
glydo.....	16	granisetron hcl.....	48
GLYTROL PREBIO1.....	152	griseofulvin microsize.....	50

griseofulvin ultramicrosized	50	hemmorex-hc	193
guaifenesin ac	263	HEPAMENT	172
guaifenesin ac	263	heparin sodium (porcine)	88
guaifenesin-codeine	263	heparin sodium (porcine) pf	88,89
guanfacine hcl	94	her style	208
guanfacine hcl er	129	HI-CAL	152
GVOKE HYPOPEN 1-PACK	85	HIGH-PROTEIN NUTRITIONAL SHAKE	152
GVOKE HYPOPEN 2-PACK	85	hm adult aspirin	5
GVOKE KIT	85	hm allergy relief	253
GVOKE PFS	85	hm aspirin	6
H			
h-e-b aspirin	5	hm aspirin ec	6
habitrol	23	hm aspirin ec low dose	6
HAELAN 951 FERMENTED SOY	152	hm clearlax	181
HAELAN HTPI FERMENTED SOY	152	hm esomeprazole magnesium dr	185
hailey 1.5/30	201	hm fexofenadine hcl	253
hailey 24 fe	201	hm fish oil	172
hailey fe 1.5/30	201	hm folic acid	172
hailey fe 1/20	201	hm ibuprofen childrens	6
HALDOL DECANOATE	119	hm nicotine	23,24
halobetasol propionate	142	hm nicotine polacrilex	24
haloette	201	HM NUTRISURE	152
haloperidol	119	HM NUTRISURE PLUS	152
haloperidol decanoate	119	HOM 2	236
haloperidol lactate	119	HOMATROPAIRE	246
HCU ANAMIX EARLY YEARS	236	HOMINEX-1	236
HCU ANAMIX NEXT	236	HOMINEX-2	236
HCU COOLER	152	HUMALOG	86
HCU COOLER15	152	HUMALOG MIX 50/50 KWIKPEN	86
HCU GEL	152	HUMATROPE	195
HCU LOPHLEX LQ	152	HUMIRA	224
HCU MAXAMUM	236	HUMIRA (2 PEN)	224
HCY 1	236	HUMIRA (2 SYRINGE)	224
HCY 2	236	HUMIRA-CD/UC/HS STARTER	225
HEALTH SOURCE	236	HUMIRA-PED<40KG CROHNS STARTER	225
HEALTHY ACCENTS NUTRA FIT	152	HUMIRA-PED>=40KG CROHNS START	225
HEALTHY ACCENTS NUTRA FIT PLUS	152	HUMIRA-PED>=40KG UC STARTER	225
healthy kids vitamin d3	229	HUMIRA-PS/UV/ADOL HS STARTER	225
healthylax	181	HUMIRA-PSORIASIS/UEVIT STARTER	225
heather	208	HUMULIN R U-500 (CONCENTRATED)	86
		HUMULIN R U-500 KWIKPEN	86
		HYCAMTIN	59

hydralazine hcl	115	ICLUSIG	63
hydrochlorothiazide	110,111	icosapent ethyl	114
HYDROCOD POLI-CHLORPHE POLI ER	263	ILEVRO	249
hydrocod poli-chlorphe poli er	263	imatinib mesylate	63
hydrocodone bit-homatrop mbr	263	IMBRUVICA	63
hydrocodone-acetaminophen	14	imipramine hcl	47
hydrocodone-ibuprofen	14	imiquimod	144
hydrocort-pramoxine (perianal)	144	IMITREX STATDOSE REFILL	125
hydrocortisone	142,227	IMMULIFE	236
HYDROCORTISONE	142,227	IMPACT	152
hydrocortisone (perianal)	142	IMPACT ADVANCED RECOVERY	152
HYDROCORTISONE ACE-PRAMOXINE	144	INBRIJA	73
hydrocortisone acetate	193	incassia	208
HYDROCORTISONE BUTYRATE	142,193	INCRELEX	195
hydrocortisone butyrate	193	INCRUSE ELLIPTA	255
hydrocortisone valerate	142,193	indapamide	111
hydrocortisone-acetic acid	250	indomethacin	6
hydromet	263	indomethacin er	6
hydromorphone hcl	14	INGREZZA	133,268
hydromorphone hcl er	10,11	INLYTA	63,64
hydroxychloroquine sulfate	70	INNOVACIN	152
hydroxyurea	55	INSULIN ASP PROT & ASP FLEXPEN	86
hydroxyzine hcl	253,254	INSULIN ASPART	86,87
HYDROXYZINE PAMOATE	254	INSULIN ASPART FLEXPEN	86
hydroxyzine pamoate	254	INSULIN ASPART PENFILL	86
hyoscyamine sulfate	183	INSULIN ASPART PROT & ASPART	86
hyoscyamine sulfate er	183	INSULIN GLARGINE SOLOSTAR	86
HYQVIA	218	INSULIN LISPRO	86
hyvee ibuprofen childrens	6	INSULIN SYRINGE-NEEDLE U-100	236
		INTELENCE	75
		INTROLITE	152
I-VALEX-1	236	introvale	201
I-VALEX-2	236	INVEGA HAFYERA	119
I5	152	INVEGA SUSTENNA	119
ibandronate sodium	229	INVEGA TRINZA	119
IBRANCE	62,63	ipratropium bromide	255
ibu	6	ipratropium-albuterol	263
ibuprofen	6	IQIRVO	268
ibuprofen childrens	6	irbesartan	95
icatibant acetate	217	irbesartan-hydrochlorothiazide	107
iclevia	201	iron (ferrous sulfate)	172

iron high-potency	172	javygtor	187
iron infant & toddler	172	jelcaine sterile	16
iron infant/toddler	172	jencycla	208
iron slow release	172	JENTADUETO	80
iron supplement	172	JENTADUETO XR	80
iron supplement childrens	172	JESDUVROQ	91
ISENTRESS	74,75	JEVITY 1 CAL	153
ISENTRESS HD	75	JEVITY 1 CAL/FIBER	153
isibloom	201	JEVITY 1.2 CAL	153
ISOMIL 2	172	JEVITY 1.2 CAL/FIBER	153
ISOMIL ADVANCE SOY FORMULA-FE	236	JEVITY 1.5 CAL/FIBER	153
ISOMIL DF	236	jinteli	201
ISOMIL SF/IRON	172	JOENJA	187
ISOMIL SOY FORMULA/IRON	236	jolessa	201
ISOMIL SOY/IRON	172	JUICE PLUS FIBRE	153
ISOMIL/IRON	172,237	juleber	201
isoniazid	52	JULUCA	75
ISOPTO ATROPINE	246	junel 1.5/30	201
isosorbide dinitrate	115	junel 1/20	201
ISOSORBIDE MONONITRATE	115	junel fe 1.5/30	202
isosorbide mononitrate	115	junel fe 1/20	202
isosorbide mononitrate er	115	junel fe 24	202
ISOSOURCE 1.5 CAL	152	just right 5000	138
ISOSOURCE HN	152	JUVEN	153,237
isotretinoin	139	JUVEN NUTRIVIGOR	153
isradipine	102	JUVEN REVIGOR	153
ITOVEBI	268	JUXTAPID	114
itraconazole	50	JYNARQUE	164
IVA ANAMIX EARLY YEARS	237		
IVA ANAMIX NEXT	237	K	
IVA MAXAMUM	237	K-PAX PROTEIN BLEND IMMUNE	237
ivabradine hcl	107,108	k-prime	172
ivermectin	70,146	kaitlib fe	202
IWILFIN	268	KALE/QUINOA/BERRIES	172
		KALE/QUINOA/BERRIES PLUS	153
J		KALE/QUINOA/BERRIES PLUS PEDIA	153
jaimiess	201	kalliga	202
JAKAFI	64	KALYDECO	257
jantoven	89	kariva	202
JARDIANCE	80	KATE FARMS GLUCOSE SUPPORT 1.2	153
jasmiel	201	KATE FARMS KIDS NUTRITION	153

