

CDPHP Commercial Clinical Formulary-4 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. Telefoni numrit në kartën tuaj të ID të anëtarit (TTY: 711).

CDPHP® Commercial Formulary 4

INTRODUCTION

CDPHP® (Capital District Physicians' Health Plan, Inc. and CDPHP Universal Benefits,® Inc.) is pleased to provide the *CDPHP Commercial Formulary 4* 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 4* 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 4* 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 4* 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 4* 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 4* 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 4*. **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 4* 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 4* 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 4* are encouraged. Your input is vital to this formulary's continued success. All responses will be reviewed and considered. Please send your comments to:

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

LEGEND

DUR	Subject to drug utilization review
OTC	Over the Counter
PA	Prior Authorization
PD	Preventive Drug
QL	Quantity Limit applied on number of doses per day
QLC	Quantity Limit applied over a specific time period
SP	Required to fill through ConnectRX at (518) 313-1016 or toll-free at (855)-967-5900 or CVS Specialty Pharmacy, toll-free at 1-800-237-2767, or another pharmacy in the CDPHP specialty network
ST	Step Therapy criteria applies

Rx4L Rx4Less Program Applies (specific maintenance medications; visit cdphp.com/save)
ACA Covered under the Affordable Care Act; no member cost share
MNPA Medical Necessity Prior Authorization

NOTICE

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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>butalbital-aspirin-caffeine 50-325-40 mg cap</i>	1	QL 6 / 1 DAYS
<i>celecoxib 100 mg cap</i>	1	QL 2 / 1 DAYS
<i>celecoxib 200 mg cap</i>	1	QL 2 / 1 DAYS
<i>celecoxib 400 mg cap</i>	1	QL 1 / 1 DAYS
<i>celecoxib 50 mg cap</i>	1	QL 2 / 1 DAYS
<i>diclofenac potassium 50 mg tab</i>	1	
<i>diclofenac sodium 1.5 % solution</i>	3	
<i>diclofenac sodium 25 mg tab dr</i>	1	
<i>diclofenac sodium 3 % gel</i>	3	PA QLC 100 / 22 DAYS
<i>diclofenac sodium 50 mg tab dr</i>	1	RX4L Rx4Less Program
<i>diclofenac sodium 75 mg tab dr</i>	1	RX4L Rx4Less Program
<i>diclofenac sodium er 100 mg tab er 24h</i>	1	
<i>diflunisal 500 mg tab</i>	1	
<i>ec-naproxen 375 mg tab dr</i>	1	
<i>etodolac 200 mg cap</i>	1	
<i>etodolac 300 mg cap</i>	1	
<i>etodolac 400 mg tab</i>	1	
<i>etodolac 500 mg tab</i>	1	
<i>etodolac er 400 mg tab er 24h</i>	1	
<i>etodolac er 500 mg tab er 24h</i>	1	
<i>etodolac er 600 mg tab er 24h</i>	1	
<i>flurbiprofen 100 mg tab</i>	1	
<i>ft aspirin low dose 81 mg tab dr</i>	1	QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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 400 mg tab</i>	1	RX4L Rx4Less Program
<i>ibuprofen 600 mg tab</i>	1	RX4L Rx4Less Program
<i>ibuprofen 800 mg tab</i>	1	RX4L Rx4Less Program
<i>indomethacin 25 mg cap</i>	1	RX4L Rx4Less Program
<i>indomethacin 50 mg cap</i>	1	
<i>indomethacin er 75 mg cap er</i>	1	
KETOPROFEN 50 MG CAP	1	
<i>ketorolac tromethamine 10 mg tab</i>	1	QLC 20 / 22 DAYS
<i>meloxicam 15 mg tab</i>	1	RX4L Rx4Less Program
<i>meloxicam 7.5 mg tab</i>	1	RX4L Rx4Less Program
<i>nabumetone 500 mg tab</i>	1	QL 4 / 1 DAYS
<i>nabumetone 750 mg tab</i>	1	QL 3 / 1 DAYS
<i>naproxen 250 mg tab</i>	1	
<i>naproxen 375 mg tab</i>	1	RX4L Rx4Less Program
<i>naproxen 375 mg tab dr</i>	1	
<i>naproxen 500 mg tab</i>	1	RX4L Rx4Less Program
<i>naproxen sodium 275 mg tab</i>	1	
<i>naproxen sodium 550 mg tab</i>	1	
<i>naproxen-esomeprazole mg 375-20 mg tab dr</i>	1	QL 2 / 1 DAYS PA
<i>naproxen-esomeprazole mg 500-20 mg tab dr</i>	1	QL 2 / 1 DAYS PA
<i>oxaprozin 600 mg tab</i>	1	QL 3 / 1 DAYS
<i>piroxicam 10 mg cap</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>piroxicam 20 mg cap</i>	1	
<i>salsalate 500 mg tab</i>	1	
<i>salsalate 750 mg tab</i>	1	
<i>sulindac 150 mg tab</i>	1	
<i>sulindac 200 mg tab</i>	1	
OPIOID ANALGESICS, LONG-ACTING		
BRIXADI (WEEKLY) 16 MG/0.32ML SOLN PRSYR	3	QLC 0.32 / 28 DAYS SP Specialty
BRIXADI (WEEKLY) 24 MG/0.48ML SOLN PRSYR	3	QLC 0.48 / 28 DAYS SP Specialty
BRIXADI (WEEKLY) 32 MG/0.64ML SOLN PRSYR	3	QLC 0.64 / 28 DAYS SP Specialty
BRIXADI (WEEKLY) 8 MG/0.16ML SOLN PRSYR	3	QLC 0.16 / 28 DAYS SP Specialty
BRIXADI 128 MG/0.36ML SOLN PRSYR	3	QLC 0.36 / 28 DAYS SP Specialty
BRIXADI 64 MG/0.18ML SOLN PRSYR	3	QLC 0.18 / 28 DAYS SP Specialty
BRIXADI 96 MG/0.27ML SOLN PRSYR	3	QLC 0.27 / 28 DAYS SP Specialty
<i>buprenorphine 10 mcg/hr patch wk</i>	1	QLC 4 / 28 DAYS
<i>buprenorphine 15 mcg/hr patch wk</i>	1	QLC 4 / 28 DAYS
<i>buprenorphine 20 mcg/hr patch wk</i>	1	QLC 4 / 28 DAYS
<i>buprenorphine 5 mcg/hr patch wk</i>	1	QLC 4 / 28 DAYS
<i>buprenorphine 7.5 mcg/hr patch wk</i>	1	QLC 4 / 28 DAYS
<i>fentanyl 100 mcg/hr patch 72hr</i>	1	PA QLC 10 / 30 DAYS
<i>fentanyl 12 mcg/hr patch 72hr</i>	1	PA QLC 10 / 30 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fentanyl 25 mcg/hr patch 72hr</i>	1	PA QLC 10 / 30 DAYS
<i>fentanyl 50 mcg/hr patch 72hr</i>	1	PA QLC 10 / 30 DAYS
<i>fentanyl 75 mcg/hr patch 72hr</i>	1	PA QLC 10 / 30 DAYS
<i>hydromorphone hcl er 12 mg tab er 24h</i>	3	QL 2 / 1 DAYS PA
<i>hydromorphone hcl er 16 mg tab er 24h</i>	3	QL 2 / 1 DAYS PA
<i>hydromorphone hcl er 32 mg tab er 24h</i>	3	QL 2 / 1 DAYS PA
<i>hydromorphone hcl er 8 mg tab er 24h</i>	3	QL 2 / 1 DAYS PA
<i>methadone hcl 10 mg tab</i>	1	QL 3 / 1 DAYS PA
<i>methadone hcl 5 mg tab</i>	1	QL 3 / 1 DAYS PA
<i>morphine sulfate er 15 mg tab er</i>	1	QL 3 / 1 DAYS PA
<i>morphine sulfate er 30 mg tab er</i>	1	QL 3 / 1 DAYS PA
<i>morphine sulfate er 60 mg tab er</i>	1	QL 2 / 1 DAYS PA
NUCYNTA ER 100 MG TAB ER 12H	2	PA
NUCYNTA ER 150 MG TAB ER 12H	2	PA
NUCYNTA ER 200 MG TAB ER 12H	2	PA
NUCYNTA ER 250 MG TAB ER 12H	2	PA

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>TraMADol HCl ER 100 MG TAB ER 24H (generic of RYZOLT)</i>	2	QL 1 / 1 DAYS
<i>TraMADol HCl ER 200 MG TAB ER 24H (generic of RYZOLT)</i>	2	QL 1 / 1 DAYS
<i>TraMADol HCl ER 300 MG TAB ER 24H (generic of RYZOLT)</i>	2	QL 1 / 1 DAYS
XTAMPZA ER 13.5 MG CP12 DETER	2	PA
XTAMPZA ER 18 MG CP12 DETER	2	PA
XTAMPZA ER 27 MG CP12 DETER	2	PA
XTAMPZA ER 36 MG CP12 DETER	2	PA
XTAMPZA ER 9 MG CP12 DETER	2	PA
OPIOID ANALGESICS, SHORT-ACTING		
ACETAMINOPHEN-CODEINE 120-12 MG/5ML SOLUTION	1	QL 125 / 1 DAYS
<i>acetaminophen-codeine 120-12 mg/5ml solution</i>	1	QL 125 / 1 DAYS
<i>acetaminophen-codeine 300-15 mg tab</i>	1	QL 10 / 1 DAYS
<i>acetaminophen-codeine 300-30 mg tab</i>	1	QL 8 / 1 DAYS
ACETAMINOPHEN-CODEINE 300-30 MG/12.5ML SOLUTION	1	QL 125 / 1 DAYS
<i>acetaminophen-codeine 300-30 mg/12.5ml solution</i>	1	QL 125 / 1 DAYS
<i>acetaminophen-codeine 300-60 mg tab</i>	1	QL 8 / 1 DAYS
APAP-CAFF-DIHYDROCODEINE 320.5-30-16 MG CAP	1	QL 6 / 1 DAYS
<i>ascomp-codeine 50-325-40-30 mg cap</i>	1	QL 6 / 1 DAYS
<i>butalbital-apap-caff-cod 50-300-40-30 mg cap</i>	1	QL 6 / 1 DAYS
<i>butalbital-apap-caff-cod 50-325-40-30 mg cap</i>	1	QL 6 / 1 DAYS
<i>butalbital-asa-caff-codeine 50-325-40-30 mg cap</i>	1	QL 6 / 1 DAYS
<i>butorphanol tartrate 10 mg/ml solution</i>	1	QLC 10 / 22 DAYS
<i>endocet 10-325 mg tab</i>	1	QL 6 / 1 DAYS
<i>endocet 2.5-325 mg tab</i>	1	QL 8 / 1 DAYS
<i>endocet 5-325 mg tab</i>	1	QL 8 / 1 DAYS
<i>endocet 7.5-325 mg tab</i>	1	QL 8 / 1 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>hydrocodone-acetaminophen 10-325 mg tab</i>	1	QL 8 / 1 DAYS
HYDROCODONE-ACETAMINOPHEN 10-325 MG/15ML SOLUTION	1	QL 150 / 1 DAYS
<i>hydrocodone-acetaminophen 2.5-108 mg/5ml solution</i>	1	QL 150 / 1 DAYS
HYDROCODONE-ACETAMINOPHEN 2.5-325 MG TAB	1	QL 8 / 1 DAYS
<i>hydrocodone-acetaminophen 5-217 mg/10ml solution</i>	1	QL 150 / 1 DAYS
<i>hydrocodone-acetaminophen 5-325 mg tab</i>	1	QL 8 / 1 DAYS
<i>hydrocodone-acetaminophen 7.5-325 mg tab</i>	1	QL 8 / 1 DAYS
<i>hydrocodone-acetaminophen 7.5-325 mg/15ml solution</i>	1	QL 150 / 1 DAYS
HYDROCODONE-IBUPROFEN 10-200 MG TAB	1	QL 6 / 1 DAYS
HYDROCODONE-IBUPROFEN 5-200 MG TAB	1	QL 6 / 1 DAYS
<i>hydrocodone-ibuprofen 7.5-200 mg tab</i>	1	QL 6 / 1 DAYS
<i>hydromorphone hcl 1 mg/ml liquid</i>	1	QL 6 / 1 DAYS
<i>hydromorphone hcl 2 mg tab</i>	1	QL 6 / 1 DAYS
<i>hydromorphone hcl 4 mg tab</i>	1	QL 6 / 1 DAYS
<i>hydromorphone hcl 8 mg tab</i>	1	QL 4 / 1 DAYS PA
MORPHINE SULFATE (CONCENTRATE) 100 MG/5ML SOLUTION	1	QL 6 / 1 DAYS
<i>morphine sulfate (concentrate) 100 mg/5ml solution</i>	1	QL 6 / 1 DAYS
<i>morphine sulfate (concentrate) 20 mg/ml solution</i>	1	QL 6 / 1 DAYS
MORPHINE SULFATE 10 MG SUPPOS	1	QL 6 / 1 DAYS
MORPHINE SULFATE 10 MG/5ML SOLUTION	1	QL 30 / 1 DAYS
<i>morphine sulfate 10 mg/5ml solution</i>	1	QL 30 / 1 DAYS
MORPHINE SULFATE 15 MG TAB	1	QL 6 / 1 DAYS
<i>morphine sulfate 15 mg tab</i>	1	QL 6 / 1 DAYS
MORPHINE SULFATE 20 MG SUPPOS	1	QL 6 / 1 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MORPHINE SULFATE 20 MG/5ML SOLUTION	1	QL 30 / 1 DAYS
<i>morphine sulfate 20 mg/5ml solution</i>	1	QL 30 / 1 DAYS
MORPHINE SULFATE 30 MG SUPPOS	1	QL 6 / 1 DAYS
MORPHINE SULFATE 30 MG TAB	1	QL 4 / 1 DAYS PA
<i>morphine sulfate 30 mg tab</i>	1	QL 4 / 1 DAYS PA
MORPHINE SULFATE 5 MG SUPPOS	1	QL 6 / 1 DAYS
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 6 / 1 DAYS
<i>oxycodone hcl 15 mg tab</i>	1	QL 6 / 1 DAYS
<i>oxycodone hcl 20 mg tab</i>	1	QL 4 / 1 DAYS PA
<i>oxycodone hcl 30 mg tab</i>	1	QL 2 / 1 DAYS PA
<i>oxycodone hcl 5 mg cap</i>	1	QL 6 / 1 DAYS
<i>oxycodone hcl 5 mg tab</i>	1	QL 6 / 1 DAYS
<i>oxycodone hcl 5 mg/5ml solution</i>	1	QL 30 / 1 DAYS
OXYCODONE-ACETAMINOPHEN 10-300 MG/5ML SOLUTION	1	QL 6 / 1 DAYS
<i>oxycodone-acetaminophen 10-325 mg tab</i>	1	QL 6 / 1 DAYS
<i>oxycodone-acetaminophen 2.5-325 mg tab</i>	1	QL 8 / 1 DAYS
<i>oxycodone-acetaminophen 5-325 mg tab</i>	1	QL 8 / 1 DAYS
OXYCODONE-ACETAMINOPHEN 5-325 MG/5ML SOLUTION	1	QL 6 / 1 DAYS
<i>oxycodone-acetaminophen 7.5-325 mg tab</i>	1	QL 8 / 1 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>oxymorphone hcl 10 mg tab</i>	1	QL 4 / 1 DAYS PA
<i>oxymorphone hcl 5 mg tab</i>	1	QL 4 / 1 DAYS PA
TRAMADOL HCL 25 MG TAB	3	QL 4 / 1 DAYS QLC 120 / 274 DAYS
<i>tramadol hcl 50 mg tab</i>	1	QL 8 / 1 DAYS
<i>tramadol-acetaminophen 37.5-325 mg tab</i>	1	QL 6 / 1 DAYS
ANESTHETICS		
LOCAL ANESTHETICS		
<i>desflurane solution</i>	1	
<i>glydo 2 % prsy</i>	1	
<i>lidocaine 5 % ointment</i>	2	
<i>lidocaine 5 % patch</i>	2	
<i>lidocaine hcl (pf) 0.5 % solution</i>	1	
<i>lidocaine hcl (pf) 1 % solution</i>	1	
<i>lidocaine hcl (pf) 2 % solution</i>	1	
<i>lidocaine hcl 4 % solution</i>	1	
LIDOCAINE HCL 4 % SOLUTION	1	
LIDOCAINE HCL URETHRAL/MUCOSAL 2 % GEL	1	
<i>lidocaine hcl urethral/mucosal 2 % prsy</i>	1	
<i>lidocaine viscous hcl 2 % solution</i>	1	
<i>lidocaine-hydrocortisone ace 3-2.5 % kit</i>	1	
<i>lidocaine-prilocaine 2.5-2.5 % cream</i>	1	
<i>lidocan 5 % patch</i>	2	
NAYZILAM 5 MG/0.1ML SOLUTION	3	QLC 10 / 22 DAYS
<i>premium lidocaine 5 % ointment</i>	2	
SYNERA 70-70 MG PATCH	3	QL 1 / 1 DAYS PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>zicondil 3 % lotion</i>	1	
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
ALCOHOL DETERRENTS/ANTI-CRAVING		
<i>acamprosate calcium 333 mg tab dr</i>	2	QL 6 / 1 DAYS
<i>disulfiram 250 mg tab</i>	2	
<i>disulfiram 500 mg tab</i>	2	
VIVITROL 380 MG RECON SUSP	3	
OPIOID DEPENDENCE		
<i>buprenorphine hcl 2 mg sl tab</i>	1	QL 4 / 1 DAYS
<i>buprenorphine hcl 8 mg sl tab</i>	1	QL 3 / 1 DAYS
<i>buprenorphine hcl-naloxone hcl 12-3 mg film</i>	2	QL 2 / 1 DAYS
<i>buprenorphine hcl-naloxone hcl 2-0.5 mg film</i>	2	QL 4 / 1 DAYS
<i>buprenorphine hcl-naloxone hcl 2-0.5 mg sl tab</i>	2	QL 4 / 1 DAYS
<i>buprenorphine hcl-naloxone hcl 4-1 mg film</i>	2	QL 3 / 1 DAYS
<i>buprenorphine hcl-naloxone hcl 8-2 mg film</i>	2	QL 3 / 1 DAYS
<i>buprenorphine hcl-naloxone hcl 8-2 mg sl tab</i>	2	QL 3 / 1 DAYS
ZUBSOLV 0.7-0.18 MG SL TAB	2	QL 3 / 1 DAYS
ZUBSOLV 1.4-0.36 MG SL TAB	2	QL 3 / 1 DAYS
ZUBSOLV 11.4-2.9 MG SL TAB	2	QL 1 / 1 DAYS
ZUBSOLV 2.9-0.71 MG SL TAB	2	QL 3 / 1 DAYS
ZUBSOLV 5.7-1.4 MG SL TAB	2	QL 3 / 1 DAYS
ZUBSOLV 8.6-2.1 MG SL TAB	2	QL 2 / 1 DAYS
OPIOID REVERSAL AGENTS		
KLOXXADO 8 MG/0.1ML LIQUID	2	
NALOXONE HCL 0.4 MG/ML SOLN CART	1	
NALOXONE HCL 0.4 MG/ML SOLN PRSYR	1	
<i>naloxone hcl 0.4 mg/ml solution</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>naloxone hcl 2 mg/2ml soln prsy</i>	1	
<i>naloxone hcl 4 mg/0.1ml liquid</i>	3	OTC Over the Counter
<i>naloxone hcl 4 mg/10ml solution</i>	1	
<i>naltrexone hcl 50 mg tab</i>	1	
NARCAN 4 MG/0.1ML LIQUID	3	OTC Over the Counter
REXTOVY 4 MG/0.25ML LIQUID	2	
ZIMHI 5 MG/0.5ML SOLN PRSYR	2	
SMOKING CESSATION AGENTS		
<i>bupropion hcl er (smoking det) 150 mg tab er 12h</i>	1	ACA Affordable Care Act PD Preventive Drug
<i>cv</i> s nicotine 14 mg/24hr patch 24hr	1	QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
<i>cv</i> s nicotine 2 mg gum	1	QL 20 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
<i>cv</i> s nicotine 2 mg lozenge	1	QL 20 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
<i>cv</i> s nicotine 21 mg/24hr patch 24hr	1	QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
<i>cv</i> s nicotine 4 mg gum	1	QL 20 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>cvs nicotine 7 mg/24hr patch 24hr</i>	1	<ul style="list-style-type: none"> QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
<i>cvs nicotine polacrilex 2 mg gum</i>	1	<ul style="list-style-type: none"> QL 20 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
<i>cvs nicotine polacrilex 2 mg lozenge</i>	1	<ul style="list-style-type: none"> QL 20 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
<i>cvs nicotine polacrilex 4 mg gum</i>	1	<ul style="list-style-type: none"> QL 20 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
<i>cvs nicotine polacrilex 4 mg lozenge</i>	1	<ul style="list-style-type: none"> QL 20 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
<i>eq nicotine 14 mg/24hr patch 24hr</i>	1	<ul style="list-style-type: none"> QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
<i>eq nicotine 21 mg/24hr patch 24hr</i>	1	<ul style="list-style-type: none"> QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
<i>eq nicotine 4 mg gum</i>	1	<ul style="list-style-type: none"> QL 20 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>eq nicotine 4 mg lozenge</i>	1	<ul style="list-style-type: none"> QL 20 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
<i>eq nicotine polacrilex 2 mg gum</i>	1	<ul style="list-style-type: none"> QL 20 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
<i>eq nicotine polacrilex 2 mg lozenge</i>	1	<ul style="list-style-type: none"> QL 20 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
<i>eq nicotine polacrilex 4 mg gum</i>	1	<ul style="list-style-type: none"> QL 20 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
<i>eq nicotine polacrilex 4 mg lozenge</i>	1	<ul style="list-style-type: none"> QL 20 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
<i>eq nicotine step 3 7 mg/24hr patch 24hr</i>	1	<ul style="list-style-type: none"> QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
<i>eq nicotine polacrilex 2 mg lozenge</i>	1	<ul style="list-style-type: none"> QL 20 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
<i>eq nicotine polacrilex 4 mg lozenge</i>	1	<ul style="list-style-type: none"> QL 20 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ft nicotine 14 mg/24hr patch 24hr</i>	1	<ul style="list-style-type: none"> QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
<i>ft nicotine 2 mg gum</i>	1	<ul style="list-style-type: none"> QL 20 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
<i>ft nicotine 2 mg lozenge</i>	1	<ul style="list-style-type: none"> QL 20 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
<i>ft nicotine 21 mg/24hr patch 24hr</i>	1	<ul style="list-style-type: none"> QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
<i>ft nicotine 4 mg gum</i>	1	<ul style="list-style-type: none"> QL 20 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
<i>ft nicotine 4 mg lozenge</i>	1	<ul style="list-style-type: none"> QL 20 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
<i>ft nicotine 7 mg/24hr patch 24hr</i>	1	<ul style="list-style-type: none"> QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
<i>ft nicotine mini 2 mg lozenge</i>	1	<ul style="list-style-type: none"> QL 20 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ft nicotine mini 4 mg lozenge</i>	1	<ul style="list-style-type: none"> QL 20 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
<i>gnp nicotine 14 mg/24hr patch 24hr</i>	1	<ul style="list-style-type: none"> QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
<i>gnp nicotine 2 mg gum</i>	1	<ul style="list-style-type: none"> QL 20 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
<i>gnp nicotine 21 mg/24hr patch 24hr</i>	1	<ul style="list-style-type: none"> QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
<i>gnp nicotine 4 mg gum</i>	1	<ul style="list-style-type: none"> QL 20 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
<i>gnp nicotine 7 mg/24hr patch 24hr</i>	1	<ul style="list-style-type: none"> QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
<i>gnp nicotine mini 2 mg lozenge</i>	1	<ul style="list-style-type: none"> QL 20 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
<i>gnp nicotine mini 4 mg lozenge</i>	1	<ul style="list-style-type: none"> QL 20 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>gnp nicotine polacrilex 2 mg gum</i>	1	<ul style="list-style-type: none"> QL 20 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
<i>gnp nicotine polacrilex 2 mg lozenge</i>	1	<ul style="list-style-type: none"> QL 20 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
<i>gnp nicotine polacrilex 4 mg gum</i>	1	<ul style="list-style-type: none"> QL 20 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
<i>gnp nicotine polacrilex 4 mg lozenge</i>	1	<ul style="list-style-type: none"> QL 20 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
<i>goodsense nicotine 2 mg gum</i>	1	<ul style="list-style-type: none"> QL 20 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
<i>goodsense nicotine 2 mg lozenge</i>	1	<ul style="list-style-type: none"> QL 20 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
<i>goodsense nicotine 4 mg gum</i>	1	<ul style="list-style-type: none"> QL 20 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
<i>goodsense nicotine 4 mg lozenge</i>	1	<ul style="list-style-type: none"> QL 20 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>habitrol 21 mg/24hr patch 24hr</i>	1	<ul style="list-style-type: none"> QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
<i>hm nicotine 21 mg/24hr patch 24hr</i>	1	<ul style="list-style-type: none"> QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
<i>hm nicotine 7 mg/24hr patch 24hr</i>	1	<ul style="list-style-type: none"> QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
<i>hm nicotine polacrilex 2 mg gum</i>	1	<ul style="list-style-type: none"> QL 20 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
<i>hm nicotine polacrilex 2 mg lozenge</i>	1	<ul style="list-style-type: none"> QL 20 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
<i>hm nicotine polacrilex 4 mg gum</i>	1	<ul style="list-style-type: none"> QL 20 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
<i>kls quit2 2 mg gum</i>	1	<ul style="list-style-type: none"> QL 20 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
<i>kls quit2 2 mg lozenge</i>	1	<ul style="list-style-type: none"> QL 20 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>kls quit</i> 4 mg gum	1	<ul style="list-style-type: none"> QL 20 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
<i>kls quit</i> 4 mg lozenge	1	<ul style="list-style-type: none"> QL 20 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
NICODERM CQ 14 MG/24HR PATCH 24HR	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
NICODERM CQ 21 MG/24HR PATCH 24HR	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
NICODERM CQ 7 MG/24HR PATCH 24HR	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
NICORETTE 2 MG GUM	3	<ul style="list-style-type: none"> QL 20 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
NICORETTE 2 MG LOZENGE	3	<ul style="list-style-type: none"> QL 20 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
NICORETTE 4 MG GUM	3	<ul style="list-style-type: none"> QL 20 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NICORETTE 4 MG LOZENGE	3	<ul style="list-style-type: none"> QL 20 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
NICORETTE MINI 2 MG LOZENGE	3	<ul style="list-style-type: none"> QL 20 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
NICORETTE MINI 4 MG LOZENGE	3	<ul style="list-style-type: none"> QL 20 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
NICORETTE STARTER KIT 2 MG GUM	3	<ul style="list-style-type: none"> QL 20 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
NICORETTE STARTER KIT 4 MG GUM	3	<ul style="list-style-type: none"> QL 20 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
<i>nicotine 14 mg/24hr patch 24hr</i>	1	<ul style="list-style-type: none"> QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
<i>nicotine 21 mg/24hr patch 24hr</i>	1	<ul style="list-style-type: none"> QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
NICOTINE 21-14-7 MG/24HR KIT	1	<ul style="list-style-type: none"> QL 2 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nicotine 7 mg/24hr patch 24hr</i>	1	<ul style="list-style-type: none"> QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
<i>nicotine mini 2 mg lozenge</i>	1	<ul style="list-style-type: none"> QL 20 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
<i>nicotine mini 4 mg lozenge</i>	1	<ul style="list-style-type: none"> QL 20 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
<i>nicotine polacrilex 2 mg gum</i>	1	<ul style="list-style-type: none"> QL 20 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
<i>nicotine polacrilex 2 mg lozenge</i>	1	<ul style="list-style-type: none"> QL 20 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
<i>nicotine polacrilex 4 mg gum</i>	1	<ul style="list-style-type: none"> QL 20 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
<i>nicotine polacrilex 4 mg lozenge</i>	1	<ul style="list-style-type: none"> QL 20 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
<i>nicotine polacrilex mini 2 mg lozenge</i>	1	<ul style="list-style-type: none"> QL 20 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nicotine step 1 21 mg/24hr patch 24hr</i>	1	<ul style="list-style-type: none"> QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
<i>nicotine step 2 14 mg/24hr patch 24hr</i>	1	<ul style="list-style-type: none"> QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
<i>nicotine step 3 7 mg/24hr patch 24hr</i>	1	<ul style="list-style-type: none"> QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
NICOTROL 10 MG INHALER	3	<ul style="list-style-type: none"> QL 18 / 1 DAYS ACA Affordable Care Act PD Preventive Drug
NICOTROL NS 10 MG/ML SOLUTION	3	<ul style="list-style-type: none"> QL 4 / 1 DAYS ACA Affordable Care Act PD Preventive Drug
<i>px stop smoking aid 2 mg gum</i>	1	<ul style="list-style-type: none"> QL 20 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
<i>px stop smoking aid 2 mg lozenge</i>	1	<ul style="list-style-type: none"> QL 20 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
<i>px stop smoking aid 4 mg gum</i>	1	<ul style="list-style-type: none"> QL 20 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>qc nicotine transdermal system 14 mg/24hr patch 24hr</i>	1	<ul style="list-style-type: none"> QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
<i>qc nicotine transdermal system 21 mg/24hr patch 24hr</i>	1	<ul style="list-style-type: none"> QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
<i>ra mini nicotine 2 mg lozenge</i>	1	<ul style="list-style-type: none"> QL 20 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
<i>ra mini nicotine 4 mg lozenge</i>	1	<ul style="list-style-type: none"> QL 20 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
<i>ra nicotine 14 mg/24hr patch 24hr</i>	1	<ul style="list-style-type: none"> QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
<i>ra nicotine 2 mg gum</i>	1	<ul style="list-style-type: none"> QL 20 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
<i>ra nicotine 21 mg/24hr patch 24hr</i>	1	<ul style="list-style-type: none"> QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
<i>ra nicotine 4 mg gum</i>	1	<ul style="list-style-type: none"> QL 20 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ra nicotine gum 2 mg gum</i>	1	<ul style="list-style-type: none"> QL 20 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
<i>ra nicotine gum 4 mg gum</i>	1	<ul style="list-style-type: none"> QL 20 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
<i>ra nicotine polacrilex 2 mg lozenge</i>	1	<ul style="list-style-type: none"> QL 20 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
<i>ra nicotine polacrilex 4 mg lozenge</i>	1	<ul style="list-style-type: none"> QL 20 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
<i>sm nicotine 14 mg/24hr patch 24hr</i>	1	<ul style="list-style-type: none"> QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
<i>sm nicotine 2 mg lozenge</i>	1	<ul style="list-style-type: none"> QL 20 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
<i>sm nicotine 21 mg/24hr patch 24hr</i>	1	<ul style="list-style-type: none"> QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
<i>sm nicotine 4 mg gum</i>	1	<ul style="list-style-type: none"> QL 20 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sm nicotine 7 mg/24hr patch 24hr</i>	1	<ul style="list-style-type: none"> QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
<i>sm nicotine polacrilex 2 mg gum</i>	1	<ul style="list-style-type: none"> QL 20 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
<i>sm nicotine polacrilex 2 mg lozenge</i>	1	<ul style="list-style-type: none"> QL 20 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
<i>sm nicotine polacrilex 4 mg gum</i>	1	<ul style="list-style-type: none"> QL 20 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
<i>sm nicotine polacrilex 4 mg lozenge</i>	1	<ul style="list-style-type: none"> QL 20 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
<i>thrive 2 mg gum</i>	1	<ul style="list-style-type: none"> QL 20 / 1 DAYS OTC Over the Counter ACA Affordable Care Act PD Preventive Drug
<i>varenicline tartrate (starter) 0.5 mg x 11 & 1 mg x 42 tab thpk</i>	3	<ul style="list-style-type: none"> QLC 60 / 22 DAYS ACA Affordable Care Act PD Preventive Drug
<i>varenicline tartrate 0.5 mg tab</i>	3	<ul style="list-style-type: none"> QLC 60 / 22 DAYS ACA Affordable Care Act PD Preventive Drug
<i>varenicline tartrate 1 mg tab</i>	3	<ul style="list-style-type: none"> QLC 60 / 22 DAYS ACA Affordable Care Act PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>varenicline tartrate(continue) 1 mg tab</i>	3	<p>QLC 60 / 22 DAYS</p> <p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p>
ANTIBACTERIALS		
AMINOGLYCOSIDES		
ARIKAYCE 590 MG/8.4ML SUSPENSION	3	<p>QL 8.43 / 1 DAYS</p> <p>PA</p> <p>SP Specialty</p>
<i>gentamicin sulfate 0.1 % cream</i>	1	
<i>gentamicin sulfate 0.1 % ointment</i>	1	
<i>gentamicin sulfate 40 mg/ml solution</i>	1	
<i>neomycin sulfate 500 mg tab</i>	1	
<i>paromomycin sulfate 250 mg cap</i>	1	
<i>tobramycin sulfate 1.2 gm/30ml solution</i>	1	
TOBRAMYCIN SULFATE 10 MG/ML SOLUTION	1	
TOBRAMYCIN SULFATE 2 GM/50ML SOLUTION	1	
<i>tobramycin sulfate 80 mg/2ml solution</i>	1	
ANTIBACTERIALS, OTHER		
<i>acetic acid 0.25 % solution</i>	1	
<i>clindamycin hcl 150 mg cap</i>	1	
<i>clindamycin hcl 300 mg cap</i>	1	
<i>clindamycin hcl 75 mg cap</i>	1	
<i>clindamycin palmitate hcl 75 mg/5ml recon soln</i>	1	
<i>clindamycin phosphate 2 % cream</i>	1	
<i>fosfomycin tromethamine 3 gm packet</i>	3	
HYOPHEN 81.6 MG TAB	1	
<i>linezolid 100 mg/5ml recon susp</i>	2	
<i>linezolid 600 mg tab</i>	2	QL 2 / 1 DAYS
<i>me/naphos/mb/hyo1 81.6 mg tab</i>	1	
<i>methenamine hippurate 1 gm tab</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>methenamine mandelate 0.5 gm tab</i>	1	
<i>methenamine mandelate 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 1 % gel</i>	1	
<i>metronidazole 250 mg tab</i>	1	
<i>metronidazole 500 mg tab</i>	1	
NEOMYCIN-POLYMYXIN B GU 40-200000 SOLUTION	1	
<i>nitrofurantoin macrocrystal 100 mg cap</i>	1	
<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>phosphasal 81.6 mg tab</i>	1	
SIVEXTRO 200 MG TAB	3	PA QLC 6 / 22 DAYS
<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	
URETRON D/S 81.6 MG TAB	1	
URIMAR-T 120 MG TAB	1	
<i>urin ds 81.6 mg tab</i>	1	
<i>uro-458 81 mg tab</i>	1	
<i>uro-mp 118 mg cap</i>	1	
<i>uro-sp 118 mg cap</i>	1	
UROGESIC-BLUE 81.6 MG TAB	1	
<i>ustell 120 mg cap</i>	1	
<i>utira-c 81.6 mg tab</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VANCOMYCIN HCL 1.75 GM RECON SOLN	1	
<i>vancomycin hcl 125 mg cap</i>	3	
VANCOMYCIN HCL 2 GM RECON SOLN	1	
<i>vancomycin hcl 25 mg/ml recon soln</i>	2	
<i>vancomycin hcl 250 mg cap</i>	3	
<i>vancomycin hcl 250 mg/5ml recon soln</i>	2	
<i>vancomycin hcl 50 mg/ml recon soln</i>	2	
VANDAZOLE 0.75 % GEL	1	
XIFAXAN 200 MG TAB	2	
XIFAXAN 550 MG TAB	2	QLC 60 / 11 DAYS
BETA-LACTAM, CEPHALOSPORINS		
CEFACLOR 125 MG/5ML RECON SUSP	1	
CEFACLOR 250 MG CAP	1	
CEFACLOR 250 MG/5ML RECON SUSP	1	
CEFACLOR 375 MG/5ML RECON SUSP	1	
CEFACLOR 500 MG CAP	1	
CEFACLOR ER 500 MG TAB ER 12H	1	
CEFADROXIL 1 GM TAB	1	
<i>cefadroxil 250 mg/5ml recon susp</i>	1	
<i>cefadroxil 500 mg cap</i>	1	
<i>cefadroxil 500 mg/5ml recon susp</i>	1	
<i>cefdinir 125 mg/5ml recon susp</i>	1	
<i>cefdinir 250 mg/5ml recon susp</i>	1	
<i>cefdinir 300 mg cap</i>	1	
<i>cefixime 100 mg/5ml recon susp</i>	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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>cefepodoxime proxetil 50 mg/5ml recon susp</i>	1	
<i>cefprozil 125 mg/5ml recon susp</i>	1	
<i>cefprozil 250 mg tab</i>	1	
<i>cefprozil 250 mg/5ml recon susp</i>	1	
<i>cefprozil 500 mg tab</i>	1	
<i>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	
BETA-LACTAM, PENICILLINS		
AMOXICILLIN 125 MG CHEW TAB	1	
<i>amoxicillin 125 mg/5ml recon susp</i>	1	
<i>amoxicillin 200 mg/5ml recon susp</i>	1	
<i>amoxicillin 250 mg cap</i>	1	
AMOXICILLIN 250 MG CHEW TAB	1	
<i>amoxicillin 250 mg/5ml recon susp</i>	1	
AMOXICILLIN 400 MG/5ML RECON SUSP	1	
<i>amoxicillin 400 mg/5ml recon susp</i>	1	
<i>amoxicillin 500 mg cap</i>	1	
<i>amoxicillin 500 mg tab</i>	1	
<i>amoxicillin 875 mg tab</i>	1	
AMOXICILLIN-POT CLAVULANATE 200-28.5 MG CHEW TAB	1	
<i>amoxicillin-pot clavulanate 200-28.5 mg/5ml recon susp</i>	1	
<i>amoxicillin-pot clavulanate 250-125 mg tab</i>	1	
<i>amoxicillin-pot clavulanate 250-62.5 mg/5ml recon susp</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AMOXICILLIN-POT CLAVULANATE 400-57 MG CHEW TAB	1	
<i>amoxicillin-pot clavulanate 400-57 mg/5ml recon susp</i>	1	
<i>amoxicillin-pot clavulanate 500-125 mg tab</i>	1	
<i>amoxicillin-pot clavulanate 600-42.9 mg/5ml recon susp</i>	1	
<i>amoxicillin-pot clavulanate 875-125 mg tab</i>	1	
AMOXICILLIN-POT CLAVULANATE ER 1000-62.5 MG TAB ER 12H	1	
<i>ampicillin 500 mg cap</i>	1	
<i>dicloxacillin sodium 250 mg cap</i>	1	
<i>dicloxacillin sodium 500 mg cap</i>	1	
PENICILLIN V POTASSIUM 125 MG/5ML RECON SOLN	1	
<i>penicillin v potassium 250 mg tab</i>	1	
PENICILLIN V POTASSIUM 250 MG/5ML RECON SOLN	1	
<i>penicillin v potassium 500 mg tab</i>	1	
MACROLIDES		
AZITHROMYCIN 1 GM PACKET	1	
<i>azithromycin 100 mg/5ml recon susp</i>	1	
<i>azithromycin 200 mg/5ml recon susp</i>	1	
<i>azithromycin 250 mg tab</i>	1	
<i>azithromycin 500 mg tab</i>	1	
<i>azithromycin 600 mg tab</i>	1	
CLARITHROMYCIN 125 MG/5ML RECON SUSP	1	
<i>clarithromycin 250 mg tab</i>	1	
CLARITHROMYCIN 250 MG/5ML RECON SUSP	1	
<i>clarithromycin 500 mg tab</i>	1	
<i>clarithromycin er 500 mg tab er 24h</i>	1	
DIFICID 200 MG TAB	3	
DIFICID 40 MG/ML RECON SUSP	3	
<i>ery-tab 250 mg tab dr</i>	3	
<i>ery-tab 333 mg tab dr</i>	3	
<i>ery-tab 500 mg tab dr</i>	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	3	
<i>erythromycin base 250 mg tab</i>	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	
QUINOLONES		
BAXDELA 450 MG TAB	3	QLC 28 / 22 DAYS
BESIVANCE 0.6 % SUSPENSION	3	
<i>ciprofloxacin 250 mg/5ml (5%) recon susp</i>	2	
<i>ciprofloxacin 500 mg/5ml (10%) recon susp</i>	2	
<i>ciprofloxacin hcl 0.3 % solution</i>	1	
<i>ciprofloxacin hcl 250 mg tab</i>	1	
<i>ciprofloxacin hcl 500 mg tab</i>	1	
<i>ciprofloxacin hcl 750 mg tab</i>	1	
<i>levofloxacin 25 mg/ml solution</i>	1	
<i>levofloxacin 250 mg tab</i>	1	
<i>levofloxacin 500 mg tab</i>	1	
<i>levofloxacin 750 mg tab</i>	1	
<i>moxifloxacin hcl 400 mg tab</i>	2	
OFLOXACIN 300 MG TAB	3	
<i>ofloxacin 400 mg tab</i>	3	
SULFONAMIDES		
<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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sulfamethoxazole-trimethoprim 800-160 mg tab</i>	1	
<i>sulfamethoxazole-trimethoprim 800-160 mg/20ml suspension</i>	1	
<i>sulfatrim pediatric 200-40 mg/5ml suspension</i>	1	
TETRACYCLINES		
<i>avidoxy 100 mg tab</i>	1	
<i>demeclocycline hcl 150 mg tab</i>	1	
<i>demeclocycline hcl 300 mg tab</i>	1	
<i>doxycycline hyclate 100 mg cap</i>	1	
<i>doxycycline hyclate 100 mg tab</i>	1	
<i>doxycycline hyclate 100 mg tab dr</i>	1	
<i>doxycycline hyclate 20 mg tab</i>	1	
<i>doxycycline hyclate 50 mg cap</i>	1	
<i>doxycycline hyclate 50 mg tab</i>	1	
<i>doxycycline monohydrate 100 mg cap</i>	1	
<i>doxycycline monohydrate 100 mg tab</i>	1	
<i>doxycycline monohydrate 150 mg tab</i>	1	
<i>doxycycline monohydrate 25 mg/5ml recon susp</i>	1	
<i>doxycycline monohydrate 50 mg cap</i>	1	
<i>doxycycline monohydrate 50 mg tab</i>	1	
<i>doxycycline monohydrate 75 mg cap</i>	1	
<i>doxycycline monohydrate 75 mg tab</i>	1	
<i>minocycline hcl 100 mg cap</i>	1	
<i>minocycline hcl 100 mg tab</i>	1	
<i>minocycline hcl 50 mg cap</i>	1	
<i>minocycline hcl 50 mg tab</i>	1	
<i>minocycline hcl 75 mg cap</i>	1	
<i>minocycline hcl 75 mg tab</i>	1	
<i>mondoxyne nl 100 mg cap</i>	1	
NUZYRA 150 MG TAB	3	PA QLC 30 / 10 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>tetracycline hcl 250 mg cap</i>	3	
<i>tetracycline hcl 500 mg cap</i>	3	
ANTICONVULSANTS		
ANTICONVULSANTS, OTHER		
DIACOMIT 250 MG CAP	3	QL 6 / 1 DAYS PA SP Specialty
DIACOMIT 250 MG PACKET	3	QL 6 / 1 DAYS PA SP Specialty
DIACOMIT 500 MG CAP	3	QL 6 / 1 DAYS PA SP Specialty
DIACOMIT 500 MG PACKET	3	QL 6 / 1 DAYS PA SP Specialty
<i>divalproex sodium 125 mg cap dr</i>	1	PD Preventive Drug
<i>divalproex sodium 125 mg tab dr</i>	1	PD Preventive Drug
<i>divalproex sodium 250 mg tab dr</i>	1	PD Preventive Drug
<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
EPIDIOLEX 100 MG/ML SOLUTION	3	QL 3.34 / 1 DAYS PA SP Specialty
EPRONTIA 25 MG/ML SOLUTION	3	QL 15.77 / 1 DAYS
<i>felbamate 400 mg tab</i>	3	PD Preventive Drug
<i>felbamate 600 mg tab</i>	3	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>felbamate 600 mg/5ml suspension</i>	3	PD Preventive Drug
FINTEPLA 2.2 MG/ML SOLUTION	3	QL 12 / 1 DAYS
		PA
		SP Specialty
<i>lamotrigine 100 mg tab</i>	1	PD Preventive Drug
<i>lamotrigine 100 mg tab disp</i>	2	QL 3 / 1 DAYS PD Preventive Drug
<i>lamotrigine 150 mg tab</i>	1	PD Preventive Drug
<i>lamotrigine 200 mg tab</i>	1	PD Preventive Drug
<i>lamotrigine 200 mg tab disp</i>	2	QL 3 / 1 DAYS PD Preventive Drug
<i>lamotrigine 21 x 25 mg & 7 x 50 mg kit</i>	2	
<i>lamotrigine 25 & 50 & 100 mg kit</i>	2	PD Preventive Drug
<i>lamotrigine 25 mg chew tab</i>	2	PD Preventive Drug
<i>lamotrigine 25 mg tab</i>	1	PD Preventive Drug
<i>lamotrigine 25 mg tab disp</i>	2	QL 3 / 1 DAYS PD Preventive Drug
<i>lamotrigine 42 x 50 mg & 14x100 mg kit</i>	2	
<i>lamotrigine 5 mg chew tab</i>	2	PD Preventive Drug
<i>lamotrigine 50 mg tab disp</i>	2	QL 3 / 1 DAYS 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

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>subvenite starter kit-green 84 x 25 mg & 14x100 mg kit</i>	1	QLC 98 / 365 DAYS PD Preventive Drug
<i>subvenite starter kit-orange 42 x 25 mg & 7 x 100 mg kit</i>	1	QLC 49 / 365 DAYS PD Preventive Drug
<i>topiramate 100 mg tab</i>	1	PD Preventive Drug
<i>topiramate 15 mg cap sprink</i>	1	PD Preventive Drug
<i>topiramate 200 mg tab</i>	1	PD Preventive Drug
<i>topiramate 25 mg cap sprink</i>	1	PD Preventive Drug
<i>topiramate 25 mg tab</i>	1	PD Preventive Drug
<i>topiramate 50 mg tab</i>	1	PD Preventive Drug
<i>topiramate er 100 mg cap er 24h</i>	1	QL 3 / 1 DAYS PD Preventive Drug
<i>topiramate er 100 mg cp24 sprnk</i>	1	QL 1 / 1 DAYS PD Preventive Drug
<i>topiramate er 150 mg cp24 sprnk</i>	1	QL 1 / 1 DAYS PD Preventive Drug
TROKENDI XR 200 MG CAP ER 24H	1	QL 3 / 1 DAYS PD Preventive Drug
<i>topiramate er 200 mg cp24 sprnk</i>	1	QL 2 / 1 DAYS PD Preventive Drug
<i>topiramate er 25 mg cap er 24h</i>	1	QL 3 / 1 DAYS PD Preventive Drug
<i>topiramate er 25 mg cp24 sprnk</i>	1	QL 1 / 1 DAYS PD Preventive Drug
<i>topiramate er 50 mg cap er 24h</i>	1	QL 3 / 1 DAYS PD Preventive Drug
<i>topiramate er 50 mg cp24 sprnk</i>	1	QL 1 / 1 DAYS PD Preventive Drug