KATE FARMS PED PEPTIDE 1.0	153	klor-con	154
KATE FARMS PED PEPTIDE 1.5	153	klor-con 10	154
KATE FARMS PED STANDARD 1.2	153	klor-con m10	154
KATE FARMS PEPTIDE 1.0	153	klor-con m15	154
KATE FARMS PEPTIDE 1.5	153	klor-con m20	154
KATE FARMS RENAL SUPPORT 1.8	153	klor-con/ef	172
KATE FARMS STANDARD 1.0	153	KLOXXADO	18
KATE FARMS STANDARD 1.4	153	kls aller-fex	254
kelnor 1/35	202	kls aspirin low dose	6
kelnor 1/50	202	kls esomeprazole magnesium	185
KEPIVANCE	138	kls laxaclear	181
KERENDIA	80	kls quit2	24
KESIMPTA	135	kls quit4	24
KETO	153	KLUTCH	237
KETOCAL 2.5:1 LQ MULTI FIBER	153	kourzeq	138
KETOCAL 3:1	237	kp aspirin	6
KETOCAL 4:1	153,237	kp diphenhydramine hcl	254
KETOCAL 4:1 LQ MULTI FIBER	153	kp fexofenadine hcl	254
KETOCAL 4:1 LQ MULTI-FIBER	154	kp folic acid	172
ketoconazole	50	kp vitamin d	229
KETOGEN	237	KRAZATI	56
KETONEX-1	237	kurvelo	202
KETONEX-2	237	KYLEENA	208
KETOPROFEN	6		
KETOPROFEN ER	6		
ketorolac tromethamine	6,249	L	
ketotifen fumarate	247	l-glutamine	187
KEVZARA	219	labetalol hcl	100
KFLO	154	lacosamide	41
KIDS PLANT PROTEIN SHAKE	154	LACRISERT	246
KIDS PROTEIN ORGANIC SHAKE	154	lactulose	181
KINDERSPROUT PLANT PROTEIN	154	lactulose encephalopathy	181
kionex	165	LAGEVRIO	237
KISQALI (200 MG DOSE)	64	lamivudine	74,76
KISQALI (400 MG DOSE)	64	lamivudine-zidovudine	76
KISQALI (600 MG DOSE)	64	lamotrigine	36,37
KISQALI FEMARA (200 MG DOSE)	56	lamotrigine er	37
KISQALI FEMARA (400 MG DOSE)	56	LANAFLEX	154
KISQALI FEMARA (600 MG DOSE)	56	LANCETS	230
KLARITY-A	248	LANREOTIDE ACETATE	215,216
klayesta	50	lanreotide acetate	215
		lansoprazole	185

lanthanum carbonate	165	levonorgest-eth estrad 91-day	202
LANTUS SOLOSTAR	86	levonorgestrel	208
lapatinib ditosylate	64	levonorgestrel-ethinyl estrad	202,203
larin 1.5/30	202	levora 0.15/30 (28)	203
larin 1/20	202	LEVOTHYROXINE SODIUM	211,212,213,214,215
larin 24 fe	202	levothyroxine sodium	211,212
larin fe 1.5/30	202	levoxyl	212
larin fe 1/20	202	LEXIVA	77
LASTACAPT	247	lido-sorb	16
latanoprost	250	lidocaine	16
layolis fe	202	lidocaine hcl	16
LAZCLUZE	269	lidocaine hcl urethral/mucosal	16
leena	202	lidocaine viscous hcl	17
leflunomide	225	lidocaine-prilocaine	17
lenalidomide	54	lidocan	17
LENVIMA (10 MG DAILY DOSE)	64	lidopin	17
LENVIMA (12 MG DAILY DOSE)	64	LIL MIXINS-EGG	154
LENVIMA (14 MG DAILY DOSE)	64	LIL MIXINS-PEANUT	154
LENVIMA (18 MG DAILY DOSE)	65	LILETTA (52 MG)	208
LENVIMA (20 MG DAILY DOSE)	65	linezolid	30
LENVIMA (24 MG DAILY DOSE)	65	LINZESS	181
LENVIMA (4 MG DAILY DOSE)	65	liothyronine sodium	212
LENVIMA (8 MG DAILY DOSE)	65	LIPISTART	173,237
lessina	202	LIQREV	259
letrozole	59	LIQUID HOPE	154
leucovorin calcium	56,57	LIQUID HOPE PEPTIDE	154
LEUKERAN	53	LIQUID HOPE PEPTIDE BERRY	154
leuprolide acetate	215	liraglutide	80
levabuterol hcl	256	lisdexamphetamine dimesylate	128
LEVALBUTEROL TARTRATE	256,257	lisinopril	97
LEVEMIR FLEXPEN	86	lisinopril-hydrochlorothiazide	108
levetiracetam	37	lithium	127
levetiracetam er	37	LITHIUM CARBONATE	127
levo-t	211	lithium carbonate	127
LEVOBUNOLOL HCL	249	lithium carbonate er	127
levocetirizine dihydrochloride	254	LIVDELZI	269
levofloxacin	35,248	LIVMARLI	187
LEVOFLOXACIN	248	LIVTENCITY	73
levonest	202	LMD	237
levonorg-eth estrad triphasic	202	LO LOESTRIN FE	203
levonorgest-eth est & eth est	202	lo-zumandimine	203

loestrin 1.5/30 (21).....	203	LYBALVI.....	42
loestrin 1/20 (21).....	203	lyleq.....	208
loestrin fe 1.5/30.....	203	lyllana.....	203
loestrin fe 1/20.....	203	lymepak.....	36
lojaimiess.....	203	LYNPARZA.....	65
LOKELMA.....	165	LYSODREN.....	57
LONSURF.....	57	LYTGOBI (12 MG DAILY DOSE).....	65
loperamide hcl.....	183	LYTGOBI (16 MG DAILY DOSE).....	65
LOPHLEX.....	154	LYTGOBI (20 MG DAILY DOSE).....	65
LOPHLEX LQ 20.....	154	lyza.....	208
lopinavir-ritonavir.....	77		
lorazepam.....	124	M	
loryna.....	203	MAFENIDE ACETATE.....	146
losartan potassium.....	95	mafenide acetate.....	146
losartan potassium-hctz.....	108	malathion.....	146
LOTEMAX.....	249	MALTOCARB.....	154
LOTEMAX SM.....	249	maraviroc.....	77
loteprednol etabonate.....	249	marlissa.....	203
lovastatin.....	112	MARPLAN.....	43
low-ogestrel.....	203	MATULANE.....	53
loxapine succinate.....	119	matzim la.....	104
LPS CRITICAL CARE SUGAR FREE.....	154	MAVENCLAD (10 TABS).....	136
LPS SUGAR FREE.....	154	MAVENCLAD (4 TABS).....	136
lubiprostone.....	181	MAVENCLAD (5 TABS).....	136
LULICONAZOLE.....	50	MAVENCLAD (6 TABS).....	136
LUMAKRAS.....	57	MAVENCLAD (7 TABS).....	136
LUMIGAN.....	250	MAVENCLAD (8 TABS).....	136
LUMIZYME.....	187	MAVENCLAD (9 TABS).....	136
LUMRYZ.....	266	MAVYRET.....	74
LUPKYNIS.....	225	maxepa.....	173
LUPRON DEPOT (1-MONTH).....	215	maxi-tuss ac.....	263
LUPRON DEPOT (3-MONTH).....	215	maximum epa.....	173
LUPRON DEPOT (4-MONTH).....	215	MAYZENT.....	136
LUPRON DEPOT (6-MONTH).....	215	MAYZENT STARTER PACK.....	136
LUPRON DEPOT-PED (1-MONTH).....	216	MCT PRO-CAL.....	154
LUPRON DEPOT-PED (3-MONTH).....	216	MCTPROCAL.....	154
LUPRON DEPOT-PED (6-MONTH).....	216	meclizine hcl.....	47
lurasidone hcl.....	119,120	MECLOFENAMATE SODIUM.....	7
lutera.....	203	medi-first aspirin.....	7
LUTRISH CHOCOLATE SHAKE.....	154	medique aspirin.....	7
LUTRISH VANILLA SHAKE.....	154	medpura antifungal.....	50