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

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>vigadrone 500 mg packet</i>	3	<ul style="list-style-type: none"> QL 6 / 1 DAYS PA SP Specialty PD Preventive Drug
<i>vigadrone 500 mg tab</i>	3	<ul style="list-style-type: none"> QL 6 / 1 DAYS PA SP Specialty PD Preventive Drug
VIGAFYDE 100 MG/ML SOLUTION	3	<ul style="list-style-type: none"> QL 10 / 1 DAYS PA SP Specialty
ZTALMY 50 MG/ML SUSPENSION	3	<ul style="list-style-type: none"> QL 3.67 / 1 DAYS PA SP Specialty
SODIUM CHANNEL AGENTS		
APTIOM 200 MG TAB	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PD Preventive Drug
APTIOM 400 MG TAB	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PD Preventive Drug
APTIOM 600 MG TAB	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS PD Preventive Drug
APTIOM 800 MG TAB	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PD Preventive Drug
<i>carbamazepine 100 mg chew tab</i>	1	<ul style="list-style-type: none"> PD Preventive Drug
<i>carBAMazepine 100 MG/5ML SUSPENSION (generic of TEGRETOL)</i>	1	<ul style="list-style-type: none"> PD Preventive Drug
<i>carbamazepine 200 mg tab</i>	1	<ul style="list-style-type: none"> PD Preventive Drug
<i>carBAMazepine 100 MG/5ML SUSPENSION (generic of TEGRETOL)</i>	1	<ul style="list-style-type: none"> PD Preventive Drug
<i>CarBAMazepine ER 100 MG CAP ER 12H (generic of CARBATROL)</i>	2	<ul style="list-style-type: none"> PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	QL 46.5 / 1 DAYS PD Preventive Drug
<i>lacosamide 100 mg tab</i>	2	QL 2 / 1 DAYS PD Preventive Drug
<i>lacosamide 100 mg/10ml solution</i>	2	QL 46.5 / 1 DAYS PD Preventive Drug
<i>lacosamide 150 mg tab</i>	2	QL 2 / 1 DAYS PD Preventive Drug
<i>lacosamide 200 mg tab</i>	2	QL 2 / 1 DAYS PD Preventive Drug
<i>lacosamide 50 mg tab</i>	2	QL 2 / 1 DAYS PD Preventive Drug
<i>lacosamide 50 mg/5ml solution</i>	2	QL 46.5 / 1 DAYS PD Preventive Drug
<i>oxcarbazepine 150 mg tab</i>	1	PD Preventive Drug
<i>oxcarbazepine 300 mg tab</i>	1	PD Preventive Drug
<i>oxcarbazepine 300 mg/5ml suspension</i>	1	PD Preventive Drug
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>phenytoin 50 mg chew tab</i>	1	PD Preventive Drug
<i>phenytoin infatabs 50 mg chew tab</i>	1	PD Preventive Drug
<i>phenytoin sodium extended 100 mg cap</i>	1	PD Preventive Drug
<i>phenytoin sodium extended 200 mg cap</i>	1	PD Preventive Drug
<i>phenytoin sodium extended 300 mg cap</i>	1	PD Preventive Drug
<i>rufinamide 200 mg tab</i>	3	PD Preventive Drug
<i>rufinamide 40 mg/ml suspension</i>	3	PD Preventive Drug
<i>rufinamide 400 mg tab</i>	3	PD Preventive Drug
<i>zonisamide 100 mg cap</i>	1	PD Preventive Drug
<i>zonisamide 25 mg cap</i>	1	PD Preventive Drug
<i>zonisamide 50 mg cap</i>	1	PD Preventive Drug
ANTIDEMENTIA AGENTS		
ANTIDEMENTIA AGENTS, OTHER		
ERGOLOID MESYLATES 1 MG TAB	1	
CHOLINESTERASE INHIBITORS		
ADLARITY 10 MG/DAY PATCH WK	3	QL 0.15 / 1 DAYS ST
ADLARITY 5 MG/DAY PATCH WK	3	QL 0.15 / 1 DAYS ST
<i>donepezil hcl 10 mg tab</i>	1	
<i>donepezil hcl 10 mg tab disp</i>	1	
<i>donepezil hcl 23 mg tab</i>	3	
<i>donepezil hcl 5 mg tab</i>	1	
<i>donepezil hcl 5 mg tab disp</i>	1	
<i>galantamine hydrobromide 12 mg tab</i>	1	
<i>galantamine hydrobromide 4 mg tab</i>	1	
GALANTAMINE HYDROBROMIDE 4 MG/ML SOLUTION	1	
<i>galantamine hydrobromide 8 mg tab</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>galantamine hydrobromide er 16 mg cap er 24h</i>	1	
<i>galantamine hydrobromide er 24 mg cap er 24h</i>	1	
<i>galantamine hydrobromide er 8 mg cap er 24h</i>	1	
<i>rivastigmine 13.3 mg/24hr patch 24hr</i>	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	
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST		
<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	QL 1 / 1 DAYS
<i>memantine hcl er 21 mg cap er 24h</i>	2	QL 1 / 1 DAYS
<i>memantine hcl er 28 mg cap er 24h</i>	2	QL 1 / 1 DAYS
<i>memantine hcl er 7 mg cap er 24h</i>	2	QL 1 / 1 DAYS
ANTIDEPRESSANTS		
ANTIDEPRESSANTS, OTHER		
AUVELITY 45-105 MG TAB ER	3	QL 2 / 1 DAYS PA
<i>bupropion hcl 100 mg tab</i>	1	
<i>bupropion hcl 75 mg tab</i>	1	
<i>bupropion hcl er (sr) 100 mg tab er 12h</i>	1	QL 2 / 1 DAYS
<i>bupropion hcl er (sr) 150 mg tab er 12h</i>	1	QL 2 / 1 DAYS
<i>bupropion hcl er (sr) 200 mg tab er 12h</i>	1	QL 2 / 1 DAYS
<i>bupropion hcl er (xl) 150 mg tab er 24h</i>	1	QL 3 / 1 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>bupropion hcl er (xl) 300 mg tab er 24h</i>	1	QL 1 / 1 DAYS
BUPROPION HCL ER (XL) 450 MG TAB ER 24H	3	QL 1 / 1 DAYS
CHLORDIAZEPOXIDE-AMITRIPTYLINE 10-25 MG TAB	1	
CHLORDIAZEPOXIDE-AMITRIPTYLINE 5-12.5 MG TAB	1	
LYBALVI 10-10 MG TAB	3	QL 1 / 1 DAYS PA
LYBALVI 15-10 MG TAB	3	QL 1 / 1 DAYS PA
LYBALVI 20-10 MG TAB	3	QL 1 / 1 DAYS PA
LYBALVI 5-10 MG TAB	3	QL 1 / 1 DAYS 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	
<i>mirtazapine 45 mg tab</i>	1	
<i>mirtazapine 45 mg tab disp</i>	1	
<i>mirtazapine 7.5 mg tab</i>	1	
PERPHENAZINE-AMITRIPTYLINE 2-10 MG TAB	1	
PERPHENAZINE-AMITRIPTYLINE 2-25 MG TAB	1	
PERPHENAZINE-AMITRIPTYLINE 4-10 MG TAB	1	
PERPHENAZINE-AMITRIPTYLINE 4-25 MG TAB	1	
PERPHENAZINE-AMITRIPTYLINE 4-50 MG TAB	1	
ZURZUVAE 20 MG CAP	3	QL 2 / 1 DAYS PA QLC 28 / 274 DAYS
ZURZUVAE 25 MG CAP	3	QL 2 / 1 DAYS PA QLC 28 / 274 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZURZUVAE 30 MG CAP	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA QLC 14 / 274 DAYS
MONOAMINE OXIDASE INHIBITORS		
MARPLAN 10 MG TAB	3	
PHENELZINE SULFATE 15 MG TAB	1	
<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	<ul style="list-style-type: none"> QL 3 / 1 DAYS PD Preventive Drug
<i>citalopram hydrobromide 10 mg/5ml solution</i>	1	<ul style="list-style-type: none"> PD Preventive Drug
<i>citalopram hydrobromide 20 mg tab</i>	1	<ul style="list-style-type: none"> QL 2 / 1 DAYS RX4L Rx4Less Program PD Preventive Drug
<i>citalopram hydrobromide 40 mg tab</i>	1	<ul style="list-style-type: none"> QL 2 / 1 DAYS RX4L Rx4Less Program PD Preventive Drug
<i>desvenlafaxine succinate er 100 mg tab er 24h</i>	1	<ul style="list-style-type: none"> QL 2 / 1 DAYS
<i>desvenlafaxine succinate er 25 mg tab er 24h</i>	1	<ul style="list-style-type: none"> QL 1 / 1 DAYS
<i>desvenlafaxine succinate er 50 mg tab er 24h</i>	1	<ul style="list-style-type: none"> QL 1 / 1 DAYS
<i>escitalopram oxalate 10 mg tab</i>	1	<ul style="list-style-type: none"> RX4L Rx4Less Program PD Preventive Drug
<i>escitalopram oxalate 20 mg tab</i>	1	<ul style="list-style-type: none"> RX4L Rx4Less Program PD Preventive Drug
<i>escitalopram oxalate 5 mg tab</i>	1	<ul style="list-style-type: none"> PD Preventive Drug
<i>escitalopram oxalate 5 mg/5ml solution</i>	1	<ul style="list-style-type: none"> PD Preventive Drug
FETZIMA 120 MG CAP ER 24H	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS
FETZIMA 20 MG CAP ER 24H	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FETZIMA 40 MG CAP ER 24H	3	QL 1 / 1 DAYS
FETZIMA 80 MG CAP ER 24H	3	QL 1 / 1 DAYS
FETZIMA TITRATION 20 & 40 MG CP24 THPK	3	QL 1 / 1 DAYS
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
FLUOXETINE HCL 90 MG CAP DR	1	QL 0.15 / 1 DAYS PD Preventive Drug
<i>fluvoxamine maleate 100 mg tab</i>	1	PD Preventive Drug
<i>fluvoxamine maleate 25 mg tab</i>	1	PD Preventive Drug
<i>fluvoxamine maleate 50 mg tab</i>	1	PD Preventive Drug
<i>fluvoxamine maleate er 100 mg cap er 24h</i>	1	QL 2 / 1 DAYS PD Preventive Drug
<i>fluvoxamine maleate er 150 mg cap er 24h</i>	1	QL 2 / 1 DAYS PD Preventive Drug
NEFAZODONE HCL 100 MG TAB	1	QL 2 / 1 DAYS
NEFAZODONE HCL 150 MG TAB	1	
NEFAZODONE HCL 200 MG TAB	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NEFAZODONE HCL 250 MG TAB	1	
NEFAZODONE HCL 50 MG TAB	1	QL 2 / 1 DAYS
<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
<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	QL 2 / 1 DAYS PD Preventive Drug
<i>paroxetine hcl er 25 mg tab er 24h</i>	2	QL 2 / 1 DAYS PD Preventive Drug
<i>paroxetine hcl er 37.5 mg tab er 24h</i>	2	QL 2 / 1 DAYS 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	3	QL 1 / 1 DAYS
TRINTELLIX 20 MG TAB	3	QL 1 / 1 DAYS
TRINTELLIX 5 MG TAB	3	QL 1 / 1 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>venlafaxine hcl 100 mg tab</i>	1	
<i>venlafaxine hcl 25 mg tab</i>	1	
<i>venlafaxine hcl 37.5 mg tab</i>	1	
<i>venlafaxine hcl 50 mg tab</i>	1	
<i>venlafaxine hcl 75 mg tab</i>	1	
<i>venlafaxine hcl er 150 mg cap er 24h</i>	1	QL 3 / 1 DAYS RX4L Rx4Less Program
<i>venlafaxine hcl er 37.5 mg cap er 24h</i>	1	QL 3 / 1 DAYS RX4L Rx4Less Program
<i>venlafaxine hcl er 75 mg cap er 24h</i>	1	QL 5 / 1 DAYS RX4L Rx4Less Program
<i>vilazodone hcl 10 mg tab</i>	1	QL 1 / 1 DAYS
<i>vilazodone hcl 20 mg tab</i>	1	QL 1 / 1 DAYS
<i>vilazodone hcl 40 mg tab</i>	1	QL 1 / 1 DAYS
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	PA
<i>clomipramine hcl 50 mg cap</i>	1	PA
<i>clomipramine hcl 75 mg cap</i>	1	PA
<i>desipramine hcl 10 mg tab</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	
<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		
<i>compro 25 mg suppos</i>	1	
<i>doxylamine-pyridoxine 10-10 mg tab dr</i>	2	QL 4 / 1 DAYS PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GIMOTI 15 MG/ACT SOLUTION	3	QL 0.35 / 1 DAYS PA
<i>metoclopramide hcl 10 mg tab</i>	1	
<i>metoclopramide hcl 10 mg/10ml solution</i>	1	
<i>metoclopramide hcl 5 mg tab</i>	1	
<i>metoclopramide hcl 5 mg/5ml solution</i>	1	
<i>perphenazine 16 mg tab</i>	1	
<i>perphenazine 2 mg tab</i>	1	
<i>perphenazine 4 mg tab</i>	1	
<i>perphenazine 8 mg tab</i>	1	
<i>prochlorperazine 25 mg suppos</i>	1	
<i>prochlorperazine maleate 10 mg tab</i>	1	
<i>prochlorperazine maleate 5 mg tab</i>	1	
<i>promethazine hcl 12.5 mg suppos</i>	1	
<i>promethazine hcl 12.5 mg tab</i>	1	
<i>promethazine hcl 25 mg suppos</i>	1	
<i>promethazine hcl 25 mg tab</i>	1	
<i>promethazine hcl 50 mg tab</i>	1	
<i>promethegan 12.5 mg suppos</i>	1	
<i>promethegan 25 mg suppos</i>	1	
PROMETHEGAN 50 MG SUPPOS	1	
<i>scopolamine 1 mg/3days patch 72hr</i>	3	
<i>trimethobenzamide hcl 300 mg cap</i>	1	
EMETOGENIC THERAPY ADJUNCTS		
AKYNZEO 300-0.5 MG CAP	3	QL 0.07 / 1 DAYS
<i>aprepitant 125 mg cap</i>	3	QLC 2 / 22 DAYS
<i>aprepitant 40 mg cap</i>	3	QLC 4 / 22 DAYS
<i>aprepitant 80 & 125 mg cap</i>	3	QLC 6 / 22 DAYS
<i>aprepitant 80 & 125 mg misc</i>	3	QLC 6 / 22 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>aprepitant 80 mg cap</i>	3	QLC 4 / 22 DAYS
<i>dronabinol 10 mg cap</i>	1	
<i>dronabinol 2.5 mg cap</i>	1	
<i>dronabinol 5 mg cap</i>	1	
<i>granisetron hcl 1 mg tab</i>	1	QL 2 / 1 DAYS
<i>ondansetron 4 mg tab disp</i>	1	
<i>ondansetron 8 mg tab disp</i>	1	
<i>ondansetron hcl 4 mg tab</i>	1	
<i>ondansetron hcl 4 mg/5ml solution</i>	1	
<i>ondansetron hcl 8 mg tab</i>	1	
SANCUSO 3.1 MG/24HR PATCH	3	QL 0.15 / 1 DAYS ST
SYNDROS 5 MG/ML SOLUTION	3	PA
ANTIFUNGALS		
AMPHOTERICIN B 50 MG RECON SOLN	1	
BREXAFEMME 150 MG TAB	3	PA QLC 4 / 22 DAYS
<i>clotrimazole 10 mg troche</i>	1	
CRESEMBA 186 MG CAP	3	
CRESEMBA 74.5 MG CAP	3	
<i>econazole nitrate 1 % cream</i>	1	
<i>fluconazole 10 mg/ml recon susp</i>	1	
<i>fluconazole 100 mg tab</i>	1	
<i>fluconazole 150 mg tab</i>	1	
<i>fluconazole 200 mg tab</i>	1	
<i>fluconazole 40 mg/ml recon susp</i>	1	
<i>fluconazole 50 mg tab</i>	1	
<i>flucytosine 250 mg cap</i>	3	
<i>flucytosine 500 mg cap</i>	3	
<i>griseofulvin microsize 125 mg/5ml suspension</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>griseofulvin microsize 500 mg tab</i>	3	
<i>griseofulvin ultramicrosize 125 mg tab</i>	3	
<i>griseofulvin ultramicrosize 250 mg tab</i>	3	
GYNAZOLE-1 2 % CREAM	3	
<i>itraconazole 10 mg/ml solution</i>	3	
<i>itraconazole 100 mg cap</i>	2	
<i>ketoconazole 2 % cream</i>	1	
<i>ketoconazole 200 mg tab</i>	1	
LULICONAZOLE 1 % CREAM	3	QL 2 / 1 DAYS ST
MICONAZOLE 3 200 MG SUPPOS	1	
<i>nyamyc 100000 unit/gm powder</i>	1	
<i>nystatin 100000 unit/gm cream</i>	1	
<i>nystatin 100000 unit/gm ointment</i>	1	
<i>nystatin 100000 unit/gm powder</i>	1	
NYSTATIN 100000 UNIT/ML SUSPENSION	1	
<i>nystatin 100000 unit/ml suspension</i>	1	
<i>nystatin 500000 unit tab</i>	1	
<i>nystop 100000 unit/gm powder</i>	1	
<i>oxiconazole nitrate 1 % cream</i>	3	
<i>tavaborole 5 % solution</i>	2	QL 0.14 / 1 DAYS PA
<i>terbinafine hcl 250 mg tab</i>	1	
<i>terconazole 0.4 % cream</i>	1	
<i>terconazole 0.8 % cream</i>	1	
<i>terconazole 80 mg suppos</i>	1	
VIVJOA 150 MG CAP THPK	3	PA QLC 18 / 68 DAYS
<i>voriconazole 200 mg tab</i>	3	QL 2 / 1 DAYS
<i>voriconazole 40 mg/ml recon susp</i>	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>voriconazole 50 mg tab</i>	3	
ANTIGOUT AGENTS		
<i>allopurinol 100 mg tab</i>	1	RX4L Rx4Less Program
<i>allopurinol 300 mg tab</i>	1	RX4L Rx4Less Program
<i>colchicine 0.6 mg tab</i>	1	QLC 66 / 23 DAYS
<i>colchicine-probenecid 0.5-500 mg tab</i>	1	
<i>febuxostat 40 mg tab</i>	1	QL 1 / 1 DAYS
<i>febuxostat 80 mg tab</i>	1	QL 1 / 1 DAYS
<i>probenecid 500 mg tab</i>	1	
ANTIMIGRAINE AGENTS		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONISTS		
AIMOVIG 140 MG/ML SOLN A-INJ	2	QL 0.04 / 1 DAYS PA
AIMOVIG 70 MG/ML SOLN A-INJ	2	QL 0.04 / 1 DAYS PA
AJOVY 225 MG/1.5ML SOLN A-INJ	2	QL 0.06 / 1 DAYS PA
AJOVY 225 MG/1.5ML SOLN PRSYR	2	QL 0.06 / 1 DAYS PA
EMGALITY (300 MG DOSE) 100 MG/ML SOLN PRSYR	2	QL 0.11 / 1 DAYS PA
EMGALITY 120 MG/ML SOLN A-INJ	2	QL 0.04 / 1 DAYS PA
EMGALITY 120 MG/ML SOLN PRSYR	2	QL 0.04 / 1 DAYS PA
NURTEC 75 MG TAB DISP	2	QL 0.27 / 1 DAYS PA
QULIPTA 10 MG TAB	2	QL 1 / 1 DAYS PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
QULIPTA 30 MG TAB	2	QL 1 / 1 DAYS PA
QULIPTA 60 MG TAB	2	QL 1 / 1 DAYS PA
UBRELVY 100 MG TAB	2	PA QLC 8 / 22 DAYS
UBRELVY 50 MG TAB	2	PA QLC 8 / 22 DAYS
ERGOT ALKALOIDS		
<i>dihydroergotamine mesylate 1 mg/ml solution</i>	3	PA
<i>dihydroergotamine mesylate 4 mg/ml solution</i>	3	QL 0.27 / 1 DAYS PA
ERGOMAR 2 MG SL TAB	3	PA
ERGOTAMINE-CAFFEINE 1-100 MG TAB	1	
SEROTONIN (5-HT) RECEPTOR AGONIST		
<i>almotriptan malate 12.5 mg tab</i>	3	QLC 12 / 21 DAYS
<i>almotriptan malate 6.25 mg tab</i>	3	QLC 12 / 21 DAYS
<i>eletriptan hydrobromide 20 mg tab</i>	2	QLC 12 / 21 DAYS
<i>eletriptan hydrobromide 40 mg tab</i>	2	QLC 12 / 21 DAYS
<i>frovatriptan succinate 2.5 mg tab</i>	2	QLC 9 / 21 DAYS
<i>naratriptan hcl 1 mg tab</i>	1	QLC 18 / 21 DAYS
<i>naratriptan hcl 2.5 mg tab</i>	1	QLC 18 / 21 DAYS
<i>rizatriptan benzoate 10 mg tab</i>	1	QLC 24 / 21 DAYS
<i>rizatriptan benzoate 10 mg tab disp</i>	1	QLC 24 / 21 DAYS
<i>rizatriptan benzoate 5 mg tab</i>	1	QLC 24 / 21 DAYS
<i>rizatriptan benzoate 5 mg tab disp</i>	1	QLC 24 / 21 DAYS
<i>sumatriptan 20 mg/act solution</i>	1	QLC 12 / 22 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sumatriptan 5 mg/act solution</i>	1	QLC 18 / 22 DAYS
<i>sumatriptan succinate 100 mg tab</i>	1	QLC 18 / 21 DAYS
<i>sumatriptan succinate 25 mg tab</i>	1	QLC 18 / 21 DAYS
<i>sumatriptan succinate 4 mg/0.5ml soln a-inj</i>	1	QLC 5 / 22 DAYS
<i>sumatriptan succinate 50 mg tab</i>	1	QLC 18 / 21 DAYS
<i>sumatriptan succinate 6 mg/0.5ml soln a-inj</i>	1	QLC 5 / 22 DAYS
<i>sumatriptan succinate 6 mg/0.5ml solution</i>	1	QLC 5 / 22 DAYS
SUMATRIPTAN SUCCINATE REFILL 4 MG/0.5ML SOLN CART	1	QLC 5 / 22 DAYS
SUMATRIPTAN SUCCINATE REFILL 6 MG/0.5ML SOLN CART	1	QLC 5 / 22 DAYS
<i>sumatriptan-naproxen sodium 85-500 mg tab</i>	1	QLC 9 / 21 DAYS
<i>zolmitriptan 2.5 mg tab</i>	1	QLC 12 / 21 DAYS
<i>zolmitriptan 2.5 mg tab disp</i>	1	QLC 12 / 21 DAYS
<i>zolmitriptan 5 mg tab</i>	1	QLC 12 / 21 DAYS
<i>zolmitriptan 5 mg tab disp</i>	1	QLC 12 / 21 DAYS
ANTIMYASTHENIC AGENTS		
PARASYMPATHOMIMETICS		
<i>pyridostigmine bromide 60 mg tab</i>	1	
<i>pyridostigmine bromide 60 mg/5ml solution</i>	1	
<i>pyridostigmine bromide er 180 mg tab er</i>	2	
ZILBRYSQ 16.6 MG/0.416ML SOLN PRSYR	3	QL 1 / 1 DAYS PA SP Specialty
ZILBRYSQ 23 MG/0.574ML SOLN PRSYR	3	QL 1 / 1 DAYS PA SP Specialty
ZILBRYSQ 32.4 MG/0.81ML SOLN PRSYR	3	QL 1 / 1 DAYS PA SP Specialty

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	QLC 182 / 365 DAYS
PRIFTIN 150 MG TAB	3	
<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	
SIRTURO 20 MG TAB	3	
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	
CYCLOPHOSPHAMIDE 50 MG TAB	2	
GLEOSTINE 10 MG CAP	3	
GLEOSTINE 100 MG CAP	3	
GLEOSTINE 40 MG CAP	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LEUKERAN 2 MG TAB	3	
MATULANE 50 MG CAP	3	SP Specialty
MYLERAN 2 MG TAB	2	
<i>temozolomide 100 mg cap</i>	3	SP Specialty
<i>temozolomide 140 mg cap</i>	3	SP Specialty
<i>temozolomide 180 mg cap</i>	3	SP Specialty
<i>temozolomide 20 mg cap</i>	3	SP Specialty
<i>temozolomide 250 mg cap</i>	3	SP Specialty
<i>temozolomide 5 mg cap</i>	3	SP Specialty
ANTIANDROGENS		
<i>abiraterone acetate 250 mg tab</i>	2	QL 4 / 1 DAYS SP Specialty
<i>abirtega 250 mg tab</i>	2	QL 4 / 1 DAYS SP Specialty
<i>bicalutamide 50 mg tab</i>	1	
ERLEADA 240 MG TAB	3	QL 1 / 1 DAYS PA SP Specialty
ERLEADA 60 MG TAB	3	QL 4 / 1 DAYS PA SP Specialty
<i>nilutamide 150 mg tab</i>	2	SP Specialty
NUBEQA 300 MG TAB	2	QL 4 / 1 DAYS PA SP Specialty
ORSERDU 345 MG TAB	3	QL 1 / 1 DAYS PA SP Specialty
ORSERDU 86 MG TAB	3	QL 3 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XTANDI 40 MG CAP	2	<ul style="list-style-type: none"> QL 4 / 1 DAYS PA SP Specialty
XTANDI 40 MG TAB	2	<ul style="list-style-type: none"> QL 4 / 1 DAYS PA SP Specialty
XTANDI 80 MG TAB	2	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA SP Specialty
YONSA 125 MG TAB	3	<ul style="list-style-type: none"> QL 4 / 1 DAYS PA SP Specialty
ANTIANGIOGENIC AGENTS		
<i>lenalidomide 10 mg cap</i>	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS SP Specialty
<i>lenalidomide 15 mg cap</i>	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS SP Specialty
<i>lenalidomide 2.5 mg cap</i>	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS SP Specialty
<i>lenalidomide 20 mg cap</i>	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS SP Specialty
<i>lenalidomide 25 mg cap</i>	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS SP Specialty
<i>lenalidomide 5 mg cap</i>	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS SP Specialty
POMALYST 1 MG CAP	3	<ul style="list-style-type: none"> QL 0.75 / 1 DAYS PA SP Specialty
POMALYST 2 MG CAP	3	<ul style="list-style-type: none"> QL 0.75 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
POMALYST 3 MG CAP	3	<ul style="list-style-type: none"> QL 0.75 / 1 DAYS PA SP Specialty
POMALYST 4 MG CAP	3	<ul style="list-style-type: none"> QL 0.75 / 1 DAYS PA SP Specialty
REVLIMID 10 MG CAP	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS SP Specialty
REVLIMID 15 MG CAP	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS SP Specialty
REVLIMID 2.5 MG CAP	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS SP Specialty
REVLIMID 20 MG CAP	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS SP Specialty
REVLIMID 25 MG CAP	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS SP Specialty
REVLIMID 5 MG CAP	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS SP Specialty
THALOMID 100 MG CAP	3	<ul style="list-style-type: none"> QLC 60 / 22 DAYS SP Specialty
THALOMID 200 MG CAP	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS SP Specialty
THALOMID 50 MG CAP	3	<ul style="list-style-type: none"> QLC 60 / 22 DAYS SP Specialty
ANTIESTROGENS/MODIFIERS		
SOLTAMOX 10 MG/5ML SOLUTION	3	<ul style="list-style-type: none"> QL 10 / 1 DAYS PA
<i>tamoxifen citrate 10 mg tab</i>	1	ACA Affordable Care Act
<i>tamoxifen citrate 20 mg tab</i>	1	ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
<i>cytarabine (pf) 100 mg/ml solution</i>	1	
<i>cytarabine (pf) 20 mg/ml solution</i>	1	
<i>mercaptopurine 2000 mg/100ml suspension</i>	2	QL 100.2 ML / 30 day(s) PA SP Specialty
<i>mercaptopurine 50 mg tab</i>	1	
ONUREG 200 MG TAB	3	QL 0.5 / 1 DAYS PA SP Specialty
ONUREG 300 MG TAB	3	QL 0.5 / 1 DAYS PA SP Specialty
PURIXAN 2000 MG/100ML SUSPENSION	3	QL 3.34 / 1 DAYS PA SP Specialty
TABLOID 40 MG TAB	3	SP Specialty
ANTINEOPLASTICS, OTHER		
AKEEGA 100-500 MG TAB	3	QL 2 / 1 DAYS PA SP Specialty
AKEEGA 50-500 MG TAB	3	QL 2 / 1 DAYS PA SP Specialty
AUGTYRO 160 MG CAP	3	QL 2 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AUGTYRO 40 MG CAP	3	<ul style="list-style-type: none"> QL 8 / 1 DAYS PA SP Specialty
FRUZAQLA 1 MG CAP	3	<ul style="list-style-type: none"> QL 3 / 1 DAYS PA SP Specialty
FRUZAQLA 5 MG CAP	3	<ul style="list-style-type: none"> QL 0.75 / 1 DAYS PA SP Specialty
<i>hydroxyurea 500 mg cap</i>	1	
INQOVI 35-100 MG TAB	3	<ul style="list-style-type: none"> QL 0.18 / 1 DAYS PA SP Specialty
IWILFIN 192 MG TAB	3	<ul style="list-style-type: none"> QL 8 / 1 DAYS 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	
<i>leucovorin calcium 5 mg tab</i>	1	
LONSURF 15-6.14 MG TAB	3	<ul style="list-style-type: none"> PA QLC 100 / 21 DAYS SP Specialty
LONSURF 20-8.19 MG TAB	3	<ul style="list-style-type: none"> PA QLC 80 / 21 DAYS SP Specialty
LYSODREN 500 MG TAB	3	<ul style="list-style-type: none"> SP Specialty
OJJAARA 100 MG TAB	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OJJAARA 150 MG TAB	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
OJJAARA 200 MG TAB	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
QINLOCK 50 MG TAB	3	<ul style="list-style-type: none"> QL 3 / 1 DAYS PA SP Specialty
WELIREG 40 MG TAB	3	<ul style="list-style-type: none"> QL 3 / 1 DAYS PA
ZOLINZA 100 MG CAP	3	<ul style="list-style-type: none"> QL 4 / 1 DAYS 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	2	<ul style="list-style-type: none"> QL 1.2 / 1 DAYS SP Specialty
HYCAMTIN 1 MG CAP	2	<ul style="list-style-type: none"> QL 1.2 / 1 DAYS SP Specialty
MOLECULAR TARGET INHIBITORS		
ALECENSA 150 MG CAP	3	<ul style="list-style-type: none"> QL 8 / 1 DAYS PA SP Specialty
ALUNBRIG 180 MG TAB	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ALUNBRIG 30 MG TAB	3	<ul style="list-style-type: none"> QL 4 / 1 DAYS PA SP Specialty
ALUNBRIG 90 & 180 MG TAB THPK	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
ALUNBRIG 90 MG TAB	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
AYVAKIT 100 MG TAB	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA
AYVAKIT 200 MG TAB	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA
AYVAKIT 25 MG TAB	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA
AYVAKIT 300 MG TAB	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA
AYVAKIT 50 MG TAB	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA
BALVERSA 3 MG TAB	3	<ul style="list-style-type: none"> QL 3 / 1 DAYS PA SP Specialty
BALVERSA 4 MG TAB	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA SP Specialty
BALVERSA 5 MG TAB	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
BOSULIF 100 MG CAP	3	<ul style="list-style-type: none"> QL 5 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BOSULIF 100 MG TAB	3	<ul style="list-style-type: none"> QL 4 / 1 DAYS PA SP Specialty
BOSULIF 400 MG TAB	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
BOSULIF 50 MG CAP	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
BOSULIF 500 MG TAB	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
BRAFTOVI 75 MG CAP	3	<ul style="list-style-type: none"> QL 6 / 1 DAYS PA SP Specialty
BRUKINSA 80 MG CAP	3	<ul style="list-style-type: none"> QL 4 / 1 DAYS PA SP Specialty
CABOMETYX 20 MG TAB	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
CABOMETYX 40 MG TAB	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
CABOMETYX 60 MG TAB	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
CALQUENCE 100 MG CAP	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CALQUENCE 100 MG TAB	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA SP Specialty
CAPRELSA 100 MG TAB	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA SP Specialty
CAPRELSA 300 MG TAB	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
COMETRIQ (100 MG DAILY DOSE) 80 & 20 MG KIT	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA SP Specialty
COMETRIQ (140 MG DAILY DOSE) 3 X 20 MG & 80 MG KIT	3	<ul style="list-style-type: none"> QL 4 / 1 DAYS PA SP Specialty
COMETRIQ (60 MG DAILY DOSE) 20 MG KIT	3	<ul style="list-style-type: none"> QL 3 / 1 DAYS PA SP Specialty
COPIKTRA 15 MG CAP	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA SP Specialty
COPIKTRA 25 MG CAP	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA SP Specialty
COTELLIC 20 MG TAB	3	<ul style="list-style-type: none"> QL 2.25 / 1 DAYS PA SP Specialty
<i>dasatinib 100 mg tab</i>	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>dasatinib 140 mg tab</i>	3	QL 2 / 1 DAYS PA SP Specialty
<i>dasatinib 20 mg tab</i>	3	QL 4 / 1 DAYS PA SP Specialty
<i>dasatinib 50 mg tab</i>	3	QL 2 / 1 DAYS PA SP Specialty
<i>dasatinib 70 mg tab</i>	3	QL 2 / 1 DAYS PA SP Specialty
<i>dasatinib 80 mg tab</i>	3	QL 2 / 1 DAYS PA SP Specialty
DAURISMO 100 MG TAB	3	QL 1 / 1 DAYS PA SP Specialty
DAURISMO 25 MG TAB	3	QL 2 / 1 DAYS PA SP Specialty
ERIVEDGE 150 MG CAP	3	QL 1 / 1 DAYS PA SP Specialty
<i>erlotinib hcl 100 mg tab</i>	3	QL 1 / 1 DAYS PA SP Specialty
<i>erlotinib hcl 150 mg tab</i>	3	QL 1 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>erlotinib hcl 25 mg tab</i>	3	QL 1 / 1 DAYS PA SP Specialty
<i>everolimus 10 mg tab</i>	3	QL 1 / 1 DAYS PA SP Specialty
<i>everolimus 2 mg tab sol</i>	3	QL 1 / 1 DAYS PA SP Specialty
<i>everolimus 2.5 mg tab</i>	3	QL 1 / 1 DAYS PA SP Specialty
<i>everolimus 3 mg tab sol</i>	3	QL 1 / 1 DAYS PA SP Specialty
<i>everolimus 5 mg tab</i>	3	QL 1 / 1 DAYS PA SP Specialty
<i>everolimus 5 mg tab sol</i>	3	QL 1 / 1 DAYS PA SP Specialty
<i>everolimus 7.5 mg tab</i>	3	QL 1 / 1 DAYS PA SP Specialty
FOTIVDA 0.89 MG CAP	3	QL 0.75 / 1 DAYS PA SP Specialty
FOTIVDA 1.34 MG CAP	3	QL 0.75 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GAVRETO 100 MG CAP	3	<ul style="list-style-type: none"> QL 4 / 1 DAYS PA SP Specialty
<i>gefitinib 250 mg tab</i>	1	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
GILOTRIF 20 MG TAB	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
GILOTRIF 30 MG TAB	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
GILOTRIF 40 MG TAB	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
IBRANCE 100 MG CAP	3	<ul style="list-style-type: none"> QL 0.75 / 1 DAYS PA SP Specialty
IBRANCE 100 MG TAB	3	<ul style="list-style-type: none"> QL 0.75 / 1 DAYS PA SP Specialty
IBRANCE 125 MG CAP	3	<ul style="list-style-type: none"> QL 0.75 / 1 DAYS PA SP Specialty
IBRANCE 125 MG TAB	3	<ul style="list-style-type: none"> QL 0.75 / 1 DAYS PA SP Specialty
IBRANCE 75 MG CAP	3	<ul style="list-style-type: none"> QL 0.75 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
IBRANCE 75 MG TAB	3	<ul style="list-style-type: none"> QL 0.75 / 1 DAYS PA SP Specialty
ICLUSIG 10 MG TAB	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
ICLUSIG 15 MG TAB	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
ICLUSIG 30 MG TAB	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
ICLUSIG 45 MG TAB	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
IDHIFA 100 MG TAB	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
IDHIFA 50 MG TAB	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
<i>imatinib mesylate 100 mg tab</i>	3	<ul style="list-style-type: none"> QL 4 / 1 DAYS SP Specialty
<i>imatinib mesylate 400 mg tab</i>	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS SP Specialty
IMBRUVICA 140 MG CAP	3	<ul style="list-style-type: none"> QL 3 / 1 DAYS PA SP Specialty
IMBRUVICA 140 MG TAB	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
IMBRUVICA 280 MG TAB	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
IMBRUVICA 420 MG TAB	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
IMBRUVICA 560 MG TAB	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
IMBRUVICA 70 MG CAP	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
IMBRUVICA 70 MG/ML SUSPENSION	3	<ul style="list-style-type: none"> QL 3.6 / 1 DAYS PA SP Specialty
IMKELDI 80 MG/ML SOLUTION	3	<ul style="list-style-type: none"> QL 5 / 1 DAYS PA SP Specialty
INLYTA 1 MG TAB	3	<ul style="list-style-type: none"> QL 8 / 1 DAYS PA SP Specialty
INLYTA 5 MG TAB	3	<ul style="list-style-type: none"> QL 4 / 1 DAYS PA SP Specialty
INREBIC 100 MG CAP	3	<ul style="list-style-type: none"> QL 4 / 1 DAYS PA SP Specialty
ITOVEBI 3 MG TAB	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ITOVEBI 9 MG TAB	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
JAKAFI 10 MG TAB	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA SP Specialty
JAKAFI 15 MG TAB	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA SP Specialty
JAKAFI 20 MG TAB	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA SP Specialty
JAKAFI 25 MG TAB	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA SP Specialty
JAKAFI 5 MG TAB	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA SP Specialty
JAYPIRCA 100 MG TAB	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA SP Specialty
JAYPIRCA 50 MG TAB	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
KISQALI (200 MG DOSE) 200 MG TAB THPK	2	<ul style="list-style-type: none"> PA QLC 63 / 22 DAYS SP Specialty
KISQALI (400 MG DOSE) 200 MG TAB THPK	2	<ul style="list-style-type: none"> PA QLC 63 / 22 DAYS SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KISQALI (600 MG DOSE) 200 MG TAB THPK	2	PA QLC 63 / 22 DAYS SP Specialty
KISQALI FEMARA (200 MG DOSE) 200 & 2.5 MG TAB THPK	2	QL 1.75 / 1 DAYS PA SP Specialty
KISQALI FEMARA (400 MG DOSE) 200 & 2.5 MG TAB THPK	2	QL 2.5 / 1 DAYS PA SP Specialty
KISQALI FEMARA (600 MG DOSE) 200 & 2.5 MG TAB THPK	2	QL 3.25 / 1 DAYS PA SP Specialty
KOSELUGO 10 MG CAP	3	QL 8 / 1 DAYS PA SP Specialty
KOSELUGO 25 MG CAP	3	QL 4 / 1 DAYS PA SP Specialty
KRAZATI 200 MG TAB	3	QL 6 / 1 DAYS PA SP Specialty
<i>lapatinib ditosylate 250 mg tab</i>	2	QL 6 / 1 DAYS PA SP Specialty
LAZCLUZE 240 MG TAB	3	QL 1 / 1 DAYS PA SP Specialty
LAZCLUZE 80 MG TAB	3	QL 2 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LENVIMA (10 MG DAILY DOSE) 10 MG CAP THPK	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
LENVIMA (12 MG DAILY DOSE) 3 X 4 MG CAP THPK	3	<ul style="list-style-type: none"> QL 3 / 1 DAYS PA SP Specialty
LENVIMA (14 MG DAILY DOSE) 10 & 4 MG CAP THPK	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA SP Specialty
LENVIMA (18 MG DAILY DOSE) 10 MG & 2 X 4 MG CAP THPK	3	<ul style="list-style-type: none"> QL 3 / 1 DAYS PA SP Specialty
LENVIMA (20 MG DAILY DOSE) 2 X 10 MG CAP THPK	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA SP Specialty
LENVIMA (24 MG DAILY DOSE) 2 X 10 MG & 4 MG CAP THPK	3	<ul style="list-style-type: none"> QL 3 / 1 DAYS PA SP Specialty
LENVIMA (4 MG DAILY DOSE) 4 MG CAP THPK	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
LENVIMA (8 MG DAILY DOSE) 2 X 4 MG CAP THPK	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA SP Specialty
LORBRENA 100 MG TAB	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
LORBRENA 25 MG TAB	3	<ul style="list-style-type: none"> QL 3 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LUMAKRAS 120 MG TAB	3	<ul style="list-style-type: none"> QL 8 / 1 DAYS PA SP Specialty
LUMAKRAS 240 MG TAB	3	<ul style="list-style-type: none"> QL 4 / 1 DAYS PA SP Specialty
LUMAKRAS 320 MG TAB	3	<ul style="list-style-type: none"> QL 3 / 1 DAYS PA SP Specialty
LYNPARZA 100 MG TAB	3	<ul style="list-style-type: none"> QL 4 / 1 DAYS PA SP Specialty
LYNPARZA 150 MG TAB	3	<ul style="list-style-type: none"> QL 4 / 1 DAYS PA SP Specialty
LYTGOBI (12 MG DAILY DOSE) 4 MG TAB THPK	3	<ul style="list-style-type: none"> QL 3 / 1 DAYS PA SP Specialty
LYTGOBI (16 MG DAILY DOSE) 4 MG TAB THPK	3	<ul style="list-style-type: none"> QL 4 / 1 DAYS PA SP Specialty
LYTGOBI (20 MG DAILY DOSE) 4 MG TAB THPK	3	<ul style="list-style-type: none"> QL 5 / 1 DAYS PA SP Specialty
MEKINIST 0.05 MG/ML RECON SOLN	3	<ul style="list-style-type: none"> QL 18 / 1 DAYS PA SP Specialty
MEKINIST 0.5 MG TAB	3	<ul style="list-style-type: none"> QL 3 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MEKINIST 2 MG TAB	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
MEKTOVI 15 MG TAB	3	<ul style="list-style-type: none"> QL 6 / 1 DAYS PA SP Specialty
NERLYNX 40 MG TAB	3	<ul style="list-style-type: none"> QL 6 / 1 DAYS PA SP Specialty
NINLARO 2.3 MG CAP	3	<ul style="list-style-type: none"> QL 0.11 / 1 DAYS PA SP Specialty
NINLARO 3 MG CAP	3	<ul style="list-style-type: none"> QL 0.11 / 1 DAYS PA SP Specialty
NINLARO 4 MG CAP	3	<ul style="list-style-type: none"> QL 0.11 / 1 DAYS PA SP Specialty
ODOMZO 200 MG CAP	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
OGSIVEO 100 MG TAB	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA SP Specialty
OGSIVEO 150 MG TAB	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA SP Specialty
OGSIVEO 50 MG TAB	3	<ul style="list-style-type: none"> QL 6 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OJEMDA 100 MG TAB	3	<ul style="list-style-type: none"> QL 0.86 / 1 DAYS PA SP Specialty
OJEMDA 25 MG/ML RECON SUSP	3	<ul style="list-style-type: none"> QL 1.72 / 1 DAYS PA SP Specialty
<i>pazopanib hcl 200 mg tab</i>	3	<ul style="list-style-type: none"> QL 4 / 1 DAYS PA SP Specialty
PEMAZYRE 13.5 MG TAB	3	<ul style="list-style-type: none"> PA QLC 14 / 16 DAYS SP Specialty
PEMAZYRE 4.5 MG TAB	3	<ul style="list-style-type: none"> PA QLC 14 / 16 DAYS SP Specialty
PEMAZYRE 9 MG TAB	3	<ul style="list-style-type: none"> PA QLC 14 / 16 DAYS SP Specialty
PIQRAY (200 MG DAILY DOSE) 200 MG TAB THPK	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
PIQRAY (250 MG DAILY DOSE) 200 & 50 MG TAB THPK	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA SP Specialty
PIQRAY (300 MG DAILY DOSE) 2 X 150 MG TAB THPK	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA SP Specialty
RETEVMO 120 MG TAB	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RETEVMO 160 MG TAB	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA SP Specialty
RETEVMO 40 MG CAP	3	<ul style="list-style-type: none"> QL 6 / 1 DAYS PA SP Specialty
RETEVMO 40 MG TAB	3	<ul style="list-style-type: none"> QL 6 / 1 DAYS PA SP Specialty
RETEVMO 80 MG CAP	3	<ul style="list-style-type: none"> QL 4 / 1 DAYS PA SP Specialty
RETEVMO 80 MG TAB	3	<ul style="list-style-type: none"> QL 4 / 1 DAYS PA SP Specialty
REVUFORJ 110 MG TAB	3	<ul style="list-style-type: none"> QL 4 / 1 DAYS PA SP Specialty
REVUFORJ 160 MG TAB	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA SP Specialty
REZLIDHIA 150 MG CAP	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA SP Specialty
ROZLYTREK 100 MG CAP	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
ROZLYTREK 200 MG CAP	3	<ul style="list-style-type: none"> QL 3 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ROZLYTREK 50 MG PACKET	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA SP Specialty
RUBRACA 200 MG TAB	3	<ul style="list-style-type: none"> QL 4 / 1 DAYS PA SP Specialty
RUBRACA 250 MG TAB	3	<ul style="list-style-type: none"> QL 4 / 1 DAYS PA SP Specialty
RUBRACA 300 MG TAB	3	<ul style="list-style-type: none"> QL 4 / 1 DAYS PA SP Specialty
RYDAPT 25 MG CAP	3	<ul style="list-style-type: none"> QL 8 / 1 DAYS PA SP Specialty
SCSEMBLIX 100 MG TAB	3	<ul style="list-style-type: none"> QL 4 / 1 DAYS PA SP Specialty
SCSEMBLIX 20 MG TAB	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA SP Specialty
SCSEMBLIX 40 MG TAB	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA SP Specialty
<i>sorafenib tosylate 200 mg tab</i>	3	<ul style="list-style-type: none"> QL 4 / 1 DAYS PA SP Specialty
SPRYCEL 100 MG TAB	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SPRYCEL 140 MG TAB	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA SP Specialty
SPRYCEL 20 MG TAB	3	<ul style="list-style-type: none"> QL 4 / 1 DAYS PA SP Specialty
SPRYCEL 50 MG TAB	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA SP Specialty
SPRYCEL 70 MG TAB	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA SP Specialty
SPRYCEL 80 MG TAB	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA SP Specialty
STIVARGA 40 MG TAB	3	<ul style="list-style-type: none"> QL 3 / 1 DAYS PA SP Specialty
<i>sunitinib malate 12.5 mg cap</i>	3	<ul style="list-style-type: none"> QL 3 / 1 DAYS PA SP Specialty
<i>sunitinib malate 25 mg cap</i>	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
<i>sunitinib malate 37.5 mg cap</i>	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
<i>sunitinib malate 50 mg cap</i>	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TABRECTA 150 MG TAB	3	PA QLC 112 / 21 DAYS SP Specialty
TABRECTA 200 MG TAB	3	PA QLC 112 / 21 DAYS SP Specialty
TAFINLAR 10 MG TAB SOL	3	QL 14 / 1 DAYS PA SP Specialty
TAFINLAR 50 MG CAP	3	QL 10 / 1 DAYS PA SP Specialty
TAFINLAR 75 MG CAP	3	QL 4 / 1 DAYS PA SP Specialty
TAGRISSO 40 MG TAB	3	QL 1 / 1 DAYS PA SP Specialty
TAGRISSO 80 MG TAB	3	QL 1 / 1 DAYS PA SP Specialty
TALZENNA 0.1 MG CAP	3	QL 1 / 1 DAYS PA SP Specialty
TALZENNA 0.25 MG CAP	3	QL 1 / 1 DAYS PA SP Specialty
TALZENNA 0.35 MG CAP	3	QL 1 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TALZENNA 0.5 MG CAP	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
TALZENNA 0.75 MG CAP	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
TALZENNA 1 MG CAP	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
TASIGNA 150 MG CAP	3	<ul style="list-style-type: none"> QL 4 / 1 DAYS PA SP Specialty
TASIGNA 200 MG CAP	3	<ul style="list-style-type: none"> QL 4 / 1 DAYS PA SP Specialty
TASIGNA 50 MG CAP	3	<ul style="list-style-type: none"> QL 4 / 1 DAYS PA SP Specialty
TAZVERIK 200 MG TAB	3	<ul style="list-style-type: none"> QL 8 / 1 DAYS PA SP Specialty
TEPMETKO 225 MG TAB	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA SP Specialty
TIBSOVO 250 MG TAB	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA SP Specialty
TRUQAP 160 MG TAB	3	<ul style="list-style-type: none"> QL 2.29 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRUQAP 160 MG TAB THPK	3	<ul style="list-style-type: none"> QL 2.29 / 1 DAYS PA SP Specialty
TRUQAP 200 MG TAB	3	<ul style="list-style-type: none"> QL 2.29 / 1 DAYS PA SP Specialty
TRUQAP 200 MG TAB THPK	3	<ul style="list-style-type: none"> QL 2.29 / 1 DAYS PA SP Specialty
TUKYSA 150 MG TAB	3	<ul style="list-style-type: none"> QL 4 / 1 DAYS PA SP Specialty
TUKYSA 50 MG TAB	3	<ul style="list-style-type: none"> QL 8 / 1 DAYS PA SP Specialty
TURALIO 125 MG CAP	3	<ul style="list-style-type: none"> QL 4 / 1 DAYS PA SP Specialty
VANFLYTA 17.7 MG TAB	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA SP Specialty
VANFLYTA 26.5 MG TAB	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA SP Specialty
VENCLEXTA 10 MG TAB	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA SP Specialty
VENCLEXTA 100 MG TAB	3	<ul style="list-style-type: none"> QL 6 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VENCLEXTA 50 MG TAB	3	<ul style="list-style-type: none"> QL 8 / 1 DAYS PA SP Specialty
VENCLEXTA STARTING PACK 10 & 50 & 100 MG TAB THPK	3	<ul style="list-style-type: none"> QL 1.5 / 1 DAYS PA SP Specialty
VERZENIO 100 MG TAB	2	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA SP Specialty
VERZENIO 150 MG TAB	2	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA SP Specialty
VERZENIO 200 MG TAB	2	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA SP Specialty
VERZENIO 50 MG TAB	2	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA SP Specialty
VIJOICE 125 MG TAB THPK	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA
VIJOICE 200 & 50 MG TAB THPK	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA
VIJOICE 50 MG PACKET	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
VIJOICE 50 MG TAB THPK	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA
VITRAKVI 100 MG CAP	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VITRAKVI 20 MG/ML SOLUTION	3	<ul style="list-style-type: none"> QL 10 / 1 DAYS PA SP Specialty
VITRAKVI 25 MG CAP	3	<ul style="list-style-type: none"> QL 3 / 1 DAYS PA SP Specialty
VIZIMPRO 15 MG TAB	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
VIZIMPRO 30 MG TAB	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
VIZIMPRO 45 MG TAB	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
VORANIGO 10 MG TAB	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA SP Specialty
VORANIGO 40 MG TAB	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
XALKORI 150 MG CAP SPRINK	3	<ul style="list-style-type: none"> QL 6 / 1 DAYS PA SP Specialty
XALKORI 20 MG CAP SPRINK	3	<ul style="list-style-type: none"> QL 8 / 1 DAYS PA SP Specialty
XALKORI 200 MG CAP	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XALKORI 250 MG CAP	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA SP Specialty
XALKORI 50 MG CAP SPRINK	3	<ul style="list-style-type: none"> QL 4 / 1 DAYS PA SP Specialty
XOSPATA 40 MG TAB	3	<ul style="list-style-type: none"> QL 3 / 1 DAYS PA SP Specialty
XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK	3	<ul style="list-style-type: none"> QL 0.72 / 1 DAYS PA SP Specialty
XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK	3	<ul style="list-style-type: none"> QL 0.29 / 1 DAYS PA SP Specialty
XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK	3	<ul style="list-style-type: none"> QL 0.58 / 1 DAYS PA SP Specialty
XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK	3	<ul style="list-style-type: none"> QL 0.43 / 1 DAYS PA SP Specialty
XPOVIO (60 MG TWICE WEEKLY) 20 MG TAB THPK	3	<ul style="list-style-type: none"> QL 0.86 / 1 DAYS PA SP Specialty
XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	3	<ul style="list-style-type: none"> QL 0.58 / 1 DAYS PA SP Specialty
XPOVIO (80 MG TWICE WEEKLY) 20 MG TAB THPK	3	<ul style="list-style-type: none"> QL 1.15 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZEJULA 100 MG TAB	2	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
ZEJULA 200 MG TAB	2	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
ZEJULA 300 MG TAB	2	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
ZELBORAF 240 MG TAB	3	<ul style="list-style-type: none"> QL 8 / 1 DAYS PA SP Specialty
ZYDELIG 100 MG TAB	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA SP Specialty
ZYDELIG 150 MG TAB	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA SP Specialty
ZYKADIA 150 MG TAB	3	<ul style="list-style-type: none"> QL 3 / 1 DAYS PA SP Specialty
RETINOIDS		
<i>bexarotene 1 % gel</i>	1	<ul style="list-style-type: none"> QL 8 / 1 DAYS PA
<i>bexarotene 75 mg cap</i>	3	<ul style="list-style-type: none"> QL 10 / 1 DAYS PA SP Specialty
<i>tretinoin 10 mg cap</i>	1	
TREATMENT ADJUNCTS		
MESNEX 400 MG TAB	3	<ul style="list-style-type: none"> SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VONJO 100 MG CAP	3	QL 4 / 1 DAYS PA
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	3	QLC 150 / 23 DAYS
<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	
BENZNIDAZOLE 100 MG TAB	3	QL 4 / 1 DAYS
BENZNIDAZOLE 12.5 MG TAB	3	QL 12 / 1 DAYS
<i>chloroquine phosphate 250 mg tab</i>	1	
<i>chloroquine phosphate 500 mg tab</i>	1	
<i>hydroxychloroquine sulfate 100 mg tab</i>	1	QL 1 / 1 DAYS
<i>hydroxychloroquine sulfate 200 mg tab</i>	1	
<i>hydroxychloroquine sulfate 300 mg tab</i>	1	QL 1 / 1 DAYS
<i>hydroxychloroquine sulfate 400 mg tab</i>	1	QL 1 / 1 DAYS
IMPAVIDO 50 MG CAP	3	QL 3 / 1 DAYS PA
KRINTAFEL 150 MG TAB	3	
LAMPIT 120 MG TAB	3	
LAMPIT 30 MG TAB	3	
<i>mefloquine hcl 250 mg tab</i>	1	
<i>nitazoxanide 500 mg tab</i>	2	QLC 20 / 23 DAYS
<i>pentamidine isethionate 300 mg recon soln</i>	3	
PRIMAQUINE PHOSPHATE 26.3 (15 BASE) MG TAB	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>primaquine phosphate 26.3 (15 base) mg tab</i>	3	
<i>pyrimethamine 25 mg tab</i>	3	PA
<i>quinine sulfate 324 mg cap</i>	3	PA
ANTIPARKINSON AGENTS		
ANTICHOLINERGICS		
<i>benztropine mesylate 0.5 mg tab</i>	1	
<i>benztropine mesylate 1 mg tab</i>	1	
<i>benztropine mesylate 2 mg tab</i>	1	
TRIHEXYPHENIDYL HCL 0.4 MG/ML SOLUTION	1	
<i>trihexyphenidyl hcl 2 mg tab</i>	1	
<i>trihexyphenidyl hcl 5 mg tab</i>	1	
ANTIPARKINSON AGENTS, OTHER		
<i>amantadine hcl 100 mg cap</i>	1	
<i>amantadine hcl 100 mg tab</i>	1	
<i>amantadine hcl 50 mg/5ml solution</i>	1	
<i>carbidopa-levodopa-entacapone 12.5-50-200 mg tab</i>	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	
GOCOVRI 137 MG CAP ER 24H	3	QL 2 / 1 DAYS PA SP Specialty
GOCOVRI 68.5 MG CAP ER 24H	3	QL 2 / 1 DAYS PA SP Specialty
OSMOLEX ER 129 MG TAB ER 24H	3	QL 1 / 1 DAYS PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>tolcapone 100 mg tab</i>	3	
DOPAMINE AGONISTS		
<i>apomorphine hcl 30 mg/3ml soln cart</i>	3	QL 1 / 1 DAYS 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	3	QL 1 / 1 DAYS PA
NEUPRO 2 MG/24HR PATCH 24HR	3	QL 1 / 1 DAYS PA
NEUPRO 3 MG/24HR PATCH 24HR	3	QL 1 / 1 DAYS PA
NEUPRO 4 MG/24HR PATCH 24HR	3	QL 1 / 1 DAYS PA
NEUPRO 6 MG/24HR PATCH 24HR	3	QL 1 / 1 DAYS PA
NEUPRO 8 MG/24HR PATCH 24HR	3	QL 1 / 1 DAYS PA
<i>pramipexole dihydrochloride 0.125 mg tab</i>	1	
<i>pramipexole dihydrochloride 0.25 mg tab</i>	1	
<i>pramipexole dihydrochloride 0.5 mg tab</i>	1	
<i>pramipexole dihydrochloride 0.75 mg tab</i>	1	
<i>pramipexole dihydrochloride 1 mg tab</i>	1	
<i>pramipexole dihydrochloride 1.5 mg tab</i>	1	
<i>ropinirole hcl 0.25 mg tab</i>	1	
<i>ropinirole hcl 0.5 mg tab</i>	1	
<i>ropinirole hcl 1 mg tab</i>	1	
<i>ropinirole hcl 2 mg tab</i>	1	
<i>ropinirole hcl 3 mg tab</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ropinirole hcl 4 mg tab</i>	1	
<i>ropinirole hcl 5 mg tab</i>	1	
<i>ropinirole hcl er 12 mg tab er 24h</i>	1	QL 2 / 1 DAYS
<i>ropinirole hcl er 2 mg tab er 24h</i>	1	QL 2 / 1 DAYS
<i>ropinirole hcl er 4 mg tab er 24h</i>	1	QL 2 / 1 DAYS
<i>ropinirole hcl er 6 mg tab er 24h</i>	1	QL 2 / 1 DAYS
<i>ropinirole hcl er 8 mg tab er 24h</i>	1	QL 2 / 1 DAYS
DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS		
<i>carbidopa 25 mg tab</i>	1	
<i>carbidopa-levodopa 10-100 mg tab</i>	1	
CARBIDOPA-LEVODOPA 10-100 MG TAB DISP	2	
<i>carbidopa-levodopa 25-100 mg tab</i>	1	
CARBIDOPA-LEVODOPA 25-100 MG TAB DISP	2	
<i>carbidopa-levodopa 25-250 mg tab</i>	1	
CARBIDOPA-LEVODOPA 25-250 MG TAB DISP	2	
<i>carbidopa-levodopa er 25-100 mg tab er</i>	1	
<i>carbidopa-levodopa er 50-200 mg tab er</i>	1	
INBRIJA 42 MG CAP	3	QL 10 / 1 DAYS PA
RYTARY 23.75-95 MG CAP ER	3	QL 5 / 1 DAYS PA
RYTARY 36.25-145 MG CAP ER	3	QL 10 / 1 DAYS PA
RYTARY 48.75-195 MG CAP ER	3	QL 10 / 1 DAYS PA
RYTARY 61.25-245 MG CAP ER	3	QL 10 / 1 DAYS PA
VYALEV 12-240 MG/ML SOLUTION	3	QL 15 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MONOAMINE OXIDASE B (MAO-B) INHIBITORS		
<i>rasagiline mesylate 0.5 mg tab</i>	2	QL 1 / 1 DAYS
<i>rasagiline mesylate 1 mg tab</i>	2	QL 1 / 1 DAYS
<i>selegiline hcl 5 mg cap</i>	1	
<i>selegiline hcl 5 mg tab</i>	1	
ZELAPAR 1.25 MG TAB DISP	3	QL 2 / 1 DAYS PA
ANTIPSYCHOTICS		
1ST GENERATION/TYPICAL		
<i>chlorpromazine hcl 10 mg tab</i>	1	
<i>chlorpromazine hcl 100 mg tab</i>	1	
CHLORPROMAZINE HCL 100 MG/ML CONC	1	
<i>chlorpromazine hcl 200 mg tab</i>	1	
<i>chlorpromazine hcl 25 mg tab</i>	1	
<i>chlorpromazine hcl 25 mg/ml solution</i>	1	
CHLORPROMAZINE HCL 30 MG/ML CONC	1	
<i>chlorpromazine hcl 50 mg tab</i>	1	
<i>chlorpromazine hcl 50 mg/2ml solution</i>	1	
<i>fluphenazine decanoate 25 mg/ml solution</i>	1	
<i>fluphenazine hcl 1 mg tab</i>	1	
<i>fluphenazine hcl 10 mg tab</i>	1	
<i>fluphenazine hcl 2.5 mg tab</i>	1	
FLUPHENAZINE HCL 2.5 MG/5ML ELIXIR	1	
FLUPHENAZINE HCL 2.5 MG/ML SOLUTION	1	
<i>fluphenazine hcl 5 mg tab</i>	1	
FLUPHENAZINE HCL 5 MG/ML CONC	1	
HALDOL DECANOATE 100 MG/ML SOLUTION	3	
HALDOL DECANOATE 50 MG/ML SOLUTION	3	
<i>haloperidol 0.5 mg tab</i>	1	
<i>haloperidol 1 mg tab</i>	1	

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ABILIFY ASIMTUFII 960 MG/3.2ML PRSYR	3	QL 0.058 / 1 DAYS
ABILIFY MAINTENA 300 MG PRSYR	3	
ABILIFY MAINTENA 300 MG SRER	3	
ABILIFY MAINTENA 400 MG PRSYR	3	
ABILIFY MAINTENA 400 MG SRER	3	
<i>aripiprazole 1 mg/ml solution</i>	2	QL 25 / 1 DAYS
<i>aripiprazole 10 mg tab</i>	1	QL 2 / 1 DAYS
<i>aripiprazole 15 mg tab</i>	1	QL 2 / 1 DAYS
<i>aripiprazole 2 mg tab</i>	1	QL 2 / 1 DAYS
<i>aripiprazole 20 mg tab</i>	1	QL 1 / 1 DAYS
<i>aripiprazole 30 mg tab</i>	1	QL 1 / 1 DAYS
<i>aripiprazole 5 mg tab</i>	1	QL 2 / 1 DAYS
ARISTADA 1064 MG/3.9ML PRSYR	3	QL 0.07 / 1 DAYS
ARISTADA 441 MG/1.6ML PRSYR	3	
ARISTADA 662 MG/2.4ML PRSYR	3	
ARISTADA 882 MG/3.2ML PRSYR	3	
ARISTADA INITIO 675 MG/2.4ML PRSYR	3	QLC 1 / 180 DAYS
<i>asenapine maleate 10 mg sl tab</i>	2	QL 2 / 1 DAYS
<i>asenapine maleate 2.5 mg sl tab</i>	2	QL 2 / 1 DAYS
<i>asenapine maleate 5 mg sl tab</i>	2	QL 2 / 1 DAYS
ERZOFRI 117 MG/0.75ML SUSP PRSYR	3	
ERZOFRI 156 MG/ML SUSP PRSYR	3	
ERZOFRI 234 MG/1.5ML SUSP PRSYR	3	
ERZOFRI 351 MG/2.25ML SUSP PRSYR	3	
ERZOFRI 39 MG/0.25ML SUSP PRSYR	3	
ERZOFRI 78 MG/0.5ML SUSP PRSYR	3	
FANAPT 1 MG TAB	3	QL 2 / 1 DAYS ST