medpura benzoyl peroxide	144	methotrexate sodium (pf)	225
MEDROL	193	METHOXSALEN RAPID	145
medroxyprogesterone acetate	208,209	methscopolamine bromide	183
mefenamic acid	7	methsuximide	38
mefloquine hcl	70	METHYLDOPA	94
megestrol acetate	209	Methylphenidate 10 MG/9HR PATCH (generic of DAYTRANA)	129
meijer aspirin ec	7	Methylphenidate 15 MG/9HR PATCH (generic of DAYTRANA)	130
MEKINIST	65	Methylphenidate 20 MG/9HR PATCH (generic of DAYTRANA)	130
meloxicam	7	Methylphenidate 30 MG/9HR PATCH (generic of DAYTRANA)	130
MELPHALAN	53	Methylphenidate HCl 10 MG TAB (generic of RITALIN)	130
memantine hcl	116	Methylphenidate HCl 10 MG/5ML SOLUTION (generic of METHYLIN)	130
memantine hcl er	116,117	Methylphenidate HCl 20 MG TAB (generic of RITALIN)	130
MENEST	203	Methylphenidate HCl 5 MG TAB (generic of RITALIN)	130
MENOPUR	195	Methylphenidate HCl 5 MG/5ML SOLUTION (generic of METHYLIN)	130
MENOSTAR	203	METHYLPHENIDATE HCL ER	131
MENTAX	50	Methylphenidate HCl ER (CD) 10 MG CAP ER (generic of METADATE CD)	130
meprobamate	124	Methylphenidate HCl ER (CD) 20 MG CAP ER (generic of METADATE CD)	130
mercaptopurine	55	Methylphenidate HCl ER (CD) 30 MG CAP ER (generic of METADATE CD)	130
merzee	203	Methylphenidate HCl ER (CD) 40 MG CAP ER (generic of METADATE CD)	130
mesalamine	227	Methylphenidate HCl ER (CD) 50 MG CAP ER (generic of METADATE CD)	130
mesalamine er	227	Methylphenidate HCl ER (CD) 60 MG CAP ER (generic of METADATE CD)	130
mesalamine-cleanser	227	methylphenidate hcl er (la)	130
MESNEX	57	Methylphenidate HCl ER (LA) 10 MG CAP ER 24H (generic of RITALIN LA)	130
metaxalone	264	Methylphenidate HCl ER (LA) 20 MG CAP ER 24H (generic of RITALIN LA)	130
metformin hcl	80,81		
metformin hcl 850 mg tab	81		
metformin hcl er	81		
METFORMIN HCL ER 500 MG TAB ER 24H (GENERIC OF GLUCOPHAGE XR)	81		
METFORMIN HCL ER 750 MG TAB ER 24H (GENERIC OF GLUCOPHAGE XR)	81		
methadone hcl	11		
METHAMPHETAMINE HCL	128		
methamphetamine hcl	128		
methazolamide	250		
methenamine hippurate	30		
methimazole	217		
METHIONAID	237		
methocarbamol	264		
methotrexate sodium	225		
METHOTREXATE SODIUM	225		

Methylphenidate HCl ER (LA) 30 MG CAP ER 24H (generic of RITALIN LA)	130	miglustat	187
Methylphenidate HCl ER (LA) 40 MG CAP ER 24H (generic of RITALIN LA)	130	MIGRANAL	125
methylphenidate hcl er (osm)	131	mili	204
Methylphenidate HCl ER 10 MG TAB ER (generic of METADATE ER)	131	mimvey	204
Methylphenidate HCl ER 20 MG TAB ER (generic of METADATE ER)	131	minocycline hcl	36
methylphenidate hcl tab er osmotic release (osm) 18 mg (generic of CONCERTA)	131	minoxidil	115
methylphenidate hcl tab er osmotic release (osm) 27 mg (generic of CONCERTA)	131	MIRENA (52 MG)	209
methylphenidate hcl tab er osmotic release (osm) 36 mg (generic of CONCERTA)	131	mirtazapine	42,43
methylphenidate hcl tab er osmotic release (osm) 54 mg (generic of CONCERTA)	131	misoprostol	184
methylprednisolone	193	MITIGARE	51
methyltestosterone	196	mitoxantrone hcl	57
metoclopramide hcl	47	mm allergy relief 24 hour	254
metolazone	111	mm aspirin	7
metoprolol succinate er	100	mm clearlax	181
metoprolol tartrate	101	mm fexofenadine hcl	254
metoprolol-hydrochlorothiazide	108	MMA/PA ANAMIX EARLY YEARS	237
metronidazole	30	MMA/PA ANAMIX NEXT	237
metronidazole vaginal gel 0.75%	30	MMA/PA COOLER15	154
mexiletine hcl	98	MMA/PA EXPRESS 15	155
mibelas 24 fe	203	MMA/PA GEL	155
micaderm	50	MMA/PA MAXAMUM	237
miconazole antifungal	50	modafinil	266
miconazole nitrate	50	MODULEN	237
microgestin 1.5/30	203	moexipril hcl	97
microgestin 1/20	203	mometasone furoate	142,193,252
microgestin 24 fe	204	mondoxyne nl	36
microgestin fe 1.5/30	204	mono-lynyah	204
microgestin fe 1/20	204	MONOGEN	237
midodrine hcl	94	montelukast sodium	255
MIEBO	246	MORPHINE SULFATE	15
mifepristone	193	morphine sulfate	15
MIGLITOL	81	MORPHINE SULFATE (CONCENTRATE)	15
miglitol	81	morphine sulfate (concentrate)	15
		morphine sulfate er	11
		MOTOFEN	183
		MOUNJARO	81,82
		MOVANTIK	181,182
		MOVIPREP	182
		moxifloxacin hcl	35,248
		MOZOBIL	91
		MSUD 2	237

MSUD AID	237	NAFTIN	50
MSUD ANALOG	173	nalbuphine hcl	15
MSUD ANAMIX EARLY YEARS	237	naloxone hcl	18
MSUD COOLER	155	naltrexone hcl	18
MSUD EXPRESS 15 PLUS	155	naproxen	7
MSUD EXPRESS 20 PLUS	155	naproxen dr	7
MSUD GEL	155	naproxen sodium	7
MSUD LOPHLEX LQ	155	naratriptan hcl	125
MSUD MAXAMAID	237	NARCAN	19
MSUD MAXAMUM	238	NATACYN	248
MULPLETA	92	NATAZIA	204
MULTAQ	98	nateglinide	82
MULTI-VITAMIN/FLUORIDE	173	NATPARA	229
multi-vitamin/fluoride/iron	173	NATROBA	146
MULTIVITAMIN + FLUORIDE	173	NAYZILAM	17
MULTIVITAMIN/FLUORIDE	155,173	nebivolol hcl	101
multivitamin/fluoride	173	necon 0.5/35 (28)	204
mupirocin	146	NEFAZODONE HCL	44
my choice	209	NEFFY	256
my way	209	neo-polycin hc	246
mycophenolate mofetil	225	NEO-SYNALAR	145
mycophenolate sodium	226	NEOCATE INFANT DHA/ARA	238
mycophenolic acid	226	NEOCATE JUNIOR	238
MYFEMBREE	195	NEOCATE JUNIOR PREBIOTICS	238
MYLERAN	53	NEOCATE NUTRA	238
myorisan	140	NEOCATE SPLASH	155
MYRBETRIQ	190	NEOCATE SYNEO INFANT	174
MYTESI	183	NEOCATE SYNEO JUNIOR	155
N			
N-A-C SUSTAIN	173	neomycin sulfate	29
n-acetyl cysteine	174	neomycin-polymyxin-dexameth	246
na sulfate-k sulfate-mg sulf	182	NEOMYCIN-POLYMYXIN-GRAMICIDIN	246
nabumetone	7	NEOMYCIN-POLYMYXIN-HC	246
nac	174	neomycin-polymyxin-hc	250,251
nac 600	174	NEONATAL + DHA	174
nadolol	101	NEONATAL 19	174
nafrinse	174	NEONATAL FE	174
NAFRINSE DROPS	174	NEOSURE ADVANCE	238
NAFTIFINE HCL	50	NEPRO	155
naftifine hcl	50	NEPRO/CARBSTEADY	155
		NESTLE NAN PRO 1-IRON	174
		NESTLE NAN PRO-TODDLER	174