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FANAPT 10 MG TAB	3	QL 2 / 1 DAYS ST
FANAPT 12 MG TAB	3	QL 2 / 1 DAYS ST
FANAPT 2 MG TAB	3	QL 2 / 1 DAYS ST
FANAPT 4 MG TAB	3	QL 2 / 1 DAYS ST
FANAPT 6 MG TAB	3	QL 2 / 1 DAYS ST
FANAPT 8 MG TAB	3	QL 2 / 1 DAYS ST
FANAPT TITRATION PACK 1 & 2 & 4 & 6 MG TAB	3	ST
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	3	
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	3	
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	3	
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	3	
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	3	
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	3	
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	3	
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	3	
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	3	
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	3	
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	3	
<i>lurasidone hcl 120 mg tab</i>	1	QL 1 / 1 DAYS
<i>lurasidone hcl 20 mg tab</i>	1	QL 1 / 1 DAYS
<i>lurasidone hcl 40 mg tab</i>	1	QL 1 / 1 DAYS
<i>lurasidone hcl 60 mg tab</i>	1	QL 1 / 1 DAYS
<i>lurasidone hcl 80 mg tab</i>	1	QL 2 / 1 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NUPLAZID 10 MG TAB	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA QLC 60 / 22 DAYS SP Specialty
NUPLAZID 34 MG CAP	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
<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	QL 1 / 1 DAYS
<i>paliperidone er 3 mg tab er 24h</i>	2	QL 1 / 1 DAYS
<i>paliperidone er 6 mg tab er 24h</i>	2	QL 1 / 1 DAYS
<i>paliperidone er 9 mg tab er 24h</i>	2	QL 1 / 1 DAYS
<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	QL 2 / 1 DAYS
<i>quetiapine fumarate 50 mg tab</i>	1	RX4L Rx4Less Program
<i>quetiapine fumarate er 150 mg tab er 24h</i>	2	QL 1 / 1 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>quetiapine fumarate er 200 mg tab er 24h</i>	2	QL 1 / 1 DAYS
<i>quetiapine fumarate er 300 mg tab er 24h</i>	2	QL 2 / 1 DAYS
<i>quetiapine fumarate er 400 mg tab er 24h</i>	2	QL 2 / 1 DAYS
<i>quetiapine fumarate er 50 mg tab er 24h</i>	2	QL 2 / 1 DAYS
<i>risperidone 0.25 mg tab</i>	1	RX4L Rx4Less Program
<i>risperidone 0.5 mg tab</i>	1	RX4L Rx4Less Program
<i>risperidone 1 mg tab</i>	1	RX4L Rx4Less Program
<i>risperidone 1 mg/ml solution</i>	1	
<i>risperidone 2 mg tab</i>	1	RX4L Rx4Less Program
<i>risperidone 3 mg tab</i>	1	
<i>risperidone 4 mg tab</i>	1	
<i>risperidone microspheres er 12.5 mg srer</i>	1	
<i>risperidone microspheres er 25 mg srer</i>	1	
<i>risperidone microspheres er 37.5 mg srer</i>	1	
<i>risperidone microspheres er 50 mg srer</i>	1	
RYKINDO 25 MG SRER	3	QLC 2 / 23 DAYS
RYKINDO 37.5 MG SRER	3	QLC 2 / 23 DAYS
RYKINDO 50 MG SRER	3	QLC 2 / 23 DAYS
UZEDY 100 MG/0.28ML SUSP PRSYR	3	QLC 0.7 / 45 DAYS
UZEDY 125 MG/0.35ML SUSP PRSYR	3	QLC 0.7 / 45 DAYS
UZEDY 150 MG/0.42ML SUSP PRSYR	3	QLC 0.7 / 45 DAYS
UZEDY 200 MG/0.56ML SUSP PRSYR	3	QLC 0.7 / 45 DAYS
UZEDY 250 MG/0.7ML SUSP PRSYR	3	QLC 0.7 / 45 DAYS
UZEDY 50 MG/0.14ML SUSP PRSYR	3	QLC 0.7 / 45 DAYS
UZEDY 75 MG/0.21ML SUSP PRSYR	3	QLC 0.7 / 45 DAYS
VRAYLAR 1.5 MG CAP	3	QL 1 / 1 DAYS ST

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VRAYLAR 3 MG CAP	3	QL 1 / 1 DAYS ST
VRAYLAR 4.5 MG CAP	3	QL 1 / 1 DAYS ST
VRAYLAR 6 MG CAP	3	QL 1 / 1 DAYS ST
<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	
ZYPREXA RELPREVV 210 MG RECON SUSP	3	
ZYPREXA RELPREVV 300 MG RECON SUSP	3	
ZYPREXA RELPREVV 405 MG RECON SUSP	3	
ANTIPSYCHOTICS, OTHER		
COBENFY 100-20 MG CAP	3	QL 2 / 1 DAYS PA
COBENFY 125-30 MG CAP	3	QL 2 / 1 DAYS PA
COBENFY 50-20 MG CAP	3	QL 2 / 1 DAYS PA
COBENFY STARTER PACK 50-20 & 100-20 MG CAP THPK	3	QL 2 / 1 DAYS PA
TREATMENT-RESISTANT		
<i>clozapine 100 mg tab</i>	1	
<i>clozapine 200 mg tab</i>	1	
<i>clozapine 25 mg tab</i>	1	
<i>clozapine 50 mg tab</i>	1	
ANTISPASTICITY AGENTS		
<i>baclofen 10 mg tab</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BACLOFEN 10 MG/5ML SOLUTION	3	QL 40 / 1 DAYS PA
<i>baclofen 20 mg tab</i>	1	
<i>baclofen 25 mg/5ml suspension</i>	1	QL 16 / 1 DAYS PA
<i>baclofen 5 mg tab</i>	3	
<i>baclofen 5 mg/5ml solution</i>	3	QL 80 / 1 DAYS PA
<i>dantrolene sodium 100 mg cap</i>	1	
<i>dantrolene sodium 25 mg cap</i>	1	
<i>dantrolene sodium 50 mg cap</i>	1	
LYVISPAN 10 MG PACKET	3	QL 1 / 1 DAYS PA
LYVISPAN 20 MG PACKET	3	QL 1 / 1 DAYS PA
LYVISPAN 5 MG PACKET	3	QL 1 / 1 DAYS PA
OZOBAX 5 MG/5ML SOLUTION	3	QL 80 / 1 DAYS PA
OZOBAX DS 10 MG/5ML SOLUTION	3	QL 40 / 1 DAYS PA
<i>tizanidine hcl 2 mg tab</i>	1	
<i>tizanidine hcl 4 mg tab</i>	1	
ANTIVIRALS		
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS		
LIVTENCITY 200 MG TAB	3	QL 4 / 1 DAYS
PREVYMIS 240 MG TAB	3	
PREVYMIS 480 MG TAB	3	
<i>valganciclovir hcl 450 mg tab</i>	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>valganciclovir hcl 50 mg/ml recon soln</i>	3	
ANTI-HEPATITIS B (HBV) AGENTS		
<i>adefovir dipivoxil 10 mg tab</i>	3	
<i>entecavir 0.5 mg tab</i>	2	QL 1 / 1 DAYS
<i>entecavir 1 mg tab</i>	2	QL 1 / 1 DAYS
<i>lamivudine 100 mg tab</i>	2	
ANTI-HEPATITIS C (HCV) AGENTS		
		QL 1 / 1 DAYS
EPCLUSA 150-37.5 MG PACKET	2	PA QLC 30 / 22 DAYS SP Specialty
EPCLUSA 200-50 MG PACKET	2	QL 1 / 1 DAYS PA QLC 30 / 22 DAYS SP Specialty
EPCLUSA 200-50 MG TAB	2	PA QLC 30 / 22 DAYS SP Specialty
EPCLUSA 400-100 MG TAB	2	PA QLC 30 / 22 DAYS SP Specialty
HARVONI 33.75-150 MG PACKET	2	QL 1 / 1 DAYS PA QLC 168 / 365 DAYS SP Specialty
HARVONI 45-200 MG PACKET	2	QL 1 / 1 DAYS PA QLC 168 / 365 DAYS SP Specialty
HARVONI 45-200 MG TAB	2	PA QLC 168 / 365 DAYS SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HARVONI 90-400 MG TAB	2	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA QLC 168 / 365 DAYS SP Specialty
LEDIPASVIR-SOFOSBUVIR 90-400 MG TAB	2	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA QLC 168 / 365 DAYS SP Specialty
MAVYRET 100-40 MG TAB	2	<ul style="list-style-type: none"> QL 3 / 1 DAYS PA QLC 336 / 365 DAYS SP Specialty
MAVYRET 50-20 MG PACKET	2	<ul style="list-style-type: none"> QL 5 / 1 DAYS PA QLC 560 / 365 DAYS SP Specialty
RIBAVIRIN 200 MG CAP	3	<ul style="list-style-type: none"> PA SP Specialty
RIBAVIRIN 200 MG TAB	3	<ul style="list-style-type: none"> PA SP Specialty
SOFOSBUVIR-VELPATASVIR 400-100 MG TAB	2	<ul style="list-style-type: none"> PA QLC 30 / 22 DAYS SP Specialty
SOVALDI 150 MG PACKET	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
SOVALDI 200 MG PACKET	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
SOVALDI 200 MG TAB	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SOVALDI 400 MG TAB	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
VOSEVI 400-100-100 MG TAB	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA QLC 84 / 365 DAYS SP Specialty
ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)		
BIKTARVY 30-120-15 MG TAB	2	<ul style="list-style-type: none"> QL 1 / 1 DAYS
BIKTARVY 50-200-25 MG TAB	2	<ul style="list-style-type: none"> QL 1 / 1 DAYS
DOVATO 50-300 MG TAB	2	
GENVOYA 150-150-200-10 MG TAB	2	
ISENTRESS 100 MG CHEW TAB	2	<ul style="list-style-type: none"> QL 6 / 1 DAYS
ISENTRESS 100 MG PACKET	2	
ISENTRESS 25 MG CHEW TAB	2	<ul style="list-style-type: none"> QL 22 / 1 DAYS
ISENTRESS 400 MG TAB	2	<ul style="list-style-type: none"> QL 2 / 1 DAYS
ISENTRESS HD 600 MG TAB	2	
JULUCA 50-25 MG TAB	2	
STRIBILD 150-150-200-300 MG TAB	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS
TIVICAY 10 MG TAB	3	
TIVICAY 25 MG TAB	3	
TIVICAY 50 MG TAB	3	
TIVICAY PD 5 MG TAB SOL	3	
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)		
COMPLERA 200-25-300 MG TAB	3	
DELSTRIGO 100-300-300 MG TAB	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS
EDURANT 25 MG TAB	3	
EFAVIRENZ 200 MG CAP	2	
EFAVIRENZ 50 MG CAP	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>efavirenz 600 mg tab</i>	2	
<i>efavirenz-emtricitab-tenofo df 600-200-300 mg tab</i>	1	QL 1 / 1 DAYS
<i>efavirenz-lamivudine-tenofovir 400-300-300 mg tab</i>	1	QL 1 / 1 DAYS
<i>efavirenz-lamivudine-tenofovir 600-300-300 mg tab</i>	1	QL 1 / 1 DAYS
<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>	2	
NEVIRAPINE 50 MG/5ML SUSPENSION	2	
NEVIRAPINE ER 100 MG TAB ER 24H	2	
<i>nevirapine er 400 mg tab er 24h</i>	2	
ODEFSEY 200-25-25 MG TAB	3	
PIFELTRO 100 MG TAB	3	QL 2 / 1 DAYS
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)		
<i>abacavir sulfate 20 mg/ml solution</i>	2	
<i>abacavir sulfate 300 mg tab</i>	2	
<i>abacavir sulfate-lamivudine 600-300 mg tab</i>	1	
CIMDUO 300-300 MG TAB	3	QL 1 / 1 DAYS
DESCOVY 120-15 MG TAB	2	
DESCOVY 200-25 MG TAB	2	ACA Affordable Care Act
<i>emtricitabine 200 mg cap</i>	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	3	
<i>lamivudine 10 mg/ml solution</i>	1	
<i>lamivudine 150 mg tab</i>	2	
<i>lamivudine 300 mg tab</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lamivudine-zidovudine 150-300 mg tab</i>	2	
<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	QL 6 / 1 DAYS
VIREAD 150 MG TAB	3	ACA Affordable Care Act
VIREAD 200 MG TAB	3	ACA Affordable Care Act
VIREAD 250 MG TAB	3	ACA Affordable Care Act
VIREAD 40 MG/GM POWDER	3	ACA Affordable Care Act
<i>zidovudine 100 mg cap</i>	1	
<i>zidovudine 300 mg tab</i>	1	
<i>zidovudine 50 mg/5ml syrup</i>	1	
ANTI-HIV AGENTS, OTHER		
FUZEON 90 MG RECON SOLN	3	
<i>maraviroc 150 mg tab</i>	2	QL 2 / 1 DAYS
<i>maraviroc 300 mg tab</i>	2	QL 4 / 1 DAYS
RUKOBIA 600 MG TAB ER 12H	3	
SELZENTRY 20 MG/ML SOLUTION	2	
SUNLENCA 4 X 300 MG TAB THPK	3	QLC 4 / 274 DAYS
SUNLENCA 5 X 300 MG TAB THPK	3	QLC 5 / 274 DAYS
TYBOST 150 MG TAB	2	QL 1 / 1 DAYS
ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)		
APTIVUS 250 MG CAP	3	
<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	
<i>fosamprenavir calcium 700 mg tab</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	
PREZISTA 100 MG/ML SUSPENSION	3	
REYATAZ 50 MG PACKET	3	
<i>ritonavir 100 mg tab</i>	2	
SYM TUZA 800-150-200-10 MG TAB	3	QL 1 / 1 DAYS
VIRACEPT 250 MG TAB	3	
VIRACEPT 625 MG TAB	3	
ANTI-INFLUENZA AGENTS		
<i>oseltamivir phosphate 30 mg cap</i>	1	QLC 20 / 22 DAYS
<i>oseltamivir phosphate 45 mg cap</i>	1	QLC 14 / 22 DAYS
<i>oseltamivir phosphate 6 mg/ml recon susp</i>	2	QLC 180 / 22 DAYS
<i>oseltamivir phosphate 75 mg cap</i>	1	QLC 14 / 22 DAYS
RIMANTADINE HCL 100 MG TAB	1	
XENLETA 600 MG TAB	3	PA QLC 14 / 5 DAYS
XOFLUZA (40 MG DOSE) 1 X 40 MG TAB THPK	3	QLC 4 / 22 DAYS
XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK	3	QLC 4 / 22 DAYS
ANTIHERPETIC AGENTS		
<i>acyclovir 200 mg cap</i>	1	
<i>acyclovir 200 mg/5ml suspension</i>	1	
<i>acyclovir 400 mg tab</i>	1	
<i>acyclovir 800 mg tab</i>	1	
<i>famciclovir 125 mg tab</i>	1	
<i>famciclovir 250 mg tab</i>	1	
<i>famciclovir 500 mg tab</i>	1	QL 3 / 1 DAYS
SITAVIG 50 MG TAB	3	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>valacyclovir hcl 1 gm tab</i>	1	
<i>valacyclovir hcl 500 mg tab</i>	1	
ANTIVIRAL, CORONAVIRUS AGENTS		
LAGEVRIO 200 MG CAP	2	QLC 40 / 68 DAYS
PAXLOVID (150/100) 10 X 150 MG & 10 X 100MG TAB THPK	2	QLC 20 / 68 DAYS
PAXLOVID (300/100) 20 X 150 MG & 10 X 100MG TAB THPK	2	QLC 30 / 68 DAYS
ANXIOLYTICS		
ANXIOLYTICS, OTHER		
<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>hydroxyzine hcl 10 mg tab</i>	1	
<i>hydroxyzine hcl 10 mg/5ml syrup</i>	1	
<i>hydroxyzine hcl 25 mg tab</i>	1	
<i>hydroxyzine hcl 50 mg tab</i>	1	
HYDROXYZINE PAMOATE 100 MG CAP	1	
<i>hydroxyzine pamoate 25 mg cap</i>	1	
<i>hydroxyzine pamoate 50 mg cap</i>	1	
<i>meprobamate 200 mg tab</i>	2	
<i>meprobamate 400 mg tab</i>	2	
BENZODIAZEPINES		
<i>alprazolam 0.25 mg tab</i>	1	QL 5 / 1 DAYS
<i>alprazolam 0.5 mg tab</i>	1	QL 5 / 1 DAYS
<i>alprazolam 1 mg tab</i>	1	QL 5 / 1 DAYS
<i>alprazolam 2 mg tab</i>	1	QL 5 / 1 DAYS
<i>alprazolam er 0.5 mg tab er 24h</i>	2	QL 1 / 1 DAYS

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>clorazepate dipotassium 3.75 mg tab</i>	1	
<i>clorazepate dipotassium 7.5 mg tab</i>	1	
<i>diazepam 10 mg tab</i>	1	QL 4 / 1 DAYS
<i>diazepam 2 mg tab</i>	1	QL 4 / 1 DAYS
<i>diazepam 5 mg tab</i>	1	QL 4 / 1 DAYS
<i>diazepam 5 mg/5ml solution</i>	1	QL 40 / 1 DAYS
<i>diazepam 5 mg/ml conc</i>	1	QL 8 / 1 DAYS
<i>diazepam intensol 5 mg/ml conc</i>	1	QL 8 / 1 DAYS
<i>lorazepam 0.5 mg tab</i>	1	QL 5 / 1 DAYS
<i>lorazepam 1 mg tab</i>	1	QL 5 / 1 DAYS
<i>lorazepam 2 mg tab</i>	1	QL 5 / 1 DAYS
<i>lorazepam 2 mg/ml conc</i>	1	QL 5 / 1 DAYS
<i>lorazepam intensol 2 mg/ml conc</i>	1	QL 5 / 1 DAYS
LOREEV XR 1 MG CP24 SPRNK	3	QL 1 / 1 DAYS PA
LOREEV XR 1.5 MG CP24 SPRNK	3	QL 1 / 1 DAYS PA
LOREEV XR 2 MG CP24 SPRNK	3	QL 1 / 1 DAYS PA
LOREEV XR 3 MG CP24 SPRNK	3	QL 1 / 1 DAYS PA
<i>oxazepam 10 mg cap</i>	1	QL 4 / 1 DAYS
<i>oxazepam 15 mg cap</i>	1	QL 4 / 1 DAYS
<i>oxazepam 30 mg cap</i>	1	QL 4 / 1 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BIPOLAR AGENTS		
MOOD STABILIZERS		
<i>lithium 8 meq/5ml solution</i>	1	
LITHIUM CARBONATE 150 MG CAP	1	
<i>lithium carbonate 150 mg cap</i>	1	
LITHIUM CARBONATE 300 MG CAP	1	
<i>lithium carbonate 300 mg cap</i>	1	
<i>lithium carbonate 300 mg tab</i>	1	
LITHIUM CARBONATE 600 MG CAP	1	
<i>lithium carbonate 600 mg cap</i>	1	
<i>lithium carbonate er 300 mg tab er</i>	1	
<i>lithium carbonate er 450 mg tab er</i>	1	
BLOOD GLUCOSE REGULATORS		
ANTIDIABETIC AGENTS		
<i>acarbose 100 mg tab</i>	1	PD Preventive Drug
<i>acarbose 25 mg tab</i>	1	PD Preventive Drug
<i>acarbose 50 mg tab</i>	1	PD Preventive Drug
BEXAGLIFLOZIN 20 MG TAB	3	QL 1 / 1 DAYS PA
BRENZAVVY 20 MG TAB	3	QL 1 / 1 DAYS PA
<i>glimepiride 1 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>glimepiride 2 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>glimepiride 4 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>glipizide 10 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GLYXAMBI 10-5 MG TAB	2	<ul style="list-style-type: none"> QL 1 / 1 DAYS PD Preventive Drug
GLYXAMBI 25-5 MG TAB	2	<ul style="list-style-type: none"> QL 1 / 1 DAYS PD Preventive Drug
JENTADUETO 2.5-1000 MG TAB	2	<ul style="list-style-type: none"> QL 2 / 1 DAYS PD Preventive Drug
JENTADUETO 2.5-500 MG TAB	2	<ul style="list-style-type: none"> QL 2 / 1 DAYS PD Preventive Drug
JENTADUETO 2.5-850 MG TAB	2	<ul style="list-style-type: none"> QL 2 / 1 DAYS PD Preventive Drug
JENTADUETO XR 2.5-1000 MG TAB ER 24H	2	<ul style="list-style-type: none"> QL 2 / 1 DAYS PD Preventive Drug
JENTADUETO XR 5-1000 MG TAB ER 24H	2	<ul style="list-style-type: none"> QL 1 / 1 DAYS PD Preventive Drug
<i>liraglutide 18 mg/3ml soln pen</i>	2	<ul style="list-style-type: none"> QL 0.3 / 1 DAYS PA PD Preventive Drug
<i>metformin hcl 1000 mg tab</i>	1	<ul style="list-style-type: none"> RX4L Rx4Less Program PD Preventive Drug
<i>metformin hcl 500 mg tab</i>	1	<ul style="list-style-type: none"> RX4L Rx4Less Program PD Preventive Drug
<i>metformin hcl 850 mg tab</i>	1	<ul style="list-style-type: none"> RX4L Rx4Less Program ACA Affordable Care Act PD Preventive Drug
<i>metformin hcl er 500 mg tab er 24h</i>	1	<ul style="list-style-type: none"> RX4L Rx4Less Program PD Preventive Drug
METFORMIN HCL ER 500 MG TAB ER 24H (GENERIC OF GLUCOPHAGE XR)	1	<ul style="list-style-type: none"> RX4L Rx4Less Program PD Preventive Drug
METFORMIN HCL ER 750 MG TAB ER 24H (GENERIC OF GLUCOPHAGE XR)	1	<ul style="list-style-type: none"> RX4L Rx4Less Program PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
MOUNJARO 10 MG/0.5ML SOLN A-INJ	2	QL 0.08 / 1 DAYS PA PD Preventive Drug
MOUNJARO 12.5 MG/0.5ML SOLN A-INJ	2	QL 0.08 / 1 DAYS PA PD Preventive Drug
MOUNJARO 15 MG/0.5ML SOLN A-INJ	2	QL 0.08 / 1 DAYS PA PD Preventive Drug
MOUNJARO 2.5 MG/0.5ML SOLN A-INJ	2	QL 0.08 / 1 DAYS PA QLC 2 / 274 DAYS PD Preventive Drug
MOUNJARO 5 MG/0.5ML SOLN A-INJ	2	QL 0.08 / 1 DAYS PA PD Preventive Drug
MOUNJARO 7.5 MG/0.5ML SOLN A-INJ	2	QL 0.08 / 1 DAYS PA PD Preventive Drug
<i>nateglinide 120 mg tab</i>	1	PD Preventive Drug
<i>nateglinide 60 mg tab</i>	1	PD Preventive Drug
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/1.5ML SOLN PEN	2	QL 0.11 / 1 DAYS PA PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	2	<p>QL 0.11 / 1 DAYS</p> <p>PA</p> <p>PD Preventive Drug</p>
OZEMPIC (1 MG/DOSE) 4 MG/3ML SOLN PEN	2	<p>QL 0.11 / 1 DAYS</p> <p>PA</p> <p>PD Preventive Drug</p>
OZEMPIC (2 MG/DOSE) 8 MG/3ML SOLN PEN	2	<p>QL 0.11 / 1 DAYS</p> <p>PA</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>QL 1 / 1 DAYS</p> <p>PD Preventive Drug</p>
<i>pioglitazone hcl-glimepiride 30-4 mg tab</i>	2	<p>QL 1 / 1 DAYS</p> <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>
<i>repaglinide 1 mg tab</i>	1	<p>PD Preventive Drug</p>
<i>repaglinide 2 mg tab</i>	1	<p>PD Preventive Drug</p>
RYBELSUS 14 MG TAB	2	<p>QL 1 / 1 DAYS</p> <p>PA</p> <p>PD Preventive Drug</p>
RYBELSUS 3 MG TAB	2	<p>QL 1 / 1 DAYS</p> <p>PA</p> <p>PD Preventive Drug</p>
RYBELSUS 7 MG TAB	2	<p>QL 1 / 1 DAYS</p> <p>PA</p> <p>PD Preventive Drug</p>

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRULICITY 0.75 MG/0.5ML SOLN A-INJ	2	<ul style="list-style-type: none"> QL 0.08 / 1 DAYS PA PD Preventive Drug
TRULICITY 1.5 MG/0.5ML SOLN A-INJ	2	<ul style="list-style-type: none"> QL 0.08 / 1 DAYS PA PD Preventive Drug
TRULICITY 3 MG/0.5ML SOLN A-INJ	2	<ul style="list-style-type: none"> QL 0.08 / 1 DAYS PA PD Preventive Drug
TRULICITY 4.5 MG/0.5ML SOLN A-INJ	2	<ul style="list-style-type: none"> QL 0.08 / 1 DAYS PA PD Preventive Drug
VICTOZA 18 MG/3ML SOLN PEN	2	<ul style="list-style-type: none"> QL 0.3 / 1 DAYS PA PD Preventive Drug
XIGDUO XR 10-1000 MG TAB ER 24H	2	<ul style="list-style-type: none"> QL 1 / 1 DAYS PD Preventive Drug
XIGDUO XR 10-500 MG TAB ER 24H	2	<ul style="list-style-type: none"> QL 1 / 1 DAYS PD Preventive Drug
XIGDUO XR 2.5-1000 MG TAB ER 24H	2	<ul style="list-style-type: none"> QL 2 / 1 DAYS PD Preventive Drug
XIGDUO XR 5-1000 MG TAB ER 24H	2	<ul style="list-style-type: none"> QL 2 / 1 DAYS PD Preventive Drug
XIGDUO XR 5-500 MG TAB ER 24H	2	<ul style="list-style-type: none"> QL 1 / 1 DAYS PD Preventive Drug
XULTOPHY 100-3.6 UNIT-MG/ML SOLN PEN	2	<ul style="list-style-type: none"> QL 0.5 / 1 DAYS PD Preventive Drug
GLYCEMIC AGENTS		
BAQSIMI ONE PACK 3 MG/DOSE POWDER	2	<ul style="list-style-type: none"> QLC 2 / 23 DAYS PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BAQSIMI TWO PACK 3 MG/DOSE POWDER	2	QLC 2 / 23 DAYS PD Preventive Drug
CVS GLUCOSE 4 GM CHEW TAB	1	OTC Over the Counter
CVS GLUCOSE 4-6 GM-MG CHEW TAB	1	OTC Over the Counter
<i>cvs glucose 40 % gel</i>	1	OTC Over the Counter
CVS GLUCOSE BITS 1 GM CHEW TAB	1	OTC Over the Counter
<i>cvs glucose shot liquid</i>	3	OTC Over the Counter
<i>cvs glucose shot 15 gm/59ml liquid</i>	3	OTC Over the Counter
CVS SOFT GLUCOSE 4 GM CHEW TAB	1	OTC Over the Counter
DEX4 4-6 GM-MG CHEW TAB	1	OTC Over the Counter
DEX4 GLUCOSE 15 GM/59ML LIQUID	3	OTC Over the Counter
DEX4 GLUCOSE 4-6 GM-MG CHEW TAB	1	OTC Over the Counter
DEX4 GLUCOSE GO-POUCH 15 GM/33GM GEL	3	OTC Over the Counter
DEX4 NATURALS 4-6 GM-MG CHEW TAB	1	OTC Over the Counter
DEX4 POUCH PACK 4-6 GM-MG CHEW TAB	1	OTC Over the Counter
DEX4 QUICK DISSOLVE GLUCOSE 4 GM CHEW TAB	1	OTC Over the Counter
<i>diazoxide 50 mg/ml suspension</i>	3	PD Preventive Drug
GLUCAGEN HYPOKIT 1 MG RECON SOLN	2	QLC 2 / 22 DAYS PD Preventive Drug
<i>glucagon emergency 1 mg kit</i>	1	QLC 2 / 22 DAYS PD Preventive Drug
GLUCAGON EMERGENCY 1 MG/ML RECON SOLN	2	QLC 2 / 22 DAYS PD Preventive Drug
<i>gluco shot liquid</i>	3	OTC Over the Counter
<i>glucose liquid</i>	3	OTC Over the Counter
GLUCOSE 15 GM/33GM GEL	3	OTC Over the Counter

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

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
WALGREENS GLUCOSE 4-6 GM-MG CHEW TAB	1	OTC Over the Counter
INSULINS		
BASAGLAR KWIKPEN 100 UNIT/ML SOLN PEN	3	PD Preventive Drug
BASAGLAR TEMPO PEN 100 UNIT/ML SOLN PEN	3	PD Preventive Drug
HUMALOG 100 UNIT/ML SOLN CART	2	PD Preventive Drug
HUMALOG 100 UNIT/ML SOLUTION	2	PD Preventive Drug
HUMALOG JUNIOR KWIKPEN 100 UNIT/ML SOLN PEN	2	PD Preventive Drug
HUMALOG KWIKPEN 100 UNIT/ML SOLN PEN	2	PD Preventive Drug
HUMALOG KWIKPEN 200 UNIT/ML SOLN PEN	2	PD Preventive Drug
HUMALOG MIX 50/50 KWIKPEN (50-50) 100 UNIT/ML SUSP PEN	2	PD Preventive Drug
HUMALOG MIX 75/25 (75-25) 100 UNIT/ML SUSPENSION	2	PD Preventive Drug
HUMALOG MIX 75/25 KWIKPEN (75-25) 100 UNIT/ML SUSP PEN	2	PD Preventive Drug
HUMALOG TEMPO PEN 100 UNIT/ML SOLN PEN	2	PD Preventive Drug
HUMULIN 70/30 (70-30) 100 UNIT/ML SUSPENSION	2	OTC Over the Counter PD Preventive Drug
HUMULIN 70/30 KWIKPEN (70-30) 100 UNIT/ML SUSP PEN	2	OTC Over the Counter PD Preventive Drug
HUMULIN N 100 UNIT/ML SUSPENSION	2	OTC Over the Counter PD Preventive Drug
HUMULIN N KWIKPEN 100 UNIT/ML SUSP PEN	2	OTC Over the Counter PD Preventive Drug
HUMULIN R 100 UNIT/ML SOLUTION	2	OTC Over the Counter 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	PD Preventive Drug
INSULIN DEGLUDEC 100 UNIT/ML SOLUTION	2	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
INSULIN DEGLUDEC FLEXTOUCH 100 UNIT/ML SOLN PEN	2	PD Preventive Drug
INSULIN DEGLUDEC FLEXTOUCH 200 UNIT/ML SOLN PEN	2	PD Preventive Drug
INSULIN GLARGINE 100 UNIT/ML SOLUTION	2	PD Preventive Drug
INSULIN GLARGINE MAX SOLOSTAR 300 UNIT/ML SOLN PEN	2	PD Preventive Drug
INSULIN GLARGINE SOLOSTAR 100 UNIT/ML SOLN PEN	2	PD Preventive Drug
INSULIN GLARGINE SOLOSTAR 300 UNIT/ML SOLN PEN	2	PD Preventive Drug
INSULIN GLARGINE-YFGN 100 UNIT/ML SOLN PEN	2	PD Preventive Drug
INSULIN GLARGINE-YFGN 100 UNIT/ML SOLUTION	2	PD Preventive Drug
INSULIN LISPRO (1 UNIT DIAL) 100 UNIT/ML SOLN PEN	2	PD Preventive Drug
INSULIN LISPRO 100 UNIT/ML SOLUTION	2	PD Preventive Drug
INSULIN LISPRO JUNIOR KWIKPEN 100 UNIT/ML SOLN PEN	2	PD Preventive Drug
INSULIN LISPRO PROT & LISPRO (75-25) 100 UNIT/ML SUSP PEN	2	PD Preventive Drug
LANTUS 100 UNIT/ML SOLUTION	2	PD Preventive Drug
LANTUS SOLOSTAR 100 UNIT/ML SOLN PEN	2	PD Preventive Drug
LYUMJEV 100 UNIT/ML SOLUTION	2	PD Preventive Drug
LYUMJEV KWIKPEN 100 UNIT/ML SOLN PEN	2	PD Preventive Drug
LYUMJEV KWIKPEN 200 UNIT/ML SOLN PEN	2	PD Preventive Drug
LYUMJEV TEMPO PEN 100 UNIT/ML SOLN PEN	2	PD Preventive Drug
TOUJEO MAX SOLOSTAR 300 UNIT/ML SOLN PEN	2	PD Preventive Drug
TOUJEO SOLOSTAR 300 UNIT/ML SOLN PEN	2	PD Preventive Drug
TRESIBA 100 UNIT/ML SOLUTION	2	PD Preventive Drug
TRESIBA FLEXTOUCH 100 UNIT/ML SOLN PEN	2	PD Preventive Drug
TRESIBA FLEXTOUCH 200 UNIT/ML SOLN PEN	2	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BLOOD PRODUCTS AND MODIFIERS		
ANTICOAGULANTS		
<i>bd heparin posiflush 10 unit/ml solution</i>	1	
<i>bd heparin posiflush 100 unit/ml solution</i>	1	
<i>dabigatran etexilate mesylate 110 mg cap</i>	1	QL 2 / 1 DAYS
<i>dabigatran etexilate mesylate 150 mg cap</i>	1	QL 2 / 1 DAYS PD Preventive Drug
<i>dabigatran etexilate mesylate 75 mg cap</i>	1	QL 2 / 1 DAYS PD Preventive Drug
ELIQUIS 2.5 MG TAB	2	QL 2.5 / 1 DAYS PD Preventive Drug
ELIQUIS 5 MG TAB	2	QL 2.5 / 1 DAYS PD Preventive Drug
ELIQUIS DVT/PE STARTER PACK 5 MG TAB THPK	2	QLC 148 / 365 DAYS PD Preventive Drug
<i>enoxaparin sodium 100 mg/ml soln prsyr</i>	1	
<i>enoxaparin sodium 120 mg/0.8ml soln prsyr</i>	1	
<i>enoxaparin sodium 150 mg/ml soln prsyr</i>	1	
<i>enoxaparin sodium 30 mg/0.3ml soln prsyr</i>	1	
<i>enoxaparin sodium 300 mg/3ml solution</i>	1	
<i>enoxaparin sodium 40 mg/0.4ml soln prsyr</i>	1	
<i>enoxaparin sodium 60 mg/0.6ml soln prsyr</i>	1	
<i>enoxaparin sodium 80 mg/0.8ml soln prsyr</i>	1	
<i>fondaparinux sodium 10 mg/0.8ml solution</i>	3	
<i>fondaparinux sodium 2.5 mg/0.5ml solution</i>	3	
<i>fondaparinux sodium 5 mg/0.4ml solution</i>	3	
<i>fondaparinux sodium 7.5 mg/0.6ml solution</i>	3	
HEPARIN NA (PORK) LOCK FLSSH PF 1 UNIT/ML SOLUTION	1	
<i>heparin na (pork) lock flsh pf 10 unit/ml solution</i>	1	
<i>heparin na (pork) lock flsh pf 100 unit/ml solution</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>heparin sod (pork) lock flush 10 unit/ml solution</i>	1	
<i>heparin sod (pork) lock flush 100 unit/ml solution</i>	1	
<i>heparin sodium (porcine) 1000 unit/ml solution</i>	1	
<i>heparin sodium (porcine) 10000 unit/ml solution</i>	1	
<i>heparin sodium (porcine) 20000 unit/ml solution</i>	1	
<i>heparin sodium (porcine) 5000 unit/ml solution</i>	1	
<i>heparin sodium (porcine) pf 1000 unit/ml solution</i>	1	
<i>heparin sodium (porcine) pf 5000 unit/0.5ml solution</i>	1	
<i>jantoven 1 mg tab</i>	1	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
<i>rivaroxaban 2.5 mg tab</i>	2	PD Preventive Drug
<i>warfarin sodium 1 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>warfarin sodium 10 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>warfarin sodium 2 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>warfarin sodium 2.5 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>warfarin sodium 3 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>warfarin sodium 4 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>warfarin sodium 5 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>warfarin sodium 6 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>warfarin sodium 7.5 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
XARELTO 1 MG/ML RECON SUSP	2	QL 10.34 / 1 DAYS
XARELTO 10 MG TAB	2	QL 1.2 / 1 DAYS PD Preventive Drug
XARELTO 15 MG TAB	2	QL 2 / 1 DAYS PD Preventive Drug
XARELTO 2.5 MG TAB	2	QL 2 / 1 DAYS PD Preventive Drug
XARELTO 20 MG TAB	2	QL 1 / 1 DAYS PD Preventive Drug
XARELTO STARTER PACK 15 & 20 MG TAB THPK	2	PD Preventive Drug
BLOOD PRODUCTS AND MODIFIERS, OTHER		
ALVAIZ 18 MG TAB	3	QL 1 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ALVAIZ 36 MG TAB	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
ALVAIZ 54 MG TAB	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
ALVAIZ 9 MG TAB	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
<i>anagrelide hcl 0.5 mg cap</i>	1	
<i>anagrelide hcl 1 mg cap</i>	1	
ARANESP (ALBUMIN FREE) 10 MCG/0.4ML SOLN PRSYR	2	SP Specialty
ARANESP (ALBUMIN FREE) 100 MCG/0.5ML SOLN PRSYR	2	SP Specialty
ARANESP (ALBUMIN FREE) 100 MCG/ML SOLUTION	2	SP Specialty
ARANESP (ALBUMIN FREE) 150 MCG/0.3ML SOLN PRSYR	2	SP Specialty
ARANESP (ALBUMIN FREE) 200 MCG/0.4ML SOLN PRSYR	2	SP Specialty
ARANESP (ALBUMIN FREE) 200 MCG/ML SOLUTION	2	SP Specialty
ARANESP (ALBUMIN FREE) 25 MCG/0.42ML SOLN PRSYR	2	SP Specialty
ARANESP (ALBUMIN FREE) 25 MCG/ML SOLUTION	2	SP Specialty
ARANESP (ALBUMIN FREE) 300 MCG/0.6ML SOLN PRSYR	2	SP Specialty
ARANESP (ALBUMIN FREE) 40 MCG/0.4ML SOLN PRSYR	2	SP Specialty
ARANESP (ALBUMIN FREE) 40 MCG/ML SOLUTION	2	SP Specialty
ARANESP (ALBUMIN FREE) 500 MCG/ML SOLN PRSYR	2	SP Specialty
ARANESP (ALBUMIN FREE) 60 MCG/0.3ML SOLN PRSYR	2	SP Specialty
ARANESP (ALBUMIN FREE) 60 MCG/ML SOLUTION	2	SP Specialty
EPOGEN 10000 UNIT/ML SOLUTION	3	SP Specialty
EPOGEN 2000 UNIT/ML SOLUTION	3	SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EPOGEN 20000 UNIT/ML SOLUTION	3	SP Specialty
EPOGEN 3000 UNIT/ML SOLUTION	3	SP Specialty
EPOGEN 4000 UNIT/ML SOLUTION	3	SP Specialty
FABHALTA 200 MG CAP	3	QL 2 / 1 DAYS PA SP Specialty
FULPHILA 6 MG/0.6ML SOLN PRSYR	3	PA SP Specialty
FYLNETRA 6 MG/0.6ML SOLN PRSYR	3	PA
GRANIX 300 MCG/0.5ML SOLN PRSYR	3	PA SP Specialty
GRANIX 300 MCG/ML SOLUTION	3	PA SP Specialty
GRANIX 480 MCG/0.8ML SOLN PRSYR	3	PA SP Specialty
GRANIX 480 MCG/1.6ML SOLUTION	3	PA SP Specialty
LEUKINE 250 MCG RECON SOLN	3	QL 0.67 / 1 DAYS SP Specialty
MULPLETA 3 MG TAB	3	QL 0.24 / 1 DAYS PA SP Specialty
NEULASTA 6 MG/0.6ML SOLN PRSYR	3	SP Specialty
NEULASTA ONPRO 6 MG/0.6ML PREF SY KT	3	SP Specialty
NEUPOGEN 300 MCG/0.5ML SOLN PRSYR	3	PA SP Specialty
NEUPOGEN 300 MCG/ML SOLUTION	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NEUPOGEN 480 MCG/0.8ML SOLN PRSYR	3	PA SP Specialty
NEUPOGEN 480 MCG/1.6ML SOLUTION	3	PA SP Specialty
NIVESTYM 300 MCG/0.5ML SOLN PRSYR	3	PA SP Specialty
NIVESTYM 300 MCG/ML SOLUTION	3	PA SP Specialty
NIVESTYM 480 MCG/0.8ML SOLN PRSYR	3	PA SP Specialty
NIVESTYM 480 MCG/1.6ML SOLUTION	3	PA SP Specialty
NYVEPRIA 6 MG/0.6ML SOLN PRSYR	3	PA SP Specialty
<i>plerixafor 24 mg/1.2ml solution</i>	3	QLC 10 / 365 DAYS SP Specialty
PROCRIT 10000 UNIT/ML SOLUTION	3	SP Specialty
PROCRIT 2000 UNIT/ML SOLUTION	3	SP Specialty
PROCRIT 20000 UNIT/ML SOLUTION	3	SP Specialty
PROCRIT 3000 UNIT/ML SOLUTION	3	SP Specialty
PROCRIT 4000 UNIT/ML SOLUTION	3	SP Specialty
PROCRIT 40000 UNIT/ML SOLUTION	3	SP Specialty
PROMACTA 12.5 MG PACKET	3	QL 1 / 1 DAYS PA SP Specialty
PROMACTA 12.5 MG TAB	3	QL 1 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PROMACTA 25 MG PACKET	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
PROMACTA 25 MG TAB	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
PROMACTA 50 MG TAB	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
PROMACTA 75 MG TAB	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
PYRUKYND TAPER PACK 5 MG TAB THPK	3	<ul style="list-style-type: none"> QL 0.02 / 1 DAYS PA
PYRUKYND TAPER PACK 7 X 20 MG & 7 X 5 MG TAB THPK	3	<ul style="list-style-type: none"> QL 0.04 / 1 DAYS PA
PYRUKYND TAPER PACK 7 X 50 MG & 7 X 20 MG TAB THPK	3	<ul style="list-style-type: none"> QL 0.04 / 1 DAYS PA
RELEUKO 300 MCG/0.5ML SOLN PRSYR	3	<ul style="list-style-type: none"> PA
RELEUKO 480 MCG/0.8ML SOLN PRSYR	3	<ul style="list-style-type: none"> PA
RELEUKO 480 MCG/1.6ML SOLUTION	3	<ul style="list-style-type: none"> PA
RETACRIT 10000 UNIT/ML SOLUTION	3	<ul style="list-style-type: none"> SP Specialty
RETACRIT 2000 UNIT/ML SOLUTION	3	<ul style="list-style-type: none"> SP Specialty
RETACRIT 20000 UNIT/ML SOLUTION	3	<ul style="list-style-type: none"> SP Specialty
RETACRIT 3000 UNIT/ML SOLUTION	3	<ul style="list-style-type: none"> SP Specialty
RETACRIT 4000 UNIT/ML SOLUTION	3	<ul style="list-style-type: none"> SP Specialty
RETACRIT 40000 UNIT/ML SOLUTION	3	<ul style="list-style-type: none"> SP Specialty
STIMUFEND 6 MG/0.6ML SOLN PRSYR	3	<ul style="list-style-type: none"> PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
UDENYCA 6 MG/0.6ML SOLN A-INJ	2	SP Specialty
UDENYCA 6 MG/0.6ML SOLN PRSYR	2	SP Specialty
UDENYCA ONBODY 6 MG/0.6ML SOLN PRSYR	2	SP Specialty
ZARXIO 300 MCG/0.5ML SOLN PRSYR	2	SP Specialty
ZARXIO 480 MCG/0.8ML SOLN PRSYR	2	SP Specialty
ZIEXTENZO 6 MG/0.6ML SOLN PRSYR	3	PA SP Specialty
HEMOSTASIS AGENTS		
<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	
HEMLIBRA 105 MG/0.7ML SOLUTION	3	PA SP Specialty
HEMLIBRA 12 MG/0.4ML SOLUTION	3	PA SP Specialty
HEMLIBRA 150 MG/ML SOLUTION	3	PA SP Specialty
HEMLIBRA 30 MG/ML SOLUTION	3	PA SP Specialty
HEMLIBRA 300 MG/2ML SOLUTION	3	PA SP Specialty
HEMLIBRA 60 MG/0.4ML SOLUTION	3	PA SP Specialty
HYMPAVZI 150 MG/ML SOLN A-INJ	3	QL 0.143 / 1 DAYS PA SP Specialty
<i>phytonadione 5 mg tab</i>	2	
<i>tranexamic acid 650 mg tab</i>	1	QLC 30 / 22 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PLATELET MODIFYING AGENTS		
<i>adult aspirin regimen 81 mg tab dr</i>	1	<ul style="list-style-type: none"> QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act
<i>aspirin 81 81 mg chew tab</i>	1	<ul style="list-style-type: none"> QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act
<i>aspirin 81 81 mg tab dr</i>	1	<ul style="list-style-type: none"> QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act
<i>aspirin 81 mg chew tab</i>	1	<ul style="list-style-type: none"> QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act
<i>aspirin 81 mg tab dr</i>	1	<ul style="list-style-type: none"> QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act
<i>aspirin adult low dose 81 mg tab dr</i>	1	<ul style="list-style-type: none"> QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act
<i>aspirin adult low strength 81 mg tab dr</i>	1	<ul style="list-style-type: none"> QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act
<i>aspirin childrens 81 mg chew tab</i>	1	<ul style="list-style-type: none"> QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act
<i>aspirin ec adult low dose 81 mg tab dr</i>	1	<ul style="list-style-type: none"> QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act
<i>aspirin ec low dose 81 mg tab dr</i>	1	<ul style="list-style-type: none"> QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>aspirin ec low strength 81 mg tab dr</i>	1	<ul style="list-style-type: none"> QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act
<i>aspirin low dose 81 mg chew tab</i>	1	<ul style="list-style-type: none"> QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act
<i>aspirin low dose 81 mg tab dr</i>	1	<ul style="list-style-type: none"> QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act
<i>aspirin-dipyridamole er 25-200 mg cap er 12h</i>	2	<ul style="list-style-type: none"> PD Preventive Drug
<i>bayer aspirin ec low dose 81 mg tab dr</i>	1	<ul style="list-style-type: none"> QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act
<i>bayer low dose 81 mg tab dr</i>	1	<ul style="list-style-type: none"> QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act
BRILINTA 60 MG TAB	2	<ul style="list-style-type: none"> QL 2 / 1 DAYS PD Preventive Drug
BRILINTA 90 MG TAB	2	<ul style="list-style-type: none"> QL 2 / 1 DAYS PD Preventive Drug
CABLIVI 11 MG KIT	3	<ul style="list-style-type: none"> PA QLC 30 / 30 DAYS SP Specialty
<i>cilostazol 100 mg tab</i>	1	
<i>cilostazol 50 mg tab</i>	1	
<i>clopidogrel bisulfate 300 mg tab</i>	1	<ul style="list-style-type: none"> PD Preventive Drug
<i>clopidogrel bisulfate 75 mg tab</i>	1	<ul style="list-style-type: none"> QL 2 / 1 DAYS PD Preventive Drug
<i>cvs aspirin adult low dose 81 mg chew tab</i>	1	<ul style="list-style-type: none"> QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>cvx aspirin ec 81 mg tab dr</i>	1	<ul style="list-style-type: none"> QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act
<i>cvx aspirin low dose 81 mg tab dr</i>	1	<ul style="list-style-type: none"> QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act
<i>cvx aspirin low strength 81 mg tab dr</i>	1	<ul style="list-style-type: none"> QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act
<i>dipyridamole 25 mg tab</i>	1	<ul style="list-style-type: none"> PD Preventive Drug
<i>dipyridamole 50 mg tab</i>	1	<ul style="list-style-type: none"> PD Preventive Drug
<i>dipyridamole 75 mg tab</i>	1	<ul style="list-style-type: none"> PD Preventive Drug
DOPTELET 20 MG TAB	3	<ul style="list-style-type: none"> QL 0.5 / 1 DAYS PA SP Specialty
<i>ecotrin low strength 81 mg tab dr</i>	1	<ul style="list-style-type: none"> QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act
<i>eq aspirin adult low dose 81 mg tab dr</i>	1	<ul style="list-style-type: none"> QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act
<i>eq aspirin low dose 81 mg chew tab</i>	1	<ul style="list-style-type: none"> QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act
<i>eq aspirin low dose 81 mg chew tab</i>	1	<ul style="list-style-type: none"> QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act
<i>eq aspirin low dose 81 mg tab dr</i>	1	<ul style="list-style-type: none"> QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ft aspirin 81 mg chew tab</i>	1	<ul style="list-style-type: none"> QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act
<i>ft aspirin low dose 81 mg tab dr</i>	1	<ul style="list-style-type: none"> QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act
<i>gnp adult aspirin low strength 81 mg chew tab</i>	1	<ul style="list-style-type: none"> QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act
<i>gnp aspirin 81 mg tab dr</i>	1	<ul style="list-style-type: none"> QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act
<i>gnp aspirin low dose 81 mg tab dr</i>	1	<ul style="list-style-type: none"> QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act
<i>goodsense aspirin 81 mg chew tab</i>	1	<ul style="list-style-type: none"> QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act
<i>goodsense aspirin low dose 81 mg tab dr</i>	1	<ul style="list-style-type: none"> QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act
<i>hm aspirin ec low dose 81 mg tab dr</i>	1	<ul style="list-style-type: none"> QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act
<i>mm aspirin 81 mg tab dr</i>	1	<ul style="list-style-type: none"> QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act
<i>prasugrel hcl 10 mg tab</i>	2	<ul style="list-style-type: none"> QL 1.17 / 1 DAYS PD Preventive Drug
<i>prasugrel hcl 5 mg tab</i>	2	<ul style="list-style-type: none"> QL 1 / 1 DAYS PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>px aspirin 81 mg chew tab</i>	1	<ul style="list-style-type: none"> QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act
<i>qc aspirin low dose 81 mg chew tab</i>	1	<ul style="list-style-type: none"> QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act
<i>qc aspirin low dose 81 mg tab dr</i>	1	<ul style="list-style-type: none"> QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act
<i>ra aspirin adult low dose 81 mg chew tab</i>	1	<ul style="list-style-type: none"> QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act
<i>ra aspirin adult low strength 81 mg chew tab</i>	1	<ul style="list-style-type: none"> QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act
<i>ra aspirin ec 81 mg tab dr</i>	1	<ul style="list-style-type: none"> QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act
<i>ra aspirin ec adult low st 81 mg tab dr</i>	1	<ul style="list-style-type: none"> QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act
<i>sm aspirin adult low strength 81 mg tab dr</i>	1	<ul style="list-style-type: none"> QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act
<i>sm aspirin low dose 81 mg chew tab</i>	1	<ul style="list-style-type: none"> QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act
<i>sm aspirin low dose 81 mg tab dr</i>	1	<ul style="list-style-type: none"> QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TAVALISSE 100 MG TAB	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA SP Specialty
TAVALISSE 150 MG TAB	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA SP Specialty
CARDIOVASCULAR AGENTS		
ALPHA-ADRENERGIC AGONISTS		
<i>clonidine 0.1 mg/24hr patch wk</i>	1	<ul style="list-style-type: none"> QL 0.15 / 1 DAYS PD Preventive Drug
<i>clonidine 0.2 mg/24hr patch wk</i>	1	<ul style="list-style-type: none"> QL 0.29 / 1 DAYS PD Preventive Drug
<i>clonidine 0.3 mg/24hr patch wk</i>	1	<ul style="list-style-type: none"> QL 0.29 / 1 DAYS PD Preventive Drug
<i>clonidine hcl 0.1 mg tab</i>	1	<ul style="list-style-type: none"> RX4L Rx4Less Program PD Preventive Drug
<i>clonidine hcl 0.2 mg tab</i>	1	<ul style="list-style-type: none"> RX4L Rx4Less Program PD Preventive Drug
<i>clonidine hcl 0.3 mg tab</i>	1	<ul style="list-style-type: none"> RX4L Rx4Less Program PD Preventive Drug
<i>droxidopa 100 mg cap</i>	1	<ul style="list-style-type: none"> QL 6 / 1 DAYS PA SP Specialty
<i>droxidopa 200 mg cap</i>	1	<ul style="list-style-type: none"> PA SP Specialty
<i>droxidopa 300 mg cap</i>	1	<ul style="list-style-type: none"> PA SP Specialty
<i>guanfacine hcl 1 mg tab</i>	1	<ul style="list-style-type: none"> RX4L Rx4Less Program PD Preventive Drug

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>losartan potassium 100 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>losartan potassium 25 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>losartan potassium 50 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>olmesartan medoxomil 20 mg tab</i>	1	PD Preventive Drug
<i>olmesartan medoxomil 40 mg tab</i>	1	PD Preventive Drug
<i>olmesartan medoxomil 5 mg tab</i>	1	PD Preventive Drug
<i>telmisartan 20 mg tab</i>	3	PD Preventive Drug
<i>telmisartan 40 mg tab</i>	3	PD Preventive Drug
<i>telmisartan 80 mg tab</i>	3	PD Preventive Drug
<i>valsartan 160 mg tab</i>	3	PD Preventive Drug
<i>valsartan 320 mg tab</i>	3	PD Preventive Drug
<i>valsartan 40 mg tab</i>	3	PD Preventive Drug
<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

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>moexipril hcl 15 mg tab</i>	1	PD Preventive Drug
<i>moexipril hcl 7.5 mg tab</i>	1	PD Preventive Drug
PERINDOPRIL ERBUMINE 2 MG TAB	1	PD Preventive Drug
<i>perindopril erbumine 4 mg tab</i>	1	PD Preventive Drug
PERINDOPRIL ERBUMINE 8 MG TAB	1	PD Preventive Drug
QBRELIS 1 MG/ML SOLUTION	3	PA QLC 1200 / 22 DAYS
<i>quinapril hcl 10 mg tab</i>	1	PD Preventive Drug
<i>quinapril hcl 20 mg tab</i>	1	PD Preventive Drug
<i>quinapril hcl 40 mg tab</i>	1	PD Preventive Drug
<i>quinapril hcl 5 mg tab</i>	1	PD Preventive Drug
<i>ramipril 1.25 mg cap</i>	1	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	
DIGOXIN 0.05 MG/ML SOLUTION	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>digoxin 0.05 mg/ml solution</i>	1	
<i>digoxin 125 mcg tab</i>	1	
<i>digoxin 250 mcg tab</i>	1	
<i>disopyramide phosphate 100 mg cap</i>	1	
<i>disopyramide phosphate 150 mg cap</i>	1	
<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	2	QL 2 / 1 DAYS
<i>pacerone 100 mg tab</i>	2	
<i>pacerone 200 mg tab</i>	1	
<i>pacerone 400 mg tab</i>	1	
<i>propafenone hcl 150 mg tab</i>	1	
<i>propafenone hcl 225 mg tab</i>	1	
<i>propafenone hcl 300 mg tab</i>	1	
<i>propafenone hcl er 225 mg cap er 12h</i>	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	
QUINIDINE SULFATE 200 MG TAB	1	
QUINIDINE SULFATE 300 MG TAB	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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
SOTYLIZE 5 MG/ML SOLUTION	3	PA PD Preventive Drug
BETA-ADRENERGIC BLOCKING AGENTS		
<i>acebutolol hcl 200 mg cap</i>	1	PD Preventive Drug
<i>acebutolol hcl 400 mg cap</i>	1	PD Preventive Drug
<i>atenolol 100 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>atenolol 25 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<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