neuac	140	NIVA THYROID	212
NEUPRO	71,72	NIVA-FOL	174
NEVANAC	249	nizatidine	184
nevirapine	75	NIZATIDINE	184
NEVIRAPINE	75	NOCDURNA	195
nevirapine er	75	nora-be	209
new day	209	NORDITROPIN FLEXPEN	195
NEXLETOL	108	norelgestromin-eth estradiol	204
NEXLIZET	114	norethin ace-eth estrad-fe	204
NEXPLANON	209	norethin-eth estradiol-fe	204
NEXTSTELLIS	204	norethindron-ethinyl estrad-fe	204
nf formulas nac	174	norethindrone	209
niacin er (antihyperlipidemic)	114	norethindrone acet-ethinyl est	204
nicardipine hcl	102	norethindrone acetate	209
nicotine	24,25	norethindrone-eth estradiol	204
NICOTINE	25,26,27,28	NORGESIC	265
nicotine mini	25	norgestim-eth estrad triphasic	204
nicotine polacrilex	25	norgestimate-eth estradiol	204
nicotine polacrilex mini	25	norlyroc	209
nicotine step 1	26	NORPACE CR	99
nicotine step 2	26	nortrel 0.5/35 (28)	205
nicotine step 3	26	nortrel 1/35 (21)	205
NICOTROL	26	nortrel 1/35 (28)	205
NICOTROL NS	26	nortrel 7/7/7	205
nifedipine er	102	nortriptyline hcl	47
nifedipine er osmotic release	102	norwegian salmon oil	174
nikki	204	NOURISH	155
nilutamide	53	NOURISH PEPTIDE FORMULA	155
nimodipine	102	NOVASOURCE RENAL	155
NINLARO	57	NOVOLIN 70/30	86
nisoldipine er	102,103	NOVOLIN 70/30 FLEXPEN	86
NISOLDIPINE ER	102,103	NOVOLIN 70/30 FLEXPEN RELION	86
NITAZOXANIDE	70	NOVOLIN 70/30 RELION	86
nitazoxanide	70	NOVOLIN N	86
nitisinone	187	NOVOLIN N FLEXPEN	87
NITRO-DUR	115,116	NOVOLIN N FLEXPEN RELION	87
nitrofurantoin	30	NOVOLIN N RELION	87
NITROFURANTOIN	30	NOVOLIN R	87
nitrofurantoin macrocrystal	30	NOVOLIN R FLEXPEN	87
nitrofurantoin monohyd macro	30	NOVOLIN R FLEXPEN RELION	87
nitroglycerin	116	NOVOLIN R RELION	87

NOVOLOG	87	NUTRITIONAL SHAKE PLUS	156
NOVOLOG 70/30 FLEXPEN RELION	87	NUTRITIONAL SHAKE PLUS PROTEIN	156
NOVOLOG FLEXPEN	87	NUTRITIONAL SUPPLEMENT	156
NOVOLOG FLEXPEN RELION	87	NUTRITIONAL SUPPLEMENT PLUS	156
NOVOLOG MIX 70/30	87	nyamyc	50
NOVOLOG MIX 70/30 FLEXPEN	87	nylia 1/35	205
NOVOLOG MIX 70/30 RELION	87	nylia 7/7/7	205
NOVOLOG PENFILL	87	nymyo	205
NOVOLOG RELION	87	nystatin	50,51
NOXAFIL	50	nystatin-triamcinolone	145
NP THYROID	212,213	nystop	51
NUBEQA	54		
NUCALA	263	O	
NUCYNTA	15	OA 1	238
NUCYNTA ER	11	OA 2	238
NUDEXTA	133	ocella	205
nulev	183	OCTREOTIDE ACETATE	216
NULOJIX	226	octreotide acetate	216
NURTEC	125	ODEFSEY	75
NUTRA/SHAKE	155	ODOMZO	65
NUTRAMINE	155	OFEV	261
NUTRAMINE AMINO BITES	155	ofloxacin	35,248,251
NUTREN 1.0	155	OGSIVEO	57
NUTREN 1.0/FIBER	155	OHTUVAYRE	269
NUTREN 1.5	155	OJEMDA	269
NUTREN 2.0	155	olanzapine	120
NUTREN JR	155	olmesartan medoxomil	96
NUTREN JR FIBER	156	olmesartan medoxomil-hctz	108
NUTREN JUNIOR 1.0	156	olmesartan-amlodipine-hctz	108
NUTREN JUNIOR/FIBER	156	olopatadine hcl	248,254
NUTREN PULMONARY	156	omega 3	174
NUTRICIA PREOP	156	omega iii epa+dha	174
NUTRIFOCUS	156	omega-3	174
NUTRIHEP 1.5 CAL	156	omega-3 cf	174
NUTRITIONAL DRINK	156	omega-3 fish oil	174
NUTRITIONAL DRINK MIX	238	omega-3-acid ethyl esters	114
NUTRITIONAL DRINK PLUS	156	omeprazole	185
NUTRITIONAL SHAKE	156	OMEPRAZOLE+SYRSPEND SF ALKA	238
NUTRITIONAL SHAKE COMPLETE	156	omeprazole-sodium bicarbonate	185
NUTRITIONAL SHAKE HIGH PROTEIN	156	OMNIFLEX DIAPHRAGM	238
		Omnipod 5 DexG7G6 Pods Gen 5 MISC	238

OMNIPOD 5 G6 INTRO (GEN 5)	238	ORLISSA	216
OMNIPOD 5 G6 PODS (GEN 5)	238	ORKAMBI	257
Omnipod 5 G7 Intro (Gen 5) KIT	238	ORLISTAT	183
OMNIPOD 5 G7 PODS (GEN 5)	238	orphenadrine citrate er	265
OMNIPOD 5 LIBRE2 PLUS G6	238	ORPHENADRINE-ASPIRIN-CAFFEINE	265
OMNIPOD 5 LIBRE2 PLUS G6 PODS	238	orphengesic forte	265
OMNIPOD CLASSIC PODS (GEN 3)	238	ORSERDU	54
OMNIPOD DASH INTRO (GEN 4)	238	OS 2	239
OMNIPOD DASH PDM (GEN 4)	238	OSAPLEX MK-7	156
OMNIPOD DASH PODS (GEN 4)	238	oscimin	183
OMNIPOD POD PALS	238	oseltamivir phosphate	78
OMNITROPE	195	OSMOLITE	156
ondansetron	48	OSMOLITE 1 CAL	156
ONDANSETRON HCL	48	OSMOLITE 1.2 CAL	157
ondansetron hcl	48	OSMOLITE 1.5 CAL	157
ONETOUCH SOLUTIONS STARTER KIT	239	OSMOLITE HN	157
ONETOUCH ULTRA	239	OSMOPREP	182
ONETOUCH ULTRA 2	239	OSPHENA	205
ONETOUCH ULTRA BLUE TEST	239	OTEZLA	145,219
ONETOUCH ULTRA MINI	239	OVIDREL	196
ONETOUCH ULTRA TEST	239	oxandrolone	196
ONETOUCH VERIO	239	oxaprozin	7
ONETOUCH VERIO FLEX SYSTEM	239	oxazepam	124
ONETOUCH VERIO REFLECT	239	oxcarbazepine	41
opcicon one-step	209	OXEPA	157
OPFOLDA	187	OXEPA 1.5	157
OPSUMIT	259	OXERVATE	246
OPTICLEANSE GHI	156,239	oxiconazole nitrate	51
OPTICLEANSE PLUS	156	OXISTAT	51
optimal d3	229	oxybutynin chloride	190
OPTIMENTAL	156	oxybutynin chloride er	190
OPTIMETABOLIX	156	oxycodone hcl	15,16
OPTIMETABOLIX 2:1	156	OXYCODONE HCL ER	11,12
option 2	209	oxycodone-acetaminophen	16
OPTIONS GYNOL II CONTRACEPTIVE	191	OXYCONTIN	12
OPVEE	239	oxymorphone hcl	16
oralone	138	OXYMORPHONE HCL ER	12
ORGANIC NUTRITION SHAKE	156	OZEMPIC (0.25 OR 0.5 MG/DOSE)	82
ORGANIC PEDIA SMART	239	OZEMPIC (1 MG/DOSE)	82
ORGOVYX	216	OZEMPIC (2 MG/DOSE)	82
ORIAHNN	196		

P

pacerone	99	PEDIASURE 1.5 CAL/FIBER	157
PALFORZIA (1 MG DAILY DOSE)	219	PEDIASURE GROW & GAIN	157,240
PALFORZIA (12 MG DAILY DOSE)	220	PEDIASURE GROW & GAIN ORGANIC	157
PALFORZIA (120 MG DAILY DOSE)	220	PEDIASURE GROW & GAIN/FIBER	157
PALFORZIA (160 MG DAILY DOSE)	220	PEDIASURE HARVEST 1.0 CAL	157
PALFORZIA (20 MG DAILY DOSE)	220	PEDIASURE NUTRIPALS	157
PALFORZIA (200 MG DAILY DOSE)	220	PEDIASURE PEDIATRIC	157
PALFORZIA (240 MG DAILY DOSE)	220	PEDIASURE PEPTIDE 1.0 CAL	157
PALFORZIA (3 MG DAILY DOSE)	220	PEDIASURE PEPTIDE 1.5 CAL	157
PALFORZIA (300 MG MAINTENANCE)	220	PEDIASURE REDUCED CALORIE	157
PALFORZIA (300 MG TITRATION)	220	PEDIASURE SHAKE MIX	240
PALFORZIA (40 MG DAILY DOSE)	220	PEDIASURE SHAKE/FIBER	157
PALFORZIA (6 MG DAILY DOSE)	220	PEDIASURE SIDEKICKS	157,240
PALFORZIA (80 MG DAILY DOSE)	220	PEDIASURE SIDEKICKS CLEAR	157
PALFORZIA INITIAL DOSE 1-3YRS	220	PEDIASURE SIDEKICKS SHAKE	157
PALFORZIA INITIAL DOSE 4-17YRS	220	PEDIASURE/FIBER	157
PALFORZIA INITIAL ESCALATION	221	PEDIATRIC DRINK	157
paliperidone er	120	peg 3350	182
PALONOSETRON HCL	49	peg 3350-kcl-na bicarb-nacl	182
palonosetron hcl	49	peg-3350/electrolytes	183
pamidronate disodium	229	PEGASYS	223
PAMIDRONATE DISODIUM	229	PEN NEEDLES	240
PANCREAZE	187,188	penciclovir	146
panoxyl foaming wash	145	penicillamine	191
PANRETIN	70	PENICILLIN V POTASSIUM	33
pantoprazole sodium	185	penicillin v potassium	33
PARAGARD INTRAUTERINE COPPER	239	pentamidine isethionate	70
paricalcitol	229	PENTASA	227
paroxetine hcl	44,45	pentoxifylline er	108
paroxetine hcl er	45	PEPTAMEN	157
PAXLOVID (150/100)	239	PEPTAMEN 1 CAL/PREBIO1	158
PAXLOVID (300/100)	240	PEPTAMEN 1.5 CAL	158
pazopanib hcl	65	PEPTAMEN 1.5 CAL/PREBIO1	158
pc pediatric iron drops	174	PEPTAMEN AF	158
PEAK FLOW METERS	231	PEPTAMEN INTENSE VHP	158
PEDIASURE	157	PEPTAMEN JUNIOR 1 CAL	158
PEDIASURE 1.0 CAL/FIBER	157	PEPTAMEN JUNIOR 1 CAL/PREBIO1	158
PEDIASURE 1.5 CAL	157	PEPTAMEN JUNIOR 1.5	158
		PEPTAMEN JUNIOR 1.5 CAL	158
		PEPTAMEN JUNIOR FIBER	158
		PEPTAMEN JUNIOR HP	158

PEPTAMEN JUNIOR PHGG 1.2	158	PHENYLADE40 DRINK MIX	175
PEPTAMEN JUNIOR/PREBIO1	158	PHENYLADE60 DRINK MIX	159,240
PEPTAMEN/PREBIO1	158	phenylephrine hcl	247
PEPTICATE	174	phenytoin	41
PERATIVE	158	phenytoin infatabs	41
PERATIVE 1.3 CAL	158	phenytoin sodium extended	42
PERIFLEX ADVANCE	240	PHEXXI	209
PERIFLEX INFANT	174	philith	205
PERIFLEX JUNIOR	240	PHLEXY-10	159
PERINDOPRIL ERBUMINE	97	phlexy-10	175
perindopril erbumine	97	PHOSPHOLINE IODIDE	250
periogard	138	physiolyte	175
permethrin	146	physiosol irrigation	175
perphenazine	47	phytonadione	93
PERTZYE	188	PIFELTRO	75
PFD	240	pilocarpine hcl	138,250
PFD 2	240	pimecrolimus	142
pharbedryl	254	PIMOZIDE	120
pharmacist choice d-vitamin	229	pimtra	205
phenazo	191	pindolol	101
phenazopyridine hcl	191,192	pioglitazone hcl	82
PHENELZINE SULFATE	43	pioglitazone hcl-glimepiride	82
PHENEX-1	240	pioglitazone hcl-metformin hcl	82
PHENEX-2	240	PIQRAY (200 MG DAILY DOSE)	66
phenobarbital	39	PIQRAY (250 MG DAILY DOSE)	66
phenoxybenzamine hcl	95	PIQRAY (300 MG DAILY DOSE)	66
phentermine hcl	133	pirfenidone	261
PHENYL-FREE 1	174	pirmella 1/35	205
PHENYL-FREE 2	240	pirmella 7/7/7	205
PHENYL-FREE 2HP	240	piroxicam	7
PHENYLADE AMINO ACID BLEND	174	PIVOT 1.5 CAL	159
PHENYLADE DRINK MIX	240	PKU 2	240
PHENYLADE ESSENTIAL DRINK MIX	158,240	PKU 3	240
PHENYLADE ESSENTIAL MIX/FIBER	158,240	PKU AIR20 GOLD	159
PHENYLADE GMP	158,240	PKU AIR20 GREEN	159
PHENYLADE GMP MIX DHA/FIBER	158	PKU AIR20 YELLOW	159
PHENYLADE GMP MIX-IN	158,240	PKU COOLER 10	159
PHENYLADE GMP READY	158	PKU COOLER 15	159
PHENYLADE GMP ULTRA	158	PKU COOLER 20	159
PHENYLADE MTE AMINO ACID BLEND	175	PKU EASY SHAKE & GO	159
PHENYLADE RTD PKU 10	159	PKU EXPLORE10	159

PKU EXPLORE5.....	159	prednisolone.....	194
PKU GEL.....	159	prednisolone acetate.....	249
PKU GOLIKE PLUS 16+.....	159,175	prednisolone sodium phosphate.....	194
PKU GOLIKE PLUS 4-16.....	159,175	PREDNISOLONE SODIUM PHOSPHATE.....	249
PKU LOPHLEX LQ 20.....	159	prednisone.....	194
PKU PERIFLEX EARLY YEARS.....	240	PREDNISON.....	194
PKU PERIFLEX JUNIOR PLUS.....	240	PREDNISON INTENSOL.....	194
PKU SPHERE 15.....	159	PREFEST.....	205
PKU SPHERE 20.....	159	pregabalin.....	134
PKU SPHERE NEXT 15.....	159	PREGESTIMIL.....	175
PKU START.....	159,175	PREGNYL.....	196
PKU TRIO.....	159,240	PREMARIN.....	205
plerixafor.....	92	PREMIUM INFANT FORMULA/IRON.....	175
podofilox.....	145	premium lidocaine.....	17
PODOFILOX.....	145	PREMPHASE.....	205
POLIGRIP SUPER STRONG EX ST.....	240	PREMPRO.....	205
POLYCAL.....	240	PRENAISSANCE PLUS.....	175
polycin.....	247	PRENATAL.....	175
polyethylene glycol 3350.....	182	PRENATAL PLUS.....	175
polymyxin b-trimethoprim.....	248	PRENATAL PLUS VITAMIN/MINERAL.....	175
POMALYST.....	54,55	PRENATRIX.....	175
PORTAGEN.....	241	PRENATRYL.....	175
portia-28.....	205	PRETOMANID.....	52
posaconazole.....	51	prevalite.....	115
potassium chloride.....	159,160	PREVYMIS.....	73,269
potassium chloride crys er.....	160	PREZCOBIX.....	77
potassium chloride er.....	160	PREZISTA.....	77
POTASSIUM CHLORIDE ER.....	160	PRIFTIN.....	52
potassium citrate er.....	160	PRIMAQUINE PHOSPHATE.....	70
potassium iodide (expectorant).....	217	primaquine phosphate.....	70
PPA/MMA EXPRESS.....	160	PRIMIDONE.....	39
pramipexole dihydrochloride.....	72	primidone.....	39
pramipexole dihydrochloride er.....	72	PRO-PHREE.....	241
prasugrel hcl.....	94	probenecid.....	51
pravastatin sodium.....	112	procainamide hcl.....	99
praziquantel.....	70	prochlorperazine.....	47
prazosin hcl.....	95	prochlorperazine maleate.....	48
pre protein.....	175	PROCRIT.....	92
PRED FORTE.....	249	procto-med hc.....	142
PRED MILD.....	249	PROCTOFOAM HC.....	145
PREDNICARBATE.....	194	proctosol hc.....	143