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>metoprolol tartrate 37.5 mg tab</i>	1	
<i>metoprolol tartrate 50 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>metoprolol tartrate 75 mg tab</i>	1	
<i>nadolol 20 mg tab</i>	1	PD Preventive Drug
<i>nadolol 40 mg tab</i>	1	PD Preventive Drug
<i>nadolol 80 mg tab</i>	1	PD Preventive Drug
<i>nebivolol hcl 10 mg tab</i>	1	QL 1 / 1 DAYS PD Preventive Drug
<i>nebivolol hcl 2.5 mg tab</i>	1	QL 1 / 1 DAYS PD Preventive Drug
<i>nebivolol hcl 20 mg tab</i>	1	QL 2 / 1 DAYS PD Preventive Drug
<i>nebivolol hcl 5 mg tab</i>	1	QL 1 / 1 DAYS PD Preventive Drug
<i>pindolol 10 mg tab</i>	1	PD Preventive Drug
<i>pindolol 5 mg tab</i>	1	PD Preventive Drug
<i>propranolol hcl 10 mg tab</i>	1	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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>propranolol hcl er 60 mg cap er 24h</i>	1	PD Preventive Drug
<i>propranolol hcl er 80 mg cap er 24h</i>	1	PD Preventive Drug
<i>timolol maleate 10 mg tab</i>	1	PD Preventive Drug
<i>timolol maleate 20 mg tab</i>	1	PD Preventive Drug
<i>timolol maleate 5 mg tab</i>	1	PD Preventive Drug
CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES		
<i>amlodipine besylate 10 mg tab</i>	1	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>nifedipine 10 mg cap</i>	1	PD Preventive Drug
<i>nifedipine 20 mg cap</i>	1	PD Preventive Drug
<i>nifedipine er 30 mg tab er 24h</i>	1	PD Preventive Drug
<i>nifedipine er 60 mg tab er 24h</i>	1	PD Preventive Drug
<i>nifedipine er 90 mg tab er 24h</i>	1	PD Preventive Drug
<i>nifedipine er osmotic release 30 mg tab er 24h</i>	1	PD Preventive Drug
<i>nifedipine er osmotic release 60 mg tab er 24h</i>	1	PD Preventive Drug
<i>nifedipine er osmotic release 90 mg tab er 24h</i>	1	PD Preventive Drug
<i>nimodipine 30 mg cap</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NIMODIPINE 60 MG/20ML SOLUTION	1	QL 120 / 1 DAYS
CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES		
<i>cartia xt 120 mg cap er 24h</i>	1	PD Preventive Drug
<i>cartia xt 180 mg cap er 24h</i>	1	PD Preventive Drug
<i>cartia xt 240 mg cap er 24h</i>	1	PD Preventive Drug
<i>cartia xt 300 mg cap er 24h</i>	1	PD Preventive Drug
<i>dilt-xr 120 mg cap er 24h</i>	1	PD Preventive Drug
<i>dilt-xr 180 mg cap er 24h</i>	1	PD Preventive Drug
<i>dilt-xr 240 mg cap er 24h</i>	1	PD Preventive Drug
<i>diltiazem hcl 120 mg tab</i>	1	PD Preventive Drug
<i>diltiazem hcl 30 mg tab</i>	1	PD Preventive Drug
<i>diltiazem hcl 60 mg tab</i>	1	PD Preventive Drug
<i>diltiazem hcl 90 mg tab</i>	1	PD Preventive Drug
<i>diltiazem hcl er 120 mg cap er 12h</i>	1	PD Preventive Drug
<i>diltiazem hcl er 120 mg cap er 24h</i>	1	PD Preventive Drug
<i>diltiazem hcl er 120 mg tab er 24h</i>	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 60 mg cap er 12h</i>	1	PD Preventive Drug
<i>diltiazem hcl er 90 mg cap er 12h</i>	1	PD Preventive Drug
<i>diltiazem hcl er beads 120 mg cap er 24h</i>	1	PD Preventive Drug

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>verapamil hcl er 120 mg tab er</i>	1	PD Preventive Drug
<i>verapamil hcl er 180 mg cap er 24h</i>	1	PD Preventive Drug
<i>verapamil hcl er 180 mg tab er</i>	1	PD Preventive Drug
VERAPAMIL HCL ER 200 MG CAP ER 24H	1	PD Preventive Drug
<i>verapamil hcl er 240 mg cap er 24h</i>	1	PD Preventive Drug
<i>verapamil hcl er 240 mg tab er</i>	1	PD Preventive Drug
VERAPAMIL HCL ER 300 MG CAP ER 24H	1	PD Preventive Drug
VERAPAMIL HCL ER 360 MG CAP ER 24H	1	PD Preventive Drug
CARDIOVASCULAR AGENTS, OTHER		
<i>acetazolamide 125 mg tab</i>	1	
<i>acetazolamide 250 mg tab</i>	1	
<i>aliskiren fumarate 150 mg tab</i>	3	QL 1 / 1 DAYS PD Preventive Drug
<i>aliskiren fumarate 300 mg tab</i>	3	QL 1 / 1 DAYS 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
<i>amlodipine besy-benazepril hcl 5-40 mg cap</i>	1	PD Preventive Drug
<i>amlodipine besylate-valsartan 10-160 mg tab</i>	2	QL 1 / 1 DAYS PD Preventive Drug
<i>amlodipine besylate-valsartan 10-320 mg tab</i>	2	QL 1 / 1 DAYS PD Preventive Drug
<i>amlodipine besylate-valsartan 5-160 mg tab</i>	2	QL 1 / 1 DAYS PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>amlodipine besylate-valsartan 5-320 mg tab</i>	2	QL 1 / 1 DAYS PD Preventive Drug
<i>amlodipine-olmesartan 10-20 mg tab</i>	2	QL 1 / 1 DAYS PD Preventive Drug
<i>amlodipine-olmesartan 10-40 mg tab</i>	2	QL 1 / 1 DAYS PD Preventive Drug
<i>amlodipine-olmesartan 5-20 mg tab</i>	2	QL 1 / 1 DAYS PD Preventive Drug
<i>amlodipine-olmesartan 5-40 mg tab</i>	2	QL 1 / 1 DAYS PD Preventive Drug
<i>amlodipine-valsartan-hctz 10-160-12.5 mg tab</i>	1	QL 1 / 1 DAYS PD Preventive Drug
<i>amlodipine-valsartan-hctz 10-160-25 mg tab</i>	1	QL 1 / 1 DAYS PD Preventive Drug
<i>amlodipine-valsartan-hctz 10-320-25 mg tab</i>	1	QL 1 / 1 DAYS PD Preventive Drug
<i>amlodipine-valsartan-hctz 5-160-12.5 mg tab</i>	1	QL 1 / 1 DAYS PD Preventive Drug
<i>amlodipine-valsartan-hctz 5-160-25 mg tab</i>	1	QL 1 / 1 DAYS PD Preventive Drug
<i>atenolol-chlorthalidone 100-25 mg tab</i>	1	PD Preventive Drug
<i>atenolol-chlorthalidone 50-25 mg tab</i>	1	PD Preventive Drug
ATTRUBY 356 MG TAB THPK	3	QL 4 / 1 DAYS PA SP Specialty
<i>benazepril-hydrochlorothiazide 10-12.5 mg tab</i>	1	PD Preventive Drug
<i>benazepril-hydrochlorothiazide 20-12.5 mg tab</i>	1	PD Preventive Drug
<i>benazepril-hydrochlorothiazide 20-25 mg tab</i>	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>benazepril-hydrochlorothiazide 5-6.25 mg tab</i>	1	PD Preventive Drug
<i>bisoprolol-hydrochlorothiazide 10-6.25 mg tab</i>	1	PD Preventive Drug
<i>bisoprolol-hydrochlorothiazide 2.5-6.25 mg tab</i>	1	PD Preventive Drug
<i>bisoprolol-hydrochlorothiazide 5-6.25 mg tab</i>	1	PD Preventive Drug
CAMZYOS 10 MG CAP	3	QL 1 / 1 DAYS PA
CAMZYOS 15 MG CAP	3	QL 1 / 1 DAYS PA
CAMZYOS 2.5 MG CAP	3	QL 1 / 1 DAYS PA
CAMZYOS 5 MG CAP	3	QL 1 / 1 DAYS PA
<i>candesartan cilexetil-hctz 16-12.5 mg tab</i>	1	PD Preventive Drug
<i>candesartan cilexetil-hctz 32-12.5 mg tab</i>	1	PD Preventive Drug
<i>candesartan cilexetil-hctz 32-25 mg tab</i>	1	PD Preventive Drug
CAPTOPRIL-HYDROCHLOROTHIAZIDE 25-15 MG TAB	1	PD Preventive Drug
CAPTOPRIL-HYDROCHLOROTHIAZIDE 25-25 MG TAB	1	PD Preventive Drug
CAPTOPRIL-HYDROCHLOROTHIAZIDE 50-15 MG TAB	1	PD Preventive Drug
CAPTOPRIL-HYDROCHLOROTHIAZIDE 50-25 MG TAB	1	PD Preventive Drug
CORLANOR 5 MG/5ML SOLUTION	3	QL 15 / 1 DAYS
<i>enalapril-hydrochlorothiazide 10-25 mg tab</i>	1	PD Preventive Drug
<i>enalapril-hydrochlorothiazide 5-12.5 mg tab</i>	1	PD Preventive Drug
ENTRESTO 15-16 MG CAP SPRINK	2	QL 8 / 1 DAYS
ENTRESTO 24-26 MG TAB	2	QL 2 / 1 DAYS
ENTRESTO 49-51 MG TAB	2	QL 2 / 1 DAYS
ENTRESTO 6-6 MG CAP SPRINK	2	QL 8 / 1 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ENTRESTO 97-103 MG TAB	2	QL 2 / 1 DAYS
<i>fosinopril sodium-hctz 10-12.5 mg tab</i>	1	PD Preventive Drug
<i>fosinopril sodium-hctz 20-12.5 mg tab</i>	1	PD Preventive Drug
<i>irbesartan-hydrochlorothiazide 150-12.5 mg tab</i>	1	PD Preventive Drug
<i>irbesartan-hydrochlorothiazide 300-12.5 mg tab</i>	1	PD Preventive Drug
<i>isosorb dinitrate-hydralazine 20-37.5 mg tab</i>	1	QL 6 / 1 DAYS
<i>ivabradine hcl 5 mg tab</i>	3	QL 2 / 1 DAYS
<i>ivabradine hcl 7.5 mg tab</i>	3	QL 2 / 1 DAYS
<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
LODOCO 0.5 MG TAB	3	QL 1 / 1 DAYS PA
<i>losartan potassium-hctz 100-12.5 mg tab</i>	1	PD Preventive Drug
<i>losartan potassium-hctz 100-25 mg tab</i>	1	PD Preventive Drug
<i>losartan potassium-hctz 50-12.5 mg tab</i>	1	PD Preventive Drug
<i>metoprolol-hydrochlorothiazide 100-25 mg tab</i>	1	PD Preventive Drug
<i>metoprolol-hydrochlorothiazide 100-50 mg tab</i>	1	PD Preventive Drug
<i>metoprolol-hydrochlorothiazide 50-25 mg tab</i>	1	PD Preventive Drug
NEXLETOL 180 MG TAB	3	QL 1 / 1 DAYS ST
<i>olmesartan medoxomil-hctz 20-12.5 mg tab</i>	1	PD Preventive Drug
<i>olmesartan medoxomil-hctz 40-12.5 mg tab</i>	1	PD Preventive Drug
<i>olmesartan medoxomil-hctz 40-25 mg tab</i>	1	PD Preventive Drug

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>telmisartan-amlodipine 80-10 mg tab</i>	1	QL 1 / 1 DAYS PD Preventive Drug
TELMISARTAN-AMLODIPINE 80-5 MG TAB	1	QL 1 / 1 DAYS PD Preventive Drug
<i>telmisartan-amlodipine 80-5 mg tab</i>	1	QL 1 / 1 DAYS PD Preventive Drug
<i>telmisartan-hctz 40-12.5 mg tab</i>	3	PD Preventive Drug
<i>telmisartan-hctz 80-12.5 mg tab</i>	3	PD Preventive Drug
<i>telmisartan-hctz 80-25 mg tab</i>	3	PD Preventive Drug
TRANDOLAPRIL-VERAPAMIL HCL ER 1-240 MG TAB ER	1	QL 1 / 1 DAYS PD Preventive Drug
TRANDOLAPRIL-VERAPAMIL HCL ER 2-180 MG TAB ER	1	QL 1 / 1 DAYS PD Preventive Drug
TRANDOLAPRIL-VERAPAMIL HCL ER 2-240 MG TAB ER	1	QL 1 / 1 DAYS PD Preventive Drug
TRANDOLAPRIL-VERAPAMIL HCL ER 4-240 MG TAB ER	1	QL 1 / 1 DAYS 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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VERQUVO 10 MG TAB	3	QL 1 / 1 DAYS PA
VERQUVO 2.5 MG TAB	3	QL 1 / 1 DAYS PA
VERQUVO 5 MG TAB	3	QL 1 / 1 DAYS PA
DIURETICS, LOOP		
<i>bumetanide 0.5 mg tab</i>	1	PD Preventive Drug
<i>bumetanide 1 mg tab</i>	1	PD Preventive Drug
<i>bumetanide 2 mg tab</i>	1	PD Preventive Drug
<i>ethacrynic acid 25 mg tab</i>	3	
<i>furosemide 10 mg/ml solution</i>	1	PD Preventive Drug
<i>furosemide 20 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>furosemide 40 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
FUROSEMIDE 8 MG/ML SOLUTION	1	
<i>furosemide 80 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>toremide 10 mg tab</i>	1	
<i>toremide 100 mg tab</i>	1	
<i>toremide 20 mg tab</i>	1	
<i>toremide 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>triamterene 100 mg cap</i>	3	
<i>triamterene 50 mg cap</i>	3	

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fenofibrate micronized 43 mg cap</i>	1	PD Preventive Drug
<i>fenofibrate micronized 67 mg cap</i>	1	PD Preventive Drug
<i>fenofibric acid 135 mg cap dr</i>	1	QL 1 / 1 DAYS PD Preventive Drug
<i>fenofibric acid 45 mg cap dr</i>	1	QL 1 / 1 DAYS PD Preventive Drug
<i>gemfibrozil 600 mg tab</i>	1	PD Preventive Drug
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium 10 mg tab</i>	1	RX4L Rx4Less Program ACA Affordable Care Act PD Preventive Drug
<i>atorvastatin calcium 20 mg tab</i>	1	RX4L Rx4Less Program ACA Affordable Care Act PD Preventive Drug
<i>atorvastatin calcium 40 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>atorvastatin calcium 80 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>lovastatin 10 mg tab</i>	1	RX4L Rx4Less Program ACA Affordable Care Act PD Preventive Drug
<i>lovastatin 20 mg tab</i>	1	RX4L Rx4Less Program ACA Affordable Care Act PD Preventive Drug
<i>lovastatin 40 mg tab</i>	1	QL 2 / 1 DAYS RX4L Rx4Less Program ACA Affordable Care Act PD Preventive Drug
<i>pravastatin sodium 10 mg tab</i>	1	RX4L Rx4Less Program ACA Affordable Care Act PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>pravastatin sodium 20 mg tab</i>	1	<ul style="list-style-type: none"> RX4L Rx4Less Program ACA Affordable Care Act PD Preventive Drug
<i>pravastatin sodium 40 mg tab</i>	1	<ul style="list-style-type: none"> RX4L Rx4Less Program ACA Affordable Care Act PD Preventive Drug
<i>pravastatin sodium 80 mg tab</i>	1	<ul style="list-style-type: none"> ACA Affordable Care Act PD Preventive Drug
<i>rosuvastatin calcium 10 mg tab</i>	1	<ul style="list-style-type: none"> QL 1.5 / 1 DAYS RX4L Rx4Less Program ACA Affordable Care Act PD Preventive Drug
<i>rosuvastatin calcium 10 mg tab</i>	1	<ul style="list-style-type: none"> QL 1.5 / 1 DAYS RX4L Rx4Less Program ACA Affordable Care Act PD Preventive Drug
<i>rosuvastatin calcium 20 mg tab</i>	1	<ul style="list-style-type: none"> QL 1.5 / 1 DAYS RX4L Rx4Less Program PD Preventive Drug
<i>rosuvastatin calcium 40 mg tab</i>	1	<ul style="list-style-type: none"> QL 1 / 1 DAYS RX4L Rx4Less Program PD Preventive Drug
<i>rosuvastatin calcium 5 mg tab</i>	1	<ul style="list-style-type: none"> QL 1.5 / 1 DAYS RX4L Rx4Less Program ACA Affordable Care Act PD Preventive Drug
<i>rosuvastatin calcium 5 mg tab</i>	1	<ul style="list-style-type: none"> QL 1.5 / 1 DAYS RX4L Rx4Less Program ACA Affordable Care Act PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>simvastatin 20 mg tab</i>	1	<ul style="list-style-type: none"> QL 3 / 1 DAYS RX4L Rx4Less Program ACA Affordable Care Act PD Preventive Drug
<i>simvastatin 40 mg tab</i>	1	<ul style="list-style-type: none"> QL 2 / 1 DAYS RX4L Rx4Less Program ACA Affordable Care Act PD Preventive Drug
<i>simvastatin tab 5 mg</i>	1	<ul style="list-style-type: none"> QL 1.5 / 1 DAYS ACA Affordable Care Act PD Preventive Drug
<i>simvastatin tab 80 mg</i>	1	<ul style="list-style-type: none"> QL 1 / 1 DAYS RX4L Rx4Less Program PD Preventive Drug
DYSLIPIDEMICS, OTHER		
<i>cholestyramine 4 gm packet</i>	1	<ul style="list-style-type: none"> PD Preventive Drug
<i>cholestyramine 4 gm/dose powder</i>	1	<ul style="list-style-type: none"> PD Preventive Drug
<i>cholestyramine light 4 gm packet</i>	1	<ul style="list-style-type: none"> PD Preventive Drug
<i>cholestyramine light 4 gm/dose powder</i>	1	<ul style="list-style-type: none"> PD Preventive Drug
<i>colesevelam hcl 3.75 gm packet</i>	3	<ul style="list-style-type: none"> PD Preventive Drug
<i>colesevelam hcl 625 mg tab</i>	3	<ul style="list-style-type: none"> PD Preventive Drug
<i>colestipol hcl 1 gm tab</i>	1	<ul style="list-style-type: none"> PD Preventive Drug
<i>colestipol hcl 5 gm granules</i>	1	<ul style="list-style-type: none"> PD Preventive Drug
<i>colestipol hcl 5 gm packet</i>	1	<ul style="list-style-type: none"> PD Preventive Drug
<i>ezetimibe 10 mg tab</i>	1	<ul style="list-style-type: none"> PD Preventive Drug
EZETIMIBE-ROSUVASTATIN 10-10 MG TAB	2	
EZETIMIBE-ROSUVASTATIN 10-20 MG TAB	2	
EZETIMIBE-ROSUVASTATIN 10-40 MG TAB	2	
EZETIMIBE-ROSUVASTATIN 10-5 MG TAB	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ezetimibe-simvastatin 10-10 mg tab</i>	3	PD Preventive Drug
<i>ezetimibe-simvastatin 10-20 mg tab</i>	3	PD Preventive Drug
<i>ezetimibe-simvastatin 10-40 mg tab</i>	3	PD Preventive Drug
<i>ezetimibe-simvastatin 10-80 mg tab</i>	3	PD Preventive Drug
<i>icosapent ethyl 0.5 gm cap</i>	2	QL 4 / 1 DAYS PD Preventive Drug
<i>icosapent ethyl 1 gm cap</i>	2	QL 4 / 1 DAYS PD Preventive Drug
JUXTAPID 10 MG CAP	3	QL 1 / 1 DAYS PA SP Specialty
JUXTAPID 20 MG CAP	3	QL 2 / 1 DAYS PA SP Specialty
JUXTAPID 30 MG CAP	3	QL 2 / 1 DAYS PA SP Specialty
JUXTAPID 5 MG CAP	3	QL 1 / 1 DAYS PA SP Specialty
NEXLIZET 180-10 MG TAB	3	QL 1 / 1 DAYS ST
<i>niacin er (antihyperlipidemic) 1000 mg tab er</i>	2	QL 2 / 1 DAYS PD Preventive Drug
<i>niacin er (antihyperlipidemic) 500 mg tab er</i>	2	QL 3 / 1 DAYS PD Preventive Drug
<i>niacin er (antihyperlipidemic) 750 mg tab er</i>	2	QL 2 / 1 DAYS PD Preventive Drug
<i>omega-3-acid ethyl esters 1 gm cap</i>	3	QL 4 / 1 DAYS 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 0.08 / 1 DAYS
REPATHA PUSHTRONEX SYSTEM 420 MG/3.5ML SOLN CART	2	QL 0.13 / 1 DAYS
REPATHA SURECLICK 140 MG/ML SOLN A-INJ	2	QL 0.08 / 1 DAYS
ROSZET 10-10 MG TAB	2	
ROSZET 10-20 MG TAB	2	
ROSZET 10-40 MG TAB	2	
ROSZET 10-5 MG TAB	2	
VASCEPA 0.5 GM CAP	2	QL 4 / 1 DAYS PD Preventive Drug
VASCEPA 1 GM CAP	2	QL 4 / 1 DAYS PD Preventive Drug
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA 10 MG TAB	2	QL 1 / 1 DAYS PA
KERENDIA 20 MG TAB	2	QL 1 / 1 DAYS PA
<i>spironolactone 100 mg tab</i>	1	PD Preventive Drug
<i>spironolactone 25 mg tab</i>	1	PD Preventive Drug
<i>spironolactone 50 mg tab</i>	1	PD Preventive Drug
SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS (SGLT2I)		
FARXIGA 10 MG TAB	2	QL 1 / 1 DAYS PD Preventive Drug
FARXIGA 5 MG TAB	2	QL 1 / 1 DAYS PD Preventive Drug
JARDIANCE 10 MG TAB	2	QL 1 / 1 DAYS PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
JARDIANCE 25 MG TAB	2	QL 1 / 1 DAYS PD Preventive Drug
VASODILATORS, DIRECT-ACTING ARTERIAL		
<i>hydralazine hcl 10 mg tab</i>	1	PD Preventive Drug
<i>hydralazine hcl 100 mg tab</i>	1	PD Preventive Drug
<i>hydralazine hcl 25 mg tab</i>	1	PD Preventive Drug
<i>hydralazine hcl 50 mg tab</i>	1	PD Preventive Drug
<i>minoxidil 10 mg tab</i>	1	PD Preventive Drug
<i>minoxidil 2.5 mg tab</i>	1	PD Preventive Drug
VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS		
<i>isosorbide dinitrate 10 mg tab</i>	1	PD Preventive Drug
<i>isosorbide dinitrate 20 mg tab</i>	1	PD Preventive Drug
<i>isosorbide dinitrate 30 mg tab</i>	1	PD Preventive Drug
<i>isosorbide dinitrate 5 mg tab</i>	1	PD Preventive Drug
ISOSORBIDE MONONITRATE 10 MG TAB	1	PD Preventive Drug
<i>isosorbide mononitrate 10 mg tab</i>	1	PD Preventive Drug
ISOSORBIDE MONONITRATE 20 MG TAB	1	PD Preventive Drug
<i>isosorbide mononitrate 20 mg tab</i>	1	PD Preventive Drug
<i>isosorbide mononitrate er 120 mg tab er 24h</i>	1	PD Preventive Drug
<i>isosorbide mononitrate er 30 mg tab er 24h</i>	1	PD Preventive Drug
<i>isosorbide mononitrate er 60 mg tab er 24h</i>	1	PD Preventive Drug
NITRO-TIME 2.5 MG CAP ER	1	PD Preventive Drug
NITRO-TIME 6.5 MG CAP ER	1	PD Preventive Drug
NITRO-TIME 9 MG CAP ER	1	PD Preventive Drug
<i>nitroglycerin 0.1 mg/hr patch 24hr</i>	1	PD Preventive Drug
<i>nitroglycerin 0.2 mg/hr patch 24hr</i>	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nitroglycerin 0.3 mg sl tab</i>	1	
<i>nitroglycerin 0.4 % ointment</i>	1	QL 1.43 / 1 DAYS
<i>nitroglycerin 0.4 mg sl tab</i>	1	
<i>nitroglycerin 0.4 mg/hr patch 24hr</i>	1	PD Preventive Drug
<i>nitroglycerin 0.4 mg/spray solution</i>	1	QL 0.4 / 1 DAYS
<i>nitroglycerin 0.6 mg sl tab</i>	1	
<i>nitroglycerin 0.6 mg/hr patch 24hr</i>	1	PD Preventive Drug
RECTIV 0.4 % OINTMENT	3	QL 1.43 / 1 DAYS
CENTRAL NERVOUS SYSTEM AGENTS		
AMYOTROPHIC LATERAL SCLEROSIS (ALS) AGENTS		
RADICAVA ORS 105 MG/5ML SUSPENSION	3	PA QLC 50 / 21 DAYS SP Specialty
RADICAVA ORS STARTER KIT 105 MG/5ML SUSPENSION	3	PA QLC 70 / 274 DAYS SP Specialty
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES		
ADDERALL XR 10 MG CAP ER 24H	3	QL 3 / 1 DAYS
ADDERALL XR 15 MG CAP ER 24H	3	QL 3 / 1 DAYS
ADDERALL XR 20 MG CAP ER 24H	3	QL 3 / 1 DAYS
ADDERALL XR 25 MG CAP ER 24H	3	QL 3 / 1 DAYS
ADDERALL XR 30 MG CAP ER 24H	3	QL 2 / 1 DAYS
ADDERALL XR 5 MG CAP ER 24H	3	QL 3 / 1 DAYS
ADZENYS XR-ODT 12.5 MG TAB ER DISP	3	QL 1 / 1 DAYS PA
ADZENYS XR-ODT 15.7 MG TAB ER DISP	3	QL 1 / 1 DAYS PA
ADZENYS XR-ODT 18.8 MG TAB ER DISP	3	QL 1 / 1 DAYS PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ADZENYS XR-ODT 3.1 MG TAB ER DISP	3	QL 1 / 1 DAYS PA
ADZENYS XR-ODT 6.3 MG TAB ER DISP	3	QL 1 / 1 DAYS PA
ADZENYS XR-ODT 9.4 MG TAB ER DISP	3	QL 1 / 1 DAYS PA
<i>amphetamine-dextroamphet er 10 mg cap er 24h</i>	1	QL 3 / 1 DAYS
<i>amphetamine-dextroamphet er 15 mg cap er 24h</i>	1	QL 3 / 1 DAYS
<i>amphetamine-dextroamphet er 20 mg cap er 24h</i>	1	QL 3 / 1 DAYS
<i>amphetamine-dextroamphet er 25 mg cap er 24h</i>	1	QL 3 / 1 DAYS
<i>amphetamine-dextroamphet er 30 mg cap er 24h</i>	1	QL 2 / 1 DAYS
<i>amphetamine-dextroamphet er 5 mg cap er 24h</i>	1	QL 3 / 1 DAYS
<i>amphetamine-dextroamphetamine 10 mg tab</i>	1	QL 3 / 1 DAYS
<i>amphetamine-dextroamphetamine 12.5 mg tab</i>	1	QL 3 / 1 DAYS
<i>amphetamine-dextroamphetamine 15 mg tab</i>	1	QL 3 / 1 DAYS
<i>amphetamine-dextroamphetamine 20 mg tab</i>	1	QL 3 / 1 DAYS
<i>amphetamine-dextroamphetamine 30 mg tab</i>	1	QL 3 / 1 DAYS
<i>amphetamine-dextroamphetamine 5 mg tab</i>	1	QL 3 / 1 DAYS
<i>amphetamine-dextroamphetamine 7.5 mg tab</i>	1	QL 3 / 1 DAYS
<i>dextroamphetamine sulfate 10 mg tab</i>	1	QL 4 / 1 DAYS
<i>dextroamphetamine sulfate 15 mg tab</i>	1	QL 4 / 1 DAYS
<i>dextroamphetamine sulfate 20 mg tab</i>	1	QL 4 / 1 DAYS
<i>dextroamphetamine sulfate 30 mg tab</i>	1	QL 4 / 1 DAYS
<i>dextroamphetamine sulfate 5 mg tab</i>	1	QL 4 / 1 DAYS
<i>dextroamphetamine sulfate 5 mg/5ml solution</i>	1	QL 40 / 1 DAYS
<i>dextroamphetamine sulfate er 10 mg cap er 24h</i>	1	QL 4 / 1 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>dextroamphetamine sulfate er 15 mg cap er 24h</i>	1	QL 4 / 1 DAYS
<i>dextroamphetamine sulfate er 5 mg cap er 24h</i>	1	QL 4 / 1 DAYS
DYANAVEL XR 2.5 MG/ML SUSP	3	QL 8 / 1 DAYS PA
<i>lisdexamfetamine dimesylate 10 mg cap</i>	2	QL 1 / 1 DAYS
<i>lisdexamfetamine dimesylate 10 mg chew tab</i>	2	QL 1 / 1 DAYS
<i>lisdexamfetamine dimesylate 20 mg cap</i>	2	QL 1 / 1 DAYS
<i>lisdexamfetamine dimesylate 20 mg chew tab</i>	2	QL 1 / 1 DAYS
<i>lisdexamfetamine dimesylate 30 mg cap</i>	2	QL 1 / 1 DAYS
<i>lisdexamfetamine dimesylate 30 mg chew tab</i>	2	QL 1 / 1 DAYS
<i>lisdexamfetamine dimesylate 40 mg cap</i>	2	QL 1 / 1 DAYS
<i>lisdexamfetamine dimesylate 40 mg chew tab</i>	2	QL 1 / 1 DAYS
<i>lisdexamfetamine dimesylate 50 mg cap</i>	2	QL 1 / 1 DAYS
<i>lisdexamfetamine dimesylate 50 mg chew tab</i>	2	QL 1 / 1 DAYS
<i>lisdexamfetamine dimesylate 60 mg cap</i>	2	QL 1 / 1 DAYS
<i>lisdexamfetamine dimesylate 60 mg chew tab</i>	2	QL 1 / 1 DAYS
<i>lisdexamfetamine dimesylate 70 mg cap</i>	2	QL 1 / 1 DAYS
<i>zenzedi 10 mg tab</i>	1	QL 4 / 1 DAYS
<i>zenzedi 5 mg tab</i>	1	QL 4 / 1 DAYS
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>clonidine hcl 0.1 mg tab er 12h (generic of KAPVAY)</i>	1	QL 4 / 1 DAYS
CONCERTA 18 MG TAB ER	3	QL 3 / 1 DAYS
CONCERTA 27 MG TAB ER	3	QL 3 / 1 DAYS
CONCERTA 36 MG TAB ER	3	QL 3 / 1 DAYS
CONCERTA 54 MG TAB ER	3	QL 3 / 1 DAYS
COTEMPLA XR-ODT 17.3 MG TAB ER DISP	3	QL 1 / 1 DAYS PA
COTEMPLA XR-ODT 25.9 MG TAB ER DISP	3	QL 1 / 1 DAYS PA
COTEMPLA XR-ODT 8.6 MG TAB ER DISP	3	QL 1 / 1 DAYS PA
<i>Dexmethylphenidate HCl 10 MG TAB (generic of FOCALIN)</i>	1	QL 3 / 1 DAYS
<i>Dexmethylphenidate HCl 2.5 MG TAB (generic of FOCALIN)</i>	1	QL 3 / 1 DAYS
<i>Dexmethylphenidate HCl 5 MG TAB (generic of FOCALIN)</i>	1	QL 3 / 1 DAYS
<i>Dexmethylphenidate HCl ER 10 MG CAP ER 24H (generic of FOCALIN XR)</i>	2	QL 2 / 1 DAYS
<i>Dexmethylphenidate HCl ER 15 MG CAP ER 24H (generic of FOCALIN XR)</i>	2	QL 2 / 1 DAYS
<i>Dexmethylphenidate HCl ER 20 MG CAP ER 24H (generic of FOCALIN XR)</i>	2	QL 2 / 1 DAYS
<i>Dexmethylphenidate HCl ER 25 MG CAP ER 24H (generic of FOCALIN XR)</i>	2	QL 2 / 1 DAYS
<i>Dexmethylphenidate HCl ER 30 MG CAP ER 24H (generic of FOCALIN XR)</i>	2	QL 1 / 1 DAYS
<i>Dexmethylphenidate HCl ER 35 MG CAP ER 24H (generic of FOCALIN XR)</i>	2	QL 1 / 1 DAYS
<i>Dexmethylphenidate HCl ER 40 MG CAP ER 24H (generic of FOCALIN XR)</i>	2	QL 1 / 1 DAYS
<i>Dexmethylphenidate HCl ER 5 MG CAP ER 24H (generic of FOCALIN XR)</i>	2	QL 2 / 1 DAYS
<i>guanfacine hcl er 1 mg tab er 24h</i>	1	QL 2 / 1 DAYS
<i>guanfacine hcl er 2 mg tab er 24h</i>	1	QL 2 / 1 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>guanfacine hcl er 3 mg tab er 24h</i>	1	QL 1 / 1 DAYS
<i>guanfacine hcl er 4 mg tab er 24h</i>	1	QL 1 / 1 DAYS
<i>Methylphenidate HCl 10 MG CHEW TAB (generic of METHYLIN)</i>	1	QL 3 / 1 DAYS
<i>Methylphenidate HCl 10 MG TAB (generic of RITALIN)</i>	1	QL 3 / 1 DAYS
<i>Methylphenidate HCl 10 MG/5ML SOLUTION (generic of METHYLIN)</i>	2	QL 30 / 1 DAYS
<i>Methylphenidate HCl 2.5 MG CHEW TAB (generic of METHYLIN)</i>	1	QL 3 / 1 DAYS
<i>Methylphenidate HCl 20 MG TAB (generic of RITALIN)</i>	1	QL 3 / 1 DAYS
<i>Methylphenidate HCl 5 MG CHEW TAB (generic of METHYLIN)</i>	1	QL 3 / 1 DAYS
<i>Methylphenidate HCl 5 MG TAB (generic of RITALIN)</i>	1	QL 3 / 1 DAYS
<i>Methylphenidate HCl 5 MG/5ML SOLUTION (generic of METHYLIN)</i>	1	QL 60 / 1 DAYS
<i>Methylphenidate HCl ER (CD) 10 MG CAP ER (generic of METADATE CD)</i>	1	QL 3 / 1 DAYS
<i>Methylphenidate HCl ER (CD) 20 MG CAP ER (generic of METADATE CD)</i>	1	QL 3 / 1 DAYS
<i>Methylphenidate HCl ER (CD) 30 MG CAP ER (generic of METADATE CD)</i>	1	QL 3 / 1 DAYS
<i>Methylphenidate HCl ER (CD) 40 MG CAP ER (generic of METADATE CD)</i>	1	QL 2 / 1 DAYS
<i>Methylphenidate HCl ER (CD) 50 MG CAP ER (generic of METADATE CD)</i>	1	QL 2 / 1 DAYS
<i>Methylphenidate HCl ER (CD) 60 MG CAP ER (generic of METADATE CD)</i>	1	QL 1 / 1 DAYS
<i>methylphenidate hcl er (la) 10 mg cap er 24h</i>	3	QL 3 / 1 DAYS
<i>Methylphenidate HCl ER (LA) 10 MG CAP ER 24H (generic of RITALIN LA)</i>	3	QL 3 / 1 DAYS
<i>methylphenidate hcl er (la) 20 mg cap er 24h</i>	3	QL 3 / 1 DAYS
<i>Methylphenidate HCl ER (LA) 20 MG CAP ER 24H (generic of RITALIN LA)</i>	3	QL 3 / 1 DAYS
<i>methylphenidate hcl er (la) 30 mg cap er 24h</i>	3	QL 3 / 1 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>Methylphenidate HCl ER (LA) 30 MG CAP ER 24H (generic of RITALIN LA)</i>	3	QL 3 / 1 DAYS
<i>methylphenidate hcl er (la) 40 mg cap er 24h</i>	3	QL 2 / 1 DAYS
<i>Methylphenidate HCl ER (LA) 40 MG CAP ER 24H (generic of RITALIN LA)</i>	3	QL 2 / 1 DAYS
<i>methylphenidate hcl er (la) 60 mg cap er 24h</i>	3	QL 1 / 1 DAYS
<i>Methylphenidate HCl ER (LA) 60 MG CAP ER 24H (generic of RITALIN LA)</i>	1	QL 1 / 1 DAYS
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg (generic of CONCERTA)</i>	1	QL 3 / 1 DAYS
<i>methylphenidate hcl er (osm) 27 mg tab er</i>	1	QL 3 / 1 DAYS
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg (generic of CONCERTA)</i>	1	QL 3 / 1 DAYS
<i>methylphenidate hcl er (osm) 36 mg tab er</i>	1	QL 3 / 1 DAYS
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg (generic of CONCERTA)</i>	1	QL 3 / 1 DAYS
<i>methylphenidate hcl er (osm) 54 mg tab er</i>	1	QL 3 / 1 DAYS
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg (generic of CONCERTA)</i>	1	QL 3 / 1 DAYS
<i>Methylphenidate HCl ER 10 MG TAB ER (generic of METADATE ER)</i>	1	QL 3 / 1 DAYS
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg (generic of CONCERTA)</i>	1	QL 3 / 1 DAYS
METHYLPHENIDATE HCL ER 18 MG TAB ER 24H	1	QL 3 / 1 DAYS
<i>Methylphenidate HCl ER 20 MG TAB ER (generic of METADATE ER)</i>	1	QL 3 / 1 DAYS
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg (generic of CONCERTA)</i>	1	QL 3 / 1 DAYS
METHYLPHENIDATE HCL ER 27 MG TAB ER 24H	1	QL 3 / 1 DAYS
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg (generic of CONCERTA)</i>	1	QL 3 / 1 DAYS
METHYLPHENIDATE HCL ER 36 MG TAB ER 24H	1	QL 3 / 1 DAYS
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg (generic of CONCERTA)</i>	1	QL 3 / 1 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
METHYLPHENIDATE HCL ER 54 MG TAB ER 24H	1	QL 3 / 1 DAYS
QELBREE 100 MG CAP ER 24H	3	QL 1 / 1 DAYS PA
QELBREE 150 MG CAP ER 24H	3	QL 2 / 1 DAYS PA
QELBREE 200 MG CAP ER 24H	3	QL 2 / 1 DAYS PA
QUILLICHEW ER 20 MG CHER	3	QL 1 / 1 DAYS PA
QUILLICHEW ER 30 MG CHER	3	QL 2 / 1 DAYS PA
QUILLICHEW ER 40 MG CHER	3	QL 1 / 1 DAYS PA
QUILLIVANT XR 25 MG/5ML SRER	3	QL 12 / 1 DAYS PA
CENTRAL NERVOUS SYSTEM, OTHER		
AUSTEDO 12 MG TAB	3	QL 4 / 1 DAYS PA SP Specialty
AUSTEDO 6 MG TAB	3	QL 2 / 1 DAYS PA SP Specialty
AUSTEDO 9 MG TAB	3	QL 4 / 1 DAYS PA SP Specialty
AUSTEDO XR 12 MG TAB ER 24H	3	QL 1 / 1 DAYS PA SP Specialty
AUSTEDO XR 18 MG TAB ER 24H	3	QL 1 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AUSTEDO XR 24 MG TAB ER 24H	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA SP Specialty
AUSTEDO XR 30 MG TAB ER 24H	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
AUSTEDO XR 36 MG TAB ER 24H	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
AUSTEDO XR 42 MG TAB ER 24H	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
AUSTEDO XR 48 MG TAB ER 24H	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
AUSTEDO XR 6 MG TAB ER 24H	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
AUSTEDO XR PATIENT TITRATION 12 & 18 & 24 & 30 MG TBER THPK	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
AUSTEDO XR PATIENT TITRATION 6 & 12 & 24 MG TBER THPK	3	<ul style="list-style-type: none"> QL 1.5 / 1 DAYS PA SP Specialty
<i>bac (butalbital-acetamin-caff) 50-325-40 mg tab</i>	1	<ul style="list-style-type: none"> QL 6 / 1 DAYS
<i>benzphetamine hcl 50 mg tab</i>	1	
<i>butalbital-acetaminophen 50-325 mg tab</i>	1	<ul style="list-style-type: none"> QL 6 / 1 DAYS
<i>butalbital-apap-caffeine 50-300-40 mg cap</i>	1	<ul style="list-style-type: none"> QL 6 / 1 DAYS
<i>butalbital-apap-caffeine 50-325-40 mg cap</i>	1	<ul style="list-style-type: none"> QL 6 / 1 DAYS
<i>butalbital-apap-caffeine 50-325-40 mg tab</i>	1	<ul style="list-style-type: none"> QL 6 / 1 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CONTRACE 8-90 MG TAB ER 12H	3	QL 4 / 1 DAYS PA
<i>diethylpropion hcl 25 mg tab</i>	1	
DIETHYLPROPION HCL ER 75 MG TAB ER 24H	1	
FIRDAPSE 10 MG TAB	3	QL 10 / 1 DAYS PA SP Specialty
<i>gabapentin (once-daily) 300 mg tab</i>	1	QL 3 / 1 DAYS PA
<i>gabapentin (once-daily) 600 mg tab</i>	1	QL 3 / 1 DAYS PA
GRALISE 300 MG TAB	3	QL 3 / 1 DAYS PA
GRALISE 450 MG TAB	3	QL 1 / 1 DAYS PA
GRALISE 600 MG TAB	3	QL 3 / 1 DAYS PA
GRALISE 750 MG TAB	3	QL 2 / 1 DAYS PA
GRALISE 900 MG TAB	3	QL 2 / 1 DAYS PA
HORIZANT 300 MG TAB ER	3	QL 3 / 1 DAYS PA
HORIZANT 600 MG TAB ER	3	QL 2 / 1 DAYS PA
INGREZZA 40 & 80 MG CAP THPK	3	QL 1 / 1 DAYS PA SP Specialty
INGREZZA 40 MG CAP	3	QL 1 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
INGREZZA 40 MG CAP SPRINK	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
INGREZZA 60 MG CAP	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
INGREZZA 60 MG CAP SPRINK	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
INGREZZA 80 MG CAP	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
INGREZZA 80 MG CAP SPRINK	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
<i>midazolam hcl 2 mg/ml syrup</i>	1	
NUEDEXTA 20-10 MG CAP	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA
<i>phendimetrazine tartrate 35 mg tab</i>	1	
PHENDIMETRAZINE TARTRATE ER 105 MG CAP ER 24H	1	
<i>phentermine hcl 15 mg cap</i>	1	
<i>phentermine hcl 30 mg cap</i>	1	
<i>phentermine hcl 37.5 mg cap</i>	1	
<i>phentermine hcl 37.5 mg tab</i>	1	
QSYMIA 11.25-69 MG CAP ER 24H	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA
QSYMIA 15-92 MG CAP ER 24H	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA
QSYMIA 3.75-23 MG CAP ER 24H	3	<ul style="list-style-type: none"> QL 1.5 / 1 DAYS PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
QSYMIA 7.5-46 MG CAP ER 24H	3	QL 1 / 1 DAYS PA
<i>riluzole 50 mg tab</i>	3	
<i>tetrabenazine 12.5 mg tab</i>	3	QL 3 / 1 DAYS PA SP Specialty
<i>tetrabenazine 25 mg tab</i>	3	QL 2 / 1 DAYS PA SP Specialty
VYLEESI 1.75 MG/0.3ML SOLN A-INJ	3	PA QLC 4 / 30 DAYS
<i>zebutal 50-325-40 mg cap</i>	1	QL 6 / 1 DAYS
FIBROMYALGIA AGENTS		
<i>duloxetine hcl 20 mg cp dr part</i>	1	QL 5 / 1 DAYS
<i>duloxetine hcl 30 mg cp dr part</i>	1	QL 3 / 1 DAYS
<i>duloxetine hcl 60 mg cp dr part</i>	1	QL 2 / 1 DAYS
<i>pregabalin 100 mg cap</i>	1	
<i>pregabalin 150 mg cap</i>	1	
<i>pregabalin 20 mg/ml solution</i>	1	QL 30 / 1 DAYS
<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	QL 2 / 1 DAYS ST
SAVELLA 12.5 MG TAB	3	QL 3 / 1 DAYS ST