proctozone-hc	143	PULMOZYME	257
progesterone	209,210	PURAMINO DHA/ARA	175
PROLASTIN-C	188	PURAMINO JR	175
PROMACTA	92	PURAMINO TODDLER	175
promethazine hcl	48,254	PURE BLISS ORG/A2 MILK/IRON	175
PROMETHAZINE VC/CODEINE	264	PURE BLISS ORGANIC/IRON	175,241
promethazine-codeine	264	PURECARB	241
promethazine-dm	264	PURIXAN	55
promethazine-phenyleph-codeine	264	PUSH 20+ ADVANCED	161
promethegan	48	px allergy relief	254
PROMOD	160,241	px aspirin	7,8
PROMOTE	160	px childrens profen ib	8
PROMOTE 1.0	160	px enteric aspirin	8
PROMOTE 1.0 WITH FIBER	160	px fish oil	175
PROMOTE/FIBER	160	px folic acid	175
propafenone hcl	99	px stop smoking aid	26
propafenone hcl er	99	PX VANILLA PLUS	161
PROPIMEX-1	241	pyrazinamide	52
PROPIMEX-2	241	pyridostigmine bromide	127
propranolol hcl	101	pyridostigmine bromide er	127
PROPRANOLOL HCL	101,102	pyrimethamine	70
propranolol hcl er	101,102	PYRUKYND	92
propylthiouracil	217	PYRUKYND TAPER PACK	92
PROSOURCE	160,241		
PROSOURCE NO CARB	160,175	Q	
PROSOURCE PLUS	160	qc allergy relief	254
PROSOURCE PROTEIN	175	qc aspirin	8
PROSOURCE TF	160	qc aspirin low dose	8
PROSOURCE XTRACAL	160	qc childrens aspirin	8
PROSOURCE ZAC	160	qc childrens ibuprofen	8
PROSURE	160	qc enteric aspirin	8
PROTALITY	160	qc esomeprazole magnesium	185
PROTEIN FORTIFIER	241	qc fish oil	176
proteinex	175	qc folic acid	176
protriptyline hcl	47	qc natura-lax	182
PROVIMIN	241	qc nicotine transdermal system	26,27
proxivol	17	qc vitamin d3	229
pseudoeph-bromphen-dm	264	QSYMIA	133,134
PULMICORT FLEXHALER	252	QUAZEPAM	265
PULMOCARE	160	quetiapine fumarate	120
PULMOCARE 1.5	161	QUETIAPINE FUMARATE	120,121

quetiapine fumarate er	120,121
QUILLICHEW ER	131
QUILLIVANT XR	131
quinapril hcl	97,98
quinapril-hydrochlorothiazide	108,109
QUINAPRIL-HYDROCHLOROTHIAZIDE	109
quinidine gluconate er	99
quinine sulfate	71
QUINOA/KALE/HEMP	161
QULIPTA	125
QVAR REDIHALER	252

R

ra allergy relief	254
ra aspirin	8
ra aspirin adult low dose	8
ra aspirin adult low strength	8
ra aspirin childrens	8
ra aspirin ec	8,9
ra aspirin ec adult low st	9
ra esomeprazole magnesium	185
ra eye itch relief	248
ra fish oil	176
ra folic acid	176
ra ibuprofen childrens	9
ra laxative	182
ra mini nicotine	27
ra nicotine	27
ra nicotine gum	27
ra nicotine polacrilex	27,28
ra pain relief aspirin	9
rabeprazole sodium	185
RADICAVA ORS	134
RADICAVA ORS STARTER KIT	134
raloxifene hcl	205
ramelteon	265
ramipril	98
ranolazine er	109
rasagiline mesylate	73
RCF	176
RCF LOW-IRON	176
RE/NEPH	161
RE/NEPH LP/HC	161
RE/NEPH REDUCED SUGAR	161
react	210
REAL FOOD BLENDS	161
REASON	161
REBIF	136
REBIF REBIDOSE	136,137
REBIF REBIDOSE TITRATION PACK	137
REBIF TITRATION PACK	137
reclipsen	205
RECTIV	116
regeneCare ha	17
REGULAR NUTRITIONAL SHAKE	161
RELENZA DISKHALER	78
RENACIDIN	192
RENALCAL	161
RENASTART	161,241
RENASTEP	161
repaglinide	82,83
REPATHA	115
REPATHA PUSHTRONEX SYSTEM	115
REPATHA SURECLICK	115
REPLETE	161
REPLETE FIBER	161
REPLETE FIBER 1 CAL	161
RESOURCE 2.0	161
RESTASIS MULTIDOSE	247
RESTORE FUSION RENAL SUPPORT	176
RESTORE RENAL SUPPORT	176
RESURGEX	161
RESURGEX PLUS	161
RESURGEX SELECT	161
RETACRIT	92,93
RETEVMO	58,269
REVUFORJ	269,270
RETOVY	19
REXULTI	121
REYATAZ	77
REYVOW	125
REZDIFFRA	270

REZLIDHIA	66	SANCUSO	49
RHOPRESSA	250	SANTYL	145
RIBAVIRIN	74	sapropterin dihydrochloride	188
ribavirin	74	SAVAYSA	89
RIDAURA	221	SAVELLA	134,135
rifabutin	52	SAVELLA TITRATION PACK	135
rifampin	52	SAXENDA	241
RILUTEK	134	sb aspirin	9
riluzole	134	sb aspirin ec	9
RINVOQ	226	sb childrens aspirin	9
RINVOQ LQ	270	SB COMPLETE NUTRITION	161
risedronate sodium	229,230	SB COMPLETE NUTRITION PLUS	161
risperidone	121	sb low dose asa ec	9
RISPERIDONE	121,122	sb omega-3 fish oil	176
ritonavir	77	sb polyethylene glycol 3350	182
rivastigmine	117	SCANDICAL	241
rivastigmine tartrate	117	SCANDISHAKE	162,241
rivelsa	206	scopolamine	48
RIVFLOZA	270	sea-omega	176
rizatriptan benzoate	126	SECUADO	121
ROCKLATAN	247	selegiline hcl	73
roflumilast	258	selenium sulfide	143,145
ropinirole hcl	72	SELZENTRY	77
rosadan	30	SERACAL	162
rosuvastatin calcium	112,113	SEREVENT DISKUS	256
rosuvastatin calcium 10 mg tab	113	sertraline hcl	45
rosuvastatin calcium 5 mg tab	113	setlakin	206
roweepra	37	sevelamer carbonate	165
ROZLYTREK	58	sevelamer hcl	165
RUBRACA	66	sf	138
rufinamide	42	sf 5000 plus	138
RUKOBIA	77	sharobel	210
RYBELSUS	83	SHUR-SEAL CONTRACEPTIVE	192
RYCLORA	254	SIKLOS	55
RYDAPT	66	sildenafil citrate	192,259
		silodosin	191
S		silver sulfadiazine	145
S.O.S. 20	161	SIMBRINZA	250
S.O.S. 25	161	SIMILAC	176,241
sajazir	217	SIMILAC 2 ADVANCE	176
SALMON/OATS/SQUASH	161	SIMILAC 2-IRON	176

SIMILAC 360 TOT CARE SENS 5HMO	241	SIMILAC PRO-ADVANCE WITH IRON	178,242
SIMILAC 360 TOTAL CARE	176	SIMILAC PRO-SENSITIVE	242
SIMILAC 360 TOTAL CARE 5 HMO	176,241	SIMILAC PRO-SENSITIVE OPTIGRO	178,242
SIMILAC 360 TOTAL CARE SENS	176	SIMILAC PRO-SENSITIVE/IRON	178
SIMILAC ADVANCE COMPLETE	176,241	SIMILAC PRO-TOTAL COMFORT	178,242
SIMILAC ADVANCE EARLY SHIELD	176,241	SIMILAC PURE BLISS	178
SIMILAC ADVANCE KOSHER	241	SIMILAC PURE BLISS/IRON	178
SIMILAC ADVANCE LAMEHADRIDIN	176	SIMILAC SENSITIVE	178
SIMILAC ADVANCE NON-GMO	176	SIMILAC SENSITIVE EARLY SHIELD	178,242
SIMILAC ADVANCE ON-THE-GO	241	SIMILAC SENSITIVE FUSSINESS	178
SIMILAC ADVANCE OPTIGRO/IRON	177	SIMILAC SENSITIVE NON-GMO	178
SIMILAC ADVANCE ORGANIC	177,241	SIMILAC SENSITIVE OPTIGRO	242
SIMILAC ADVANCE-IRON	177,241	SIMILAC SENSITIVE OPTIGRO/IRON	178
SIMILAC ADVANCE/IRON	177	SIMILAC SENSITIVE SPIT-UP	242
SIMILAC ALIMENTUM ADVANCE-IRON	242	SIMILAC SOY ISOMIL	178,242
SIMILAC ALIMENTUM IMMUNESUPP	242	SIMILAC SPECIAL CARE	242
SIMILAC ALIMENTUM TODDLER	177	SIMILAC SPECIAL CARE PREMATURE	242
SIMILAC ALIMENTUM-IRON	177	SIMILAC SPECIAL CARE/IRON	242
SIMILAC EXPERT CARE ALIMENTUM	242	SIMILAC SPECIAL CARE/LOW IRON	243
SIMILAC EXPERT CARE DIARRHEA	242	SIMILAC SPIT-UP OPTIGRO/IRON	178
SIMILAC EXPERT CARE NEOSURE/FE	242	SIMILAC TOTAL COMFORT OPTIGRO/FE	178
SIMILAC FOR SPIT-UP	177,242	SIMILAC TOTAL COMFORT	178,243
SIMILAC FOR SPIT-UP/OPTIGRO	177	SIMILAC/IRON	178,243
SIMILAC FOR SUPPLEMENTATION	177,242	simliya	206
SIMILAC GO & GROW EARLY SHIELD	177	simpeesse	206
SIMILAC GO & GROW HMO	177	SIMULECT	221
SIMILAC GO & GROW NON-GMO	177	simvastatin 10 mg tab	113
SIMILAC GO & GROW OPTIGRO	177	simvastatin 20 mg tab	113
SIMILAC GO & GROW TODDLER	177	simvastatin 40 mg tab	113
SIMILAC HUMAN MILK FORTIFIER	177	simvastatin tab 5 mg	113
SIMILAC LACTOSE FREE	177	simvastatin tab 80 mg	113
SIMILAC LACTOSE FREE ADVANCE	177,242	sirolimus	226
SIMILAC LOW-IRON	177,242	SIRTURO	52
SIMILAC NATURAL CARE	242	SKYCLARYS	188
SIMILAC NEOSURE	177	SKYLA	210
SIMILAC NEOSURE ADVANCE/IRON	242	SKYRIZI	221
SIMILAC NEOSURE OPTIGRO	177,242	SKYRIZI (150 MG DOSE)	221
SIMILAC ORGANIC/A2 MILK/IRON	177	SKYRIZI PEN	221
SIMILAC ORGANIC/IRON	177,242	SLYND	210
SIMILAC PM	178	sm allergy relief	254
SIMILAC PRO-ADVANCE OPTIGRO	178,242	sm antifungal miconazole	51

sm aspirin	9	sotalol hcl	99
sm aspirin adult low strength	9	sotalol hcl (af)	99
sm aspirin ec	9	SOVALDI	74
sm aspirin ec low strength	9	SPINOSAD	146
sm aspirin low dose	9	SPIRIVA HANDIHALER	255
sm childrens aspirin	9	SPIRIVA RESPIMAT	255
sm childrens ibuprofen	10	spironolactone	110
sm clearlax	182	spironolactone-hctz	109
sm esomeprazole magnesium	186	SPRAVATO (56 MG DOSE)	43
sm eye itch relief	248	SPRAVATO (84 MG DOSE)	43
sm fexofenadine hcl	254	sprintec 28	206
sm fish oil	178	SPRYCEL	66,67
sm folic acid	179	sronyx	206
sm nicotine	28	ssd	145
sm nicotine polacrilex	28	sss 10-5	145
SM NUTRI-DRINK	162	st joseph aspirin	10
SM NUTRI-DRINK +	162	st joseph low dose	10
sm slow release iron	179	STAVUDINE	76
sm vitamin d	230	STELARA	221
smooth lax	182	STIOLTO RESPIMAT	264
SOD ANAMIX EARLY YEARS	179	STIVARGA	67
SODIUM CHLORIDE	162	STRENSIQ	189
sodium chloride	162	STREPTOMYCIN SULFATE	29
sodium fluoride	138,162,179	STRIBILD	75
SODIUM FLUORIDE	179	SUBLOCADE	18
sodium fluoride 5000 plus	138	subvenite	37
sodium fluoride 5000 ppm	138	SUCRAID	189
SODIUM OXYBATE	266	sucralfate	184
sodium phenylbutyrate	188	SULCONAZOLE NITRATE	51
SODIUM SACCHARIN	243	sulfacetamide sodium	145,248
sodium sulfacetamide wash	145	sulfacetamide sodium (acne)	35
SOHONOS	188	sulfacetamide sodium-sulfur	145
SOL CARB	243	SULFACETAMIDE-PREDNISOLONE	247
solifenacin succinate	190	sulfadiazine	35
SOLIQUA	83	sulfamethoxazole-trimethoprim	35
SOLU-CORTEF	194	SULFAMYLON	146
SOMATULINE DEPOT	216	sulfasalazine	227
SOMAVERT	216,217	sulfatrim pediatric	35
SOOLANTRA	146	sulindac	10
sorafenib tosylate	66	sumatriptan	126
sorine	99	sumatriptan succinate	126

SUMATRIPTAN SUCCINATE REFILL	126	taysofy	206
sunitinib malate	67	tazarotene	140
SUNOSI	267	TAZICEF	32
super amino acids	179	tazicef	32
super dha gems	179	TAZORAC	140
super omega 3 epa/dha	179	taztia xt	104
super omega-3	179	TAZVERIK	58
SUPLENA	162	TEGSEDI	189
SUPLENA 1.8/CARBSTEADY	162	telmisartan	96
SUPLENA/CARB STEADY	162	telmisartan-hctz	109
SUPRAX	32	temazepam	265
syeda	206	temozolomide	53
SYMDEKO	257,258	temsirolimus	226
SYMJEPI	257	tenofovir disoproxil fumarate	76
SYMLINPEN 120	83	terazosin hcl	95
SYMLINPEN 60	83	terbinafine hcl	51
SYMTUZA	77	terbutaline sulfate	257
SYNAREL	217	terconazole	51
SYNERA	17	teriflunomide	137
SYNJARDY	83	testosterone	196
SYNJARDY XR	83	TESTOSTERONE	196
SYNTHROID	213	testosterone cypionate	196
		TESTOSTERONE CYPIONATE	196
		TESTOSTERONE ENANTHATE	196,197
T		tetrabenazine	134
TABLOID	56	tetracycline hcl	36
TABRECTA	58	TEZSPIRE	222
tacrolimus	143,226	THALOMID	55
tadalafil	191	THEOPHYLLINE ER	258
tadalafil (pah)	260	theophylline er	258
TAFINLAR	67	theromega	179
tafluprost (pf)	250	THICK-IT THICKENED CRANBERRY	162
TAGRISSE	67	THIORIDAZINE HCL	121,122
take action	210	thiothixene	122
TAKHZYRO	217	thrive	29
tamoxifen citrate	55	THYROID	213
tamsulosin hcl	191	tiadylt er	104
tarina 24 fe	206	tiagabine hcl	39,40
tarina fe 1/20 eq	206	TICE BCG	58
TARPEYO	227	tilia fe	206
TASIGNA	67,68	timolol maleate	126,249
tavaborole	51		