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SAVELLA 25 MG TAB	3	QL 3 / 1 DAYS ST
SAVELLA 50 MG TAB	3	QL 3 / 1 DAYS ST
SAVELLA TITRATION PACK 12.5 & 25 & 50 MG MISC	3	QL 1.97 / 1 DAYS ST
MULTIPLE SCLEROSIS AGENTS		
AVONEX PEN 30 MCG/0.5ML AUT-IJ KIT	2	QL 0.04 / 1 DAYS SP Specialty
AVONEX PREFILLED 30 MCG/0.5ML PREF SY KT	2	QL 0.04 / 1 DAYS SP Specialty
BETASERON 0.3 MG KIT	3	QL 0.5 / 1 DAYS SP Specialty
COPAXONE 40 MG/ML SOLN PRSYR	2	QL 0.43 / 1 DAYS SP Specialty
<i>dalfampridine er 10 mg tab er 12h</i>	1	QL 2 / 1 DAYS SP Specialty
<i>dimethyl fumarate 120 mg cap dr</i>	1	QL 2 / 1 DAYS SP Specialty
<i>dimethyl fumarate 240 mg cap dr</i>	1	QL 2 / 1 DAYS SP Specialty
<i>dimethyl fumarate starter pack 120 & 240 mg cpdr thpk</i>	1	QL 2 / 1 DAYS SP Specialty
EXTAVIA 0.3 MG KIT	3	QL 0.5 / 1 DAYS SP Specialty
<i>fingolimod hcl 0.5 mg cap</i>	1	QL 1 / 1 DAYS SP Specialty
<i>glatiramer acetate 20 mg/ml soln prsy</i>	2	QL 1 / 1 DAYS SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>glatiramer acetate 40 mg/ml soln prsyr</i>	2	QL 0.43 / 1 DAYS SP Specialty
<i>glatopa 20 mg/ml soln prsyr</i>	2	QL 1 / 1 DAYS SP Specialty
<i>glatopa 40 mg/ml soln prsyr</i>	2	QL 0.43 / 1 DAYS SP Specialty
KESIMPTA 20 MG/0.4ML SOLN A-INJ	2	QL 0.06 / 1 DAYS SP Specialty
MAYZENT 0.25 MG TAB	2	QL 4 / 1 DAYS SP Specialty
MAYZENT 1 MG TAB	2	QL 1 / 1 DAYS SP Specialty
MAYZENT 2 MG TAB	2	QL 1 / 1 DAYS SP Specialty
MAYZENT STARTER PACK 0.25 MG TAB THPK	2	QL 4 / 1 DAYS SP Specialty
MAYZENT STARTER PACK 12 X 0.25 MG TAB THPK	2	QL 4 / 1 DAYS SP Specialty
PLEGRIDY 125 MCG/0.5ML SOLN A-INJ	2	QL 0.04 / 1 DAYS SP Specialty
PLEGRIDY 125 MCG/0.5ML SOLN PRSYR	2	QL 0.04 / 1 DAYS SP Specialty
PLEGRIDY STARTER PACK 63 & 94 MCG/0.5ML SOLN A-INJ	2	QL 0.04 / 1 DAYS SP Specialty
PLEGRIDY STARTER PACK 63 & 94 MCG/0.5ML SOLN PRSYR	2	QL 0.04 / 1 DAYS SP Specialty
REBIF 22 MCG/0.5ML SOLN PRSYR	2	QL 0.43 / 1 DAYS SP Specialty
REBIF 44 MCG/0.5ML SOLN PRSYR	2	QL 0.43 / 1 DAYS SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
REBIF REBIDOSE 22 MCG/0.5ML SOLN A-INJ	2	<p>QL 0.43 / 1 DAYS</p> <p>SP Specialty</p>
REBIF REBIDOSE 44 MCG/0.5ML SOLN A-INJ	2	<p>QL 0.43 / 1 DAYS</p> <p>SP Specialty</p>
REBIF REBIDOSE TITRATION PACK 6X8.8 & 6X22 MCG SOLN A-INJ	2	<p>SP Specialty</p>
REBIF TITRATION PACK 6X8.8 & 6X22 MCG SOLN PRSYR	2	<p>SP Specialty</p>
<i>teriflunomide 14 mg tab</i>	1	<p>QL 1 / 1 DAYS</p> <p>SP Specialty</p>
<i>teriflunomide 7 mg tab</i>	1	<p>QL 1 / 1 DAYS</p> <p>SP Specialty</p>
TYSABRI 300 MG/15ML CONC	3	<p>PA</p> <p>QLC 15 / 21 DAYS</p>
ZEPOSIA 0.92 MG CAP	2	<p>QL 1 / 1 DAYS</p> <p>PA</p> <p>SP Specialty</p>
ZEPOSIA 7-DAY STARTER PACK 4 X 0.23MG & 3 X 0.46MG CAP THPK	2	<p>PA</p> <p>QLC 7 / 23 DAYS</p> <p>SP Specialty</p>
ZEPOSIA STARTER KIT 0.23MG & 0.46MG 0.92MG(21) CAP THPK	2	<p>PA</p> <p>QLC 28 / 21 DAYS</p> <p>SP Specialty</p>
DENTAL AND ORAL AGENTS		
<i>cevimeline hcl 30 mg cap</i>	3	
<i>chlorhexidine gluconate 0.12 % solution</i>	1	
<i>clinpro 5000 1.1 % paste</i>	1	
<i>denta 5000 plus 1.1 % cream</i>	1	
DENTA 5000 PLUS SENSITIVE 1.1-5 % GEL	1	
<i>dentagel 1.1 % gel</i>	1	
<i>kourzeq 0.1 % paste</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>oralone 0.1 % paste</i>	1	
<i>periogard 0.12 % solution</i>	1	
<i>pilocarpine hcl 5 mg tab</i>	1	
<i>pilocarpine hcl 7.5 mg tab</i>	1	
<i>sf 1.1 % gel</i>	1	
<i>sf 5000 plus 1.1 % cream</i>	1	
SOD FLUORIDE-POTASSIUM NITRATE 1.1-5 % GEL	1	
<i>sodium fluoride 0.2 % solution</i>	2	
<i>sodium fluoride 1.1 % cream</i>	1	
<i>sodium fluoride 1.1 % gel</i>	1	
SODIUM FLUORIDE 5000 ENAMEL 1.1-5 % GEL	1	
<i>sodium fluoride 5000 plus 1.1 % cream</i>	1	
<i>sodium fluoride 5000 ppm 1.1 % cream</i>	1	
<i>sodium fluoride 5000 ppm 1.1 % gel</i>	1	
<i>sodium fluoride 5000 ppm 1.1 % paste</i>	1	
SODIUM FLUORIDE 5000 SENSITIVE 1.1-5 % GEL	1	
<i>triamcinolone acetonide 0.1 % paste</i>	1	
DERMATOLOGICAL AGENTS		
ACNE AND ROSACEA AGENTS		
<i>accutane 10 mg cap</i>	1	
<i>accutane 20 mg cap</i>	1	
<i>accutane 30 mg cap</i>	1	
<i>accutane 40 mg cap</i>	1	
<i>acitretin 10 mg cap</i>	3	QL 2 / 1 DAYS
<i>acitretin 17.5 mg cap</i>	3	QL 2 / 1 DAYS
<i>acitretin 25 mg cap</i>	3	QL 2 / 1 DAYS
<i>adapalene-benzoyl peroxide 0.1-2.5 % gel</i>	2	QL 1.5 / 1 DAYS
<i>amnesteam 10 mg cap</i>	1	
<i>amnesteam 20 mg cap</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>amnesteam 40 mg cap</i>	1	
<i>avita 0.025 % cream</i>	1	
<i>avita 0.025 % gel</i>	1	
<i>benzoyl peroxide-erythromycin 5-3 % gel</i>	1	
<i>brimonidine tartrate 0.33 % gel</i>	1	PA
<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	QL 2.34 / 1 DAYS
<i>clindamycin phos-benzoyl perox 1.2-2.5 % gel</i>	2	QL 1.79 / 1 DAYS
<i>clindamycin phos-benzoyl perox 1.2-5 % gel</i>	1	
<i>clindamycin-tretinoin 1.2-0.025 % gel</i>	3	
<i>isotretinoin 10 mg cap</i>	1	
<i>isotretinoin 20 mg cap</i>	1	
<i>isotretinoin 25 mg cap</i>	1	PA
<i>isotretinoin 30 mg cap</i>	1	
<i>isotretinoin 35 mg cap</i>	1	PA
<i>isotretinoin 40 mg cap</i>	1	
MIRVASO 0.33 % GEL	3	PA
<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	
ONEXTON 1.2-3.75 % GEL	3	QL 2 / 1 DAYS PA
RHOFADE 1 % CREAM	3	QL 1 / 1 DAYS PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sulfacetamide sodium (acne) 10 % lotion</i>	1	
<i>tazarotene 0.1 % cream</i>	3	
<i>tretinoin 0.01 % gel</i>	1	
<i>tretinoin 0.025 % cream</i>	1	
<i>tretinoin 0.025 % gel</i>	1	
<i>tretinoin 0.05 % cream</i>	1	
<i>tretinoin 0.05 % gel</i>	1	
<i>tretinoin 0.1 % cream</i>	1	
WINLEVI 1 % CREAM	3	QL 2 / 1 DAYS 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>ala-cort 1 % cream</i>	1	
<i>ala-cort 2.5 % cream</i>	1	
<i>alclometasone dipropionate 0.05 % cream</i>	1	
ALCLOMETASONE DIPROPIONATE 0.05 % OINTMENT	1	
AMCINONIDE 0.1 % CREAM	1	
<i>betamethasone dipropionate 0.05 % cream</i>	1	
<i>betamethasone dipropionate 0.05 % lotion</i>	1	
<i>betamethasone dipropionate 0.05 % ointment</i>	1	
<i>betamethasone dipropionate aug 0.05 % cream</i>	1	
BETAMETHASONE DIPROPIONATE AUG 0.05 % GEL	1	
<i>betamethasone dipropionate aug 0.05 % lotion</i>	1	
<i>betamethasone dipropionate aug 0.05 % ointment</i>	1	
<i>betamethasone valerate 0.1 % cream</i>	1	
<i>betamethasone valerate 0.1 % lotion</i>	1	
<i>betamethasone valerate 0.1 % ointment</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>betamethasone valerate 0.12 % foam</i>	2	
BYLVAY (PELLETS) 200 MCG CAP SPRINK	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
BYLVAY (PELLETS) 600 MCG CAP SPRINK	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
BYLVAY 1200 MCG CAP	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
BYLVAY 400 MCG CAP	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
<i>clobetasol prop emollient base 0.05 % cream</i>	1	
<i>clobetasol propionate 0.05 % cream</i>	1	
<i>clobetasol propionate 0.05 % gel</i>	1	
<i>clobetasol propionate 0.05 % liquid</i>	1	
<i>clobetasol propionate 0.05 % lotion</i>	1	
<i>clobetasol propionate 0.05 % ointment</i>	1	
<i>clobetasol propionate 0.05 % shampoo</i>	2	
<i>clobetasol propionate 0.05 % solution</i>	1	
<i>clobetasol propionate e 0.05 % cream</i>	1	
<i>clodan 0.05 % shampoo</i>	2	
<i>desonide 0.05 % cream</i>	1	
<i>desonide 0.05 % lotion</i>	3	
<i>desonide 0.05 % ointment</i>	1	
<i>desoximetasone 0.05 % cream</i>	3	
<i>desoximetasone 0.05 % gel</i>	3	
<i>desoximetasone 0.05 % ointment</i>	3	
<i>desoximetasone 0.25 % cream</i>	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>desoximetasone 0.25 % ointment</i>	3	
EUCRISA 2 % OINTMENT	2	QL 3.34 / 1 DAYS ST
<i>fluocinolone acetonide 0.01 % cream</i>	1	
<i>fluocinolone acetonide 0.01 % solution</i>	1	
<i>fluocinolone acetonide 0.025 % cream</i>	1	
<i>fluocinolone acetonide 0.025 % ointment</i>	1	
<i>fluocinolone acetonide body 0.01 % oil</i>	2	
<i>fluocinolone acetonide scalp 0.01 % oil</i>	2	
<i>fluocinonide 0.05 % cream</i>	1	
<i>fluocinonide 0.05 % gel</i>	1	
<i>fluocinonide 0.05 % ointment</i>	1	
<i>fluocinonide 0.05 % solution</i>	1	
<i>fluocinonide 0.1 % cream</i>	1	
<i>fluocinonide emulsified base 0.05 % cream</i>	1	
FLURANDRENOLIDE 0.05 % LOTION	1	
<i>fluticasone propionate 0.005 % ointment</i>	1	
<i>fluticasone propionate 0.05 % cream</i>	1	
FLUTICASONE PROPIONATE 0.05 % LOTION	1	
<i>halobetasol propionate 0.05 % cream</i>	1	
<i>halobetasol propionate 0.05 % ointment</i>	1	
<i>hemmorex-hc 30 mg suppos</i>	1	
HYDROCORTISONE (PERIANAL) 1 % CREAM	1	
<i>hydrocortisone (perianal) 2.5 % cream</i>	1	
<i>hydrocortisone 1 % cream</i>	1	
<i>hydrocortisone 1 % ointment</i>	1	
<i>hydrocortisone 2.5 % cream</i>	1	
HYDROCORTISONE 2.5 % LOTION	1	
<i>hydrocortisone 2.5 % ointment</i>	1	
<i>hydrocortisone acetate 25 mg suppos</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>hydrocortisone acetate 30 mg suppos</i>	1	
HYDROCORTISONE BUTYR LIPO BASE 0.1 % CREAM	1	
<i>hydrocortisone butyr lipo base 0.1 % cream</i>	1	
HYDROCORTISONE BUTYRATE 0.1 % OINTMENT	1	
<i>hydrocortisone butyrate 0.1 % ointment</i>	1	
HYDROCORTISONE BUTYRATE 0.1 % SOLUTION	1	
<i>hydrocortisone valerate 0.2 % cream</i>	1	
<i>hydrocortisone valerate 0.2 % ointment</i>	1	
<i>mometasone furoate 0.1 % cream</i>	1	
<i>mometasone furoate 0.1 % ointment</i>	1	
<i>mometasone furoate 0.1 % solution</i>	1	
<i>pimecrolimus 1 % cream</i>	2	QL 5 / 1 DAYS
PREDNICARBATE 0.1 % OINTMENT	1	
<i>procto-med hc 2.5 % cream</i>	1	
<i>proctosol hc 2.5 % cream</i>	1	
<i>proctozone-hc 2.5 % cream</i>	1	
<i>selenium sulfide 2.5 % lotion</i>	1	
<i>tacrolimus 0.03 % ointment</i>	2	QL 4 / 1 DAYS
<i>tacrolimus 0.1 % ointment</i>	2	QL 4 / 1 DAYS
<i>triamcinolone acetonide 0.025 % cream</i>	1	
<i>triamcinolone acetonide 0.025 % lotion</i>	1	
<i>triamcinolone acetonide 0.025 % ointment</i>	1	
<i>triamcinolone acetonide 0.1 % cream</i>	1	
<i>triamcinolone acetonide 0.1 % lotion</i>	1	
<i>triamcinolone acetonide 0.1 % ointment</i>	1	
<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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DERMATOLOGICAL AGENTS, OTHER		
<i>bimatoprost 0.03 % solution</i>	1	QL 0.17 / 1 DAYS PA
<i>calcipotriene 0.005 % cream</i>	2	QL 4 / 1 DAYS
<i>calcipotriene 0.005 % ointment</i>	2	QL 4 / 1 DAYS
CALCIPOTRIENE 0.005 % SOLUTION	3	QL 4 / 1 DAYS
<i>calcipotriene 0.005 % solution</i>	3	QL 4 / 1 DAYS
<i>calcipotriene-betameth diprop 0.005-0.064 % ointment</i>	1	QL 2 / 1 DAYS
<i>calcipotriene-betameth diprop 0.005-0.064 % suspension</i>	1	QL 2 / 1 DAYS
<i>calcitrene 0.005 % ointment</i>	2	QL 4 / 1 DAYS
CALCITRIOL 3 MCG/GM OINTMENT	3	QL 3.34 / 1 DAYS
CARAC 0.5 % CREAM	3	PA
<i>clotrimazole-betamethasone 1-0.05 % cream</i>	1	
CLOTRIMAZOLE-BETAMETHASONE 1-0.05 % LOTION	1	
<i>clotrimazole-betamethasone 1-0.05 % lotion</i>	1	
DRYSOL 20 % SOLUTION	3	
DY-O-DERM VITILIGO STAIN 6.55 % SOLUTION	1	OTC Over the Counter
ENSTILAR 0.005-0.064 % FOAM	3	QL 2 / 1 DAYS PA
<i>finasteride 1 mg tab</i>	1	PA
FLUOROURACIL 0.5 % CREAM	3	PA
FLUOROURACIL 2 % SOLUTION	1	
<i>fluorouracil 5 % cream</i>	1	
<i>fluorouracil 5 % solution</i>	1	
HYFTOR 0.2 % GEL	3	QL 0.84 / 1 DAYS PA
<i>imiquimod 5 % cream</i>	1	
INSTACLEAN LIQUID	3	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>isopropyl alcohol 70 % liquid</i>	3	OTC Over the Counter
KLISYRI (250 MG) 1 % OINTMENT	3	PA QLC 5 / 22 DAYS
KLISYRI (350 MG) 1 % OINTMENT	3	PA QLC 5 / 22 DAYS
LATISSE 0.03 % SOLUTION	3	QL 0.17 / 1 DAYS PA
<i>lidocaine-hydrocort (perianal) 3-0.5 % cream</i>	1	
<i>lidocaine-hydrocortisone ace 3-0.5 % kit</i>	1	
<i>lidocort 3-0.5 % cream</i>	1	
LITFULO 50 MG CAP	3	QL 1 / 1 DAYS PA SP Specialty
METHOXSALEN RAPID 10 MG CAP	1	
<i>nystatin-triamcinolone 100000-0.1 unit/gm-% cream</i>	1	
<i>nystatin-triamcinolone 100000-0.1 unit/gm-% ointment</i>	1	
OPZELURA 1.5 % CREAM	3	QL 2 / 1 DAYS PA
OTEZLA 20 MG TAB	2	QL 2 / 1 DAYS PA SP Specialty
OTEZLA 30 MG TAB	2	QL 2 / 1 DAYS PA SP Specialty
PODOFILOX 0.5 % SOLUTION	1	
PROPECIA 1 MG TAB	3	PA
REGRANEX 0.01 % GEL	3	QL 0.5 / 1 DAYS
RENOVA 0.02 % CREAM	3	PA
RENOVA PUMP 0.02 % CREAM	3	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SALICYLIC ACID 26 % SOLUTION	1	
<i>salicylic acid wart remover 27.5 % liquid</i>	1	
SANTYL 250 UNIT/GM OINTMENT	3	QLC 180 / 22 DAYS
<i>selenium sulfide 2.25 % shampoo</i>	1	
<i>silver sulfadiazine 1 % cream</i>	1	
<i>ssd 1 % cream</i>	1	
TOLAK 4 % CREAM	3	
TRI-LUMA 0.01-4-0.05 % CREAM	3	PA
VALCHLOR 0.016 % GEL	3	QL 2 / 1 DAYS PA
WYNZORA 0.005-0.064 % CREAM	3	QL 2 / 1 DAYS PA
XERESE 5-1 % CREAM	3	ST QLC 5 / 22 DAYS
ZORYVE 0.15 % CREAM	3	QL 2 / 1 DAYS PA
PEDICULICIDES/SCABICIDES		
<i>ivermectin 1 % cream</i>	3	QL 1.5 / 1 DAYS
LINDANE 1 % SHAMPOO	1	QL 2 / 1 DAYS
<i>malathion 0.5 % lotion</i>	3	
<i>permethrin 5 % cream</i>	1	
SPINOSAD 0.9 % SUSPENSION	3	
TOPICAL ANTI-INFECTIVES		
<i>acyclovir 5 % ointment</i>	2	QLC 30 / 22 DAYS
ALTABAX 1 % OINTMENT	3	
<i>ciclodan 8 % solution</i>	1	QL 0.22 / 1 DAYS
<i>ciclopirox 0.77 % gel</i>	1	
<i>ciclopirox 1 % shampoo</i>	1	
<i>ciclopirox 8 % solution</i>	1	QL 0.22 / 1 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ciclopirox olamine 0.77 % cream</i>	1	
<i>ciclopirox olamine 0.77 % suspension</i>	1	
<i>clindacin 1 % foam</i>	1	
<i>clindacin etz 1 % swab</i>	1	
<i>clindacin-p 1 % swab</i>	1	
<i>clindamycin phosphate 1 % gel</i>	1	
<i>clindamycin phosphate 1 % lotion</i>	1	
<i>clindamycin phosphate 1 % solution</i>	1	
<i>clindamycin phosphate 1 % swab</i>	1	
<i>dapsone 5 % gel</i>	1	QL 3 / 1 DAYS
ERY 2 % PAD	1	
<i>erythromycin 2 % gel</i>	1	
<i>erythromycin 2 % solution</i>	1	
MAFENIDE ACETATE 5 % PACKET	1	
<i>mafenide acetate 5 % packet</i>	1	
<i>mupirocin 2 % ointment</i>	1	
SULFAMYLON 85 MG/GM CREAM	3	
XEPI 1 % CREAM	3	QL 1 / 1 DAYS
ELECTROLYTES/MINERALS/METALS/VITAMINS		
ELECTROLYTE/MINERAL REPLACEMENT		
ACCRUFER 30 MG CAP	3	QL 2 / 1 DAYS PA
ARGIMENT AT PACKET	3	PA OTC Over the Counter
ARGINAID PACKET	3	PA OTC Over the Counter
ARGINAID EXTRA LIQUID	3	PA OTC Over the Counter
BALANCED NUTRITIONAL DRINK LIQUID	1	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BALANCED NUTRITIONAL DRINK PLS LIQUID	1	PA OTC Over the Counter
BENECALORIE LIQUID	1	PA OTC Over the Counter
BOOST LIQUID	1	PA OTC Over the Counter
BOOST BREEZE LIQUID	3	PA OTC Over the Counter
BOOST GLUCOSE CONTROL LIQUID	3	PA OTC Over the Counter
BOOST GLUCOSE CTRL MAX PROTEIN LIQUID	3	PA OTC Over the Counter
BOOST HIGH PROTEIN LIQUID	3	PA OTC Over the Counter
BOOST KID ESSENTIALS 1.0 CAL LIQUID	1	PA OTC Over the Counter
BOOST KID ESSENTIALS 1.5 CAL LIQUID	3	PA OTC Over the Counter
BOOST KID ESSENTIALS 1.5/FIBER LIQUID	3	PA OTC Over the Counter
BOOST ORIGINAL LIQUID	1	PA OTC Over the Counter
BOOST PLUS LIQUID	3	PA OTC Over the Counter
BOOST SOOTHE LIQUID	3	PA OTC Over the Counter
BOOST VERY HIGH CALORIE LIQUID	3	PA OTC Over the Counter
BOOST VHC LIQUID	3	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BOOST WOMEN LIQUID	3	PA OTC Over the Counter
C-NATE DHA 28-1-200 MG CAP	1	
CARNATION BREAKFAST ESSENTIALS LIQUID	3	PA OTC Over the Counter
CARNATION BREAKFAST ESSENTIALS PACKET	3	PA OTC Over the Counter
CITRANATAL MEDLEY 27-1-200 MG CAP	3	
CLASSIC PRENATAL 28-0.8 MG TAB	1	OTC Over the Counter
COMPLEAT LIQUID	3	PA OTC Over the Counter
COMPLEAT ORGANIC BLENDS LIQUID	3	PA OTC Over the Counter
COMPLEAT PEDI ORIG PLANT-BASED LIQUID	3	PA OTC Over the Counter
COMPLEAT PEDI PEPTIDE 1.5 LIQUID	3	PA OTC Over the Counter
COMPLEAT PEDIATRIC LIQUID	3	PA OTC Over the Counter
COMPLEAT PEDIATRIC ORG BLENDS LIQUID	3	PA OTC Over the Counter
COMPLEAT PEDIATRIC PEPTIDE 1.0 LIQUID	3	PA OTC Over the Counter
COMPLEAT PEPTIDE 1.5 LIQUID	3	PA OTC Over the Counter
COMPLETE AMINO ACID MIX POWDER	1	PA OTC Over the Counter
COMPLETE NATAL DHA 29-1-200 & 200 MG MISC	1	
COMPLEX JUNIOR MSD POWDER	3	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
COMPLEX MSUD POWDER	3	PA OTC Over the Counter
CVS NUTRITIONAL SHAKE LIQUID	3	PA OTC Over the Counter
CVS PRENATAL MULTI+DHA 27-0.8-250 MG CAP	1	OTC Over the Counter
CVS PRENATAL MULTIVITAMIN 27-0.8-250 MG CAP	1	OTC Over the Counter
DECUBAMINE POWDER	3	PA OTC Over the Counter
DIABETISOURCE AC LIQUID	3	PA OTC Over the Counter
DIARESQ PACKET	3	PA OTC Over the Counter
DIARESQ CHILDRENS PACKET	3	PA OTC Over the Counter
EAA SUPPLEMENT PACKET	3	PA OTC Over the Counter
<i>effer-k 25 meq effer tab</i>	2	
ENSURE LIQUID	1	PA OTC Over the Counter
ENSURE ACTIVE HEART HEALTH LIQUID	1	PA OTC Over the Counter
ENSURE ACTIVE HIGH PROTEIN LIQUID	1	PA OTC Over the Counter
ENSURE ACTIVE LIGHT LIQUID	1	PA OTC Over the Counter
ENSURE CLEAR LIQUID	1	PA OTC Over the Counter
ENSURE COMPACT LIQUID	1	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ENSURE COMPLETE LIQUID	3	PA OTC Over the Counter
ENSURE ENLIVE LIQUID	3	PA OTC Over the Counter
ENSURE HARVEST 1.2 CAL LIQUID	3	PA OTC Over the Counter
ENSURE HIGH PROTEIN LIQUID	1	PA OTC Over the Counter
ENSURE MAX PROTEIN LIQUID	1	PA OTC Over the Counter
ENSURE MUSCLE HEALTH REVIGOR LIQUID	3	PA OTC Over the Counter
ENSURE NUTRITION SHAKE LIQUID	1	PA OTC Over the Counter
ENSURE ORIG THERAPEUTIC NUTRI LIQUID	3	PA OTC Over the Counter
ENSURE ORIGINAL LIQUID	1	PA OTC Over the Counter
ENSURE PLANT-BASED PROTEIN LIQUID	1	PA OTC Over the Counter
ENSURE PLUS LIQUID	3	PA OTC Over the Counter
ENSURE PLUS HIGH PROTEIN LIQUID	3	PA OTC Over the Counter
ENSURE PRE-SURGERY LIQUID	1	PA OTC Over the Counter
ENSURE SURGERY LIQUID	1	PA OTC Over the Counter
ENTERADE LIQUID	3	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EO28 SPLASH LIQUID	3	PA OTC Over the Counter
ESSENTIAL AMINO ACID MIX POWDER	1	PA OTC Over the Counter
FIBERSOURCE HN LIQUID	3	PA OTC Over the Counter
FLORIVA 0.25 MG CHEW TAB	3	
FLORIVA 0.25-400 MG-UNIT/ML LIQUID	3	
FLORIVA 0.5 MG CHEW TAB	3	PD Preventive Drug
FLORIVA 1 MG CHEW TAB	3	PD Preventive Drug
FLORIVA PLUS 0.25 MG/ML SOLUTION	3	PD Preventive Drug
FOLIVANE-OB 85-1 MG CAP	1	
FRUITIVITS PACKET	3	PA OTC Over the Counter
G-PREPROTEIN LIQUID	3	PA OTC Over the Counter
GA EXPRESS15 PACKET	3	PA OTC Over the Counter
GA GEL PACKET	3	PA OTC Over the Counter
GLUCERNA LIQUID	3	PA OTC Over the Counter
GLUCERNA 1.0 CAL/CARBSTEADY LIQUID	3	PA OTC Over the Counter
GLUCERNA 1.0 CAL/FIBER LIQUID	3	PA OTC Over the Counter
GLUCERNA 1.2 CAL LIQUID	3	PA OTC Over the Counter
GLUCERNA 1.5 CAL LIQUID	3	PA OTC Over the Counter

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HCU GEL PACKET	3	PA OTC Over the Counter
HCU LOPHLEX LQ LIQUID	3	PA OTC Over the Counter
HEALTHY ACCENTS NUTRA FIT LIQUID	1	PA OTC Over the Counter
HEALTHY ACCENTS NUTRA FIT PLUS LIQUID	1	PA OTC Over the Counter
HEPAMENT PACKET	3	PA OTC Over the Counter
HI-CAL LIQUID	3	PA OTC Over the Counter
HIGH-PROTEIN NUTRITIONAL SHAKE LIQUID	1	PA OTC Over the Counter
IMPACT LIQUID	3	PA OTC Over the Counter
IMPACT ADVANCED RECOVERY LIQUID	3	PA OTC Over the Counter
IMPACT PEPTIDE 1.5 LIQUID	3	PA OTC Over the Counter
IODINE STRONG 5 % SOLUTION	1	
ISOSOURCE 1.5 CAL LIQUID	3	PA OTC Over the Counter
ISOSOURCE HN LIQUID	1	PA OTC Over the Counter
JEVITY 1 CAL LIQUID	3	PA OTC Over the Counter
JEVITY 1 CAL/FIBER LIQUID	3	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
JEVITY 1.2 CAL LIQUID	3	PA OTC Over the Counter
JEVITY 1.2 CAL/FIBER LIQUID	3	PA OTC Over the Counter
JEVITY 1.5 CAL/FIBER LIQUID	3	PA OTC Over the Counter
JUVEN PACKET	3	PA OTC Over the Counter
JUVEN NUTRIVIGOR PACKET	3	PA OTC Over the Counter
JUVEN REVIGOR PACKET	3	PA OTC Over the Counter
k-prime 25 meq effer tab	2	
KATE FARMS GLUCOSE SUPPORT 1.2 LIQUID	3	PA OTC Over the Counter
KATE FARMS PED PEPTIDE 1.0 LIQUID	1	PA OTC Over the Counter
KATE FARMS PED PEPTIDE 1.5 LIQUID	1	PA OTC Over the Counter
KATE FARMS PED STANDARD 1.2 LIQUID	1	PA OTC Over the Counter
KATE FARMS PEPTIDE 1.0 LIQUID	3	PA OTC Over the Counter
KATE FARMS PEPTIDE 1.5 LIQUID	3	PA OTC Over the Counter
KATE FARMS RENAL SUPPORT 1.8 LIQUID	3	PA OTC Over the Counter
KATE FARMS STANDARD 1.0 LIQUID	3	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KATE FARMS STANDARD 1.4 LIQUID	1	PA OTC Over the Counter
KETOCAL 2.5:1 LQ MULTI FIBER LIQUID	3	PA OTC Over the Counter
KETOCAL 4:1 LIQUID	3	PA OTC Over the Counter
KETOCAL 4:1 LQ MULTI FIBER LIQUID	3	PA OTC Over the Counter
KETOCAL 4:1 LQ MULTI-FIBER LIQUID	3	PA OTC Over the Counter
<i>klor-con 10 10 meq tab er</i>	1	
<i>klor-con 20 meq packet</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>	1	
<i>klor-con m20 20 meq tab er</i>	1	
<i>klor-con/ef 25 meq effer tab</i>	2	
LANAFLEX PACKET	3	PA OTC Over the Counter
LIQUACEL LIQUID	3	PA OTC Over the Counter
LIQUACEL PUMP + GO LIQUID	3	PA OTC Over the Counter
LOPHLEX PACKET	3	PA OTC Over the Counter
LOPHLEX LQ 20 LIQUID	3	PA OTC Over the Counter
LPS SUGAR FREE LIQUID	3	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
M-NATAL PLUS 27-1 MG TAB	1	
MCT PRO-CAL PACKET	1	PA OTC Over the Counter
MMA/PA COOLER15 LIQUID	3	PA OTC Over the Counter
MMA/PA EXPRESS 15 PACKET	3	PA OTC Over the Counter
MMA/PA GEL PACKET	3	PA OTC Over the Counter
MSUD COOLER LIQUID	3	PA OTC Over the Counter
MSUD EXPRESS 15 PLUS PACKET	3	PA OTC Over the Counter
MSUD EXPRESS 20 PLUS PACKET	3	PA OTC Over the Counter
MSUD GEL PACKET	3	PA OTC Over the Counter
MSUD LOPHLEX LQ LIQUID	3	PA OTC Over the Counter
MULTI-VITAMIN/FLUORIDE 0.25 MG/ML SOLUTION	3	PD Preventive Drug
MULTI-VITAMIN/FLUORIDE 0.5 MG/ML SOLUTION	3	PD Preventive Drug
MULTIVITAMIN + FLUORIDE 0.25 MG CHEW TAB	3	OTC Over the Counter PD Preventive Drug
MULTIVITAMIN + FLUORIDE 0.5 MG CHEW TAB	3	OTC Over the Counter PD Preventive Drug
MULTIVITAMIN + FLUORIDE 1 MG CHEW TAB	3	OTC Over the Counter PD Preventive Drug
MULTIVITAMIN/FLUORIDE 0.25 MG CHEW TAB	3	OTC Over the Counter PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MULTIVITAMIN/FLUORIDE 0.25 MG/ML SOLUTION	3	OTC Over the Counter PD Preventive Drug
MULTIVITAMIN/FLUORIDE 0.5 MG CHEW TAB	3	OTC Over the Counter PD Preventive Drug
MULTIVITAMIN/FLUORIDE 0.5 MG/ML SOLUTION	3	OTC Over the Counter PD Preventive Drug
MULTIVITAMIN/FLUORIDE 1 MG CHEW TAB	3	OTC Over the Counter PD Preventive Drug
<i>nafrinse 2.2 (1 f) mg chew tab</i>	3	ACA Affordable Care Act
NEO-VITAL RX 1 MG TAB	1	
NEOCATE SPLASH LIQUID	3	PA OTC Over the Counter
NEPRO/CARBSTEADY LIQUID	3	PA OTC Over the Counter
NOVASOURCE RENAL LIQUID	3	PA OTC Over the Counter
NUTRASENTIALS POWDER	3	PA OTC Over the Counter
NUTREN 1.0 LIQUID	1	PA OTC Over the Counter
NUTREN 1.0/FIBER LIQUID	3	PA OTC Over the Counter
NUTREN 1.5 LIQUID	1	PA OTC Over the Counter
NUTREN 2.0 LIQUID	1	PA OTC Over the Counter
NUTREN JR LIQUID	1	PA OTC Over the Counter
NUTREN JR FIBER LIQUID	1	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NUTREN JUNIOR 1.0 LIQUID	1	PA OTC Over the Counter
NUTREN JUNIOR/FIBER LIQUID	1	PA OTC Over the Counter
NUTREN PULMONARY LIQUID	3	PA OTC Over the Counter
NUTRICIA PREOP PACKET	3	PA OTC Over the Counter
NUTRIHEP 1.5 CAL LIQUID	3	PA OTC Over the Counter
NUTRITIONAL DRINK LIQUID	1	PA OTC Over the Counter
NUTRITIONAL SHAKE LIQUID	3	PA OTC Over the Counter
NUTRITIONAL SHAKE COMPLETE LIQUID	3	PA OTC Over the Counter
NUTRITIONAL SHAKE PLUS LIQUID	3	PA OTC Over the Counter
NUTRITIONAL SHAKE PLUS PROTEIN LIQUID	3	PA OTC Over the Counter
OBSTETRIX DHA 29-1 & 350 MG MISC	1	OTC Over the Counter
OSMOLITE 1 CAL LIQUID	3	PA OTC Over the Counter
OSMOLITE 1.2 CAL LIQUID	3	PA OTC Over the Counter
OSMOLITE 1.5 CAL LIQUID	1	PA OTC Over the Counter
OXEPA LIQUID	3	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OXEPA 1.5 LIQUID	3	PA OTC Over the Counter
PEDIASURE LIQUID	3	PA OTC Over the Counter
PEDIASURE 1.5 CAL LIQUID	3	PA OTC Over the Counter
PEDIASURE 1.5 CAL/FIBER LIQUID	3	PA OTC Over the Counter
PEDIASURE ENTERAL 1.0 CAL LIQUID	3	PA OTC Over the Counter
PEDIASURE ENTERAL 1.0CAL/FIBER LIQUID	3	PA OTC Over the Counter
PEDIASURE GROW & GAIN LIQUID	3	PA OTC Over the Counter
PEDIASURE GROW & GAIN ORGANIC LIQUID	3	PA OTC Over the Counter
PEDIASURE GROW & GAIN/FIBER LIQUID	3	PA OTC Over the Counter
PEDIASURE HARVEST 1.0 CAL LIQUID	3	PA OTC Over the Counter
PEDIASURE PEPTIDE 1.0 CAL LIQUID	1	PA OTC Over the Counter
PEDIASURE PEPTIDE 1.5 CAL LIQUID	3	PA OTC Over the Counter
PEDIASURE REDUCED CALORIE LIQUID	3	PA OTC Over the Counter
PEDIASURE SHAKE/FIBER LIQUID	3	PA OTC Over the Counter
PEDIASURE SIDEKICKS LIQUID	3	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PEDIASURE SIDEKICKS CLEAR LIQUID	3	PA OTC Over the Counter
PEDIASURE SIDEKICKS SHAKE LIQUID	3	PA OTC Over the Counter
PEDIASURE/FIBER LIQUID	3	PA OTC Over the Counter
PEPTAMEN LIQUID	3	PA OTC Over the Counter
PEPTAMEN 1 CAL/PREBIO1 LIQUID	3	PA OTC Over the Counter
PEPTAMEN 1.5 CAL LIQUID	1	PA OTC Over the Counter
PEPTAMEN 1.5 CAL/PREBIO1 LIQUID	1	PA OTC Over the Counter
PEPTAMEN AF LIQUID	3	PA OTC Over the Counter
PEPTAMEN INTENSE VHP LIQUID	3	PA OTC Over the Counter
PEPTAMEN JUNIOR 1 CAL LIQUID	3	PA OTC Over the Counter
PEPTAMEN JUNIOR 1 CAL/PREBIO1 LIQUID	3	PA OTC Over the Counter
PEPTAMEN JUNIOR 1.5 LIQUID	3	PA OTC Over the Counter
PEPTAMEN JUNIOR 1.5 CAL LIQUID	3	PA OTC Over the Counter
PEPTAMEN JUNIOR FIBER LIQUID	1	PA OTC Over the Counter
PEPTAMEN JUNIOR HP LIQUID	3	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PEPTAMEN JUNIOR PHGG 1.2 LIQUID	3	PA OTC Over the Counter
PEPTAMEN JUNIOR/PREBIO1 LIQUID	3	PA OTC Over the Counter
PEPTAMEN/PREBIO1 LIQUID	1	PA OTC Over the Counter
PERATIVE LIQUID	3	PA OTC Over the Counter
PERATIVE 1.3 CAL LIQUID	3	PA OTC Over the Counter
PERIFLEX LQ PKU LIQUID	3	PA OTC Over the Counter
PHENYLADE POWDER	3	PA OTC Over the Counter
PHENYLADE AMINO ACID BLEND PACKET	3	PA OTC Over the Counter
PHENYLADE ESSENTIAL DRINK MIX PACKET	3	PA OTC Over the Counter
PHENYLADE ESSENTIAL MIX/FIBER PACKET	3	PA OTC Over the Counter
PHENYLADE GMP PACKET	3	PA OTC Over the Counter
PHENYLADE GMP MIX-IN PACKET	3	PA OTC Over the Counter
PHENYLADE GMP READY LIQUID	3	PA OTC Over the Counter
PHENYLADE GMP ULTRA PACKET	3	PA OTC Over the Counter
PHENYLADE MTE POWDER	3	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PHENYLADE MTE AMINO ACID BLEND PACKET	3	PA OTC Over the Counter
PHENYLADE PHEBLOC POWDER	3	PA OTC Over the Counter
PHENYLADE40 DRINK MIX PACKET	3	PA OTC Over the Counter
PHENYLADE60 DRINK MIX PACKET	3	PA OTC Over the Counter
PHLEXY-10 PACKET	3	PA OTC Over the Counter
PIVOT 1.5 CAL LIQUID	1	PA OTC Over the Counter
PKU AIR20 GOLD LIQUID	3	PA OTC Over the Counter
PKU AIR20 GREEN LIQUID	3	PA OTC Over the Counter
PKU AIR20 YELLOW LIQUID	3	PA OTC Over the Counter
PKU COOLER 10 LIQUID	3	PA OTC Over the Counter
PKU COOLER 15 LIQUID	3	PA OTC Over the Counter
PKU COOLER 20 LIQUID	3	PA OTC Over the Counter
PKU GEL PACKET	3	PA OTC Over the Counter
PKU LOPHLEX LQ 20 LIQUID	3	PA OTC Over the Counter
PKU SPHERE 15 PACKET	3	PA OTC Over the Counter

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

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PROSOURCE NO CARB LIQUID	1	PA OTC Over the Counter
PROSOURCE PLUS LIQUID	3	PA OTC Over the Counter
PROSOURCE PROTEIN LIQUID	3	PA OTC Over the Counter
PROSOURCE TF LIQUID	3	PA OTC Over the Counter
PROSOURCE ZAC LIQUID	3	PA OTC Over the Counter
PULMOCARE LIQUID	3	PA OTC Over the Counter
PULMOCARE 1.5 LIQUID	3	PA OTC Over the Counter
QUFLORA GUMMIES 0.125 MG CHEW TAB	3	
QUFLORA PEDIATRIC 0.25 MG CHEW TAB	3	PD Preventive Drug
QUFLORA PEDIATRIC 0.25 MG/ML SOLUTION	3	PD Preventive Drug
QUFLORA PEDIATRIC 0.5 MG CHEW TAB	3	PD Preventive Drug
QUFLORA PEDIATRIC 0.5 MG/ML SOLUTION	3	PD Preventive Drug
QUFLORA PEDIATRIC 1 MG CHEW TAB	3	PD Preventive Drug
RA PRENATAL 28-0.8 MG TAB	1	OTC Over the Counter
RELNATE DHA 28-1-200 MG CAP	1	
RENALCAL LIQUID	3	PA OTC Over the Counter
RENASTEP LIQUID	3	PA OTC Over the Counter
REPLETE LIQUID	1	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
REPLETE FIBER LIQUID	1	PA OTC Over the Counter
REPLETE FIBER 1 CAL LIQUID	3	PA OTC Over the Counter
RESOURCE 2.0 LIQUID	1	PA OTC Over the Counter
S.O.S. 20 PACKET	3	PA OTC Over the Counter
S.O.S. 25 PACKET	3	PA OTC Over the Counter
SE-NATAL 19 29-1 MG CHEW TAB	1	
SE-NATAL 19 29-1 MG TAB	1	
<i>sodium fluoride 0.5 mg/ml solution</i>	3	OTC Over the Counter ACA Affordable Care Act
<i>sodium fluoride 0.55 (0.25 f) mg chew tab</i>	3	ACA Affordable Care Act
<i>sodium fluoride 1.1 (0.5 f) mg chew tab</i>	3	ACA Affordable Care Act
SODIUM FLUORIDE 1.1 (0.5 F) MG/ML SOLUTION	3	ACA Affordable Care Act
<i>sodium fluoride 2.2 (1 f) mg chew tab</i>	3	ACA Affordable Care Act
SUPLENA 1.8/CARBSTEADY LIQUID	3	PA OTC Over the Counter
SUPLENA/CARB STEADY LIQUID	3	PA OTC Over the Counter
TARON-C DHA 35-1 MG CAP	1	
TOLEREX PACKET	3	PA OTC Over the Counter
TRINATAL RX 1 60-1 MG TAB	1	
TRINATE TAB	1	
TWOCAL HN LIQUID	3	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TWOCAL HN 2.0 LIQUID	3	PA OTC Over the Counter
TYR COOLER LIQUID	3	PA OTC Over the Counter
TYR GEL PACKET	3	PA OTC Over the Counter
TYR LOPHLEX GMP MIX-IN PACKET	3	PA OTC Over the Counter
TYR LOPHLEX LQ LIQUID	3	PA OTC Over the Counter
ULTRIENT 1.5 SAFE-T FEED LIQUID	3	PA OTC Over the Counter
UTYMAX PACKET	3	PA OTC Over the Counter
VINATE ONE 60-1 MG TAB	1	
VIRT-NATE DHA 28-1-200 MG CAP	1	
VIRT-PN DHA 27-0.6-0.4-300 MG CAP	1	
VITAFOL-OB TAB	1	
VITAL 1.0 CAL LIQUID	3	PA OTC Over the Counter
VITAL 1.5 CAL LIQUID	3	PA OTC Over the Counter
VITAL AF 1.2 CAL LIQUID	3	PA OTC Over the Counter
VITAL AF 1.2 CAL ADV FORMULA LIQUID	3	PA OTC Over the Counter
VITAL HIGH PROTEIN LIQUID	3	PA OTC Over the Counter
VITAL HP 1.0 CAL LIQUID	3	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VITAL PEPTIDE 1.5 CAL LIQUID	3	PA OTC Over the Counter
VIVA DHA 28-1-200 MG CAP	1	
VIVONEX PEDIATRIC PACKET	3	PA OTC Over the Counter
VIVONEX PLUS PACKET	3	PA OTC Over the Counter
VIVONEX RTF LIQUID	1	PA OTC Over the Counter
VIVONEX T.E.N. PACKET	3	PA OTC Over the Counter
WESCAP-C DHA 53.5-38-1 MG CAP	1	
WESCAP-PN DHA 27-0.6-0.4-300 MG CAP	1	
WESNATAL DHA COMPLETE 29-1-200 & 200 MG MISC	1	
WESNATE DHA 28-1-200 MG CAP	1	
WESTAB PLUS 27-1 MG TAB	1	
XPHE MAXAMUM PACKET	3	PA OTC Over the Counter
XTRACAL PLUS LIQUID	3	PA OTC Over the Counter
ELECTROLYTE/MINERAL/METAL MODIFIERS		
CHEMET 100 MG CAP	3	
<i>deferasirox 125 mg tab sol</i>	1	SP Specialty
<i>deferasirox 180 mg tab</i>	1	SP Specialty
<i>deferasirox 250 mg tab sol</i>	1	SP Specialty
<i>deferasirox 360 mg tab</i>	1	SP Specialty
<i>deferasirox 500 mg tab sol</i>	1	SP Specialty
<i>deferasirox 90 mg tab</i>	1	SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
JYNARQUE 15 MG TAB	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
JYNARQUE 15 MG TAB THPK	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA SP Specialty
JYNARQUE 30 & 15 MG TAB THPK	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA SP Specialty
JYNARQUE 30 MG TAB	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
JYNARQUE 45 & 15 MG TAB THPK	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA SP Specialty
JYNARQUE 60 & 30 MG TAB THPK	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA SP Specialty
JYNARQUE 90 & 30 MG TAB THPK	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA SP Specialty
<i>penicillamine 250 mg tab</i>	3	<ul style="list-style-type: none"> SP Specialty
<i>tolvaptan 15 mg tab</i>	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS QLC 30 / 274 DAYS SP Specialty
<i>tolvaptan 30 mg tab</i>	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS QLC 30 / 274 DAYS SP Specialty
<i>trientine hcl 250 mg cap</i>	3	<ul style="list-style-type: none"> PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRIENTINE HCL 500 MG CAP	3	<ul style="list-style-type: none"> QL 4 / 1 DAYS 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	
<i>lanthanum carbonate 1000 mg chew tab</i>	3	QL 4 / 1 DAYS
<i>lanthanum carbonate 500 mg chew tab</i>	3	QL 3 / 1 DAYS
<i>lanthanum carbonate 750 mg chew tab</i>	3	QL 6 / 1 DAYS
<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	
VELPHORO 500 MG CHEW TAB	3	QL 4 / 1 DAYS
POTASSIUM BINDERS		
<i>kionex 15 gm/60ml suspension</i>	1	
LOKELMA 10 GM PACKET	2	QL 1.14 / 1 DAYS
LOKELMA 5 GM PACKET	2	QL 3.2 / 1 DAYS
<i>sodium polystyrene sulfonate powder</i>	1	
<i>sps (sodium polystyrene sulf) 15 gm/60ml suspension</i>	1	
SPS (SODIUM POLYSTYRENE SULF) 30 GM/120ML SUSPENSION	1	
VELTASSA 16.8 GM PACKET	2	
VELTASSA 25.2 GM PACKET	2	
VELTASSA 8.4 GM PACKET	2	
VITAMINS		
ACTICARNITINE SF 1 GM/10ML SOLUTION	3	<ul style="list-style-type: none"> PA OTC Over the Counter
AIRBORNE+EVERYDAY STRESS AWAY PACKET	3	<ul style="list-style-type: none"> PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AIRBORNE+NATURAL ENERGY LIQUID	3	PA OTC Over the Counter
ARGININE 500 MG PACKET	3	PA OTC Over the Counter
ARGININE2000 2000 MG PACKET	3	PA OTC Over the Counter
ARGININE500 500 MG PACKET	3	PA OTC Over the Counter
b complex formula 1 (lipotrop) tab	1	OTC Over the Counter
B COMPLEX-C-BIOTIN-E-FA 0.4 MG TAB	1	OTC Over the Counter
b-complex balanced tab	1	OTC Over the Counter
b-complex-c tab	1	OTC Over the Counter
b-complex-c (w/folic acid) tab	1	OTC Over the Counter
b-complex/vitamin c tab	1	OTC Over the Counter
<i>balance b-100 tab</i>	1	OTC Over the Counter
<i>balance b-50 tab</i>	1	OTC Over the Counter
BENEPROTEIN PACKET	1	PA OTC Over the Counter
BENEPROTEIN POWDER	3	PA OTC Over the Counter
BOOST PUDDING PUDDING	3	PA OTC Over the Counter
CITRULLINE 1000 1 GM PACKET	3	PA OTC Over the Counter
CITRULLINE1000 1 GM PACKET	3	PA OTC Over the Counter
CITRULLINE200 200 MG PACKET	3	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
COENZYME Q10 30 MG/5ML LIQUID	3	PA OTC Over the Counter
CREATINE5000 5000 MG PACKET	3	PA OTC Over the Counter
<i>cv's folic acid 800 mcg tab</i>	1	QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act
<i>cv's live better gripe water liquid</i>	3	PA OTC Over the Counter
CVS WHEY PROTEIN POWDER	3	PA OTC Over the Counter
<i>cyanocobalamin 1000 mcg/ml solution</i>	1	
CYSTINE 500 MG PACKET	3	PA OTC Over the Counter
CYSTINE500 500 MG PACKET	3	PA OTC Over the Counter
CYTO CARN POWDER	3	PA OTC Over the Counter
CYTO RALA 800 MG/GM POWDER	3	PA OTC Over the Counter
CYTO-Q MAX 100 MG/ML LIQUID	1	PA OTC Over the Counter
CYTO-Q T/F 80 MG/10ML LIQUID	3	PA OTC Over the Counter
CYTOLLINE POWDER	1	PA OTC Over the Counter
CYTOTINE 1.5 GM/15ML LIQUID	3	PA OTC Over the Counter
<i>dialyvite 800 0.8 mg tab</i>	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>dodex 1000 mcg/ml solution</i>	1	
DOJOLVI 100 % LIQUID	3	<ul style="list-style-type: none"> QL 16.67 / 1 DAYS PA SP Specialty
ENSURE HIGH PROTEIN PUDDING	3	<ul style="list-style-type: none"> PA OTC Over the Counter
ENSURE PUDDING PUDDING	3	<ul style="list-style-type: none"> PA OTC Over the Counter
<i>folate 400 mcg tab</i>	1	<ul style="list-style-type: none"> QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act
<i>folic acid 1 mg tab</i>	1	<ul style="list-style-type: none"> RX4L Rx4Less Program
<i>folic acid 400 mcg tab</i>	1	<ul style="list-style-type: none"> QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act
<i>folic acid 5 mg/ml solution</i>	1	
<i>folic acid 800 mcg tab</i>	1	<ul style="list-style-type: none"> QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act
<i>ft folic acid 400 mcg tab</i>	1	<ul style="list-style-type: none"> QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act
<i>ft folic acid 800 mcg tab</i>	1	<ul style="list-style-type: none"> QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act
<i>full spectrum b/vitamin c 0.8 mg tab</i>	1	<ul style="list-style-type: none"> OTC Over the Counter
g-levocarnitine s/f 1 gm/10ml solution	3	<ul style="list-style-type: none"> PA OTC Over the Counter
GLUTASOLVE 15 GM PACKET	3	<ul style="list-style-type: none"> PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GLYCINE POWDER	3	PA OTC Over the Counter
<i>glycine powder</i>	3	PA OTC Over the Counter
GLYCINE500 500 MG PACKET	3	PA OTC Over the Counter
<i>glymax powder</i>	3	PA OTC Over the Counter
<i>gnp folic acid 400 mcg tab</i>	1	QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act
<i>gripe water liquid</i>	3	PA OTC Over the Counter
<i>hm folic acid 400 mcg tab</i>	1	QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act
ISOLEUCINE 1000 1 GM PACKET	3	PA OTC Over the Counter
ISOLEUCINE 50 MG PACKET	3	PA OTC Over the Counter
ISOLEUCINE1000 1 GM PACKET	3	PA OTC Over the Counter
<i>kobee tab</i>	1	OTC Over the Counter
<i>kp folic acid 800 mcg tab</i>	1	QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act
LEUCINE 100 MG PACKET	3	PA OTC Over the Counter
LEUCINE100 100 MG PACKET	3	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LEVOCARNITINE (DIETARY) 1 GM/10ML SOLUTION	3	PA OTC Over the Counter
<i>levocarnitine (dietary) 1 gm/10ml solution</i>	3	PA OTC Over the Counter
METHIONINE 100 MG PACKET	3	PA OTC Over the Counter
METHIONINE100 100 MG PACKET	3	PA OTC Over the Counter
NEOKE ALCAR POWDER	3	PA
NUTRA/PRO STRAWBERRY PACKET	3	PA OTC Over the Counter
NUTRA/PRO VANILLA PACKET	3	PA OTC Over the Counter
OVASITOL 2000-50 MG PACKET	3	PA OTC Over the Counter
PHENYLALANINE 50 MG PACKET	3	PA OTC Over the Counter
PHENYLALANINE50 50 MG PACKET	3	PA OTC Over the Counter
PREGNITUDE 2000-200 MG-MCG PACKET	3	PA OTC Over the Counter
PRENA1 1.4 MG CHEW TAB	1	
<i>pro-stat liquid</i>	3	PA OTC Over the Counter
<i>pro-stat 64 liquid</i>	3	PA OTC Over the Counter
<i>pro-stat awc liquid</i>	1	PA OTC Over the Counter
<i>pro-stat max liquid</i>	3	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>pro-stat renal care liquid</i>	3	PA OTC Over the Counter
<i>pro-stat sugar free liquid</i>	3	PA OTC Over the Counter
PROCEL PACKET	1	PA OTC Over the Counter
PROCEL POWDER	1	PA OTC Over the Counter
PROSOURCE PACKET	3	PA OTC Over the Counter
PROSOURCE PROTEIN PACKET	3	PA OTC Over the Counter
PROSOURCE PROTEIN POWDER	1	PA OTC Over the Counter
PROSOURCE TF20 ENFIT COMPATIBL LIQUID	3	PA OTC Over the Counter
PROSYNMINIC POWDER	3	PA OTC Over the Counter
PROTEIN POWDER	1	PA OTC Over the Counter
PROTEIN 80 % POWDER	1	PA OTC Over the Counter
PROTEINEX LIQUID	3	PA OTC Over the Counter
PROTEINEX P100 LIQUID	3	PA OTC Over the Counter
PROTEINEX P18 LIQUID	3	PA OTC Over the Counter
PROTEINEX-18 LIQUID	3	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PROXEED PLUS PACKET	3	PA OTC Over the Counter
PURE L-CITRULLINE POWDER	1	PA OTC Over the Counter
<i>px folic acid 400 mcg tab</i>	1	QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act
PYRIDOXINE HCL 100 MG/ML SOLUTION	1	
<i>qc folic acid 800 mcg tab</i>	1	QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act
<i>ra balanced b-100 tab</i>	1	OTC Over the Counter
<i>ra folic acid 400 mcg tab</i>	1	QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act
<i>ra folic acid 800 mcg tab</i>	1	QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act
<i>rena-vite tab</i>	1	OTC Over the Counter
RENAMENT PACKET	3	PA OTC Over the Counter
RENAMENT POWDER	3	PA OTC Over the Counter
<i>sm folic acid 400 mcg tab</i>	1	QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act
<i>stress formula/iron tab</i>	1	OTC Over the Counter
<i>super b complex/fa/vit c tab</i>	1	OTC Over the Counter
<i>super b-complex/vit c/fa tab</i>	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>super quints b-50 tab</i>	1	OTC Over the Counter
TRI-VI-FLOR 0.25 MG/ML SUSPENSION	3	PD Preventive Drug
TRI-VI-FLOR 0.5 MG/ML SUSPENSION	3	PD Preventive Drug
TRI-VI-FLORO 0.25 MG/ML SUSPENSION	3	PD Preventive Drug
TRI-VI-FLORO 0.5 MG/ML SUSPENSION	3	PD Preventive Drug
TRI-VITE/FLUORIDE 0.25 MG/ML SOLUTION	3	PD Preventive Drug
TRI-VITE/FLUORIDE 0.5 MG/ML SOLUTION	3	PD Preventive Drug
<i>true folic acid 400 mcg tab</i>	1	QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act
TYROSINE 1000 MG PACKET	3	PA OTC Over the Counter
TYROSINE1000 1000 MG PACKET	3	PA OTC Over the Counter
UNJURY POWDER	3	PA OTC Over the Counter
UTI-STAT LIQUID	3	PA OTC Over the Counter
VALINE 1000 1 GM PACKET	3	PA OTC Over the Counter
VALINE 50 MG PACKET	3	PA OTC Over the Counter
VALINE1000 1 GM PACKET	3	PA OTC Over the Counter
VITAMENT PACKET	3	PA OTC Over the Counter
VITAMINS ACD-FLUORIDE 0.25 MG/ML SOLUTION	3	PD Preventive Drug
VITAMINS ACD-FLUORIDE 0.5 MG/ML SOLUTION	3	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
WHEY PROTEIN POWDER	3	PA OTC Over the Counter
WHEY PROTEIN CONCENTRATE POWDER	3	PA OTC Over the Counter
<i>yl folic acid 400 mcg tab</i>	1	QL 1 / 1 DAYS OTC Over the Counter ACA Affordable Care Act
GASTROINTESTINAL AGENTS		
ANTI-CONSTIPATION AGENTS		
<i>bisacodyl 5 mg tab dr</i>	1	OTC Over the Counter ACA Affordable Care Act
<i>bisacodyl ec 5 mg tab dr</i>	1	OTC Over the Counter ACA Affordable Care Act
<i>citroma 1.745 gm/30ml solution</i>	1	OTC Over the Counter ACA Affordable Care Act
<i>clearlax 17 gm/scoop powder</i>	1	OTC Over the Counter ACA Affordable Care Act
CLENPIQ 10-3.5-12 MG-GM -GM/175ML SOLUTION	2	
<i>constulose 10 gm/15ml solution</i>	1	
<i>cvs gentle laxative 5 mg tab dr</i>	1	OTC Over the Counter ACA Affordable Care Act
<i>cvs gentle laxative womens 5 mg tab dr</i>	1	OTC Over the Counter ACA Affordable Care Act
<i>cvs magnesium citrate 1.745 gm/30ml solution</i>	1	OTC Over the Counter ACA Affordable Care Act
<i>cvs milk of magnesia 1200 mg/15ml suspension</i>	1	OTC Over the Counter
<i>cvs purelax 17 gm/scoop powder</i>	1	OTC Over the Counter ACA Affordable Care Act
<i>enulose 10 gm/15ml solution</i>	1	