timolol maleate ocudose	249	TREMFYA	222
timolol maleate pf	249	treprostinil	260
tineacide	51	tretinoin	70,140
tinidazole	30	tretinoin microsphere	140
tiotropium bromide monohydrate	255	tretinoin microsphere pump	140
TIROSINT	213,214	tri-estarylla	206
TIROSINT-SOL	214	tri-legest fe	206
TIVICAY	75	tri-linyah	206
TIVICAY PD	75	tri-lo-estarylla	206
tizanidine hcl	73	tri-lo-marzia	206
TOBRADEX	247	tri-lo-mili	206
tobramycin	248,258	tri-lo-sprintec	206
TOBRAMYCIN	258	tri-mili	206
tobramycin-dexamethasone	247	tri-nymyo	206
TODAY SPONGE	192	tri-sprintec	206
tolcapone	71	TRI-VITE/FLUORIDE	179
TOLEREX	162	tri-vylibra	206
tolterodine tartrate	190	tri-vylibra lo	206
tolterodine tartrate er	190	triamcinolone acetonide	138,143
tolvaptan	164	triamterene	110
topiramate	37,38	triamterene-hctz	109
toremifene citrate	55	triazolam	265,266
torpenz	68	tridacaine ii	17
toremide	110	tridacaine iii	17
TRACLEER	260	triderm	143
TRADJENTA	84	trientine hcl	164
tramadol hcl	16	TRIENTINE HCL	164
TraMADol HCl ER 100 MG TAB ER 24H (generic of RYZOLT)	12	trifluoperazine hcl	122
TraMADol HCl ER 200 MG TAB ER 24H (generic of RYZOLT)	12	TRIFLURIDINE	78
TraMADol HCl ER 300 MG TAB ER 24H (generic of RYZOLT)	12	TRIHENYPHENIDYL HCL	71
tramadol-acetaminophen	16	trihexyphenidyl hcl	71
trandolapril	98	TRIJARDY XR	84
tranexamic acid	93	TRIKAFTA	258
tranylcypromine sulfate	43	trimethobenzamide hcl	48
travoprost (bak free)	250	TRIMETHOPRIM	30
trazodone hcl	45	trimethoprim	30
TRECTOR	52	trimipramine maleate	47
TRELEGY ELLIPTA	264	TRINTELLIX	45
		TRIUMEQ	76
		TRIUMEQ PD	76
		trivora (28)	206

verapamil hcl er	105	volnea	207
VEREGEN	145	VONJO	58
VERELAN	105	VOQUEZNA	184
VERZENIO	68	VORANIGO	271
vestura	207	voriconazole	51
VIBERZI	183	VOWST	243
VICTOZA	84	VOXZOGO	189
vienva	207	VOYDEYA	271
vigabatrin	40	VRAYLAR	122
vigadrone	40	VUMERITY	137
vigpoder	40	VYALEV	271
VIJOICE	58,270	vyfemla	207
vilazodone hcl	46	vylibra	207
VIOKACE	189	VYNDAMAX	109
viorele	207	VYNDAQEL	189
VIRACEPT	77	VYZULTA	250
VIREAD	76		
VITAFOL STRIPS	179	W	
VITAL 1.0 CAL	162	WAINUA	271
VITAL 1.5 CAL	163	WAKIX	267
VITAL AF 1.2 CAL	163	wal-fex	254
VITAL AF 1.2 CAL ADV FORMULA	163	wal-fex allergy	254
VITAL HIGH PROTEIN	163	warfarin sodium	89,90
VITAL HN	163	WATER ORAL	243
VITAL HP 1.0 CAL	163	wee care	179
VITAL JR	163	weekly-d	230
VITAL PEPTIDE 1.5 CAL	163	WEGOVIY	243,244
vitamin d	230	wera	207
vitamin d (cholecalciferol)	230	WESTAB MAX	180
vitamin d (ergocalciferol)	230	WIDE-SEAL DIAPHRAGM 60	244
vitamin d infant	230	WIDE-SEAL DIAPHRAGM 65	244
vitamin d3	230	WIDE-SEAL DIAPHRAGM 70	244
VITAMINS ACD-FLUORIDE	179	WIDE-SEAL DIAPHRAGM 75	244
VIVITROL	17	WIDE-SEAL DIAPHRAGM 80	244
VIVONEX PEDIATRIC	163	WIDE-SEAL DIAPHRAGM 85	244
VIVONEX PEDIATRIC RTF	163	WIDE-SEAL DIAPHRAGM 90	244
VIVONEX PLUS	163,243	WIDE-SEAL DIAPHRAGM 95	244
VIVONEX RTF	163	WINLEVI	140
VIVONEX T.E.N.	163	WINREVAIR	271
VIZIMPRO	68,69	wixela inhub	264
VOGELXO PUMP	196	WND 1	244

WND 2	244
wymzya fe	207

X

XALKORI	69
xarah fe	207
XARELTO	90
XARELTO STARTER PACK	90
XCOPRI	38
XCOPRI (250 MG DAILY DOSE)	38
XCOPRI (350 MG DAILY DOSE)	38
XDEMVY	247
XELJANZ	222
XELJANZ XR	226
xeroburn	17
XHANCE	252
XIFAXAN	31
XIGDUO XR	84
XIIDRA	247
XLEU ANALOG	180
XLEU MAXAMAID	244
XLYS XTRP ANALOG	180
XLYS-XTRP MAXAMAID	244
XLYS-XTRP MAXAMUM	244
XMET ANALOG	180
XMET MAXAMAID	244
XMET XCYS MAXAMAID	244
XMTVI ANALOG	180
XMTVI MAXAMAID	244
XOFLUZA (40 MG DOSE)	78
XOFLUZA (80 MG DOSE)	78
XOLAIR	222,223,272
XOLREMDI	272
XOPENEX HFA	257
XOSPATA	69
XPHE MAXAMAID	245
XPHE MAXAMUM	163,180
XPHE-XTYR ANALOG	180
XPHE-XTYR MAXAMAID	245
XPHOZAH	245
XPOVIO (100 MG ONCE WEEKLY)	58

XPOVIO (40 MG ONCE WEEKLY)	59
XPOVIO (40 MG TWICE WEEKLY)	59
XPOVIO (60 MG ONCE WEEKLY)	59
XPOVIO (60 MG TWICE WEEKLY)	59
XPOVIO (80 MG ONCE WEEKLY)	59
XPOVIO (80 MG TWICE WEEKLY)	59
XPTM ANALOG	180
XROMI	272
XTANDI	54
XTRACAL PLUS	163
XULANE	207
XULTOPHY	84
XYOSTED	197
XYWAV	267

Y

yargesa	189
yl folic acid	180
YORVIPATH	272
yuvafem	207

Z

zafemy	207
ZAFEMY	207
zafirlukast	255
zaleplon	266
ZANOSAR	59
ZARXIO	93
zebutal	134
ZEJULA	69
ZELBORAF	69
ZEMAIRA	189
zenatane	140
ZENPEP	190
zenzedi	128
ZEPBOUND	245
ZEPOSIA	137
ZEPOSIA 7-DAY STARTER PACK	137
ZEPOSIA STARTER KIT	137
zidovudine	76
ZIEXTENZO	93

ZILBRYSQ	272
zileuton er	255
zionodil	17
zionodil 100	17
ziprasidone hcl	122
ZIRGAN	73
ZOLINZA	59
ZOLMITRIPTAN	126,127
zolmitriptan	126
zolpidem tartrate	266
zolpidem tartrate er	266
ZOMIG	127
zomig	127
zonisamide	42
zovia 1/35 (28)	207
ZTALMY	38
ZUBSOLV	18
zumandimine	207
ZURZUVAE	43
ZYDELIG	69,70
ZYKADIA	70

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
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

Drug Name/Strength	Formulary Change Action	Date of Formulary Change	Date Formulary Change Will Be Effective For Enrollees Using Therapy on Date of Change
Sprycel oral tablets	Brand Name Not Covered	12-4-2024	Date of enrollee's renewal after April 1, 2025
Tazorac topical cream 0.05%	Brand Name Not Covered	12-4-2024	Date of enrollee's renewal after April 1, 2025