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>gnp magnesium citrate 1.745 gm/30ml solution</i>	1	OTC Over the Counter ACA Affordable Care Act
<i>gnp milk of magnesia 1200 mg/15ml suspension</i>	1	OTC Over the Counter
<i>gnp womens gentle laxative 5 mg tab dr</i>	1	OTC Over the Counter ACA Affordable Care Act
<i>goodsense bisacodyl laxative 5 mg tab dr</i>	1	OTC Over the Counter ACA Affordable Care Act
<i>goodsense clearlax 17 gm/scoop powder</i>	1	OTC Over the Counter ACA Affordable Care Act
<i>goodsense magnesium citrate 1.745 gm/30ml solution</i>	1	OTC Over the Counter ACA Affordable Care Act
<i>goodsense milk of magnesia 1200 mg/15ml suspension</i>	1	OTC Over the Counter
<i>hm clearlax 17 gm/scoop powder</i>	1	OTC Over the Counter ACA Affordable Care Act
<i>hm laxative 5 mg tab dr</i>	1	OTC Over the Counter ACA Affordable Care Act
<i>hm milk of magnesia 1200 mg/15ml suspension</i>	1	OTC Over the Counter
KRISTALOSE 10 GM PACKET	3	QL 1 / 1 DAYS PA
KRISTALOSE 20 GM PACKET	3	PA
LACTULOSE 10 GM PACKET	1	QL 1 / 1 DAYS PA
<i>lactulose 10 gm/15ml solution</i>	1	
LACTULOSE 20 GM PACKET	3	PA
<i>lactulose 20 gm/30ml solution</i>	1	
<i>lactulose encephalopathy 10 gm/15ml solution</i>	1	
LINZESS 145 MCG CAP	2	QL 1 / 1 DAYS
LINZESS 290 MCG CAP	2	QL 1 / 1 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LINZESS 72 MCG CAP	2	QL 1 / 1 DAYS
<i>lubiprostone 24 mcg cap</i>	1	QL 2 / 1 DAYS
<i>lubiprostone 8 mcg cap</i>	1	QL 2 / 1 DAYS
<i>magnesium citrate 1.745 gm/30ml solution</i>	1	OTC Over the Counter ACA Affordable Care Act
<i>milk of magnesia 1200 mg/15ml suspension</i>	1	OTC Over the Counter
<i>milk of magnesia 2400 mg/30ml suspension</i>	1	OTC Over the Counter
<i>milk of magnesia 400 mg/5ml suspension</i>	1	OTC Over the Counter
<i>milk of magnesia 7.75 % suspension</i>	1	OTC Over the Counter
MILK OF MAGNESIA CONCENTRATE 2400 MG/10ML SUSPENSION	1	OTC Over the Counter
MOVANTIK 12.5 MG TAB	2	QL 1 / 1 DAYS
MOVANTIK 25 MG TAB	2	QL 1 / 1 DAYS
<i>na sulfate-k sulfate-mg sulf 17.5-3.13-1.6 gm/177ml solution</i>	1	ACA Affordable Care Act
<i>onelax magnesium citrate 1.745 gm/30ml solution</i>	1	OTC Over the Counter ACA Affordable Care Act
<i>peg 3350 17 gm/scoop powder</i>	1	OTC Over the Counter ACA Affordable Care Act
<i>peg 3350-kcl-na bicarb-nacl 420 gm recon soln</i>	1	ACA Affordable Care Act
<i>peg-3350/electrolytes/ascorbat 100 gm recon soln</i>	1	QL 0.04 / 1 DAYS ACA Affordable Care Act
<i>peg-kcl-nacl-nasulf-na asc-c 100 gm recon soln</i>	1	QL 0.04 / 1 DAYS ACA Affordable Care Act
PEG-PREP 5-210 MG-GM KIT	1	
<i>polyethylene glycol 3350 17 gm/scoop powder</i>	1	OTC Over the Counter ACA Affordable Care Act
<i>prucalopride succinate 1 mg tab</i>	1	QL 1 / 1 DAYS
<i>prucalopride succinate 2 mg tab</i>	1	QL 1 / 1 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>px laxative 5 mg tab dr</i>	1	OTC Over the Counter ACA Affordable Care Act
<i>px milk of magnesia 1200 mg/15ml suspension</i>	1	OTC Over the Counter
<i>qc magnesium citrate 1.745 gm/30ml solution</i>	1	OTC Over the Counter ACA Affordable Care Act
<i>qc milk of magnesia 400 mg/5ml suspension</i>	1	OTC Over the Counter
<i>qc natura-lax 17 gm/scoop powder</i>	1	OTC Over the Counter ACA Affordable Care Act
<i>ra laxative 17 gm/scoop powder</i>	1	OTC Over the Counter ACA Affordable Care Act
<i>ra laxative 5 mg tab dr</i>	1	OTC Over the Counter ACA Affordable Care Act
<i>ra milk of magnesia 400 mg/5ml suspension</i>	1	OTC Over the Counter
<i>sm clearlax 17 gm/scoop powder</i>	1	OTC Over the Counter ACA Affordable Care Act
<i>sm gentle laxative 5 mg tab dr</i>	1	OTC Over the Counter ACA Affordable Care Act
<i>sm milk of magnesia 1200 mg/15ml suspension</i>	1	OTC Over the Counter
<i>smooth lax 17 gm/scoop powder</i>	1	OTC Over the Counter ACA Affordable Care Act
<i>true laxative 17 gm/scoop powder</i>	1	OTC Over the Counter ACA Affordable Care Act
TRULANCE 3 MG TAB	2	QL 1 / 1 DAYS
ANTI-DIARRHEAL AGENTS		
<i>alosetron hcl 0.5 mg tab</i>	3	QL 2 / 1 DAYS
<i>alosetron hcl 1 mg tab</i>	3	QL 2 / 1 DAYS
<i>diphenoxylate-atropine 2.5-0.025 mg tab</i>	1	
DIPHENOXYLATE-ATROPINE 2.5-0.025 MG/5ML LIQUID	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MYTESI 125 MG TAB DR	3	QL 2 / 1 DAYS PA
XERMELO 250 MG TAB	3	QL 3 / 1 DAYS PA SP Specialty
ANTISPASMODICS, GASTROINTESTINAL		
DARTISLA ODT 1.7 MG TAB DISP	3	QL 4 / 1 DAYS PA
<i>dicyclomine hcl 10 mg cap</i>	1	
<i>dicyclomine hcl 10 mg/5ml solution</i>	1	
<i>dicyclomine hcl 20 mg tab</i>	1	
GLYCATE 1.5 MG TAB	3	QL 5 / 1 DAYS PA
<i>glycopyrrolate 1 mg tab</i>	1	
<i>glycopyrrolate 1 mg/5ml solution</i>	3	QL 45 / 1 DAYS PA
GLYCOPYRROLATE 1.5 MG TAB	1	QL 5 / 1 DAYS PA
<i>glycopyrrolate 2 mg tab</i>	1	
<i>hyoscyamine sulfate 0.125 mg sl tab</i>	1	
<i>hyoscyamine sulfate 0.125 mg tab</i>	1	
<i>hyoscyamine sulfate 0.125 mg tab disp</i>	1	
<i>hyoscyamine sulfate 0.125 mg/5ml elixir</i>	1	
<i>hyoscyamine sulfate 0.125 mg/ml solution</i>	1	
<i>hyoscyamine sulfate er 0.375 mg tab er 12h</i>	1	
<i>hyosyne 0.125 mg/5ml elixir</i>	1	
<i>hyosyne 0.125 mg/ml solution</i>	1	
<i>methscopolamine bromide 2.5 mg tab</i>	1	
<i>methscopolamine bromide 5 mg tab</i>	1	
<i>oscimin 0.125 mg sl tab</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>oscimin 0.125 mg tab</i>	1	
<i>pb-hyoscy-atropine-scopolamine 16.2 mg tab</i>	1	
GASTROINTESTINAL AGENTS, OTHER		
<i>alvimopan 12 mg cap</i>	1	
AMOXICILL-CLARITHRO-LANSOPRAZ 500 & 500 & 30 MG THER PACK	2	
<i>cromolyn sodium 100 mg/5ml conc</i>	1	PD Preventive Drug
GATTEX 5 MG KIT	3	QL 2 / 1 DAYS PA SP Specialty
GAVILYTE-C 240 GM RECON SOLN	1	ACA Affordable Care Act
<i>gavilyte-g 236 gm recon soln</i>	1	ACA Affordable Care Act
HUMATROPE 12 MG CARTRIDGE	3	PA SP Specialty
HUMATROPE 24 MG CARTRIDGE	3	PA SP Specialty
HUMATROPE 6 MG CARTRIDGE	3	PA SP Specialty
IMCIVREE 10 MG/ML SOLUTION	3	QL 0.3 / 1 DAYS PA SP Specialty
LIVMARLI 19 MG/ML SOLUTION	3	QL 1 / 1 DAYS PA SP Specialty
LIVMARLI 9.5 MG/ML SOLUTION	3	QL 1 / 1 DAYS PA SP Specialty
OCALIVA 10 MG TAB	3	QL 1 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OCALIVA 5 MG TAB	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
OMNITROPE 10 MG/1.5ML SOLN CART	2	<ul style="list-style-type: none"> PA SP Specialty
<i>opium 10 mg/ml (1%) tincture</i>	1	
ORLISTAT 120 MG CAP	3	<ul style="list-style-type: none"> QL 3 / 1 DAYS PA
<i>peg-3350/electrolytes 236 gm recon soln</i>	1	ACA Affordable Care Act
RE:IIMMUNE PACKET	3	<ul style="list-style-type: none"> PA OTC Over the Counter
RELTONE 200 MG CAP	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA
RELTONE 400 MG CAP	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA
URSODIOL 200 MG CAP	1	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA
<i>ursodiol 250 mg tab</i>	1	
<i>ursodiol 300 mg cap</i>	1	
URSODIOL 400 MG CAP	1	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA
<i>ursodiol 500 mg tab</i>	1	
XENICAL 120 MG CAP	3	<ul style="list-style-type: none"> QL 3 / 1 DAYS PA
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS		
CIMETIDINE HCL 300 MG/5ML SOLUTION	3	
<i>cimetidine hcl 300 mg/5ml solution</i>	3	
<i>famotidine 40 mg/5ml recon susp</i>	3	
<i>nizatidine 150 mg cap</i>	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NIZATIDINE 300 MG CAP	3	
PROTECTANTS		
<i>misoprostol 100 mcg tab</i>	1	
<i>misoprostol 200 mcg tab</i>	1	
<i>sucralfate 1 gm tab</i>	1	
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium 20 mg cap dr</i>	1	QL 2 / 1 DAYS
<i>esomeprazole magnesium 40 mg cap dr</i>	2	QL 2 / 1 DAYS
FIRST-LANSOPRAZOLE 3 MG/ML SUSPENSION	3	
<i>lansoprazole 15 mg tab dr disp</i>	2	QL 2 / 1 DAYS
<i>lansoprazole 30 mg cap dr</i>	2	QL 2 / 1 DAYS
<i>lansoprazole 30 mg tab dr disp</i>	2	QL 2 / 1 DAYS
<i>omeprazole 10 mg cap dr</i>	2	QL 2 / 1 DAYS
<i>omeprazole 20 mg cap dr</i>	2	QL 4 / 1 DAYS
<i>omeprazole 40 mg cap dr</i>	2	QL 2 / 1 DAYS
OMEPRAZOLE+SYRSPEND SF ALKA 2 MG/ML SUSPENSION	3	
<i>pantoprazole sodium 20 mg tab dr</i>	2	QL 2 / 1 DAYS
<i>pantoprazole sodium 40 mg tab dr</i>	2	QL 2 / 1 DAYS
<i>rabeprazole sodium 20 mg tab dr</i>	3	QL 2 / 1 DAYS
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
AGAMREE 40 MG/ML SUSPENSION	3	QL 3.34 / 1 DAYS PA
AQNEURSA 1 GM PACKET	3	QL 4 / 1 DAYS PA SP Specialty
<i>betaine powder</i>	3	
<i>carglumic acid 200 mg tab sol</i>	1	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CERDELGA 84 MG CAP	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA SP Specialty
CHOLBAM 250 MG CAP	3	<ul style="list-style-type: none"> QL 3 / 1 DAYS PA
CHOLBAM 50 MG CAP	3	<ul style="list-style-type: none"> QL 4 / 1 DAYS PA
CREON 12000-38000 UNIT CP DR PART	2	
CREON 24000-76000 UNIT CP DR PART	2	
CREON 3000-9500 UNIT CP DR PART	2	
CREON 36000-114000 UNIT CP DR PART	2	
CREON 6000-19000 UNIT CP DR PART	2	
CYSTADROPS 0.37 % SOLUTION	3	<ul style="list-style-type: none"> QL 0.72 / 1 DAYS PA
CYSTAGON 150 MG CAP	3	<ul style="list-style-type: none"> SP Specialty
CYSTAGON 50 MG CAP	3	<ul style="list-style-type: none"> SP Specialty
CYSTARAN 0.44 % SOLUTION	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA
DAYBUE 200 MG/ML SOLUTION	3	<ul style="list-style-type: none"> QL 16.08 / 1 DAYS PA SP Specialty
<i>dichlorphenamide 50 mg tab</i>	1	<ul style="list-style-type: none"> PA SP Specialty
DUVYZAT 8.86 MG/ML SUSPENSION	3	<ul style="list-style-type: none"> QL 4.67 / 1 DAYS PA SP Specialty
EVRYSDI 0.75 MG/ML RECON SOLN	3	<ul style="list-style-type: none"> QL 2.67 / 1 DAYS PA SP Specialty
FABRAZYME 35 MG RECON SOLN	3	<ul style="list-style-type: none"> PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FABRAZYME 5 MG RECON SOLN	3	PA SP Specialty
GALAFOLD 123 MG CAP	3	QL 0.5 / 1 DAYS PA SP Specialty
<i>javygtor 100 mg packet</i>	3	PA SP Specialty
<i>javygtor 100 mg tab</i>	3	PA SP Specialty
<i>javygtor 500 mg packet</i>	3	PA SP Specialty
JOENJA 70 MG TAB	3	QL 2 / 1 DAYS PA SP Specialty
l-glutamine 5 gm packet	3	QL 2 / 1 DAYS PA SP Specialty
<i>levocarnitine 1 gm/10ml solution</i>	1	
<i>levocarnitine 330 mg tab</i>	1	
<i>levocarnitine sf 1 gm/10ml solution</i>	1	
<i>miglustat 100 mg cap</i>	3	QL 3 / 1 DAYS PA SP Specialty
MIPLYFFA 124 MG CAP	3	QL 3 / 1 DAYS PA SP Specialty
MIPLYFFA 47 MG CAP	3	QL 3 / 1 DAYS PA SP Specialty
MIPLYFFA 62 MG CAP	3	QL 3 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MIPLYFFA 93 MG CAP	3	<ul style="list-style-type: none"> QL 3 / 1 DAYS PA SP Specialty
MYALEPT 11.3 MG RECON SOLN	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
<i>nitisinone 10 mg cap</i>	3	<ul style="list-style-type: none"> PA SP Specialty
<i>nitisinone 2 mg cap</i>	3	<ul style="list-style-type: none"> PA SP Specialty
<i>nitisinone 20 mg cap</i>	3	<ul style="list-style-type: none"> PA SP Specialty
<i>nitisinone 5 mg cap</i>	3	<ul style="list-style-type: none"> PA SP Specialty
NITYR 10 MG TAB	3	<ul style="list-style-type: none"> PA SP Specialty
NITYR 2 MG TAB	3	<ul style="list-style-type: none"> PA SP Specialty
NITYR 5 MG TAB	3	<ul style="list-style-type: none"> PA SP Specialty
OLPRUVA (2 GM DOSE) 2 GM THER PACK	3	<ul style="list-style-type: none"> QL 6 / 1 DAYS PA SP Specialty
OLPRUVA (3 GM DOSE) 3 GM THER PACK	3	<ul style="list-style-type: none"> QL 6 / 1 DAYS PA SP Specialty
OLPRUVA (4 GM DOSE) 2 & 2 GM THER PACK	3	<ul style="list-style-type: none"> QL 9 / 1 DAYS PA SP Specialty
OLPRUVA (5 GM DOSE) 2 & 3 GM THER PACK	3	<ul style="list-style-type: none"> QL 9 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OLPRUVA (6 GM DOSE) 3 & 3 GM THER PACK	3	<ul style="list-style-type: none"> QL 9 / 1 DAYS PA SP Specialty
OLPRUVA (6.67 GM DOSE) 3 & 3.67 GM THER PACK	3	<ul style="list-style-type: none"> QL 9 / 1 DAYS PA SP Specialty
OPFOLDA 65 MG CAP	3	<ul style="list-style-type: none"> QL 0.29 / 1 DAYS SP Specialty
ORFADIN 4 MG/ML SUSPENSION	3	<ul style="list-style-type: none"> PA SP Specialty
<i>ormalvi 50 mg tab</i>	1	<ul style="list-style-type: none"> QL 4 / 1 DAYS PA SP Specialty
PALYNZIQ 10 MG/0.5ML SOLN PRSYR	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
PALYNZIQ 2.5 MG/0.5ML SOLN PRSYR	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
PALYNZIQ 20 MG/ML SOLN PRSYR	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
PHEBURANE 483 MG/GM PELLETT	3	<ul style="list-style-type: none"> ST
PROCYSBI 25 MG CAP DR	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA SP Specialty
PROCYSBI 300 MG PACKET	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA SP Specialty
PROCYSBI 75 MG CAP DR	3	<ul style="list-style-type: none"> QL 6 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PROCYSBI 75 MG PACKET	3	<ul style="list-style-type: none"> QL 6 / 1 DAYS PA SP Specialty
PYRUKYND 20 MG TAB	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA
PYRUKYND 5 MG TAB	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA
PYRUKYND 50 MG TAB	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA
RAVICTI 1.1 GM/ML LIQUID	3	<ul style="list-style-type: none"> QL 17.5 / 1 DAYS PA SP Specialty
REVCOVI 2.4 MG/1.5ML SOLUTION	3	<ul style="list-style-type: none"> PA SP Specialty
RIVFLOZA 128 MG/0.8ML SOLN PRSYR	3	<ul style="list-style-type: none"> QL 0.027 / 1 DAYS PA SP Specialty
RIVFLOZA 160 MG/ML SOLN PRSYR	3	<ul style="list-style-type: none"> QL 0.034 / 1 DAYS PA SP Specialty
RIVFLOZA 80 MG/0.5ML SOLUTION	3	<ul style="list-style-type: none"> QL 0.034 / 1 DAYS PA SP Specialty
RYPLAZIM 68.8 MG RECON SOLN	3	<ul style="list-style-type: none"> QL 0.04 / 1 DAYS PA
<i>sapropterin dihydrochloride 100 mg packet</i>	3	<ul style="list-style-type: none"> PA SP Specialty
<i>sapropterin dihydrochloride 100 mg tab</i>	3	<ul style="list-style-type: none"> PA SP Specialty
<i>sapropterin dihydrochloride 500 mg packet</i>	3	<ul style="list-style-type: none"> PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SIKLOS 100 MG TAB	3	PA SP Specialty
SIKLOS 1000 MG TAB	3	PA SP Specialty
SKYCLARYS 50 MG CAP	3	QL 3 / 1 DAYS PA SP Specialty
<i>sodium phenylbutyrate 3 gm/tsp powder</i>	3	SP Specialty
<i>sodium phenylbutyrate 500 mg tab</i>	3	SP Specialty
SOHONOS 1 MG CAP	3	QL 4 / 1 DAYS PA SP Specialty
SOHONOS 1.5 MG CAP	3	QL 4 / 1 DAYS PA SP Specialty
SOHONOS 10 MG CAP	3	QL 2 / 1 DAYS PA SP Specialty
SOHONOS 2.5 MG CAP	3	QL 5 / 1 DAYS PA SP Specialty
SOHONOS 5 MG CAP	3	QL 5 / 1 DAYS PA SP Specialty
STRENSIQ 18 MG/0.45ML SOLUTION	3	QL 0.017 / 1 DAYS PA SP Specialty
STRENSIQ 28 MG/0.7ML SOLUTION	3	QL 0.025 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
STRENSIQ 40 MG/ML SOLUTION	3	<ul style="list-style-type: none"> QL 0.036 / 1 DAYS PA SP Specialty
STRENSIQ 80 MG/0.8ML SOLUTION	3	<ul style="list-style-type: none"> QL 0.029 / 1 DAYS PA SP Specialty
SUCRAID 8500 UNIT/ML SOLUTION	3	<ul style="list-style-type: none"> PA SP Specialty
TEGSEDI 284 MG/1.5ML SOLN PRSYR	3	<ul style="list-style-type: none"> PA QLC 6 / 21 DAYS SP Specialty
VOXZOGO 0.4 MG RECON SOLN	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
VOXZOGO 0.56 MG RECON SOLN	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
VOXZOGO 1.2 MG RECON SOLN	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
VYNDAMAX 61 MG CAP	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
VYNDAQEL 20 MG CAP	3	<ul style="list-style-type: none"> QL 4 / 1 DAYS PA SP Specialty
XOLREMDI 100 MG CAP	3	<ul style="list-style-type: none"> QL 4 / 1 DAYS PA SP Specialty
XURIDEN 2 GM PACKET	3	<ul style="list-style-type: none"> QL 4 / 1 DAYS PA QLC 120 / 22 DAYS SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>yargesa 100 mg cap</i>	3	<ul style="list-style-type: none"> QL 3 / 1 DAYS PA SP Specialty
ZENPEP 10000-32000 UNIT CP DR PART	2	
ZENPEP 15000-47000 UNIT CP DR PART	2	
ZENPEP 20000-63000 UNIT CP DR PART	2	
ZENPEP 25000-79000 UNIT CP DR PART	2	
ZENPEP 3000-10000 UNIT CP DR PART	2	
ZENPEP 40000-126000 UNIT CP DR PART	2	
ZENPEP 5000-24000 UNIT CP DR PART	2	
ZENPEP 60000-189600 UNIT CP DR PART	2	
ZOKINVY 50 MG CAP	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
ZOKINVY 75 MG CAP	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
GENITOURINARY AGENTS		
ANTISPASMODICS, URINARY		
<i>darifenacin hydrobromide er 15 mg tab er 24h</i>	3	QL 1 / 1 DAYS
<i>darifenacin hydrobromide er 7.5 mg tab er 24h</i>	3	QL 1 / 1 DAYS
<i>fesoterodine fumarate er 4 mg tab er 24h</i>	3	QL 1 / 1 DAYS
<i>fesoterodine fumarate er 8 mg tab er 24h</i>	3	QL 1 / 1 DAYS
<i>flavoxate hcl 100 mg tab</i>	2	
GEMTESA 75 MG TAB	2	QL 1 / 1 DAYS
<i>mirabegron er 25 mg tab er 24h</i>	1	QL 1 / 1 DAYS
<i>mirabegron er 50 mg tab er 24h</i>	1	QL 1 / 1 DAYS
MYRBETRIQ 25 MG TAB ER 24H	2	QL 1 / 1 DAYS
MYRBETRIQ 50 MG TAB ER 24H	2	QL 1 / 1 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MYRBETRIQ 8 MG/ML SRER	2	QL 10 / 1 DAYS
OXYBUTYNIN CHLORIDE 2.5 MG TAB	3	
<i>oxybutynin chloride 5 mg tab</i>	1	
<i>oxybutynin chloride 5 mg/5ml solution</i>	1	
<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	
OXYTROL 3.9 MG/24HR PATCH TW	3	ST
<i>solifenacin succinate 10 mg tab</i>	2	QL 1 / 1 DAYS
<i>solifenacin succinate 5 mg tab</i>	2	QL 1 / 1 DAYS
<i>tolterodine tartrate 1 mg tab</i>	1	QL 2 / 1 DAYS
<i>tolterodine tartrate 2 mg tab</i>	1	QL 2 / 1 DAYS
<i>tolterodine tartrate er 2 mg cap er 24h</i>	1	QL 1 / 1 DAYS
<i>tolterodine tartrate er 4 mg cap er 24h</i>	1	QL 1 / 1 DAYS
<i>trospium chloride 20 mg tab</i>	1	QL 2 / 1 DAYS
<i>trospium chloride er 60 mg cap er 24h</i>	1	QL 1 / 1 DAYS
VESICARE LS 5 MG/5ML SUSPENSION	3	QL 10 / 1 DAYS PA
BENIGN PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin hcl er 10 mg tab er 24h</i>	1	QL 1 / 1 DAYS
<i>dutasteride 0.5 mg cap</i>	3	QL 1 / 1 DAYS
<i>dutasteride-tamsulosin hcl 0.5-0.4 mg cap</i>	3	QL 1 / 1 DAYS
ENTADFI 5-5 MG CAP	3	QL 1 / 1 DAYS
<i>finasteride 5 mg tab</i>	1	
<i>silodosin 4 mg cap</i>	3	QL 1 / 1 DAYS
<i>silodosin 8 mg cap</i>	3	QL 1 / 1 DAYS
<i>tadalafil 10 mg tab</i>	3	QLC 6 / 22 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>tadalafil 2.5 mg tab</i>	3	QL 1 / 1 DAYS
<i>tadalafil 20 mg tab</i>	3	QLC 6 / 22 DAYS
<i>tadalafil 5 mg tab</i>	3	QL 1 / 1 DAYS
<i>tamsulosin hcl 0.4 mg cap</i>	1	QL 2 / 1 DAYS
GENITOURINARY AGENTS, OTHER		
ADDYI 100 MG TAB	3	PA
<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	
FILSPARI 200 MG TAB	3	QL 1 / 1 DAYS PA SP Specialty
FILSPARI 400 MG TAB	3	QL 1 / 1 DAYS PA SP Specialty
<i>glycine 1.5 % solution</i>	1	
<i>glycine urologic 1.5 % solution</i>	1	
K-PHOS 500 MG TAB	3	
K-PHOS NO 2 305-700 MG TAB	3	
OPTIONS GYNOL II CONTRACEPTIVE 3 % GEL	1	OTC Over the Counter ACA Affordable Care Act
<i>phenazo 200 mg tab</i>	1	
<i>phenazopyridine hcl 100 mg tab</i>	1	
<i>phenazopyridine hcl 200 mg tab</i>	1	
PHEXXI 1.8-1-0.4 % GEL	3	ACA Affordable Care Act
<i>sildenafil citrate 100 mg tab</i>	2	QLC 6 / 22 DAYS
<i>sildenafil citrate 25 mg tab</i>	2	QLC 6 / 22 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sildenafil citrate 50 mg tab</i>	2	QLC 6 / 22 DAYS
<i>sodium chloride 0.9 % solution</i>	1	
<i>tiopronin 100 mg tab</i>	1	QL 10 / 1 DAYS PA SP Specialty
<i>tiopronin 100 mg tab dr</i>	1	QL 10 / 1 DAYS PA SP Specialty
<i>tiopronin 300 mg tab dr</i>	1	QL 3 / 1 DAYS PA SP Specialty
<i>vardenafil hcl 10 mg tab</i>	1	QLC 6 / 22 DAYS
<i>vardenafil hcl 10 mg tab disp</i>	1	QLC 6 / 22 DAYS
<i>vardenafil hcl 2.5 mg tab</i>	1	QLC 6 / 22 DAYS
<i>vardenafil hcl 20 mg tab</i>	1	QLC 6 / 22 DAYS
<i>vardenafil hcl 5 mg tab</i>	1	QLC 6 / 22 DAYS
VCF VAGINAL CONTRACEPTIVE 28 % FILM	3	OTC Over the Counter ACA Affordable Care Act
VCF VAGINAL CONTRACEPTIVE 4 % GEL	3	OTC Over the Counter ACA Affordable Care Act
<i>venxxiva 100 mg tab dr</i>	1	QL 10 / 1 DAYS PA SP Specialty
<i>venxxiva 300 mg tab dr</i>	1	QL 3 / 1 DAYS PA SP Specialty
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
ACTHAR 80 UNIT/ML GEL	3	PA QLC 5 / 23 DAYS SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ACTHAR GEL 40 UNIT/0.5ML A-INJ	3	<ul style="list-style-type: none"> QL 0.067 / 1 DAYS PA SP Specialty
ACTHAR GEL 80 UNIT/ML A-INJ	3	<ul style="list-style-type: none"> QL 0.14 / 1 DAYS PA SP Specialty
CORTISONE ACETATE 25 MG TAB	1	
CORTROPHIN 80 UNIT/ML GEL	3	<ul style="list-style-type: none"> PA QLC 5 / 23 DAYS SP Specialty
<i>deflazacort 18 mg tab</i>	1	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
<i>deflazacort 22.75 mg/ml suspension</i>	1	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
<i>deflazacort 30 mg tab</i>	1	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
<i>deflazacort 36 mg tab</i>	1	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
<i>deflazacort 6 mg tab</i>	1	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
<i>dexamethasone 0.5 mg tab</i>	1	
<i>dexamethasone 0.5 mg/5ml elixir</i>	1	
DEXAMETHASONE 0.5 MG/5ML SOLUTION	1	
<i>dexamethasone 0.75 mg tab</i>	1	
<i>dexamethasone 1 mg tab</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>dexamethasone 1.5 mg tab</i>	1	
<i>dexamethasone 2 mg tab</i>	1	
<i>dexamethasone 4 mg tab</i>	1	
<i>dexamethasone 6 mg tab</i>	1	
<i>fludrocortisone acetate 0.1 mg tab</i>	1	
<i>methylprednisolone 16 mg tab</i>	1	
<i>methylprednisolone 32 mg tab</i>	1	
<i>methylprednisolone 4 mg tab</i>	1	
<i>methylprednisolone 4 mg tab thpk</i>	1	
<i>methylprednisolone 8 mg tab</i>	1	
METHYLPREDNISOLONE ACETATE 40 MG/ML SUSPENSION	1	
<i>methylprednisolone acetate 40 mg/ml suspension</i>	1	
METHYLPREDNISOLONE ACETATE 80 MG/ML SUSPENSION	1	
<i>methylprednisolone acetate 80 mg/ml suspension</i>	1	
<i>mifepristone 200 mg tab</i>	1	
<i>prednisolone 15 mg/5ml solution</i>	1	
<i>prednisolone sodium phosphate 10 mg/5ml solution</i>	1	
<i>prednisolone sodium phosphate 15 mg/5ml solution</i>	1	
<i>prednisolone sodium phosphate 20 mg/5ml solution</i>	1	
<i>prednisolone sodium phosphate 25 mg/5ml solution</i>	1	
<i>prednisolone sodium phosphate 6.7 (5 base) mg/5ml solution</i>	1	
<i>prednisone 1 mg tab</i>	1	
<i>prednisone 10 mg (21) tab thpk</i>	1	
<i>prednisone 10 mg (48) tab thpk</i>	1	
<i>prednisone 10 mg tab</i>	1	RX4L Rx4Less Program
<i>prednisone 2.5 mg tab</i>	1	
<i>prednisone 20 mg tab</i>	1	
<i>prednisone 5 mg (21) tab thpk</i>	1	
<i>prednisone 5 mg (48) tab thpk</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>prednisone 5 mg tab</i>	1	RX4L Rx4Less Program
PREDNISONE 5 MG/5ML SOLUTION	1	
<i>prednisone 50 mg tab</i>	1	
PREDNISONE INTENSOL 5 MG/ML CONC	1	
RAYOS 1 MG TAB DR	3	QL 1 / 1 DAYS PA
RAYOS 2 MG TAB DR	3	QL 1 / 1 DAYS PA
RAYOS 5 MG TAB DR	3	QL 1 / 1 DAYS PA
TARPEYO 4 MG CAP DR	3	QL 4 / 1 DAYS PA QLC 1108 / 274 DAYS
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
CHORIONIC GONADOTROPIN 10000 UNIT RECON SOLN	3	QL 0.22 / 1 DAYS PA SP Specialty
<i>desmopressin ace spray refrig 0.01 % solution</i>	1	
<i>desmopressin acetate 0.1 mg tab</i>	1	
<i>desmopressin acetate 0.2 mg tab</i>	1	
<i>desmopressin acetate 4 mcg/ml solution</i>	1	
<i>desmopressin acetate pf 4 mcg/ml solution</i>	1	
<i>desmopressin acetate spray 0.01 % solution</i>	1	
EGRIFTA SV 2 MG RECON SOLN	3	QL 1 / 1 DAYS PA SP Specialty
FOLLISTIM AQ 300 UNT/0.36ML SOLUTION	3	PA QLC 5 / 22 DAYS SP Specialty
FOLLISTIM AQ 600 UNT/0.72ML SOLUTION	3	PA QLC 5 / 22 DAYS SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FOLLISTIM AQ 900 UNT/1.08ML SOLUTION	3	PA QLC 5 / 22 DAYS SP Specialty
GENOTROPIN 12 MG CARTRIDGE	3	PA SP Specialty
GENOTROPIN 5 MG CARTRIDGE	3	PA SP Specialty
GENOTROPIN MINIQUICK 0.2 MG PRSYR	3	PA SP Specialty
GENOTROPIN MINIQUICK 0.4 MG PRSYR	3	PA SP Specialty
GENOTROPIN MINIQUICK 0.6 MG PRSYR	3	PA SP Specialty
GENOTROPIN MINIQUICK 0.8 MG PRSYR	3	PA SP Specialty
GENOTROPIN MINIQUICK 1 MG PRSYR	3	PA SP Specialty
GENOTROPIN MINIQUICK 1.2 MG PRSYR	3	PA SP Specialty
GENOTROPIN MINIQUICK 1.4 MG PRSYR	3	PA SP Specialty
GENOTROPIN MINIQUICK 1.6 MG PRSYR	3	PA SP Specialty
GENOTROPIN MINIQUICK 1.8 MG PRSYR	3	PA SP Specialty
GENOTROPIN MINIQUICK 2 MG PRSYR	3	PA SP Specialty
GONAL-F 1050 UNIT RECON SOLN	2	PA QLC 4 / 22 DAYS SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GONAL-F 450 UNIT RECON SOLN	2	PA QLC 10 / 22 DAYS SP Specialty
GONAL-F RFF 75 UNIT RECON SOLN	2	PA QLC 47 / 22 DAYS SP Specialty
GONAL-F RFF REDIJECT 300 UNIT/0.5ML SOLN PEN	2	PA QLC 8 / 22 DAYS SP Specialty
GONAL-F RFF REDIJECT 450 UNT/0.75ML SOLN PEN	2	PA QLC 8 / 22 DAYS SP Specialty
GONAL-F RFF REDIJECT 900 UNIT/1.5ML SOLN PEN	2	PA QLC 8 / 22 DAYS SP Specialty
INCRELEX 40 MG/4ML SOLUTION	3	PA SP Specialty
ISTURISA 1 MG TAB	3	QL 1 / 1 DAYS PA SP Specialty
ISTURISA 10 MG TAB	3	QL 1 / 1 DAYS PA SP Specialty
ISTURISA 5 MG TAB	3	QL 1 / 1 DAYS PA SP Specialty
MENOPUR 75 UNIT RECON SOLN	3	PA SP Specialty
MYFEMBREE 40-1-0.5 MG TAB	3	QL 1 / 1 DAYS PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NGENLA 24 MG/1.2ML SOLN PEN	3	<ul style="list-style-type: none"> QL 0.18 / 1 DAYS PA SP Specialty
NGENLA 60 MG/1.2ML SOLN PEN	3	<ul style="list-style-type: none"> QL 0.18 / 1 DAYS PA SP Specialty
NORDITROPIN FLEXPRO 10 MG/1.5ML SOLN PEN	3	<ul style="list-style-type: none"> PA SP Specialty
NORDITROPIN FLEXPRO 15 MG/1.5ML SOLN PEN	3	<ul style="list-style-type: none"> PA SP Specialty
NORDITROPIN FLEXPRO 30 MG/3ML SOLN PEN	3	<ul style="list-style-type: none"> PA SP Specialty
NORDITROPIN FLEXPRO 5 MG/1.5ML SOLN PEN	3	<ul style="list-style-type: none"> PA SP Specialty
NOVAREL 5000 UNIT RECON SOLN	2	<ul style="list-style-type: none"> QL 0.43 / 1 DAYS PA SP Specialty
NUTROPIN AQ NUSPIN 10 10 MG/2ML SOLN PEN	3	<ul style="list-style-type: none"> PA SP Specialty
NUTROPIN AQ NUSPIN 20 20 MG/2ML SOLN PEN	3	<ul style="list-style-type: none"> PA SP Specialty
NUTROPIN AQ NUSPIN 5 5 MG/2ML SOLN PEN	3	<ul style="list-style-type: none"> PA SP Specialty
OMNITROPE 5 MG/1.5ML SOLN CART	2	<ul style="list-style-type: none"> PA SP Specialty
OMNITROPE 5.8 MG RECON SOLN	2	<ul style="list-style-type: none"> PA SP Specialty
OVIDREL 250 MCG/0.5ML SOLN PRSYR	3	<ul style="list-style-type: none"> PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PREGNYL 10000 UNIT RECON SOLN	2	<ul style="list-style-type: none"> QL 0.22 / 1 DAYS PA SP Specialty
SEROSTIM 4 MG RECON SOLN	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
SEROSTIM 5 MG RECON SOLN	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
SEROSTIM 6 MG RECON SOLN	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
SKYTROFA 11 MG CARTRIDGE	3	<ul style="list-style-type: none"> QL 0.15 / 1 DAYS PA SP Specialty
SKYTROFA 13.3 MG CARTRIDGE	3	<ul style="list-style-type: none"> QL 0.15 / 1 DAYS PA SP Specialty
SKYTROFA 3 MG CARTRIDGE	3	<ul style="list-style-type: none"> QL 0.15 / 1 DAYS PA SP Specialty
SKYTROFA 3.6 MG CARTRIDGE	3	<ul style="list-style-type: none"> QL 0.15 / 1 DAYS PA SP Specialty
SKYTROFA 4.3 MG CARTRIDGE	3	<ul style="list-style-type: none"> QL 0.15 / 1 DAYS PA SP Specialty
SKYTROFA 5.2 MG CARTRIDGE	3	<ul style="list-style-type: none"> QL 0.15 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SKYTROFA 6.3 MG CARTRIDGE	3	<ul style="list-style-type: none"> QL 0.15 / 1 DAYS PA SP Specialty
SKYTROFA 7.6 MG CARTRIDGE	3	<ul style="list-style-type: none"> QL 0.15 / 1 DAYS PA SP Specialty
SKYTROFA 9.1 MG CARTRIDGE	3	<ul style="list-style-type: none"> QL 0.15 / 1 DAYS PA SP Specialty
SOGROYA 10 MG/1.5ML SOLN PEN	3	<ul style="list-style-type: none"> QL 0.22 / 1 DAYS PA SP Specialty
SOGROYA 15 MG/1.5ML SOLN PEN	3	<ul style="list-style-type: none"> QL 0.22 / 1 DAYS PA SP Specialty
SOGROYA 5 MG/1.5ML SOLN PEN	3	<ul style="list-style-type: none"> QL 0.22 / 1 DAYS PA SP Specialty
ZOMACTON 10 MG RECON SOLN	3	<ul style="list-style-type: none"> PA SP Specialty
ZOMACTON 5 MG RECON SOLN	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
ANABOLIC STEROIDS		
OXANDROLONE 10 MG TAB	3	
<i>oxandrolone 10 mg tab</i>	3	
OXANDROLONE 2.5 MG TAB	3	
<i>oxandrolone 2.5 mg tab</i>	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANDROGENS		
AZMIRO 200 MG/ML SOLN PRSYR	3	
<i>danazol 100 mg cap</i>	1	
<i>danazol 200 mg cap</i>	1	
<i>danazol 50 mg cap</i>	1	
METHITEST 10 MG TAB	1	
<i>methyltestosterone 10 mg cap</i>	3	
NATESTO 5.5 MG/ACT GEL	3	QL 0.75 / 1 DAYS
<i>testosterone 1.62 % gel</i>	2	
TESTOSTERONE 10 MG/ACT (2%) GEL	2	
<i>testosterone 10 mg/act (2%) gel</i>	2	
TESTOSTERONE 12.5 MG/ACT (1%) GEL	2	
<i>testosterone 12.5 mg/act (1%) gel</i>	2	
<i>testosterone 20.25 mg/1.25gm (1.62%) gel</i>	2	
<i>testosterone 20.25 mg/act (1.62%) gel</i>	2	
<i>testosterone 25 mg/2.5gm (1%) gel</i>	2	
<i>testosterone 30 mg/act solution</i>	2	
<i>testosterone 40.5 mg/2.5gm (1.62%) gel</i>	2	
TESTOSTERONE 50 MG/5GM (1%) GEL	2	
<i>testosterone 50 mg/5gm (1%) gel</i>	2	
<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	
XYOSTED 100 MG/0.5ML SOLN A-INJ	3	QL 0.08 / 1 DAYS
XYOSTED 50 MG/0.5ML SOLN A-INJ	3	QL 0.08 / 1 DAYS
XYOSTED 75 MG/0.5ML SOLN A-INJ	3	QL 0.08 / 1 DAYS
ESTROGENS		
<i>afirmelle 0.1-20 mg-mcg tab</i>	1	ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>altavera 0.15-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>alyacen 1/35 1-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>alyacen 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>amabelz 0.5-0.1 mg tab</i>	1	
<i>amabelz 1-0.5 mg tab</i>	1	
<i>amethia 0.15-0.03 &0.01 mg tab</i>	1	ACA Affordable Care Act
<i>amethyst 90-20 mcg tab</i>	1	ACA Affordable Care Act
ANNOVERA 0.013-0.15 MG/24HR RING	3	ACA Affordable Care Act
<i>apri 0.15-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>aranelle 0.5/1/0.5-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>ashlyna 0.15-0.03 &0.01 mg tab</i>	1	ACA Affordable Care Act
<i>aubra eq 0.1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>aurovela 1.5/30 1.5-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>aurovela 1/20 1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>aurovela 24 fe 1-20 mg-mcg(24) tab</i>	1	ACA Affordable Care Act
<i>aurovela fe 1.5/30 1.5-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>aurovela fe 1/20 1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
<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
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	
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
<i>delyla 0.1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>desogestrel-ethinyl estradiol 0.15-0.02/0.01 mg (21/5) tab</i>	1	ACA Affordable Care Act
<i>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>	1	ACA Affordable Care Act
DROSPIREN-ETH ESTRAD-LEVOMEFOL 3-0.03-0.451 MG TAB	1	ACA Affordable Care Act
<i>drospirenone-ethinyl estradiol 3-0.02 mg tab</i>	1	ACA Affordable Care Act
<i>drospirenone-ethinyl estradiol 3-0.03 mg tab</i>	1	ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>eemt 1.25-2.5 mg tab</i>	3	
<i>eemt hs 0.625-1.25 mg tab</i>	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	QL 0.15 / 1 DAYS
<i>estradiol 0.0375 mg/24hr patch tw</i>	1	
<i>estradiol 0.0375 mg/24hr patch wk</i>	1	QL 0.15 / 1 DAYS
<i>estradiol 0.05 mg/24hr patch tw</i>	1	
<i>estradiol 0.05 mg/24hr patch wk</i>	1	QL 0.15 / 1 DAYS
<i>estradiol 0.06 mg/24hr patch wk</i>	1	QL 0.15 / 1 DAYS
<i>estradiol 0.075 mg/24hr patch tw</i>	1	
<i>estradiol 0.075 mg/24hr patch wk</i>	1	QL 0.15 / 1 DAYS
<i>estradiol 0.1 mg/24hr patch tw</i>	1	
<i>estradiol 0.1 mg/24hr patch wk</i>	1	QL 0.15 / 1 DAYS
<i>estradiol 0.1 mg/gm cream</i>	1	
<i>estradiol 0.5 mg tab</i>	1	
<i>estradiol 1 mg tab</i>	1	
<i>estradiol 10 mcg tab</i>	1	
<i>estradiol 2 mg tab</i>	1	
<i>estradiol valerate 10 mg/ml oil</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>estradiol valerate 20 mg/ml oil</i>	1	
<i>estradiol valerate 40 mg/ml oil</i>	1	
<i>estradiol-norethindrone acet 0.5-0.1 mg tab</i>	1	
<i>estradiol-norethindrone acet 1-0.5 mg tab</i>	1	
<i>ethynodiol diac-eth estradiol 1-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>ethynodiol diac-eth estradiol 1-50 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>etonogestrel-ethinyl estradiol 0.12-0.015 mg/24hr ring</i>	3	ACA Affordable Care Act
<i>falmina 0.1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
FEMLYV 1-0.02 MG TAB DISP	3	ACA Affordable Care Act
<i>finzala 1-20 mg-mcg(24) chew tab</i>	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>joyeaux 0.1-20 mg-mcg(21) tab</i>	1	ACA Affordable Care Act
<i>juleber 0.15-30 mg-mcg tab</i>	1	ACA Affordable Care Act

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>levonorgest-eth estradiol-iron 0.1-20 mg-mcg(21) tab</i>	1	ACA Affordable Care Act
<i>levonorgestrel-ethinyl estrad 0.1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>levonorgestrel-ethinyl estrad 0.15-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>levonorgestrel-ethinyl estrad 90-20 mcg tab</i>	1	ACA Affordable Care Act
<i>levora 0.15/30 (28) 0.15-30 mg-mcg tab</i>	1	ACA Affordable Care Act
LO LOESTRIN FE 1 MG-10 MCG / 10 MCG TAB	2	ACA Affordable Care Act
<i>lo-zumandimine 3-0.02 mg tab</i>	1	ACA Affordable Care Act
<i>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
<i>merzee 1-20 mg-mcg(24) cap</i>	2	ACA Affordable Care Act
<i>mibelas 24 fe 1-20 mg-mcg(24) chew tab</i>	3	ACA Affordable Care Act
<i>microgestin 1.5/30 1.5-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>microgestin 1/20 1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>microgestin 24 fe 1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>microgestin fe 1.5/30 1.5-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<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	

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nylia 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>nymyo 0.25-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>ocella 3-0.03 mg tab</i>	1	ACA Affordable Care Act
<i>philith 0.4-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>pimtrea 0.15-0.02/0.01 mg (21/5) tab</i>	1	ACA Affordable Care Act
<i>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
PREMARIN 0.3 MG TAB	2	
PREMARIN 0.45 MG TAB	2	
PREMARIN 0.625 MG TAB	2	
PREMARIN 0.625 MG/GM CREAM	2	
PREMARIN 0.9 MG TAB	2	
PREMARIN 1.25 MG TAB	2	
PREMPHASE 0.625-5 MG TAB	2	
PREMPRO 0.3-1.5 MG TAB	2	
PREMPRO 0.45-1.5 MG TAB	2	
PREMPRO 0.625-2.5 MG TAB	2	
PREMPRO 0.625-5 MG TAB	2	
<i>reclipsen 0.15-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>rivelsa 42-21-21-7 days tab</i>	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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
TWIRLA 120-30 MCG/24HR PATCH WK	3	ACA Affordable Care Act
TYBLUME 0.1-20 MG-MCG CHEW TAB	3	ACA Affordable Care Act
<i>tydemy 3-0.03-0.451 mg tab</i>	1	ACA Affordable Care Act
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	ACA Affordable Care Act
<i>yuvafem 10 mcg tab</i>	1	
<i>zafemy 150-35 mcg/24hr patch wk</i>	2	ACA Affordable Care Act
ZAFEMY	2	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>	3	OTC Over the Counter ACA Affordable Care Act
<i>camila 0.35 mg tab</i>	1	ACA Affordable Care Act
CRINONE 4 % GEL	3	
CRINONE 8 % GEL	3	
<i>curae 1.5 mg tab</i>	1	OTC Over the Counter ACA Affordable Care Act
<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	OTC Over the Counter ACA Affordable Care Act
<i>econtra one-step 1.5 mg tab</i>	1	OTC Over the Counter ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ELLA 30 MG TAB	3	ACA Affordable Care Act
<i>emzahh 0.35 mg tab</i>	1	ACA Affordable Care Act
ENDOMETRIN 100 MG INSERT	2	PA
<i>errin 0.35 mg tab</i>	1	ACA Affordable Care Act
FIRST-PROGESTERONE VGS 100 MG SUPPOS	3	
FIRST-PROGESTERONE VGS 200 MG SUPPOS	3	
<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	OTC Over the Counter ACA Affordable Care Act
<i>incassia 0.35 mg tab</i>	1	ACA Affordable Care Act
<i>jencycla 0.35 mg tab</i>	1	ACA Affordable Care Act
KYLEENA 19.5 MG IUD	3	ACA Affordable Care Act
<i>levonorgestrel 1.5 mg tab</i>	1	OTC Over the Counter ACA Affordable Care Act
LILETTA (52 MG) 20.1 MCG/DAY IUD	3	ACA Affordable Care Act
<i>lyleq 0.35 mg tab</i>	1	ACA Affordable Care Act
<i>lyza 0.35 mg tab</i>	1	ACA Affordable Care Act
<i>medroxyprogesterone acetate 10 mg tab</i>	1	
<i>medroxyprogesterone acetate 150 mg/ml susp prsy</i>	1	ACA Affordable Care Act
<i>medroxyprogesterone acetate 150 mg/ml suspension</i>	1	ACA Affordable Care Act
<i>medroxyprogesterone acetate 2.5 mg tab</i>	1	
<i>medroxyprogesterone acetate 5 mg tab</i>	1	
<i>megestrol acetate 20 mg tab</i>	1	
<i>megestrol acetate 40 mg tab</i>	1	
<i>megestrol acetate 40 mg/ml suspension</i>	1	
<i>megestrol acetate 400 mg/10ml suspension</i>	1	
MEGESTROL ACETATE 625 MG/5ML SUSPENSION	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	OTC Over the Counter ACA Affordable Care Act
<i>my way 1.5 mg tab</i>	1	OTC Over the Counter ACA Affordable Care Act
<i>new day 1.5 mg tab</i>	1	OTC Over the Counter ACA Affordable Care Act
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	OTC Over the Counter ACA Affordable Care Act
OPILL 0.075 MG TAB	3	OTC Over the Counter
<i>option 2 1.5 mg tab</i>	1	OTC Over the Counter ACA Affordable Care Act
PLAN B ONE-STEP 1.5 MG TAB	3	OTC Over the Counter ACA Affordable Care Act
<i>progesterone 100 mg cap</i>	1	
<i>progesterone 200 mg cap</i>	1	
<i>progesterone 50 mg/ml oil</i>	1	
<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	OTC Over the Counter ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS		
<i>clomid 50 mg tab</i>	2	
<i>clomiphene citrate 50 mg tab</i>	2	
DUAVEE 0.45-20 MG TAB	2	
OSPHENA 60 MG TAB	3	ST
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
ADTHYZA 120 MG TAB	1	
ADTHYZA 130 MG TAB	3	
ADTHYZA 15 MG TAB	1	
ADTHYZA 16.25 MG TAB	3	
ADTHYZA 30 MG TAB	1	
ADTHYZA 32.5 MG TAB	3	
ADTHYZA 60 MG TAB	1	
ADTHYZA 65 MG TAB	3	
ADTHYZA 90 MG TAB	1	
ADTHYZA 97.5 MG TAB	3	
ARMOUR THYROID 120 MG TAB	3	
ARMOUR THYROID 15 MG TAB	3	
ARMOUR THYROID 180 MG TAB	3	
ARMOUR THYROID 240 MG TAB	3	
ARMOUR THYROID 30 MG TAB	3	
ARMOUR THYROID 300 MG TAB	3	
ARMOUR THYROID 60 MG TAB	3	
ARMOUR THYROID 90 MG TAB	3	
<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	

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>levoxyl 112 mcg tab</i>	1	
<i>levoxyl 125 mcg tab</i>	1	
<i>levoxyl 137 mcg tab</i>	1	
<i>levoxyl 150 mcg tab</i>	1	
<i>levoxyl 175 mcg tab</i>	1	
<i>levoxyl 200 mcg tab</i>	1	
<i>levoxyl 25 mcg tab</i>	1	
<i>levoxyl 50 mcg tab</i>	1	
<i>levoxyl 75 mcg tab</i>	1	
<i>levoxyl 88 mcg tab</i>	1	
<i>liothyronine sodium 25 mcg tab</i>	1	
<i>liothyronine sodium 5 mcg tab</i>	1	
<i>liothyronine sodium 50 mcg tab</i>	1	
NIVA THYROID 120 MG TAB	1	
NIVA THYROID 15 MG TAB	1	
NIVA THYROID 30 MG TAB	1	
NIVA THYROID 60 MG TAB	1	
NIVA THYROID 90 MG TAB	1	
NP THYROID 120 MG TAB	1	
NP THYROID 15 MG TAB	1	
NP THYROID 30 MG TAB	1	
NP THYROID 60 MG TAB	1	
NP THYROID 90 MG TAB	1	
REZDIFFRA 100 MG TAB	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
REZDIFFRA 60 MG TAB	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
REZDIFFRA 80 MG TAB	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SYNTHROID 100 MCG TAB	3	
SYNTHROID 112 MCG TAB	3	
SYNTHROID 125 MCG TAB	3	
SYNTHROID 137 MCG TAB	3	
SYNTHROID 150 MCG TAB	3	
SYNTHROID 175 MCG TAB	3	
SYNTHROID 200 MCG TAB	3	
SYNTHROID 25 MCG TAB	3	
SYNTHROID 300 MCG TAB	3	
SYNTHROID 50 MCG TAB	3	
SYNTHROID 75 MCG TAB	3	
SYNTHROID 88 MCG TAB	3	
THYROID 120 MG TAB	1	
THYROID 15 MG TAB	1	
THYROID 30 MG TAB	1	
THYROID 60 MG TAB	1	
THYROID 90 MG TAB	1	
<i>unithroid 100 mcg tab</i>	1	
<i>unithroid 112 mcg tab</i>	1	
<i>unithroid 125 mcg tab</i>	1	
<i>unithroid 137 mcg tab</i>	1	
<i>unithroid 150 mcg tab</i>	1	
<i>unithroid 175 mcg tab</i>	1	
<i>unithroid 200 mcg tab</i>	1	
<i>unithroid 25 mcg tab</i>	1	
<i>unithroid 300 mcg tab</i>	1	
<i>unithroid 50 mcg tab</i>	1	
<i>unithroid 75 mcg tab</i>	1	
<i>unithroid 88 mcg tab</i>	1	
YORVIPATH 168 MCG/0.56ML SOLN PEN	3	<ul style="list-style-type: none"> QL 0.04 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
YORVIPATH 294 MCG/0.98ML SOLN PEN	3	<ul style="list-style-type: none"> QL 0.07 / 1 DAYS PA SP Specialty
YORVIPATH 420 MCG/1.4ML SOLN PEN	3	<ul style="list-style-type: none"> QL 0.1 / 1 DAYS PA SP Specialty
HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
<i>cabergoline 0.5 mg tab</i>	1	
<i>cetrorelix acetate 0.25 mg kit</i>	2	PA
<i>fyremadel 250 mcg/0.5ml soln prsyr</i>	2	<ul style="list-style-type: none"> PA SP Specialty
GANIRELIX ACETATE 250 MCG/0.5ML SOLN PRSYR	3	<ul style="list-style-type: none"> PA SP Specialty
<i>ganirelix acetate 250 mcg/0.5ml soln prsyr</i>	2	<ul style="list-style-type: none"> PA SP Specialty
<i>lanreotide acetate 120 mg/0.5ml solution</i>	3	<ul style="list-style-type: none"> QL 0.04 / 1 DAYS SP Specialty
<i>leuprolide acetate 1 mg/0.2ml kit</i>	3	<ul style="list-style-type: none"> PA SP Specialty
<i>mifepristone 300 mg tab</i>	1	<ul style="list-style-type: none"> QL 4 / 1 DAYS PA 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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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 QLC 30 / 21 DAYS SP Specialty
ORIAHNN 300-1-0.5 & 300 MG CAP THPK	3	QL 2 / 1 DAYS PA
ORLISSA 150 MG TAB	3	QL 1 / 1 DAYS PA
ORLISSA 200 MG TAB	3	QL 2 / 1 DAYS PA
RECORLEV 150 MG TAB	3	QL 2 / 1 DAYS PA
SIGNIFOR 0.3 MG/ML SOLUTION	3	PA SP Specialty
SIGNIFOR 0.6 MG/ML SOLUTION	3	PA SP Specialty
SIGNIFOR 0.9 MG/ML SOLUTION	3	PA SP Specialty
SOMAVERT 10 MG RECON SOLN	3	QL 1 / 1 DAYS PA SP Specialty
SOMAVERT 15 MG RECON SOLN	3	QL 1 / 1 DAYS PA SP Specialty
SOMAVERT 20 MG RECON SOLN	3	QL 1 / 1 DAYS PA SP Specialty
SOMAVERT 25 MG RECON SOLN	3	QL 1 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SOMAVERT 30 MG RECON SOLN	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
SYNAREL 2 MG/ML SOLUTION	3	<ul style="list-style-type: none"> QL 0.27 / 1 DAYS PA
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
ANTITHYROID AGENTS		
<i>methimazole 10 mg tab</i>	1	
<i>methimazole 5 mg tab</i>	1	
<i>propylthiouracil 50 mg tab</i>	1	
IMMUNOLOGICAL AGENTS		
ANGIOEDEMA AGENTS		
BERINERT 500 UNIT KIT	3	<ul style="list-style-type: none"> QL 0.36 / 1 DAYS PA SP Specialty
CINRYZE 500 UNIT RECON SOLN	3	<ul style="list-style-type: none"> QL 0.67 / 1 DAYS PA SP Specialty
HAEGARDA 2000 UNIT RECON SOLN	2	<ul style="list-style-type: none"> QL 0.29 / 1 DAYS PA SP Specialty
HAEGARDA 3000 UNIT RECON SOLN	2	<ul style="list-style-type: none"> QL 0.29 / 1 DAYS PA SP Specialty
<i>icatibant acetate 30 mg/3ml soln prsyr</i>	3	<ul style="list-style-type: none"> QL 0.3 / 1 DAYS PA SP Specialty
ORLADEYO 110 MG CAP	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ORLADEYO 150 MG CAP	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
RUCONEST 2100 UNIT RECON SOLN	3	<ul style="list-style-type: none"> QL 0.15 / 1 DAYS PA SP Specialty
<i>sajazir 30 mg/3ml soln prsyr</i>	3	<ul style="list-style-type: none"> QL 0.3 / 1 DAYS PA SP Specialty
TAKHZYRO 150 MG/ML SOLN PRSYR	2	<ul style="list-style-type: none"> QL 0.036 / 1 DAYS PA SP Specialty
TAKHZYRO 300 MG/2ML SOLN PRSYR	2	<ul style="list-style-type: none"> QL 0.08 / 1 DAYS PA SP Specialty
TAKHZYRO 300 MG/2ML SOLUTION	2	<ul style="list-style-type: none"> QL 0.08 / 1 DAYS PA SP Specialty
IMMUNOGLOBULINS		
GAMMAGARD 1 GM/10ML SOLUTION	3	<ul style="list-style-type: none"> PA SP Specialty
GAMMAGARD 10 GM/100ML SOLUTION	3	<ul style="list-style-type: none"> PA SP Specialty
GAMMAGARD 2.5 GM/25ML SOLUTION	3	<ul style="list-style-type: none"> PA SP Specialty
GAMMAGARD 20 GM/200ML SOLUTION	3	<ul style="list-style-type: none"> PA SP Specialty
GAMMAGARD 30 GM/300ML SOLUTION	3	<ul style="list-style-type: none"> PA SP Specialty
GAMMAGARD 5 GM/50ML SOLUTION	3	<ul style="list-style-type: none"> PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GAMMAGARD S/D LESS IGA 10 GM RECON SOLN	3	PA SP Specialty
GAMMAGARD S/D LESS IGA 5 GM RECON SOLN	3	PA SP Specialty
GAMUNEX-C 1 GM/10ML SOLUTION	3	PA SP Specialty
GAMUNEX-C 10 GM/100ML SOLUTION	3	PA SP Specialty
GAMUNEX-C 2.5 GM/25ML SOLUTION	3	PA SP Specialty
GAMUNEX-C 20 GM/200ML SOLUTION	3	PA SP Specialty
GAMUNEX-C 40 GM/400ML SOLUTION	3	PA SP Specialty
GAMUNEX-C 5 GM/50ML SOLUTION	3	PA SP Specialty
HIZENTRA 1 GM/5ML SOLN PRSYR	3	PA SP Specialty
HIZENTRA 1 GM/5ML SOLUTION	3	PA SP Specialty
HIZENTRA 10 GM/50ML SOLN PRSYR	3	PA SP Specialty
HIZENTRA 10 GM/50ML SOLUTION	3	PA SP Specialty
HIZENTRA 2 GM/10ML SOLN PRSYR	3	PA SP Specialty
HIZENTRA 2 GM/10ML SOLUTION	3	PA SP Specialty
HIZENTRA 4 GM/20ML SOLN PRSYR	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HIZENTRA 4 GM/20ML SOLUTION	3	PA SP Specialty
PRIVIGEN 10 GM/100ML SOLUTION	3	PA SP Specialty
PRIVIGEN 20 GM/200ML SOLUTION	3	PA SP Specialty
PRIVIGEN 40 GM/400ML SOLUTION	3	PA SP Specialty
PRIVIGEN 5 GM/50ML SOLUTION	3	PA SP Specialty
IMMUNOLOGICAL AGENTS, OTHER		
ACTEMRA 162 MG/0.9ML SOLN PRSYR	2	QL 0.15 / 1 DAYS PA SP Specialty
ACTEMRA ACTPEN 162 MG/0.9ML SOLN A-INJ	2	QL 0.15 / 1 DAYS PA SP Specialty
ARCALYST 220 MG RECON SOLN	3	PA QLC 4 / 21 DAYS SP Specialty
BENLYSTA 200 MG/ML SOLN A-INJ	3	QL 0.15 / 1 DAYS SP Specialty
BENLYSTA 200 MG/ML SOLN PRSYR	3	QL 0.15 / 1 DAYS SP Specialty
COSENTYX (300 MG DOSE) 150 MG/ML SOLN PRSYR	2	QL 0.08 / 1 DAYS PA SP Specialty
COSENTYX 150 MG/ML SOLN PRSYR	2	QL 0.04 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
COSENTYX 75 MG/0.5ML SOLN PRSYR	2	<ul style="list-style-type: none"> QL 0.02 / 1 DAYS PA SP Specialty
COSENTYX SENSOREADY (300 MG) 150 MG/ML SOLN A-INJ	2	<ul style="list-style-type: none"> QL 0.08 / 1 DAYS PA SP Specialty
COSENTYX SENSOREADY PEN 150 MG/ML SOLN A-INJ	2	<ul style="list-style-type: none"> QL 0.04 / 1 DAYS PA SP Specialty
COSENTYX UNOREADY 300 MG/2ML SOLN A-INJ	2	<ul style="list-style-type: none"> QL 0.072 / 1 DAYS PA SP Specialty
DUPIXENT 100 MG/0.67ML SOLN PRSYR	2	<ul style="list-style-type: none"> QL 0.05 / 1 DAYS PA SP Specialty
DUPIXENT 200 MG/1.14ML SOLN A-INJ	2	<ul style="list-style-type: none"> QL 0.09 / 1 DAYS PA SP Specialty
DUPIXENT 200 MG/1.14ML SOLN PRSYR	2	<ul style="list-style-type: none"> QL 0.09 / 1 DAYS PA SP Specialty
DUPIXENT 300 MG/2ML SOLN A-INJ	2	<ul style="list-style-type: none"> QL 0.15 / 1 DAYS PA SP Specialty
DUPIXENT 300 MG/2ML SOLN PRSYR	2	<ul style="list-style-type: none"> QL 0.15 / 1 DAYS PA SP Specialty
EMPAVELI 1080 MG/20ML SOLUTION	3	<ul style="list-style-type: none"> PA
ENSPRYNG 120 MG/ML SOLN PRSYR	3	<ul style="list-style-type: none"> QL 0.04 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GRASTEK 2800 BAU SL TAB	3	QL 1 / 1 DAYS
ODACTRA 12 SQ-HDM SL TAB	3	QL 1 / 1 DAYS
OLUMIANT 1 MG TAB	3	QL 1 / 1 DAYS PA SP Specialty
OLUMIANT 2 MG TAB	3	QL 1 / 1 DAYS PA SP Specialty
OLUMIANT 4 MG TAB	3	QL 1 / 1 DAYS PA SP Specialty
ORALAIR 300 IR SL TAB	3	QL 1 / 1 DAYS SP Specialty
ORALAIR ADULT STARTER PACK 300 IR SL TAB	3	QL 1 / 1 DAYS SP Specialty
ORENCIA 125 MG/ML SOLN PRSYR	3	QL 0.15 / 1 DAYS PA SP Specialty
ORENCIA 50 MG/0.4ML SOLN PRSYR	3	QL 0.06 / 1 DAYS PA SP Specialty
ORENCIA 87.5 MG/0.7ML SOLN PRSYR	3	QL 0.1 / 1 DAYS PA SP Specialty
ORENCIA CLICKJECT 125 MG/ML SOLN A-INJ	3	QL 0.15 / 1 DAYS PA SP Specialty
OTEZLA 10 & 20 & 30 MG TAB THPK	2	QL 2 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OTEZLA 4 X 10 & 51 X20 MG TAB THPK	2	<ul style="list-style-type: none"> QL 1.97 / 1 DAYS PA SP Specialty
PALFORZIA (12 MG DAILY DOSE) 2 X 1 MG & 10 MG CSPK	3	<ul style="list-style-type: none"> QL 3.22 / 1 DAYS PA SP Specialty
PALFORZIA (120 MG DAILY DOSE) 20 MG & 100 MG CSPK	3	<ul style="list-style-type: none"> QL 2.15 / 1 DAYS PA SP Specialty
PALFORZIA (160 MG DAILY DOSE) 3 X 20 MG & 100 MG CSPK	3	<ul style="list-style-type: none"> QL 4.29 / 1 DAYS PA SP Specialty
PALFORZIA (20 MG DAILY DOSE) 20 MG CSPK	3	<ul style="list-style-type: none"> QL 1.08 / 1 DAYS PA SP Specialty
PALFORZIA (200 MG DAILY DOSE) 2 X 100 MG CSPK	3	<ul style="list-style-type: none"> QL 2.15 / 1 DAYS PA SP Specialty
PALFORZIA (240 MG DAILY DOSE) 2 X 20 MG & 2 X 100 MG CSPK	3	<ul style="list-style-type: none"> QL 4.29 / 1 DAYS PA SP Specialty
PALFORZIA (3 MG DAILY DOSE) 3 X 1 MG CSPK	3	<ul style="list-style-type: none"> QL 3.22 / 1 DAYS PA SP Specialty
PALFORZIA (300 MG MAINTENANCE) 300 MG PACKET	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
PALFORZIA (300 MG TITRATION) 300 MG PACKET	3	<ul style="list-style-type: none"> QL 1.08 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PALFORZIA (40 MG DAILY DOSE) 2 X 20 MG CSPK	3	<ul style="list-style-type: none"> QL 2.15 / 1 DAYS PA SP Specialty
PALFORZIA (6 MG DAILY DOSE) 6 X 1 MG CSPK	3	<ul style="list-style-type: none"> QL 6.43 / 1 DAYS PA SP Specialty
PALFORZIA (80 MG DAILY DOSE) 4 X 20 MG CSPK	3	<ul style="list-style-type: none"> QL 4.29 / 1 DAYS PA SP Specialty
PALFORZIA INITIAL DOSE 4-17YRS 0.5 & 1 & 1.5 & 3 & 6 MG CSPK	3	<ul style="list-style-type: none"> QL 13 / 1 DAYS PA SP Specialty
PALFORZIA INITIAL ESCALATION 0.5 & 1 & 1.5 & 3 & 6 MG CSPK	3	<ul style="list-style-type: none"> QL 13 / 1 DAYS PA SP Specialty
RAGWITEK 12 AMB A 1-U SL TAB	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS
REZUROCK 200 MG TAB	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA
RINVOQ 15 MG TAB ER 24H	2	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
RINVOQ 30 MG TAB ER 24H	2	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
RINVOQ 45 MG TAB ER 24H	2	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA QLC 84 / 274 DAYS SP Specialty
RINVOQ LQ 1 MG/ML SOLUTION	2	<ul style="list-style-type: none"> QL 12 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SKYRIZI 150 MG/ML SOLN PRSYR	2	<ul style="list-style-type: none"> QL 0.012 / 1 DAYS PA SP Specialty
SKYRIZI 180 MG/1.2ML SOLN CART	2	<ul style="list-style-type: none"> QL 0.022 / 1 DAYS PA SP Specialty
SKYRIZI 360 MG/2.4ML SOLN CART	2	<ul style="list-style-type: none"> QL 0.043 / 1 DAYS PA SP Specialty
SKYRIZI PEN 150 MG/ML SOLN A-INJ	2	<ul style="list-style-type: none"> QL 0.012 / 1 DAYS PA SP Specialty
SOTYKTU 6 MG TAB	2	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA
STELARA 45 MG/0.5ML SOLN PRSYR	2	<ul style="list-style-type: none"> QL 0.006 / 1 DAYS PA SP Specialty
STELARA 45 MG/0.5ML SOLUTION	2	<ul style="list-style-type: none"> QL 0.006 / 1 DAYS PA SP Specialty
STELARA 90 MG/ML SOLN PRSYR	2	<ul style="list-style-type: none"> QL 0.012 / 1 DAYS PA SP Specialty
TAVNEOS 10 MG CAP	3	<ul style="list-style-type: none"> QL 6 / 1 DAYS PA
TREMFYA 100 MG/ML SOLN A-INJ	2	<ul style="list-style-type: none"> QL 0.02 / 1 DAYS PA SP Specialty
TREMFYA 100 MG/ML SOLN PRSYR	2	<ul style="list-style-type: none"> QL 0.02 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TREMFYA 200 MG/2ML SOLN A-INJ	2	<ul style="list-style-type: none"> QL 0.072 / 1 DAYS PA SP Specialty
TREMFYA 200 MG/2ML SOLN PRSYR	2	<ul style="list-style-type: none"> QL 0.072 / 1 DAYS PA SP Specialty
VOYDEYA 100 MG TAB	3	<ul style="list-style-type: none"> QL 6 / 1 DAYS PA SP Specialty
VOYDEYA 50 & 100 MG TAB THPK	3	<ul style="list-style-type: none"> QL 6 / 1 DAYS PA SP Specialty
XELJANZ 1 MG/ML SOLUTION	2	<ul style="list-style-type: none"> QL 10 / 1 DAYS PA SP Specialty
XELJANZ 10 MG TAB	2	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA SP Specialty
XELJANZ 5 MG TAB	2	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA SP Specialty
XELJANZ XR 11 MG TAB ER 24H	2	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
XELJANZ XR 22 MG TAB ER 24H	2	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
XOLAIR 150 MG RECON SOLN	3	<ul style="list-style-type: none"> PA QLC 8 / 21 DAYS SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XOLAIR 150 MG/ML SOLN A-INJ	3	<ul style="list-style-type: none"> QL 0.036 / 1 DAYS PA SP Specialty
XOLAIR 150 MG/ML SOLN PRSYR	3	<ul style="list-style-type: none"> QL 0.04 / 1 DAYS PA SP Specialty
XOLAIR 300 MG/2ML SOLN A-INJ	3	<ul style="list-style-type: none"> QL 0.072 / 1 DAYS PA SP Specialty
XOLAIR 300 MG/2ML SOLN PRSYR	3	<ul style="list-style-type: none"> QL 0.072 / 1 DAYS PA SP Specialty
XOLAIR 75 MG/0.5ML SOLN A-INJ	3	<ul style="list-style-type: none"> QL 0.018 / 1 DAYS PA SP Specialty
XOLAIR 75 MG/0.5ML SOLN PRSYR	3	<ul style="list-style-type: none"> QL 0.02 / 1 DAYS PA SP Specialty
IMMUNOSTIMULANTS		
ACTIMMUNE 100 MCG/0.5ML SOLUTION	3	<ul style="list-style-type: none"> QL 0.018 / 1 DAYS PA SP Specialty
ALFERON N 5000000 UNIT/ML SOLUTION	3	
BESREMI 500 MCG/ML SOLN PRSYR	3	<ul style="list-style-type: none"> QL 0.072 / 1 DAYS PA
PEGASYS 180 MCG/0.5ML SOLN PRSYR	3	<ul style="list-style-type: none"> QL 0.08 / 1 DAYS PA SP Specialty
PEGASYS 180 MCG/ML SOLUTION	3	<ul style="list-style-type: none"> QL 0.15 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
IMMUNOSUPPRESSANTS		
<i>azathioprine 50 mg tab</i>	1	
CIMZIA (2 SYRINGE) 200 MG/ML PREF SY KT	3	QL 0.04 / 1 DAYS PA SP Specialty
CIMZIA-STARTER 200 MG/ML PREF SY KT	3	QL 0.11 / 1 DAYS PA SP Specialty
<i>cyclosporine 100 mg cap</i>	1	
<i>cyclosporine 25 mg cap</i>	1	
<i>cyclosporine modified 100 mg cap</i>	1	
<i>cyclosporine modified 100 mg/ml solution</i>	1	
<i>cyclosporine modified 25 mg cap</i>	1	
<i>cyclosporine modified 50 mg cap</i>	1	
ENBREL 25 MG/0.5ML SOLN PRSYR	2	QL 0.15 / 1 DAYS PA SP Specialty
ENBREL 25 MG/0.5ML SOLUTION	2	QL 0.15 / 1 DAYS PA SP Specialty
ENBREL 50 MG/ML SOLN PRSYR	2	QL 0.15 / 1 DAYS PA SP Specialty
ENBREL MINI 50 MG/ML SOLN CART	2	QL 0.15 / 1 DAYS PA SP Specialty
ENBREL SURECLICK 50 MG/ML SOLN A-INJ	2	QL 0.15 / 1 DAYS PA SP Specialty
ENVARUSUS XR 0.75 MG TAB ER 24H	3	QL 3 / 1 DAYS PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ENVARUSUS XR 1 MG TAB ER 24H	3	QL 3 / 1 DAYS PA
ENVARUSUS XR 4 MG TAB ER 24H	3	QL 7 / 1 DAYS PA
<i>everolimus 0.25 mg tab</i>	3	SP Specialty
<i>everolimus 0.5 mg tab</i>	3	SP Specialty
<i>everolimus 0.75 mg tab</i>	3	SP Specialty
<i>everolimus 1 mg tab</i>	3	PA SP Specialty
<i>gengraf 100 mg cap</i>	1	
<i>gengraf 100 mg/ml solution</i>	1	
<i>gengraf 25 mg cap</i>	1	
HADLIMA 40 MG/0.4ML SOLN PRSYR	2	QL 0.029 / 1 DAYS PA SP Specialty
HADLIMA 40 MG/0.8ML SOLN PRSYR	2	QL 0.058 / 1 DAYS PA SP Specialty
HADLIMA PUSHTOUCH 40 MG/0.4ML SOLN A-INJ	2	QL 0.029 / 1 DAYS PA SP Specialty
HADLIMA PUSHTOUCH 40 MG/0.8ML SOLN A-INJ	2	QL 0.058 / 1 DAYS PA SP Specialty
HUMIRA (2 PEN) 40 MG/0.4ML AUT-IJ KIT	2	QL 0.08 / 1 DAYS PA SP Specialty
HUMIRA (2 PEN) 40 MG/0.8ML AUT-IJ KIT	2	QL 0.08 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HUMIRA (2 PEN) 80 MG/0.8ML AUT-IJ KIT	2	<ul style="list-style-type: none"> QL 0.08 / 1 DAYS PA SP Specialty
HUMIRA (2 SYRINGE) 20 MG/0.2ML PREF SY KT	2	<ul style="list-style-type: none"> QL 0.08 / 1 DAYS PA SP Specialty
HUMIRA (2 SYRINGE) 40 MG/0.8ML PREF SY KT	2	<ul style="list-style-type: none"> QL 0.08 / 1 DAYS PA SP Specialty
HUMIRA 10 MG/0.1ML PREF SY KT	2	<ul style="list-style-type: none"> QL 0.08 / 1 DAYS PA SP Specialty
HUMIRA 40 MG/0.4ML PREF SY KT	2	<ul style="list-style-type: none"> QL 0.08 / 1 DAYS PA SP Specialty
HUMIRA-CD/UC/HS STARTER 40 MG/0.8ML AUT-IJ KIT	2	<ul style="list-style-type: none"> QL 0.08 / 1 DAYS PA SP Specialty
HUMIRA-CD/UC/HS STARTER 80 MG/0.8ML AUT-IJ KIT	2	<ul style="list-style-type: none"> QL 0.11 / 1 DAYS PA SP Specialty
HUMIRA-PED>/=40KG UC STARTER 80 MG/0.8ML AUT-IJ KIT	2	<ul style="list-style-type: none"> QL 0.15 / 1 DAYS PA SP Specialty
HUMIRA-PS/UV/ADOL HS STARTER 40 MG/0.8ML AUT-IJ KIT	2	<ul style="list-style-type: none"> QL 0.08 / 1 DAYS PA SP Specialty
HUMIRA-PSORIASIS/UEVIT STARTER 80 MG/0.8ML & 40MG/0.4ML AUT-IJ KIT	2	<ul style="list-style-type: none"> QL 0.11 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
JYLAMVO 2 MG/ML SOLUTION	3	QL 2 / 1 DAYS PA
<i>leflunomide 10 mg tab</i>	1	
<i>leflunomide 20 mg tab</i>	1	
LUPKYNIS 7.9 MG CAP	3	QL 6 / 1 DAYS PA
METHOTREXATE SODIUM (PF) 1 GM/40ML SOLUTION	1	
<i>methotrexate sodium (pf) 1 gm/40ml solution</i>	1	
METHOTREXATE SODIUM (PF) 1000 MG/40ML SOLUTION	1	
<i>methotrexate sodium (pf) 250 mg/10ml solution</i>	1	
<i>methotrexate sodium (pf) 50 mg/2ml solution</i>	1	
<i>methotrexate sodium 1 gm recon soln</i>	1	
<i>methotrexate sodium 2.5 mg tab</i>	1	
METHOTREXATE SODIUM 250 MG/10ML SOLUTION	1	
METHOTREXATE SODIUM 50 MG/2ML SOLUTION	1	
<i>mycophenolate mofetil 200 mg/ml recon susp</i>	2	
<i>mycophenolate mofetil 250 mg cap</i>	1	
<i>mycophenolate mofetil 500 mg tab</i>	1	
<i>mycophenolate sodium 180 mg tab dr</i>	3	
<i>mycophenolate sodium 360 mg tab dr</i>	3	
<i>mycophenolic acid 180 mg tab dr</i>	3	
<i>mycophenolic acid 360 mg tab dr</i>	3	
OTREXUP 10 MG/0.4ML SOLN A-INJ	3	QL 0.06 / 1 DAYS PA SP Specialty
OTREXUP 12.5 MG/0.4ML SOLN A-INJ	3	QL 0.06 / 1 DAYS PA SP Specialty
OTREXUP 15 MG/0.4ML SOLN A-INJ	3	QL 0.06 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OTREXUP 17.5 MG/0.4ML SOLN A-INJ	3	<ul style="list-style-type: none"> QL 0.06 / 1 DAYS PA SP Specialty
OTREXUP 20 MG/0.4ML SOLN A-INJ	3	<ul style="list-style-type: none"> QL 0.06 / 1 DAYS PA SP Specialty
OTREXUP 22.5 MG/0.4ML SOLN A-INJ	3	<ul style="list-style-type: none"> QL 0.06 / 1 DAYS PA SP Specialty
OTREXUP 25 MG/0.4ML SOLN A-INJ	3	<ul style="list-style-type: none"> QL 0.06 / 1 DAYS PA SP Specialty
RASUVO 10 MG/0.2ML SOLN A-INJ	3	<ul style="list-style-type: none"> QL 0.03 / 1 DAYS PA SP Specialty
RASUVO 12.5 MG/0.25ML SOLN A-INJ	3	<ul style="list-style-type: none"> QL 0.04 / 1 DAYS PA SP Specialty
RASUVO 15 MG/0.3ML SOLN A-INJ	3	<ul style="list-style-type: none"> QL 0.05 / 1 DAYS PA SP Specialty
RASUVO 17.5 MG/0.35ML SOLN A-INJ	3	<ul style="list-style-type: none"> QL 0.05 / 1 DAYS PA SP Specialty
RASUVO 20 MG/0.4ML SOLN A-INJ	3	<ul style="list-style-type: none"> QL 0.06 / 1 DAYS PA SP Specialty
RASUVO 22.5 MG/0.45ML SOLN A-INJ	3	<ul style="list-style-type: none"> QL 0.07 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RASUVO 25 MG/0.5ML SOLN A-INJ	3	<ul style="list-style-type: none"> QL 0.08 / 1 DAYS PA SP Specialty
RASUVO 30 MG/0.6ML SOLN A-INJ	3	<ul style="list-style-type: none"> QL 0.09 / 1 DAYS PA SP Specialty
RASUVO 7.5 MG/0.15ML SOLN A-INJ	3	<ul style="list-style-type: none"> QL 0.03 / 1 DAYS PA SP Specialty
SIMLANDI (1 PEN) 40 MG/0.4ML AUT-IJ KIT	2	<ul style="list-style-type: none"> QL 0.072 / 1 DAYS PA SP Specialty
SIMLANDI (2 PEN) 40 MG/0.4ML AUT-IJ KIT	2	<ul style="list-style-type: none"> QL 0.072 / 1 DAYS PA SP Specialty
SIMLANDI (2 SYRINGE) 40 MG/0.4ML PEF SY KT	2	<ul style="list-style-type: none"> QL 0.072 / 1 DAYS 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	
SPEVIGO 150 MG/ML SOLN PRSYR	3	<ul style="list-style-type: none"> QL 0.072 / 1 DAYS PA SP Specialty
<i>tacrolimus 0.5 mg cap</i>	1	
<i>tacrolimus 1 mg cap</i>	1	
<i>tacrolimus 5 mg cap</i>	1	
TREXALL 10 MG TAB	3	
TREXALL 15 MG TAB	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TREXALL 5 MG TAB	3	
TREXALL 7.5 MG TAB	3	
XATMEP 2.5 MG/ML SOLUTION	3	PA
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 400 mg cap dr</i>	1	
<i>mesalamine 800 mg tab dr</i>	2	
<i>mesalamine er 0.375 gm cap er 24h</i>	1	
<i>sulfasalazine 500 mg tab</i>	1	
<i>sulfasalazine 500 mg tab dr</i>	1	
GLUCOCORTICOIDS		
ALKINDI SPRINKLE 0.5 MG CAP SPRINK	3	QL 1 / 1 DAYS PA
ALKINDI SPRINKLE 1 MG CAP SPRINK	3	QL 1 / 1 DAYS PA
ALKINDI SPRINKLE 2 MG CAP SPRINK	3	QL 1 / 1 DAYS PA
ALKINDI SPRINKLE 5 MG CAP SPRINK	3	QL 1 / 1 DAYS PA
<i>budesonide 2 mg foam</i>	1	QL 3.34 / 1 DAYS PA
<i>budesonide 2 mg/act foam</i>	1	QL 3.34 / 1 DAYS PA
<i>budesonide 3 mg cp dr part</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>budesonide er 9 mg tab er 24h</i>	3	QL 1 / 1 DAYS
<i>hydrocortisone 10 mg tab</i>	1	
<i>hydrocortisone 100 mg/60ml enema</i>	1	
<i>hydrocortisone 20 mg tab</i>	1	
<i>hydrocortisone 5 mg tab</i>	1	
METABOLIC BONE DISEASE AGENTS		
<i>alendronate sodium 10 mg tab</i>	1	QL 1 / 1 DAYS PD Preventive Drug
<i>alendronate sodium 35 mg tab</i>	1	QL 0.15 / 1 DAYS RX4L Rx4Less Program PD Preventive Drug
<i>alendronate sodium 70 mg tab</i>	1	QL 0.15 / 1 DAYS RX4L Rx4Less Program PD Preventive Drug
<i>alendronate sodium 70 mg/75ml solution</i>	2	PD Preventive Drug
<i>calcitonin (salmon) 200 unit/act solution</i>	1	PD Preventive Drug
<i>calcitriol 0.25 mcg cap</i>	1	
<i>calcitriol 0.5 mcg cap</i>	1	
<i>calcitriol 1 mcg/ml solution</i>	1	
<i>cinacalcet hcl 30 mg tab</i>	2	SP Specialty
<i>cinacalcet hcl 60 mg tab</i>	2	SP Specialty
<i>cinacalcet hcl 90 mg tab</i>	2	SP Specialty
<i>ergocalciferol 1.25 mg (50000 ut) cap</i>	1	
<i>ibandronate sodium 150 mg tab</i>	3	QL 0.04 / 1 DAYS PD Preventive Drug
<i>paricalcitol 1 mcg cap</i>	2	
<i>paricalcitol 2 mcg cap</i>	2	
<i>paricalcitol 4 mcg cap</i>	2	
PROLIA 60 MG/ML SOLN PRSYR	3	PA QLC 1 / 135 DAYS SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>raloxifene hcl 60 mg tab</i>	2	PD Preventive Drug
RAYALDEE 30 MCG CAP ER	3	QL 2 / 1 DAYS PA
<i>risedronate sodium 150 mg tab</i>	1	QL 0.04 / 1 DAYS PD Preventive Drug
<i>risedronate sodium 30 mg tab</i>	2	QL 1 / 1 DAYS PD Preventive Drug
<i>risedronate sodium 35 mg tab</i>	1	QL 0.15 / 1 DAYS PD Preventive Drug
<i>risedronate sodium 35 mg tab dr</i>	3	QL 0.15 / 1 DAYS PD Preventive Drug
<i>risedronate sodium 5 mg tab</i>	1	QL 1 / 1 DAYS PD Preventive Drug
<i>teriparatide (recombinant) 600 mcg/2.4ml soln pen</i>	1	QL 0.089 / 1 DAYS PA SP Specialty
<i>teriparatide 600 mcg/2.4ml soln pen</i>	1	QL 0.089 / 1 DAYS PA SP Specialty
TYMLOS 3120 MCG/1.56ML SOLN PEN	2	QL 0.06 / 1 DAYS PA SP Specialty
<i>vitamin d (ergocalciferol) 1.25 mg (50000 ut) cap</i>	1	
<i>vitamin d (ergocalciferol) 50000 unit cap</i>	1	
MISCELLANEOUS THERAPEUTIC AGENTS		
3232A INFANT FORMULA POWDER	3	PA OTC Over the Counter
LANCETS	3	OTC Over the Counter
ACE AEROSOL CLOUD ENHANCER MISC	3	QLC 2 / 22 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ACERFLEX POWDER	3	PA OTC Over the Counter
ADULT MASK LARGE MISC	3	QLC 2 / 22 DAYS
ADVANTAGE INFANT FORMULA/IRON POWDER	3	PA OTC Over the Counter
AEROTRACH PLUS MISC	3	QLC 2 / 22 DAYS
AIMSCO LUBRICATED MISC	3	OTC Over the Counter
ALFAMINO INFANT POWDER	3	PA OTC Over the Counter
ALFAMINO JUNIOR POWDER	3	PA OTC Over the Counter
AQ INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	
BABYS ONLY ORGANIC/DAIRY POWDER	3	PA OTC Over the Counter
BABYS ONLY ORGANIC/DHA & ARA POWDER	3	PA OTC Over the Counter
BABYS ONLY ORGANIC/SOY POWDER	3	PA OTC Over the Counter
BABYS ONLY ORGNIC/GENTLE DAIRY POWDER	3	PA OTC Over the Counter
BABYS ONLY ORGNIC/SENS DHA-ARA POWDER	3	PA OTC Over the Counter
BCAD 1 POWDER	3	PA OTC Over the Counter
BCAD 2 POWDER	3	PA OTC Over the Counter
BD ALLERGY SYRINGE 27G X 1/2" 0.5 ML MISC	3	OTC Over the Counter
BD ALLERGY SYRINGE 27G X 3/8" 0.5 ML MISC	3	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BD CATHETER TIP SYRINGE 50 ML MISC	3	OTC Over the Counter
BD ECLIPSE SYRINGE 30G X 1/2" 1 ML MISC	3	OTC Over the Counter
BD FILTER NEEDLE 18G X 1-1/2" MISC	3	OTC Over the Counter
BD INTERLINK BLUNT CANNULA MISC	3	OTC Over the Counter
BD PRECISIONGLIDE NEEDLE 27G X 3/8" MISC	3	OTC Over the Counter
BD Q-STYLE ACCESS DEVICE MISC	3	OTC Over the Counter
BD Q-STYLE VIAL ADAPTER MISC	3	OTC Over the Counter
BD SAFE CLIP NEEDLE CLIPPER MISC	3	OTC Over the Counter
BD SAFE-CLIP BY MAIL MISC	3	OTC Over the Counter
BD SAFETYGLIDE NEEDLE 27G X 5/8" MISC	3	OTC Over the Counter
BD SYRINGE LUER-LOK 5 ML MISC	3	
BD TB SYRINGE 27G X 1/2" 0.5 ML MISC	3	OTC Over the Counter
CALCILO XD POWDER	3	PA OTC Over the Counter
CAREPOINT SYRINGE LUER LOCK 5 ML MISC	3	
CAYA DIAPHRAGM	3	ACA Affordable Care Act
CHEMO TRANSFER PIN MISC	3	OTC Over the Counter
CHOLEXTRA T/F POWDER	3	PA OTC Over the Counter
COMPLEX ESSENTIAL MSD POWDER	3	PA OTC Over the Counter
CONFORMANT 2 WOUND VEIL MISC	3	OTC Over the Counter
CONTOUR MONITOR DEVICE	3	OTC Over the Counter PD Preventive Drug
CVS ADVANTAGE/IRON POWDER	3	PA OTC Over the Counter
CVS ALKALINE BATTERIES SIZE AA MISC	3	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CVS DRESSING 4"X4-3/4" MISC	3	OTC Over the Counter
CVS GENTLE INFANT FORMULA/IRON POWDER	3	PA OTC Over the Counter
<i>cv's hydrogen peroxide 3 % solution</i>	1	OTC Over the Counter
CVS INFANT FORMULA/IRON POWDER	3	PA OTC Over the Counter
<i>cv's instant food thickener powder</i>	2	OTC Over the Counter
<i>cv's rubbing alcohol 70 % solution</i>	3	OTC Over the Counter
CVS SENSITIVITY/IRON POWDER	3	PA OTC Over the Counter
CVS TODDLER BEGINNINGS-IRON POWDER	3	PA OTC Over the Counter
CVS WINDOW BANDAGES MISC	3	OTC Over the Counter
CYCLINEX-1 POWDER	3	PA OTC Over the Counter
CYCLINEX-2 POWDER	3	PA OTC Over the Counter
CYTOTINE POWDER	3	PA
D-MANNOSE POWDER	3	PA OTC Over the Counter
DEXCOM G6 RECEIVER DEVICE	2	QL 0.034 / 1 DAYS PA ST QLC 1 / 274 DAYS
DEXCOM G6 SENSOR MISC	2	QL 0.1 / 1 DAYS PA ST
DEXCOM G6 TRANSMITTER MISC	2	PA QLC 1 / 68 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DEXCOM G7 RECEIVER DEVICE	2	<ul style="list-style-type: none"> QL 0.034 / 1 DAYS PA ST QLC 1 / 274 DAYS
DEXCOM G7 SENSOR MISC	2	<ul style="list-style-type: none"> QL 0.1 / 1 DAYS PA ST
DOVER BULB SYRINGE 60 ML MISC	3	<ul style="list-style-type: none"> OTC Over the Counter
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 0.5 ML MISC	3	
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 1 ML MISC	3	
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 0.3 ML MISC	3	
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 0.5 ML MISC	3	
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 1 ML MISC	3	
DUOCAL POWDER	3	<ul style="list-style-type: none"> PA OTC Over the Counter
DUREX REALFEEL DEVICE	3	<ul style="list-style-type: none"> OTC Over the Counter
EASY COMFORT INSULIN SYRINGE 31G X 1/2" 0.3 ML MISC	3	<ul style="list-style-type: none"> OTC Over the Counter PD Preventive Drug
EGG/PRO POWDER	3	<ul style="list-style-type: none"> PA OTC Over the Counter
ELECARE POWDER	3	<ul style="list-style-type: none"> PA OTC Over the Counter
ELECARE DHA/ARA POWDER	3	<ul style="list-style-type: none"> PA OTC Over the Counter
ELECARE DHA/ARA INFANT POWDER	3	<ul style="list-style-type: none"> PA OTC Over the Counter
ELECARE DHA/ARA/IRON INFANT POWDER	3	<ul style="list-style-type: none"> PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ELECARE JR POWDER	3	PA OTC Over the Counter
ENCALA POWDER	3	PA OTC Over the Counter
ENFAGROW PREMIUM LIPIL POWDER	3	PA OTC Over the Counter
ENFAGROW PREMIUM OLDER TODDLER POWDER	3	PA OTC Over the Counter
ENFAGROW TODDLER GENTLEASE POWDER	3	PA OTC Over the Counter
ENFAMIL 24 LIQUID	3	PA OTC Over the Counter
ENFAMIL A.R. INFANT POWDER	3	PA OTC Over the Counter
ENFAMIL AR LIPIL LIQUID	3	PA OTC Over the Counter
ENFAMIL AR SPIT-UP POWDER	1	PA OTC Over the Counter
ENFAMIL ENSPIRE GENTLEASE POWDER	3	PA OTC Over the Counter
ENFAMIL ENSPIRE/IRON POWDER	3	PA OTC Over the Counter
ENFAMIL GENTLEASE LIQUID	3	PA OTC Over the Counter
ENFAMIL GENTLEASE POWDER	3	PA OTC Over the Counter
ENFAMIL GENTLEASE LIPIL LIQUID	3	PA OTC Over the Counter
ENFAMIL HUMAN MILK FORTIFIER LIQUID	3	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ENFAMIL HUMAN MILK FORTIFIER PACKET	3	PA OTC Over the Counter
ENFAMIL INFANT LIQUID	3	PA OTC Over the Counter
ENFAMIL INFANT POWDER	3	PA OTC Over the Counter
ENFAMIL LIPIL ENFACARE LIQUID	3	PA OTC Over the Counter
ENFAMIL MILK-BASED W/IRON LIQUID	3	PA OTC Over the Counter
ENFAMIL MILK-BASED W/IRON POWDER	3	PA OTC Over the Counter
ENFAMIL NEUROPRO ENFACARE LIQUID	3	PA OTC Over the Counter
ENFAMIL NEUROPRO ENFACARE POWDER	3	PA OTC Over the Counter
ENFAMIL NEUROPRO GENTLEASE LIQUID	3	PA OTC Over the Counter
ENFAMIL NEUROPRO GENTLEASE POWDER	3	PA OTC Over the Counter
ENFAMIL NEUROPRO INFANT LIQUID	3	PA OTC Over the Counter
ENFAMIL NEUROPRO INFANT POWDER	3	PA OTC Over the Counter
ENFAMIL NEUROPRO SENSITIVE POWDER	3	PA OTC Over the Counter
ENFAMIL NUTRAMIGEN LIQUID	3	PA OTC Over the Counter
ENFAMIL NUTRAMIGEN LIPIL CONC	3	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ENFAMIL NUTRAMIGEN LIPIL LIQUID	3	PA OTC Over the Counter
ENFAMIL NUTRAMIGEN PROBIOT LGG POWDER	3	PA OTC Over the Counter
ENFAMIL NUTRAMIGEN TOD/ENF LGG POWDER	3	PA OTC Over the Counter
ENFAMIL PREGESTIMIL LIPIL LIQUID	3	PA OTC Over the Counter
ENFAMIL PREMATURE LIQUID	3	PA OTC Over the Counter
ENFAMIL PREMIUM INFANT LIQUID	3	PA OTC Over the Counter
ENFAMIL PREMIUM INFANT POWDER	3	PA OTC Over the Counter
ENFAMIL PREMIUM INFANT POWDER	3	PA OTC Over the Counter
ENFAMIL PREMIUM LIPIL CONC	3	PA OTC Over the Counter
ENFAMIL PREMIUM LIPIL LIQUID	3	PA OTC Over the Counter
ENFAMIL PREMIUM NEWBORN LIQUID	3	PA OTC Over the Counter
ENFAMIL PROSOBEE LIPIL CONC	3	PA OTC Over the Counter
ENFAMIL PROSOBEE LIPIL LIQUID	3	PA OTC Over the Counter
ENFAMIL PROSOBEE SOY POWDER	3	PA OTC Over the Counter
ENFAMIL PROSOBEE/SENSITIVE LIQUID	3	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ENFAMIL REGULINE-IRON POWDER	3	PA OTC Over the Counter
ENFAPORT LIQUID	3	PA OTC Over the Counter
ENSURE POWDER	3	PA OTC Over the Counter
ENSURE HIGH PROTEIN POWDER	1	PA OTC Over the Counter
ENSURE ORIGINAL POWDER	3	PA OTC Over the Counter
ENTERAL FEEDING PISTON SYRINGE MISC	3	OTC Over the Counter
<i>eql hydrogen peroxide 3 % solution</i>	1	OTC Over the Counter
<i>eql isopropyl rubbing alcohol 70 % solution</i>	1	OTC Over the Counter
FANTASY LUBRICATED MISC	3	OTC Over the Counter
FANTASY LUBRICATED/SPERMICIDE MISC	3	OTC Over the Counter
FC2 FEMALE CONDOM MISC	3	OTC Over the Counter ACA Affordable Care Act
FEMCAP 22 MM DEVICE	3	ACA Affordable Care Act
FEMCAP 26 MM DEVICE	3	ACA Affordable Care Act
FEMCAP 30 MM DEVICE	3	ACA Affordable Care Act
FILSUEVZ 10 % GEL	3	QL 11.7 / 1 DAYS PA SP Specialty
FILTER 0.2 MICRON/25MM MISC	3	
FILTER/MILLEX-GP/50MM/CLEAR MISC	3	
FIRST-MOUTHWASH BLM SUSPENSION	3	
FLEXICHAMBER ADULT MASK/SMALL MISC	3	QLC 2 / 22 DAYS
FLEXICHAMBER CHILD MASK/LARGE MISC	3	QLC 2 / 22 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FLEXICHAMBER CHILD MASK/SMALL MISC	3	QLC 2 / 22 DAYS
FLUID ADMINISTRATION SET MISC	3	OTC Over the Counter
FORA GTEL BLOOD KETONE TEST STRIP	3	OTC Over the Counter
FORACARE TEST N GO MONITOR DEVICE	3	OTC Over the Counter PD Preventive Drug
FORTINI INFANT FORMULA LIQUID	3	PA OTC Over the Counter
FREESTYLE FREEDOM LITE W/DEVICE KIT	2	OTC Over the Counter PD Preventive Drug
FREESTYLE INSULINX TEST STRIP	2	QLC 306 / 22 DAYS OTC Over the Counter
FREESTYLE LIBRE 14 DAY READER DEVICE	2	QL 0.034 / 1 DAYS PA ST QLC 1 / 274 DAYS
FREESTYLE LIBRE 14 DAY SENSOR MISC	2	QL 0.08 / 1 DAYS PA ST
FREESTYLE LIBRE 2 READER DEVICE	2	QL 0.034 / 1 DAYS PA ST QLC 1 / 274 DAYS
FREESTYLE LIBRE 2 SENSOR MISC	2	QL 0.08 / 1 DAYS PA ST
FREESTYLE LIBRE 3 PLUS SENSOR MISC	2	PA ST QLC 2 / 23 DAYS
FREESTYLE LIBRE 3 READER DEVICE	2	PA ST QLC 1 / 274 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FREESTYLE LIBRE 3 SENSOR MISC	2	PA ST QLC 2 / 21 DAYS
FREESTYLE LIBRE READER DEVICE	2	PA ST QLC 1 / 274 DAYS
FREESTYLE LITE DEVICE	2	OTC Over the Counter PD Preventive Drug
FREESTYLE LITE TEST STRIP	2	QLC 306 / 22 DAYS OTC Over the Counter
FREESTYLE LITE W/DEVICE KIT	2	OTC Over the Counter PD Preventive Drug
FREESTYLE PRECISION NEO SYSTEM W/DEVICE KIT	2	OTC Over the Counter PD Preventive Drug
FREESTYLE PRECISION NEO TEST STRIP	2	QLC 306 / 22 DAYS OTC Over the Counter
FREESTYLE TEST STRIP	2	QLC 306 / 22 DAYS OTC Over the Counter
<i>ft hydrogen peroxide 3 % solution</i>	1	OTC Over the Counter
<i>ft isopropyl rubbing alcohol 70 % solution</i>	3	OTC Over the Counter
GA POWDER	3	PA OTC Over the Counter
GA-1 ANAMIX EARLY YEARS POWDER	3	PA OTC Over the Counter
GELMIX INFANT THICKENER POWDER	3	OTC Over the Counter
GELMIX INFANT THICKENER POWDER	3	OTC Over the Counter
GERBER EXTENSIVE HA POWDER	3	PA OTC Over the Counter
GERBER GOOD START A2-IRON POWDER	3	PA OTC Over the Counter

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GLUTOL LIQUID	3	OTC Over the Counter
<i>gnp hydrogen peroxide 3 % solution</i>	1	OTC Over the Counter
GOODSENSE ISOPROPYL ALCOHOL 70 % SOLUTION	3	OTC Over the Counter
GUARDIAN REAL-TIME CHARGER MISC	3	
GUARDIAN REAL-TIME REPLACE PED DEVICE	2	PA ST QLC 1 / 274 DAYS
GUARDIAN REAL-TIME TEST PLUG MISC	3	
HCU ANAMIX EARLY YEARS POWDER	3	PA OTC Over the Counter
HCU ANAMIX NEXT POWDER	3	PA OTC Over the Counter
HCU MAXAMUM POWDER	3	PA OTC Over the Counter
HCY 1 POWDER	3	PA OTC Over the Counter
HCY 2 POWDER	3	PA OTC Over the Counter
HM ISOPROPYL ALCOHOL 70 % SOLUTION	1	OTC Over the Counter
HOMINEX-1 POWDER	3	PA OTC Over the Counter
HOMINEX-2 POWDER	3	PA OTC Over the Counter
HURRICAIN DISPENSING CAP MISC	3	OTC Over the Counter
HYDROGEN PEROXIDE 3 % SOLUTION	1	OTC Over the Counter
<i>hydrogen peroxide 3 % solution</i>	1	OTC Over the Counter
I-VALEX-1 POWDER	3	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
I-VALEX-2 POWDER	3	PA OTC Over the Counter
IMMULIFE POWDER	1	PA OTC Over the Counter
INSULIN SYRINGE-NEEDLE U-100 27G X 1/2" 0.5 ML MISC	3	
INSULIN SYRINGE-NEEDLE U-100 30G X 1/2" 1 ML MISC	3	
INSULIN SYRINGE-NEEDLE U-100 31G X 5/16" 0.5 ML MISC	3	
INSULIN SYRINGE-NEEDLE U-100 31G X 5/16" 1 ML MISC	3	
IQIRVO 80 MG TAB	3	QL 1 / 1 DAYS PA SP Specialty
ISOMIL/IRON CONC	3	PA OTC Over the Counter
ISOPROPANOL 70 % SOLUTION	3	
<i>isopropyl alcohol (rubbing) 70 % solution</i>	1	OTC Over the Counter
ISOPROPYL ALCOHOL 70 % SOLUTION	1	OTC Over the Counter
<i>isopropyl alcohol, rubbing 70 % solution</i>	3	OTC Over the Counter
IV3000 1-HAND MISC	3	OTC Over the Counter
IV3000 FRAME DELIVERY MISC	3	OTC Over the Counter
IVA ANAMIX EARLY YEARS POWDER	3	PA OTC Over the Counter
IVA ANAMIX NEXT POWDER	3	PA OTC Over the Counter
IVA MAXAMUM POWDER	3	PA OTC Over the Counter
K-PAX PROTEIN BLEND IMMUNE POWDER	3	PA OTC Over the Counter
KENDALL TRANSPARENT FILM DRESS MISC	3	OTC Over the Counter
KETOCAL 3:1 POWDER	3	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KETOCAL 4:1 POWDER	3	PA OTC Over the Counter
KETONEX-1 POWDER	3	PA OTC Over the Counter
KETONEX-2 POWDER	3	PA OTC Over the Counter
KIMONO MICRO THIN MISC	3	OTC Over the Counter
KIMONO MICRO THIN PLUS MISC	3	OTC Over the Counter
KIMONO SENSATION MISC	3	OTC Over the Counter
KIMONO SENSATION PLUS MISC	3	OTC Over the Counter
L-ARGININE POWDER	3	PA OTC Over the Counter
L-ISOLEUCINE POWDER	3	PA OTC Over the Counter
L-LEUCINE POWDER	3	PA OTC Over the Counter
L-TYROSINE POWDER	3	PA OTC Over the Counter
L-VALINE POWDER	3	PA OTC Over the Counter
<i>lactated ringers solution</i>	1	
LIPISTART POWDER	1	PA OTC Over the Counter
LITETOUCH MASK LARGE MISC	3	QLC 2 / 22 DAYS
LITETOUCH MASK MEDIUM MISC	3	QLC 2 / 22 DAYS
LITETOUCH MASK SMALL MISC	3	QLC 2 / 22 DAYS
LITTLE REMEDIES GRIPE WATER 5-4 MG/5ML LIQUID	3	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LIVDELZI 10 MG CAP	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
LMD POWDER	3	<ul style="list-style-type: none"> PA OTC Over the Counter
LUER TIP CAP TRAY MISC	3	
MANNXTRA POWDER	3	<ul style="list-style-type: none"> PA OTC Over the Counter
MASK VORTEX/CHILD/FROG MISC	3	<ul style="list-style-type: none"> QLC 2 / 22 DAYS OTC Over the Counter
MASK VORTEX/TODDLER/LADYBUG MISC	3	<ul style="list-style-type: none"> QLC 2 / 22 DAYS OTC Over the Counter
<i>methergine 0.2 mg tab</i>	1	<ul style="list-style-type: none"> QL 4 / 1 DAYS QLC 28 / 7 DAYS
METHIONAID POWDER	3	<ul style="list-style-type: none"> PA OTC Over the Counter
<i>methylergonovine maleate 0.2 mg tab</i>	1	<ul style="list-style-type: none"> QL 4 / 1 DAYS QLC 28 / 7 DAYS
MINI TRANSFER PIN MISC	3	<ul style="list-style-type: none"> OTC Over the Counter
MMA/PA ANAMIX EARLY YEARS POWDER	3	<ul style="list-style-type: none"> PA OTC Over the Counter
MMA/PA ANAMIX NEXT POWDER	3	<ul style="list-style-type: none"> PA OTC Over the Counter
MMA/PA MAXAMUM POWDER	1	<ul style="list-style-type: none"> PA OTC Over the Counter
MODULEN POWDER	3	<ul style="list-style-type: none"> PA OTC Over the Counter
MONOGEN POWDER	3	<ul style="list-style-type: none"> PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MONOJECT ENTERAL SYRINGE/12ML MISC	3	OTC Over the Counter
MONOJECT ENTERAL SYRINGE/1ML MISC	3	OTC Over the Counter
MONOJECT ENTERAL SYRINGE/35ML MISC	3	OTC Over the Counter
MONOJECT ENTERAL SYRINGE/3ML MISC	3	OTC Over the Counter
MONOJECT ENTERAL SYRINGE/60ML MISC	3	OTC Over the Counter
MONOJECT ENTERAL SYRINGE/6ML MISC	3	OTC Over the Counter
MONOJECT LIFESHIELD CANNULA MISC	3	
MONOJECT SAFETY SYR TIP CAPS MISC	3	OTC Over the Counter
MONOJECT SMARTIP SYR/CANNULA MISC	3	
MONOJECT SYRINGE TIP CAPS MISC	3	OTC Over the Counter
MONOJECT TIP CAPS MISC	3	OTC Over the Counter
MONOJECT VIAL ACCESS CANNULA MISC	3	
MSUD AID POWDER	3	PA OTC Over the Counter
MSUD ANALOG POWDER	3	PA OTC Over the Counter
MSUD ANAMIX EARLY YEARS POWDER	3	PA OTC Over the Counter
MSUD MAXAMAID POWDER	3	PA OTC Over the Counter
MSUD MAXAMUM POWDER	3	PA OTC Over the Counter
NEOCATE INFANT DHA/ARA POWDER	3	PA OTC Over the Counter
NEOCATE JUNIOR POWDER	3	PA OTC Over the Counter
NEOCATE JUNIOR PREBIOTICS POWDER	3	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NEOCATE NUTRA POWDER	3	PA OTC Over the Counter
NEOCATE SYNEO INFANT POWDER	3	PA OTC Over the Counter
NEOKE BCAA4 POWDER	3	PA OTC Over the Counter
NERIA 29G INFUSION SET 10MM MISC	3	OTC Over the Counter
NERIA 29G INFUSION SET 6MM MISC	3	OTC Over the Counter
NERIA 29G INFUSION SET 8MM MISC	3	OTC Over the Counter
NESTLE NAN PRO 1-IRON POWDER	3	PA OTC Over the Counter
NESTLE NAN PRO-TODDLER POWDER	3	PA OTC Over the Counter
NEXCARE TEGADERM 2-3/8"X2-3/4" MISC	3	OTC Over the Counter
NEXCARE TEGADERM 4"X4-3/4" MISC	3	OTC Over the Counter
NOVA MAX BLOOD GLUCOSE SYSTEM W/DEVICE KIT	3	OTC Over the Counter PD Preventive Drug
NOVA MAX PLUS KETONE TEST STRIP	3	OTC Over the Counter
NUTRITIONAL DRINK MIX POWDER	1	PA OTC Over the Counter
OA 1 POWDER	3	PA OTC Over the Counter
OA 2 POWDER	3	PA OTC Over the Counter
<i>Omnipod 5 DexG7G6 Pods Gen 5 MISC</i>	3	QL 0.5 / 1 DAYS ST
OMNIPOD 5 G6 INTRO (GEN 5) KIT	3	ST QLC 1 / 274 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OMNIPOD 5 G6 PODS (GEN 5) MISC	3	QL 0.5 / 1 DAYS ST
<i>Omnipod 5 G7 Intro (Gen 5) KIT</i>	3	ST QLC 1 / 274 DAYS
OMNIPOD 5 G7 PODS (GEN 5) MISC	3	QL 0.5 / 1 DAYS ST
OMNIPOD 5 LIBRE2 PLUS G6 KIT	3	ST QLC 1 / 274 DAYS
OMNIPOD 5 LIBRE2 PLUS G6 PODS MISC	3	QL 0.5 / 1 DAYS ST
OMNIPOD CLASSIC PODS (GEN 3) MISC	3	QL 0.5 / 1 DAYS ST
OMNIPOD DASH INTRO (GEN 4) KIT	3	ST QLC 1 / 274 DAYS
OMNIPOD DASH PDM (GEN 4) KIT	3	ST QLC 1 / 274 DAYS
OMNIPOD DASH PODS (GEN 4) MISC	3	QL 0.5 / 1 DAYS ST
ONE-WAY VALVED EXPIRATORY MOUTHPIECE MISC	3	QLC 2 / 22 DAYS OTC Over the Counter
ONE-WAY VALVED INSPIRATORY MOUTHPIECE MISC	3	QLC 2 / 22 DAYS OTC Over the Counter
ONETOUCH SOLUTIONS STARTER KIT W/ WELL DEVICE KIT	2	OTC Over the Counter PD Preventive Drug
ONETOUCH ULTRA STRIP	2	QLC 306 / 22 DAYS OTC Over the Counter
ONETOUCH ULTRA 2 W/DEVICE KIT	2	OTC Over the Counter PD Preventive Drug
ONETOUCH ULTRA BLUE TEST STRIP	2	QLC 306 / 22 DAYS OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ONETOUCH ULTRA TEST STRIP	2	QLC 306 / 22 DAYS OTC Over the Counter
ONETOUCH VERIO STRIP	2	QLC 306 / 22 DAYS OTC Over the Counter
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
OPSITE IV 3000 MISC	3	OTC Over the Counter
OPTIUMEZ TEST STRIP	3	QLC 306 / 22 DAYS OTC Over the Counter
OPVEE 2.7 MG/0.1ML SOLUTION	2	
ORGANIC PEDIA SMART POWDER	3	PA OTC Over the Counter
OVAL TAPE MISC	3	OTC Over the Counter
PANDA MASK LARGE MISC	3	QLC 2 / 22 DAYS OTC Over the Counter
PANDA MASK MEDIUM MISC	3	QLC 2 / 22 DAYS OTC Over the Counter
PANDA MASK SMALL MISC	3	QLC 2 / 22 DAYS OTC Over the Counter
PARAGARD INTRAUTERINE COPPER IUD	3	ACA Affordable Care Act
PARI VORTEX ADULT MASK MISC	3	QLC 2 / 22 DAYS OTC Over the Counter
PEDIASURE GROW & GAIN POWDER	3	PA OTC Over the Counter
PEDIASURE SHAKE MIX POWDER	3	PA OTC Over the Counter
PEDIATRIC MEDIUM MASK MISC	3	QLC 2 / 22 DAYS OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PEDIATRIC MOUTHPIECE MISC	3	QLC 2 / 22 DAYS OTC Over the Counter
PEDIATRIC PANDA MASK MISC	3	QLC 2 / 22 DAYS OTC Over the Counter
PEDIATRIC SMALL MASK MISC	3	QLC 2 / 22 DAYS OTC Over the Counter
PEN NEEDLES 30G X 5 MM MISC	3	
PERIFLEX ADVANCE POWDER	3	PA OTC Over the Counter
PERIFLEX INFANT POWDER	3	PA OTC Over the Counter
PERIFLEX JUNIOR POWDER	3	PA OTC Over the Counter
PFD POWDER	3	PA OTC Over the Counter
PFD 2 POWDER	3	PA OTC Over the Counter
PHASEAL PROTECTOR 14 MISC	3	
PHASEAL PROTECTOR 21 MISC	3	
PHASEAL PROTECTOR 28 MISC	3	
PHASEAL PROTECTOR 50 MISC	3	
PHENEX-1 POWDER	3	PA OTC Over the Counter
PHENEX-2 POWDER	3	PA OTC Over the Counter
PHENYL-FREE 1 POWDER	3	PA OTC Over the Counter
PHENYL-FREE 2 POWDER	3	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PHENYL-FREE 2HP POWDER	3	PA OTC Over the Counter
PHENYLADE ESSENTIAL DRINK MIX POWDER	3	PA OTC Over the Counter
PHENYLADE ESSENTIAL MIX/FIBER POWDER	3	PA OTC Over the Counter
PHENYLADE GMP POWDER	3	PA OTC Over the Counter
PHENYLADE GMP MIX DHA/FIBER POWDER	3	PA OTC Over the Counter
PHENYLADE GMP MIX-IN POWDER	3	PA OTC Over the Counter
PHENYLADE60 DRINK MIX POWDER	3	PA OTC Over the Counter
PKU PERIFLEX EARLY YEARS POWDER	3	PA OTC Over the Counter
PKU PERIFLEX JUNIOR PLUS POWDER	3	PA OTC Over the Counter
PKU TRIO POWDER	3	PA OTC Over the Counter
POLYCAL POWDER	3	PA OTC Over the Counter
POLYSKIN II DRESSING 2"X2.75" MISC	3	OTC Over the Counter
PORTAGEN POWDER	3	PA OTC Over the Counter
PRECISION XTRA BLOOD GLUCOSE STRIP	2	QLC 306 / 22 DAYS OTC Over the Counter
PRECISION XTRA KETONE STRIP	2	OTC Over the Counter
PRECISION XTRA-GLUCOSE/KETONE DEVICE	2	OTC Over the Counter PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PREGESTIMIL POWDER	3	PA OTC Over the Counter
PREMIUM INFANT FORMULA/IRON POWDER	3	PA OTC Over the Counter
PRO-PHREE POWDER	3	PA OTC Over the Counter
PROPIMEX-1 POWDER	3	PA OTC Over the Counter
PROPIMEX-2 POWDER	3	PA OTC Over the Counter
PROSOURCE POWDER	1	PA OTC Over the Counter
PROTEIN FORTIFIER LIQUID	3	PA OTC Over the Counter
PROVIMIN POWDER	3	PA OTC Over the Counter
PURAMINO DHA/ARA POWDER	3	PA OTC Over the Counter
PURAMINO JR POWDER	3	PA OTC Over the Counter
PURAMINO TODDLER POWDER	3	PA OTC Over the Counter
PURATHICK POWDER	3	OTC Over the Counter
PURATHICK POWDER	3	OTC Over the Counter
<i>ra hydrogen peroxide 3 % solution</i>	1	OTC Over the Counter
<i>ra isopropyl rubbing alcohol 70 % solution</i>	1	OTC Over the Counter
RCF LOW-IRON CONC	3	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RELION ULTIMA GLUCOSE SYSTEM W/DEVICE KIT	3	OTC Over the Counter PD Preventive Drug
RELION ULTIMA TEST STRIP	3	QLC 306 / 22 DAYS OTC Over the Counter
RENASTART POWDER	3	PA OTC Over the Counter
RESOURCE THICKENUP PACKET	2	OTC Over the Counter
RESOURCE THICKENUP POWDER	1	OTC Over the Counter
RESOURCE THICKENUP CLEAR POWDER	2	OTC Over the Counter
RESOURCE THICKENUP CLEAR POWDER	2	OTC Over the Counter
<i>ringers irrigation solution</i>	1	
<i>rubbing alcohol 70 % solution</i>	3	OTC Over the Counter
SIDESTREAM PEDIATRIC FACE MASK MISC	3	QLC 2 / 22 DAYS OTC Over the Counter
SILICONE MASK/INFANT MISC	3	QLC 2 / 22 DAYS
SILICONE MASK/PEDIATRIC MISC	3	QLC 2 / 22 DAYS
SIMILAC ADVANCE COMPLETE POWDER	3	PA OTC Over the Counter
SIMILAC ADVANCE EARLY SHIELD CONC	3	PA OTC Over the Counter
SIMILAC ADVANCE EARLY SHIELD LIQUID	3	PA OTC Over the Counter
SIMILAC ADVANCE EARLY SHIELD POWDER	1	PA OTC Over the Counter
SIMILAC ADVANCE LAMEHADRIN POWDER	3	PA OTC Over the Counter
SIMILAC ADVANCE NON-GMO POWDER	3	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SIMILAC ADVANCE OPTIGRO/IRON POWDER	3	PA OTC Over the Counter
SIMILAC ADVANCE ORGANIC LIQUID	3	PA OTC Over the Counter
SIMILAC ADVANCE-IRON LIQUID	3	PA OTC Over the Counter
SIMILAC ADVANCE-IRON POWDER	3	PA OTC Over the Counter
SIMILAC ADVANCE/IRON PACKET	3	PA OTC Over the Counter
SIMILAC ALIMENTUM IMMUNESUPP LIQUID	3	PA OTC Over the Counter
SIMILAC ALIMENTUM-IRON POWDER	1	PA OTC Over the Counter
SIMILAC EXPERT CARE ALIMENTUM LIQUID	3	PA OTC Over the Counter
SIMILAC EXPERT CARE DIARRHEA LIQUID	3	PA OTC Over the Counter
SIMILAC EXPERT CARE NEOSURE/FE LIQUID	3	PA OTC Over the Counter
SIMILAC FOR SPIT-UP LIQUID	3	PA OTC Over the Counter
SIMILAC FOR SPIT-UP POWDER	3	PA OTC Over the Counter
SIMILAC FOR SPIT-UP/OPTIGRO POWDER	3	PA OTC Over the Counter
SIMILAC FOR SUPPLEMENTATION LIQUID	3	PA OTC Over the Counter
SIMILAC FOR SUPPLEMENTATION POWDER	3	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SIMILAC GO & GROW EARLY SHIELD POWDER	3	PA OTC Over the Counter
SIMILAC GO & GROW HMO POWDER	3	PA OTC Over the Counter
SIMILAC GO & GROW NON-GMO POWDER	3	PA OTC Over the Counter
SIMILAC GO & GROW OPTIGRO POWDER	3	PA OTC Over the Counter
SIMILAC GO & GROW TODDLER POWDER	3	PA OTC Over the Counter
SIMILAC HUMAN MILK FORTIFIER CONC	3	PA OTC Over the Counter
SIMILAC HUMAN MILK FORTIFIER POWDER	3	PA OTC Over the Counter
SIMILAC LOW-IRON LIQUID	3	PA OTC Over the Counter
SIMILAC NEOSURE ADVANCE/IRON LIQUID	1	PA OTC Over the Counter
SIMILAC NEOSURE OPTIGRO LIQUID	3	PA OTC Over the Counter
SIMILAC NEOSURE OPTIGRO POWDER	3	PA OTC Over the Counter
SIMILAC ORGANIC/A2 MILK/IRON POWDER	3	PA OTC Over the Counter
SIMILAC ORGANIC/IRON LIQUID	3	PA OTC Over the Counter
SIMILAC PM POWDER	3	PA OTC Over the Counter
SIMILAC PRO-ADVANCE OPTIGRO LIQUID	3	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SIMILAC PRO-ADVANCE OPTIGRO POWDER	3	PA OTC Over the Counter
SIMILAC PRO-ADVANCE WITH IRON LIQUID	3	PA OTC Over the Counter
SIMILAC PRO-ADVANCE WITH IRON POWDER	3	PA OTC Over the Counter
SIMILAC PRO-SENSITIVE LIQUID	3	PA OTC Over the Counter
SIMILAC PRO-SENSITIVE OPTIGRO LIQUID	3	PA OTC Over the Counter
SIMILAC PRO-SENSITIVE OPTIGRO POWDER	3	PA OTC Over the Counter
SIMILAC PRO-SENSITIVE/IRON POWDER	3	PA OTC Over the Counter
SIMILAC PRO-TOTAL COMFORT POWDER	3	PA OTC Over the Counter
SIMILAC PURE BLISS POWDER	3	PA OTC Over the Counter
SIMILAC PURE BLISS/IRON POWDER	3	PA OTC Over the Counter
SIMILAC SENSITIVE CONC	1	PA OTC Over the Counter
SIMILAC SENSITIVE POWDER	3	PA OTC Over the Counter
SIMILAC SENSITIVE EARLY SHIELD CONC	1	PA OTC Over the Counter
SIMILAC SENSITIVE EARLY SHIELD LIQUID	3	PA OTC Over the Counter
SIMILAC SENSITIVE FUSSINESS POWDER	3	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SIMILAC SENSITIVE NON-GMO POWDER	3	PA OTC Over the Counter
SIMILAC SENSITIVE OPTIGRO LIQUID	3	PA OTC Over the Counter
SIMILAC SENSITIVE OPTIGRO/IRON POWDER	3	PA OTC Over the Counter
SIMILAC SENSITIVE SPIT-UP LIQUID	3	PA OTC Over the Counter
SIMILAC SOY ISOMIL CONC	3	PA OTC Over the Counter
SIMILAC SOY ISOMIL LIQUID	3	PA OTC Over the Counter
SIMILAC SOY ISOMIL PACKET	3	PA OTC Over the Counter
SIMILAC SOY ISOMIL POWDER	3	PA OTC Over the Counter
SIMILAC SPECIAL CARE PREMATURE LIQUID	3	PA OTC Over the Counter
SIMILAC SPECIAL CARE/IRON LIQUID	3	PA OTC Over the Counter
SIMILAC SPIT-UP OPTIGRO/IRON POWDER	3	PA OTC Over the Counter
SIMILAC TOTAL CMFRT OPTIGRO/FE POWDER	3	PA OTC Over the Counter
SIMILAC TOTAL COMFORT LIQUID	3	PA OTC Over the Counter
SIMILAC TOTAL COMFORT POWDER	3	PA OTC Over the Counter
SIMILAC/IRON LIQUID	3	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SIMPLYTHICK GEL	2	OTC Over the Counter
SIMPLYTHICK EASY MIX GEL	2	OTC Over the Counter
SIMPLYTHICK EASY MIX GEL	2	OTC Over the Counter
<i>sm alcohol 70 % solution</i>	1	OTC Over the Counter
<i>sm hydrogen peroxide 3 % solution</i>	1	OTC Over the Counter
SM ISOPROPYL ALCOHOL 70 % SOLUTION	1	OTC Over the Counter
SOD ANAMIX EARLY YEARS POWDER	3	PA OTC Over the Counter
<i>sodium bicarbonate 4.2 % solution</i>	1	
<i>sodium bicarbonate 8.4 % solution</i>	1	
SOL CARB POWDER	3	PA OTC Over the Counter
STERILE WATER FOR INJECTION SOLUTION	1	
<i>sterile water for injection solution</i>	1	
<i>sterile water for irrigation solution</i>	1	
SYRINGE FILTER/MILLEX-GS/25MM MISC	3	
TEGADERM + PAD 2"X2-3/4" MISC	3	OTC Over the Counter
TEGADERM + PAD 2-3/8"X4" MISC	3	OTC Over the Counter
TEGADERM + PAD 3-1/2"X10" MISC	3	OTC Over the Counter
TEGADERM + PAD 3-1/2"X13-3/4" MISC	3	OTC Over the Counter
TEGADERM + PAD 3-1/2"X4" MISC	3	OTC Over the Counter
TEGADERM + PAD 3-1/2"X4-1/8" MISC	3	OTC Over the Counter
TEGADERM + PAD 3-1/2"X6" MISC	3	OTC Over the Counter
TEGADERM + PAD 3-1/2"X8" MISC	3	OTC Over the Counter
TEGADERM ABSORBENT DRESSING MISC	3	OTC Over the Counter
TEGADERM FILM 2-3/8"X2-3/4" MISC	3	OTC Over the Counter
TEGADERM FILM 4"X10" MISC	3	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TEGADERM FILM 4"X4-3/4" MISC	3	OTC Over the Counter
TEGADERM FILM 6"X8" MISC	3	OTC Over the Counter
TEGADERM FILM 8"X12" MISC	3	OTC Over the Counter
TEGADERM HP 2-1/8"X2-1/2" MISC	3	OTC Over the Counter
TEGADERM HP 2-3/8"X2-3/4" MISC	3	OTC Over the Counter
TEGADERM HP 4"X4-1/2" MISC	3	OTC Over the Counter
TEGADERM HP 4"X4-3/4" MISC	3	OTC Over the Counter
TEGADERM HP 4-1/2"X4-3/4" MISC	3	OTC Over the Counter
TEGADERM HP 5-1/2"X6-1/2" MISC	3	OTC Over the Counter
TEGADERM I.V. 3-1/2"X4-1/4" MISC	3	OTC Over the Counter
TEGADERM I.V. ADVANCED MISC	3	OTC Over the Counter
TEMPO SMART BUTTON MISC	3	QL 0.034 / 1 DAYS
		QLC 2 / 274 DAYS
		PD Preventive Drug
<i>thick & easy packet</i>	3	OTC Over the Counter
<i>thick & easy powder</i>	2	OTC Over the Counter
<i>thick now powder</i>	2	OTC Over the Counter
<i>thick-it packet</i>	2	OTC Over the Counter
THICK-IT POWDER	1	OTC Over the Counter
THICK-IT #2 PACKET	2	OTC Over the Counter
THICK-IT #2 POWDER	2	OTC Over the Counter
THICKENUP CLEAR POWDER	2	OTC Over the Counter
<i>tis-u-sol solution</i>	1	
TRANSFER PIN MISC	3	OTC Over the Counter
TRANSPARENT FILM DRESSING MISC	3	OTC Over the Counter
TRUSTEX LUB/RIBBED/STUDED MISC	3	OTC Over the Counter

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ULTRAMINO SOY PROTEIN POWDER	3	PA OTC Over the Counter
UNIVERSAL SYRINGE TIP ADAPTOR MISC	3	OTC Over the Counter
VOWST CAP	3	QL 4 / 1 DAYS PA QLC 12 / 274 DAYS SP Specialty
WAINUA 45 MG/0.8ML SOLN A-INJ	3	QL 0.027 / 1 DAYS PA SP Specialty
<i>water for irrigation, sterile solution</i>	1	
WIDE-SEAL DIAPHRAGM 60 2 % DIAPHRAGM	3	ACA Affordable Care Act
WIDE-SEAL DIAPHRAGM 65 2 % DIAPHRAGM	3	ACA Affordable Care Act
WIDE-SEAL DIAPHRAGM 70 2 % DIAPHRAGM	3	ACA Affordable Care Act
WIDE-SEAL DIAPHRAGM 75 2 % DIAPHRAGM	3	ACA Affordable Care Act
WIDE-SEAL DIAPHRAGM 80 2 % DIAPHRAGM	3	ACA Affordable Care Act
WIDE-SEAL DIAPHRAGM 85 2 % DIAPHRAGM	3	ACA Affordable Care Act
WIDE-SEAL DIAPHRAGM 90 2 % DIAPHRAGM	3	ACA Affordable Care Act
WIDE-SEAL DIAPHRAGM 95 2 % DIAPHRAGM	3	ACA Affordable Care Act
WND 1 POWDER	3	PA OTC Over the Counter
WND 2 POWDER	3	PA OTC Over the Counter
XLEU ANALOG POWDER	3	PA OTC Over the Counter
XLEU MAXAMAID POWDER	3	PA OTC Over the Counter
XLYS XTRP ANALOG POWDER	3	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XLYS-XTRP MAXAMAID POWDER	3	PA OTC Over the Counter
XLYS-XTRP MAXAMUM POWDER	3	PA OTC Over the Counter
XMET ANALOG POWDER	3	PA OTC Over the Counter
XMET MAXAMAID POWDER	3	PA OTC Over the Counter
XMET XCYS MAXAMAID POWDER	3	PA OTC Over the Counter
XMTVI ANALOG POWDER	3	PA OTC Over the Counter
XMTVI MAXAMAID POWDER	1	PA OTC Over the Counter
XPHE MAXAMAID POWDER	3	PA OTC Over the Counter
XPHE-XTYR ANALOG POWDER	3	PA OTC Over the Counter
XPHE-XTYR MAXAMAID POWDER	3	PA OTC Over the Counter
XPTM ANALOG POWDER	3	PA OTC Over the Counter
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 1 % OINTMENT	1	
<i>atropine sulfate 1 % ointment</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	QL 0.34 / 1 DAYS
<i>cyclopentolate hcl 0.5 % solution</i>	1	
<i>cyclopentolate hcl 1 % solution</i>	1	
<i>cyclopentolate hcl 2 % solution</i>	1	
<i>cyclosporine 0.05 % emulsion</i>	2	QL 2 / 1 DAYS
<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	QL 2 / 1 DAYS
GLOSTRIPS 1 MG STRIP	1	
<i>neo-polycin 3.5-400-10000 ointment</i>	1	
<i>neo-polycin hc 1 % ointment</i>	1	
<i>neomycin-bacitracin zn-polymyx 3.5-400-10000 ointment</i>	1	
<i>neomycin-bacitracin zn-polymyx 5-400-10000 ointment</i>	1	
<i>neomycin-polymyxin-dexameth 3.5-10000-0.1 ointment</i>	1	
<i>neomycin-polymyxin-dexameth 3.5-10000-0.1 suspension</i>	1	
NEOMYCIN-POLYMYXIN-GRAMICIDIN 1.75-10000-.025 SOLUTION	1	
NEOMYCIN-POLYMYXIN-HC 3.5-10000-1 SUSPENSION	1	
OXERVATE 0.002 % SOLUTION	3	PA QLC 56 / 365 DAYS SP Specialty
<i>phenylephrine hcl 10 % solution</i>	1	
<i>phenylephrine hcl 2.5 % solution</i>	1	
<i>polycin 500-10000 unit/gm ointment</i>	1	
<i>proparacaine hcl 0.5 % solution</i>	1	
ROCKLATAN 0.02-0.005 % SOLUTION	2	QL 0.1 / 1 DAYS ST

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SULFACETAMIDE-PREDNISOLONE 10-0.23 % SOLUTION	1	
<i>tetracaine hcl 0.5 % solution</i>	1	
<i>tobramycin-dexamethasone 0.3-0.1 % suspension</i>	1	
<i>tropicamide 0.5 % solution</i>	1	
<i>tropicamide 1 % solution</i>	1	
VERKAZIA 0.1 % EMULSION	3	QL 4 / 1 DAYS PA
XDEMVY 0.25 % SOLUTION	3	PA QLC 10 / 273 DAYS
XIIDRA 5 % SOLUTION	2	QL 2 / 1 DAYS
OPHTHALMIC ANTI-ALLERGY AGENTS		
ALOMIDE 0.1 % SOLUTION	3	
<i>azelastine hcl 0.05 % solution</i>	1	
<i>bepotastine besilate 1.5 % solution</i>	2	
CROMOLYN SODIUM 4 % SOLUTION	1	PD Preventive Drug
<i>cromolyn sodium 4 % solution</i>	1	PD Preventive Drug
<i>epinastine hcl 0.05 % solution</i>	2	
ZERVIATE 0.24 % SOLUTION	3	ST
OPHTHALMIC ANTI-INFECTIVES		
BACITRACIN 500 UNIT/GM OINTMENT	1	
ERYTHROMYCIN 5 MG/GM OINTMENT	1	
<i>erythromycin 5 mg/gm ointment</i>	1	
<i>gatifloxacin 0.5 % solution</i>	3	
GENTAK 0.3 % OINTMENT	1	
<i>gentamicin sulfate 0.3 % solution</i>	1	
<i>levofloxacin 0.5 % solution</i>	2	
LEVOFLOXACIN 1.5 % SOLUTION	2	
MOXIFLOXACIN HCL (2X DAY) 0.5 % SOLUTION	2	QLC 12 / 21 DAYS
<i>moxifloxacin hcl 0.5 % solution</i>	2	QLC 12 / 21 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NATACYN 5 % SUSPENSION	3	
<i>ofloxacin 0.3 % solution</i>	1	
<i>polymyxin b-trimethoprim 10000-0.1 unit/ml-% solution</i>	1	
SULFACETAMIDE SODIUM 10 % OINTMENT	1	
<i>sulfacetamide sodium 10 % solution</i>	1	
<i>tobramycin 0.3 % solution</i>	1	
TRIFLURIDINE 1 % SOLUTION	1	
ZIRGAN 0.15 % GEL	3	
OPHTHALMIC ANTI-INFLAMMATORIES		
<i>bromfenac sodium (once-daily) 0.09 % solution</i>	2	
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	
ILEVRO 0.3 % SUSPENSION	3	
<i>ketorolac tromethamine 0.4 % solution</i>	1	
<i>ketorolac tromethamine 0.5 % solution</i>	1	
LOTEMAX 0.5 % OINTMENT	2	
LOTEMAX SM 0.38 % GEL	2	
<i>loteprednol etabonate 0.5 % gel</i>	2	
<i>loteprednol etabonate 0.5 % suspension</i>	2	
<i>prednisolone acetate 1 % suspension</i>	1	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	1	
OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS		
BETAXOLOL HCL 0.5 % SOLUTION	1	
<i>betaxolol hcl 0.5 % solution</i>	1	
CARTEOLOL HCL 1 % SOLUTION	1	
LEVOBUNOLOL HCL 0.5 % SOLUTION	1	
<i>timolol maleate 0.25 % solution</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>timolol maleate 0.5 % solution</i>	1	
OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER		
<i>acetazolamide er 500 mg cap er 12h</i>	1	
APRACLONIDINE HCL 0.5 % SOLUTION	3	
<i>apraclonidine hcl 0.5 % solution</i>	3	
<i>brimonidine tartrate 0.1 % solution</i>	2	
<i>brimonidine tartrate 0.15 % solution</i>	1	
<i>brimonidine tartrate 0.2 % solution</i>	1	
<i>brinzolamide 1 % suspension</i>	3	
<i>dorzolamide hcl 2 % solution</i>	1	
<i>methazolamide 25 mg tab</i>	1	
<i>methazolamide 50 mg tab</i>	1	
<i>pilocarpine hcl 1 % solution</i>	3	
<i>pilocarpine hcl 2 % solution</i>	1	
<i>pilocarpine hcl 4 % solution</i>	1	
QLOSI 0.4 % SOLUTION	3	QL 1 / 1 DAYS
RHOPRESSA 0.02 % SOLUTION	2	QL 0.1 / 1 DAYS ST
VUITY 1.25 % SOLUTION	3	QL 0.1 / 1 DAYS
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS		
<i>bimatoprost 0.03 % solution</i>	3	
<i>latanoprost 0.005 % solution</i>	1	QL 0.1 / 1 DAYS
LUMIGAN 0.01 % SOLUTION	2	
<i>travoprost (bak free) 0.004 % solution</i>	3	
VYZULTA 0.024 % SOLUTION	3	ST
OTIC AGENTS		
<i>acetic acid 2 % solution</i>	1	
CIPRO HC 0.2-1 % SUSPENSION	3	
<i>ciprofloxacin hcl 0.2 % solution</i>	3	QLC 14 / 23 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ciprofloxacin-dexamethasone 0.3-0.1 % suspension</i>	1	
CORTISPORIN-TC 3.3-3-10-0.5 MG/ML SUSPENSION	3	
<i>flac 0.01 % oil</i>	1	
<i>fluocinolone acetonide 0.01 % oil</i>	1	
<i>hydrocortisone-acetic acid 1-2 % solution</i>	1	
<i>neomycin-polymyxin-hc 1 % solution</i>	1	
<i>neomycin-polymyxin-hc 3.5-10000-1 solution</i>	1	
<i>neomycin-polymyxin-hc 3.5-10000-1 suspension</i>	1	
<i>ofloxacin 0.3 % solution</i>	3	
RESPIRATORY TRACT/PULMONARY AGENTS		
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
ARNUITY ELLIPTA 100 MCG/ACT AER POW BA	2	QL 1 / 1 DAYS PD Preventive Drug
ARNUITY ELLIPTA 200 MCG/ACT AER POW BA	2	QL 1 / 1 DAYS PD Preventive Drug
ARNUITY ELLIPTA 50 MCG/ACT AER POW BA	2	QL 1 / 1 DAYS PD Preventive Drug
ASMANEX (120 METERED DOSES) 220 MCG/ACT AER POW BA	2	QL 0.04 / 1 DAYS PD Preventive Drug
ASMANEX (14 METERED DOSES) 220 MCG/ACT AER POW BA	2	PD Preventive Drug
ASMANEX (30 METERED DOSES) 110 MCG/ACT AER POW BA	2	QL 0.04 / 1 DAYS PD Preventive Drug
ASMANEX (30 METERED DOSES) 220 MCG/ACT AER POW BA	2	QL 0.04 / 1 DAYS PD Preventive Drug
ASMANEX (60 METERED DOSES) 220 MCG/ACT AER POW BA	2	QL 0.04 / 1 DAYS PD Preventive Drug
ASMANEX HFA 100 MCG/ACT AEROSOL	2	QL 0.47 / 1 DAYS PD Preventive Drug
ASMANEX HFA 200 MCG/ACT AEROSOL	2	QL 0.47 / 1 DAYS PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ASMANEX HFA 50 MCG/ACT AEROSOL	2	QL 0.47 / 1 DAYS
<i>budesonide 0.25 mg/2ml suspension</i>	1	QL 4 / 1 DAYS PD Preventive Drug
<i>budesonide 0.5 mg/2ml suspension</i>	1	QL 8 / 1 DAYS PD Preventive Drug
<i>budesonide 1 mg/2ml suspension</i>	2	QL 4 / 1 DAYS PD Preventive Drug
FLUTICASONE PROPIONATE DISKUS 100 MCG/ACT AER POW BA	2	QL 2 / 1 DAYS PD Preventive Drug
FLUTICASONE PROPIONATE DISKUS 250 MCG/ACT AER POW BA	2	QL 2 / 1 DAYS PD Preventive Drug
FLUTICASONE PROPIONATE DISKUS 50 MCG/ACT AER POW BA	2	QL 2 / 1 DAYS PD Preventive Drug
FLUTICASONE PROPIONATE HFA 110 MCG/ACT AEROSOL	2	QL 0.4 / 1 DAYS PD Preventive Drug
FLUTICASONE PROPIONATE HFA 220 MCG/ACT AEROSOL	2	QL 0.4 / 1 DAYS PD Preventive Drug
FLUTICASONE PROPIONATE HFA 44 MCG/ACT AEROSOL	2	QL 0.37 / 1 DAYS PD Preventive Drug
QNASL 80 MCG/ACT AERO SOLN	2	QL 0.04 / 1 DAYS
QNASL CHILDRENS 40 MCG/ACT AERO SOLN	2	QL 0.04 / 1 DAYS
QVAR REDIHALER 40 MCG/ACT AERO BA	2	QL 0.71 / 1 DAYS
QVAR REDIHALER 80 MCG/ACT AERO BA	2	QL 0.71 / 1 DAYS
XHANCE 93 MCG/ACT EXHU	3	QL 0.54 / 1 DAYS
ANTIHISTAMINES		
<i>azelastine hcl 0.1 % solution</i>	1	
<i>azelastine hcl 0.15 % solution</i>	3	QL 1.2 / 1 DAYS
<i>azelastine hcl 137 mcg/spray solution</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>carbinoxamine maleate 4 mg tab</i>	1	
CARBINOXAMINE MALEATE 4 MG/5ML SOLUTION	1	
CLEMASTINE FUMARATE 2.68 MG TAB	1	
<i>cyproheptadine hcl 2 mg/5ml syrup</i>	1	
<i>cyproheptadine hcl 4 mg tab</i>	1	
<i>desloratadine 5 mg tab</i>	3	
DIPHENHYDRAMINE HCL 12.5 MG/5ML ELIXIR	1	
<i>olopatadine hcl 0.6 % solution</i>	1	QL 1.02 / 1 DAYS
<i>promethazine hcl 12.5 mg/10ml solution</i>	1	
<i>promethazine hcl 6.25 mg/5ml solution</i>	1	
ANTILEUKOTRIENES		
<i>montelukast sodium 10 mg tab</i>	1	QL 1 / 1 DAYS RX4L Rx4Less Program PD Preventive Drug
<i>montelukast sodium 4 mg chew tab</i>	1	QL 1 / 1 DAYS PD Preventive Drug
<i>montelukast sodium 4 mg packet</i>	1	QL 1 / 1 DAYS PD Preventive Drug
<i>montelukast sodium 5 mg chew tab</i>	1	QL 2 / 1 DAYS PD Preventive Drug
<i>zafirlukast 10 mg tab</i>	2	PD Preventive Drug
<i>zafirlukast 20 mg tab</i>	2	PD Preventive Drug
<i>zileuton er 600 mg tab er 12h</i>	3	QL 4 / 1 DAYS PD Preventive Drug
BRONCHODILATORS, ANTICHOLINERGIC		
ATROVENT HFA 17 MCG/ACT AERO SOLN	2	
INCRUSE ELLIPTA 62.5 MCG/ACT AER POW BA	2	QL 1 / 1 DAYS PD Preventive Drug
<i>ipratropium bromide 0.02 % solution</i>	1	RX4L Rx4Less Program

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ipratropium bromide 0.03 % solution</i>	1	
<i>ipratropium bromide 0.06 % solution</i>	1	
SPIRIVA RESPIMAT 1.25 MCG/ACT AERO SOLN	2	
SPIRIVA RESPIMAT 2.5 MCG/ACT AERO SOLN	2	
<i>tiotropium bromide monohydrate 18 mcg cap</i>	2	QL 1 / 1 DAYS
BRONCHODILATORS, SYMPATHOMIMETIC		
<i>albuterol sulfate (2.5 mg/3ml) 0.083% nebu soln</i>	1	RX4L Rx4Less Program
ALBUTEROL SULFATE (5 MG/ML) 0.5% NEBU SOLN	1	
ALBUTEROL SULFATE (5 MG/ML) 0.5% NEBU SOLN	1	
<i>albuterol sulfate (5 mg/ml) 0.5% nebu soln</i>	1	
<i>albuterol sulfate 0.63 mg/3ml nebu soln</i>	1	
<i>albuterol sulfate 1.25 mg/3ml nebu soln</i>	1	
<i>albuterol sulfate 2 mg tab</i>	1	
<i>albuterol sulfate 2 mg/5ml syrup</i>	1	
ALBUTEROL SULFATE 2.5 MG/0.5ML NEBU SOLN	1	
<i>albuterol sulfate 4 mg tab</i>	1	
ALBUTEROL SULFATE HFA 108 (90 BASE) MCG/ACT AERO SOLN (GENERIC OF VENTOLIN HFA)	3	QLC 36 / 22 DAYS
<i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln</i>	1	QLC 36 / 22 DAYS
<i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln (generic of proair hfa)</i>	1	QLC 36 / 22 DAYS
<i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln (generic of proventil hfa)</i>	1	QLC 36 / 22 DAYS
<i>arformoterol tartrate 15 mcg/2ml nebu soln</i>	1	QL 4 / 1 DAYS
AUVI-Q 0.1 MG/0.1ML SOLN A-INJ	3	QLC 6 / 30 DAYS
AUVI-Q 0.15 MG/0.15ML SOLN A-INJ	3	QLC 6 / 30 DAYS
AUVI-Q 0.3 MG/0.3ML SOLN A-INJ	3	QLC 6 / 30 DAYS
<i>epinephrine (anaphylaxis) 30 mg/30ml solution</i>	1	
EPINEPHRINE 0.15 MG/0.15ML SOLN A-INJ	1	QLC 6 / 30 DAYS
<i>epinephrine 0.15 mg/0.3ml soln a-inj</i>	1	QLC 6 / 30 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EPINEPHRINE 0.3 MG/0.3ML SOLN A-INJ	1	QLC 6 / 30 DAYS
<i>epinephrine 0.3 mg/0.3ml soln a-inj</i>	1	QLC 6 / 30 DAYS
EPINEPHRINE 1 MG/10ML SOLN PRSYR	1	
EPINEPHRINE 1 MG/ML SOLUTION	1	
<i>epinephrine 1 mg/ml solution</i>	1	
EPINEPHRINE 10 MG/10ML SOLUTION	1	
<i>formoterol fumarate 20 mcg/2ml nebu soln</i>	1	QL 4 / 1 DAYS
<i>levalbuterol hcl 0.31 mg/3ml nebu soln</i>	1	
<i>levalbuterol hcl 0.63 mg/3ml nebu soln</i>	3	
<i>levalbuterol hcl 1.25 mg/0.5ml nebu soln</i>	3	
<i>levalbuterol hcl 1.25 mg/3ml nebu soln</i>	3	
LEVALBUTEROL TARTRATE 45 MCG/ACT AEROSOL	2	QLC 2 / 22 DAYS
NEFFY 2 MG/0.1ML SOLUTION	3	QL 2 / 1 DAYS QLC 6 / 23 DAYS
SEREVENT DISKUS 50 MCG/ACT AER POW BA	2	
STRIVERDI RESPIMAT 2.5 MCG/ACT AERO SOLN	2	QL 0.15 / 1 DAYS
<i>terbutaline sulfate 1 mg/ml solution</i>	1	
<i>terbutaline sulfate 2.5 mg tab</i>	1	
<i>terbutaline sulfate 5 mg tab</i>	1	
CYSTIC FIBROSIS AGENTS		
BRONCHITOL 40 MG CAP	3	QL 20 / 1 DAYS PA
BRONCHITOL TOLERANCE TEST 40 MG CAP	3	QL 20 / 1 DAYS PA
KALYDECO 13.4 MG PACKET	3	QL 2 / 1 DAYS PA SP Specialty
KALYDECO 150 MG TAB	3	QL 2 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KALYDECO 25 MG PACKET	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA SP Specialty
KALYDECO 5.8 MG PACKET	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA SP Specialty
KALYDECO 50 MG PACKET	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA SP Specialty
KALYDECO 75 MG PACKET	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA SP Specialty
KITABIS PAK 300 MG/5ML NEBU SOLN	3	<ul style="list-style-type: none"> SP Specialty
ORKAMBI 100-125 MG PACKET	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA SP Specialty
ORKAMBI 100-125 MG TAB	3	<ul style="list-style-type: none"> QL 4 / 1 DAYS PA SP Specialty
ORKAMBI 150-188 MG PACKET	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA SP Specialty
ORKAMBI 200-125 MG TAB	3	<ul style="list-style-type: none"> QL 4 / 1 DAYS PA SP Specialty
ORKAMBI 75-94 MG PACKET	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA
SYMDEKO 100-150 & 150 MG TAB THPK	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SYMDEKO 50-75 & 75 MG TAB THPK	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA SP Specialty
<i>tobramycin 300 mg/4ml nebu soln</i>	3	<ul style="list-style-type: none"> QL 8 / 1 DAYS SP Specialty
<i>tobramycin 300 mg/5ml nebu soln</i>	3	<ul style="list-style-type: none"> SP Specialty
TRIKAFTA 100-50-75 & 150 MG TAB THPK	3	<ul style="list-style-type: none"> QL 3 / 1 DAYS PA SP Specialty
TRIKAFTA 100-50-75 & 75 MG THER PACK	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA SP Specialty
TRIKAFTA 50-25-37.5 & 75 MG TAB THPK	3	<ul style="list-style-type: none"> QL 3 / 1 DAYS PA SP Specialty
TRIKAFTA 80-40-60 & 59.5 MG THER PACK	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA SP Specialty
MAST CELL STABILIZERS		
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	1	<ul style="list-style-type: none"> PD Preventive Drug
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE		
OHTUVAYRE 3 MG/2.5ML SUSPENSION	3	<ul style="list-style-type: none"> QL 2.5 / 1 DAYS PA SP Specialty
<i>roflumilast 250 mcg tab</i>	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PD Preventive Drug
<i>roflumilast 500 mcg tab</i>	1	<ul style="list-style-type: none"> QL 1 / 1 DAYS PD Preventive Drug
<i>theophylline 80 mg/15ml elixir</i>	1	
<i>theophylline 80 mg/15ml solution</i>	1	

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>bosentan 125 mg tab</i>	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA SP Specialty
<i>bosentan 62.5 mg tab</i>	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA SP Specialty
LIQREV 10 MG/ML SUSPENSION	3	<ul style="list-style-type: none"> QL 8.14 / 1 DAYS PA SP Specialty
OPSUMIT 10 MG TAB	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
OPSYNVI 10-20 MG TAB	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
OPSYNVI 10-40 MG TAB	3	<ul style="list-style-type: none"> QL 1 / 1 DAYS PA SP Specialty
ORENITRAM 0.125 MG TAB ER	3	<ul style="list-style-type: none"> PA SP Specialty
ORENITRAM 0.25 MG TAB ER	3	<ul style="list-style-type: none"> PA SP Specialty
ORENITRAM 1 MG TAB ER	3	<ul style="list-style-type: none"> PA SP Specialty
ORENITRAM 2.5 MG TAB ER	3	<ul style="list-style-type: none"> PA SP Specialty
ORENITRAM 5 MG TAB ER	3	<ul style="list-style-type: none"> PA SP Specialty
ORENITRAM MONTH 1 0.125 & 0.25 MG TBER THPK	3	<ul style="list-style-type: none"> PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ORENITRAM MONTH 2 0.125 & 0.25 MG TBER THPK	3	PA SP Specialty
ORENITRAM MONTH 3 0.125 & 0.25 & 1 MG TBER THPK	3	PA SP Specialty
<i>sildenafil citrate 10 mg/ml recon susp</i>	1	QL 6 / 1 DAYS PA SP Specialty
<i>sildenafil citrate 20 mg tab</i>	1	QL 3 / 1 DAYS PA SP Specialty
<i>tadalafil (pah) 20 mg tab</i>	3	QL 2 / 1 DAYS PA SP Specialty
TYVASO 0.6 MG/ML SOLUTION	3	QL 2.93 / 1 DAYS PA SP Specialty
TYVASO DPI INSTITUTIONAL KIT 16 MCG POWDER	3	QL 4 / 1 DAYS PA
TYVASO DPI INSTITUTIONAL KIT 32 MCG POWDER	3	QL 4 / 1 DAYS PA
TYVASO DPI INSTITUTIONAL KIT 48 MCG POWDER	3	QL 4 / 1 DAYS PA
TYVASO DPI INSTITUTIONAL KIT 64 MCG POWDER	3	QL 4 / 1 DAYS PA
TYVASO DPI MAINTENANCE KIT 112 X 32MCG & 112 X48MCG POWDER	3	QL 8 / 1 DAYS PA
TYVASO DPI MAINTENANCE KIT 16 MCG POWDER	3	QL 4 / 1 DAYS PA
TYVASO DPI MAINTENANCE KIT 32 MCG POWDER	3	QL 4 / 1 DAYS PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TYVASO DPI MAINTENANCE KIT 48 MCG POWDER	3	<ul style="list-style-type: none"> QL 4 / 1 DAYS PA
TYVASO DPI MAINTENANCE KIT 64 MCG POWDER	3	<ul style="list-style-type: none"> QL 4 / 1 DAYS PA
TYVASO DPI TITRATION KIT 112 X 16MCG & 84 X 32MCG POWDER	3	<ul style="list-style-type: none"> QL 7 / 1 DAYS PA
TYVASO DPI TITRATION KIT 16 & 32 & 48 MCG POWDER	3	<ul style="list-style-type: none"> QL 9 / 1 DAYS PA
TYVASO REFILL 0.6 MG/ML SOLUTION	3	<ul style="list-style-type: none"> QL 2.93 / 1 DAYS PA SP Specialty
TYVASO STARTER 0.6 MG/ML SOLUTION	3	<ul style="list-style-type: none"> QL 2.93 / 1 DAYS PA SP Specialty
UPTRAVI 1000 MCG TAB	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA SP Specialty
UPTRAVI 1200 MCG TAB	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA SP Specialty
UPTRAVI 1400 MCG TAB	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA SP Specialty
UPTRAVI 1600 MCG TAB	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA SP Specialty
UPTRAVI 200 & 800 MCG TAB THPK	3	<ul style="list-style-type: none"> PA QLC 200 / 21 DAYS SP Specialty
UPTRAVI 200 MCG TAB	3	<ul style="list-style-type: none"> QL 5 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
UPTRAVI 400 MCG TAB	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA SP Specialty
UPTRAVI 600 MCG TAB	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA SP Specialty
UPTRAVI 800 MCG TAB	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA SP Specialty
VENTAVIS 10 MCG/ML SOLUTION	3	<ul style="list-style-type: none"> QL 2.5 / 1 DAYS PA SP Specialty
VENTAVIS 20 MCG/ML SOLUTION	3	<ul style="list-style-type: none"> QL 2.5 / 1 DAYS PA SP Specialty
WINREVAIR 2 X 45 MG KIT	3	<ul style="list-style-type: none"> QL 0.048 / 1 DAYS PA SP Specialty
WINREVAIR 2 X 60 MG KIT	3	<ul style="list-style-type: none"> QL 0.048 / 1 DAYS PA SP Specialty
WINREVAIR 45 MG KIT	3	<ul style="list-style-type: none"> QL 0.048 / 1 DAYS PA SP Specialty
WINREVAIR 60 MG KIT	3	<ul style="list-style-type: none"> QL 0.048 / 1 DAYS PA SP Specialty
PULMONARY FIBROSIS AGENTS		
OFEV 100 MG CAP	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OFEV 150 MG CAP	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS PA SP Specialty
<i>pirfenidone 267 mg cap</i>	3	<ul style="list-style-type: none"> QL 9 / 1 DAYS PA SP Specialty
<i>pirfenidone 267 mg tab</i>	3	<ul style="list-style-type: none"> QL 9 / 1 DAYS PA SP Specialty
<i>pirfenidone 801 mg tab</i>	3	<ul style="list-style-type: none"> QL 3 / 1 DAYS PA 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	<ul style="list-style-type: none"> QL 0.4 / 1 DAYS PD Preventive Drug
ADVAIR HFA 230-21 MCG/ACT AEROSOL	2	<ul style="list-style-type: none"> QL 0.4 / 1 DAYS PD Preventive Drug
ADVAIR HFA 45-21 MCG/ACT AEROSOL	2	<ul style="list-style-type: none"> QL 0.4 / 1 DAYS PD Preventive Drug
AIRSUPRA 90-80 MCG/ACT AEROSOL	3	<ul style="list-style-type: none"> PA QLC 2 / 23 DAYS
ANORO ELLIPTA 62.5-25 MCG/ACT AER POW BA	2	<ul style="list-style-type: none"> QL 2 / 1 DAYS PD Preventive Drug
<i>azelastine-fluticasone 137-50 mcg/act suspension</i>	3	<ul style="list-style-type: none"> QL 0.77 / 1 DAYS PA
<i>benzonatate 100 mg cap</i>	1	
BENZONATATE 150 MG CAP	1	
<i>benzonatate 150 mg cap</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>benzonatate 200 mg cap</i>	1	
BEVESPI AEROSPHERE 9-4.8 MCG/ACT AEROSOL	2	QLC 11 / 22 DAYS
BREO ELLIPTA 100-25 MCG/ACT AER POW BA	2	QL 2 / 1 DAYS PD Preventive Drug
BREO ELLIPTA 200-25 MCG/ACT AER POW BA	2	QL 2 / 1 DAYS PD Preventive Drug
BREO ELLIPTA 50-25 MCG/INH AER POW BA	2	QL 2 / 1 DAYS PD Preventive Drug
<i>breyana 160-4.5 mcg/act aerosol</i>	2	QLC 2 / 23 DAYS PD Preventive Drug
<i>breyana 80-4.5 mcg/act aerosol</i>	2	QLC 2 / 23 DAYS PD Preventive Drug
BREZTRI AEROSPHERE 160-9-4.8 MCG/ACT AEROSOL	2	QL 0.36 / 1 DAYS PD Preventive Drug
<i>bromfed dm 2-30-10 mg/5ml syrup</i>	1	
<i>bromphen-pseudoeph-dm 2-30-10 mg/5ml syrup</i>	1	
<i>budesonide-formoterol fumarate 160-4.5 mcg/act aerosol</i>	2	QLC 2 / 23 DAYS PD Preventive Drug
<i>budesonide-formoterol fumarate 80-4.5 mcg/act aerosol</i>	2	QLC 2 / 23 DAYS PD Preventive Drug
<i>caffeine citrate 20 mg/ml solution</i>	1	
<i>caffeine citrate 60 mg/3ml solution</i>	1	
COMBIVENT RESPIMAT 20-100 MCG/ACT AERO SOLN	2	QL 0.27 / 1 DAYS
DULERA 100-5 MCG/ACT AEROSOL	2	QL 0.44 / 1 DAYS PD Preventive Drug
DULERA 200-5 MCG/ACT AEROSOL	2	QL 0.44 / 1 DAYS PD Preventive Drug
DULERA 50-5 MCG/ACT AEROSOL	2	QL 0.44 / 1 DAYS PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FASENRA PEN 30 MG/ML SOLN A-INJ	2	<ul style="list-style-type: none"> QL 0.02 / 1 DAYS PA SP Specialty
<i>flunisolide 25 mcg/act (0.025%) solution</i>	3	<ul style="list-style-type: none"> QL 2 / 1 DAYS
<i>fluticasone-salmeterol 100-50 mcg/act aer pow ba</i>	1	<ul style="list-style-type: none"> QL 2 / 1 DAYS PD Preventive Drug
FLUTICASONE-SALMETEROL 113-14 MCG/ACT AER POW BA	2	<ul style="list-style-type: none"> QL 0.04 / 1 DAYS PD Preventive Drug
FLUTICASONE-SALMETEROL 232-14 MCG/ACT AER POW BA	2	<ul style="list-style-type: none"> QL 0.04 / 1 DAYS PD Preventive Drug
<i>fluticasone-salmeterol 250-50 mcg/act aer pow ba</i>	1	<ul style="list-style-type: none"> QL 2 / 1 DAYS PD Preventive Drug
<i>fluticasone-salmeterol 500-50 mcg/act aer pow ba</i>	1	<ul style="list-style-type: none"> QL 2 / 1 DAYS PD Preventive Drug
FLUTICASONE-SALMETEROL 55-14 MCG/ACT AER POW BA	2	<ul style="list-style-type: none"> QL 0.04 / 1 DAYS PD Preventive Drug
g tussin ac 100-10 mg/5ml solution	1	<ul style="list-style-type: none"> OTC Over the Counter
<i>guaiaatussin ac 100-10 mg/5ml syrup</i>	1	<ul style="list-style-type: none"> OTC Over the Counter
<i>guaifenesin-codeine 100-10 mg/5ml solution</i>	1	<ul style="list-style-type: none"> OTC Over the Counter
HYDROCOD POLI-CHLORPHE POLI ER 10-8 MG/5ML SUSP	1	<ul style="list-style-type: none"> QL 10 / 1 DAYS
<i>hydrocod poli-chlorphe poli er 10-8 mg/5ml susp</i>	1	<ul style="list-style-type: none"> QL 10 / 1 DAYS
<i>hydrocodone bit-homatrop mbr 5-1.5 mg/5ml solution</i>	1	
<i>hydromet 5-1.5 mg/5ml solution</i>	1	
<i>ipratropium-albuterol 0.5-2.5 (3) mg/3ml solution</i>	1	
<i>maxi-tuss ac 100-10 mg/5ml solution</i>	1	<ul style="list-style-type: none"> OTC Over the Counter
<i>mometasone furoate 50 mcg/act suspension</i>	2	
<i>nebusal 3 % nebu soln</i>	1	
NUCALA 100 MG/ML SOLN A-INJ	2	<ul style="list-style-type: none"> QL 0.11 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NUCALA 100 MG/ML SOLN PRSYR	2	<ul style="list-style-type: none"> QL 0.11 / 1 DAYS PA SP Specialty
NUCALA 40 MG/0.4ML SOLN PRSYR	2	<ul style="list-style-type: none"> QL 0.015 / 1 DAYS PA SP Specialty
<i>potassium iodide (expectorant) 1 gm/ml solution</i>	3	
PROMETHAZINE VC 6.25-5 MG/5ML SYRUP	1	
PROMETHAZINE VC/CODEINE 6.25-5-10 MG/5ML SYRUP	1	
<i>promethazine-codeine 6.25-10 mg/5ml solution</i>	1	
<i>promethazine-codeine 6.25-10 mg/5ml syrup</i>	1	
<i>promethazine-dm 6.25-15 mg/5ml syrup</i>	1	
<i>promethazine-phenyleph-codeine 6.25-5-10 mg/5ml syrup</i>	1	
PROMETHAZINE-PHENYLEPHRINE 6.25-5 MG/5ML SYRUP	1	
<i>promethazine-phenylephrine 6.25-5 mg/5ml syrup</i>	1	
<i>pseudoeph-bromphen-dm 30-2-10 mg/5ml syrup</i>	1	
<i>pulmosal 7 % nebu soln</i>	1	
<i>sodium chloride 0.9 % nebu soln</i>	1	
<i>sodium chloride 10 % nebu soln</i>	1	
<i>sodium chloride 3 % nebu soln</i>	1	
<i>sodium chloride 7 % nebu soln</i>	1	
STIOLTO RESPIMAT 2.5-2.5 MCG/ACT AERO SOLN	2	<ul style="list-style-type: none"> QL 0.15 / 1 DAYS PD Preventive Drug
TRELEGY ELLIPTA 100-62.5-25 MCG/ACT AER POW BA	2	<ul style="list-style-type: none"> QL 2 / 1 DAYS PD Preventive Drug
TRELEGY ELLIPTA 200-62.5-25 MCG/ACT AER POW BA	2	<ul style="list-style-type: none"> QL 2 / 1 DAYS PD Preventive Drug
<i>wixela inhub 100-50 mcg/act aer pow ba</i>	1	<ul style="list-style-type: none"> QL 2 / 1 DAYS PD Preventive Drug
<i>wixela inhub 250-50 mcg/act aer pow ba</i>	1	<ul style="list-style-type: none"> QL 2 / 1 DAYS PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>wixela inhub 500-50 mcg/act aer pow ba</i>	1	QL 2 / 1 DAYS PD Preventive Drug
SKELETAL MUSCLE RELAXANTS		
<i>carisoprodol 250 mg tab</i>	3	QL 4 / 1 DAYS PA
<i>carisoprodol 350 mg tab</i>	3	
<i>chlorzoxazone 500 mg tab</i>	1	QL 6 / 1 DAYS
<i>cyclobenzaprine hcl 10 mg tab</i>	1	
<i>cyclobenzaprine hcl 5 mg tab</i>	1	
<i>metaxalone 800 mg tab</i>	3	QL 4 / 1 DAYS
<i>methocarbamol 500 mg tab</i>	1	
<i>methocarbamol 750 mg tab</i>	1	
<i>orphenadrine citrate er 100 mg tab er 12h</i>	1	
<i>vanadom 350 mg tab</i>	3	
SLEEP DISORDER AGENTS		
SLEEP PROMOTING AGENTS		
DAYVIGO 10 MG TAB	3	QL 1 / 1 DAYS ST
DAYVIGO 5 MG TAB	3	QL 1 / 1 DAYS ST
<i>doxepin hcl 3 mg tab</i>	1	QL 1 / 1 DAYS
<i>doxepin hcl 6 mg tab</i>	1	QL 1 / 1 DAYS
<i>estazolam 1 mg tab</i>	1	
<i>estazolam 2 mg tab</i>	1	
<i>eszopiclone 1 mg tab</i>	2	QL 1 / 1 DAYS
<i>eszopiclone 2 mg tab</i>	2	QL 1 / 1 DAYS
<i>eszopiclone 3 mg tab</i>	2	QL 1 / 1 DAYS
FLURAZEPAM HCL 15 MG CAP	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FLURAZEPAM HCL 30 MG CAP	3	
HETLIOZ LQ 4 MG/ML SUSPENSION	3	<p>QL 1.6 / 1 DAYS</p> <p>PA</p> <p>SP Specialty</p>
<i>ramelteon 8 mg tab</i>	2	<p>QL 1 / 1 DAYS</p>
<i>tasimelteon 20 mg cap</i>	3	<p>QL 1 / 1 DAYS</p> <p>PA</p> <p>SP Specialty</p>
<i>temazepam 15 mg cap</i>	1	
<i>temazepam 22.5 mg cap</i>	1	
<i>temazepam 30 mg cap</i>	1	
<i>temazepam 7.5 mg cap</i>	1	
<i>triazolam 0.125 mg tab</i>	1	
<i>triazolam 0.25 mg tab</i>	1	
<i>zaleplon 10 mg cap</i>	1	<p>QL 2 / 1 DAYS</p>
<i>zaleplon 5 mg cap</i>	1	<p>QL 1 / 1 DAYS</p>
ZOLPIDEM TARTRATE 1.75 MG SL TAB	1	<p>QL 1 / 1 DAYS</p>
<i>zolpidem tartrate 10 mg tab</i>	1	<p>QL 1 / 1 DAYS</p>
ZOLPIDEM TARTRATE 3.5 MG SL TAB	1	<p>QL 1 / 1 DAYS</p>
<i>zolpidem tartrate 5 mg tab</i>	1	<p>QL 2 / 1 DAYS</p>
<i>zolpidem tartrate er 12.5 mg tab er</i>	1	<p>QL 1 / 1 DAYS</p>
<i>zolpidem tartrate er 6.25 mg tab er</i>	1	<p>QL 1 / 1 DAYS</p>
ZOLPIMIST 5 MG/ACT SOLUTION	3	<p>QL 0.27 / 1 DAYS</p> <p>ST</p>
WAKEFULNESS PROMOTING AGENTS		
<i>armodafinil 150 mg tab</i>	1	<p>QL 1 / 1 DAYS</p>
<i>armodafinil 200 mg tab</i>	1	<p>QL 1 / 1 DAYS</p>
<i>armodafinil 250 mg tab</i>	1	<p>QL 1 / 1 DAYS</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>armodafinil 50 mg tab</i>	1	QL 2 / 1 DAYS
LUMRYZ 4.5 GM PACKET	3	QL 1 / 1 DAYS PA SP Specialty
LUMRYZ 6 GM PACKET	3	QL 1 / 1 DAYS PA SP Specialty
LUMRYZ 7.5 GM PACKET	3	QL 1 / 1 DAYS PA SP Specialty
LUMRYZ 9 GM PACKET	3	QL 1 / 1 DAYS PA SP Specialty
LUMRYZ STARTER PACK 4.5 & 6 & 7.5 GM THER PACK	3	QL 1 / 1 DAYS PA SP Specialty
<i>modafinil 100 mg tab</i>	1	QL 2 / 1 DAYS
<i>modafinil 200 mg tab</i>	1	QL 2 / 1 DAYS
SODIUM OXYBATE 500 MG/ML SOLUTION	3	QL 18 / 1 DAYS PA SP Specialty
SUNOSI 150 MG TAB	3	QL 1 / 1 DAYS PA
SUNOSI 75 MG TAB	3	QL 1 / 1 DAYS PA
XYREM 500 MG/ML SOLUTION	3	QL 18 / 1 DAYS PA SP Specialty
XYWAV 500 MG/ML SOLUTION	3	QL 18 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
WEIGHT LOSS AGENTS		
SAXENDA 18 MG/3ML SOLN PEN	3	QL 0.5 / 1 DAYS PA
WEGOVY 0.25 MG/0.5ML SOLN A-INJ	3	QL 0.08 / 1 DAYS PA
WEGOVY 0.5 MG/0.5ML SOLN A-INJ	3	QL 0.08 / 1 DAYS PA
WEGOVY 1 MG/0.5ML SOLN A-INJ	3	QL 0.08 / 1 DAYS PA
WEGOVY 1.7 MG/0.75ML SOLN A-INJ	3	QL 0.11 / 1 DAYS PA
WEGOVY 2.4 MG/0.75ML SOLN A-INJ	3	QL 0.11 / 1 DAYS PA
ZEPBOUND 10 MG/0.5ML SOLN A-INJ	3	QL 0.072 / 1 DAYS PA
ZEPBOUND 12.5 MG/0.5ML SOLN A-INJ	3	QL 0.072 / 1 DAYS PA
ZEPBOUND 15 MG/0.5ML SOLN A-INJ	3	QL 0.072 / 1 DAYS PA
ZEPBOUND 2.5 MG/0.5ML SOLN A-INJ	3	QL 0.072 / 1 DAYS PA QLC 2 / 274 DAYS
ZEPBOUND 5 MG/0.5ML SOLN A-INJ	3	QL 0.072 / 1 DAYS PA
ZEPBOUND 7.5 MG/0.5ML SOLN A-INJ	3	QL 0.072 / 1 DAYS PA

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SIMILAC SENSITIVE OPTIGRO/IRON.....	306	sm nicotine.....	23,24
SIMILAC SENSITIVE SPIT-UP.....	306	sm nicotine polacrilex.....	24
SIMILAC SOY ISOMIL.....	306	SMART SENSE GLUCOSE.....	115
SIMILAC SPECIAL CARE PREMATURE.....	306	smooth lax.....	217
SIMILAC SPECIAL CARE/IRON.....	306	SOD ANAMIX EARLY YEARS.....	307
SIMILAC SPIT-UP OPTIGRO/IRON.....	306	SOD FLUORIDE-POTASSIUM NITRATE.....	171
SIMILAC TOTAL CMFRT OPTIGRO/FE.....	306	sodium bicarbonate.....	307
SIMILAC TOTAL COMFORT.....	306	sodium chloride.....	232,331
SIMILAC/IRON.....	306	sodium fluoride.....	171,200
SIMLANDI (1 PEN).....	276	SODIUM FLUORIDE.....	200
SIMLANDI (2 PEN).....	276	SODIUM FLUORIDE 5000 ENAMEL.....	171
SIMLANDI (2 SYRINGE).....	276	sodium fluoride 5000 plus.....	171
simliya.....	249	sodium fluoride 5000 ppm.....	171
simpesse.....	249	SODIUM FLUORIDE 5000 SENSITIVE.....	171
SIMPLYTHICK.....	307	SODIUM OXYBATE.....	334
SIMPLYTHICK EASY MIX.....	307	sodium phenylbutyrate.....	227
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simvastatin 20 mg tab.....	153	SOFOSBUVIR-VELPATASVIR.....	98
simvastatin 40 mg tab.....	153	SOGROYA.....	240
simvastatin tab 5 mg.....	153	SOHONOS.....	227
simvastatin tab 80 mg.....	153	SOL CARB.....	307
sirolimus.....	276	solifenacin succinate.....	230
SIRTURO.....	54	SOLIQUA.....	111
SITAVIG.....	102	SOLTAMOX.....	57
SIVEXTRO.....	26	SOMAVERT.....	259,260
SKYCLARYS.....	227	sorafenib tosylate.....	76
SKYLA.....	253	sorine.....	136,137
SKYRIZI.....	268	sotalol hcl.....	137
SKYRIZI PEN.....	268	sotalol hcl (af).....	137
SKYTROFA.....	239,240	SOTYKTU.....	268
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SPINOSAD	179	sumatriptan-naproxen sodium	53
SPIRIVA RESPIMAT	319	sunitinib malate	77
spironolactone	155	SUNLENCA	101
spironolactone-hctz	147	SUNOSI	334
sprintec 28	249	super b complex/fa/vit c	211
SPRYCEL	76,77	super b-complex/vit c/fa	211
sps (sodium polystyrene sulf)	204	super quints b-50	212
SPS (SODIUM POLYSTYRENE SULF)	204	SUPLENA 1.8/CARBSTEADY	200
sronyx	249	SUPLENA/CARB STEADY	200
ssd	179	syeda	249
STELARA	268	SYMDEKO	321,322
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sterile water for injection	307	SYMLINPEN 60	111
sterile water for irrigation	307	SYMTUZA	102
STIMUFEND	124	SYNAREL	260
STIOLTO RESPIMAT	331	SYNDROS	49
STIVARGA	77	SYNERA	9
STRENSIQ	227,228	SYNJARDY	111
stress formula/iron	211	SYNJARDY XR	111
STRIBILD	99	SYNTHROID	257
STRIVERDI RESPIMAT	320	SYRINGE FILTER/MILLEX-GS/25MM	307
SUBLOCADE	5		
subvenite	34	T	
subvenite starter kit-blue	34	TABLOID	58
subvenite starter kit-green	35	TABRECTA	78
subvenite starter kit-orange	35	tacrolimus	176,276
SUCRAID	228	tadalafil	230,231
sucrafate	221	tadalafil (pah)	325
SULFACETAMIDE SODIUM	314	TAFINLAR	78
sulfacetamide sodium	314	TAGRISSO	78
sulfacetamide sodium (acne)	173	take action	253
SULFACETAMIDE-PREDNISOLONE	313	TAKHZYRO	261
sulfadiazine	30	TALZENNA	78,79
sulfamethoxazole-trimethoprim	30,31	tamoxifen citrate	57
SULFAMYLON	180	tamsulosin hcl	231
sulfasalazine	277	tarina 24 fe	250
sulfatrim pediatric	31	tarina fe 1/20 eq	250
sulindac	3	TARON-C DHA	200
sumatriptan	52,53	TARPEYO	235
sumatriptan succinate	53	TASIGNA	79

tasimelteon	333	terbinafine hcl	50
tavaborole	50	terbutaline sulfate	320
TAVALISSE	131	terconazole	50
TAVNEOS	268	teriflunomide	170
taysofy	250	teriparatide	279
tazarotene	173	teriparatide (recombinant)	279
taztia xt	142	testosterone	241
TAZVERIK	79	TESTOSTERONE	241
TEGADERM + PAD 2"X2-3/4"	307	testosterone cypionate	241
TEGADERM + PAD 2-3/8"X4"	307	TESTOSTERONE CYPIONATE	241
TEGADERM + PAD 3-1/2"X10"	307	TESTOSTERONE ENANTHATE	241
TEGADERM + PAD 3-1/2"X13-3/4"	307	tetrabenazine	167
TEGADERM + PAD 3-1/2"X4"	307	tetracaine hcl	313
TEGADERM + PAD 3-1/2"X4-1/8"	307	tetracycline hcl	32
TEGADERM + PAD 3-1/2"X6"	307	TGT GLUCOSE	115
TEGADERM + PAD 3-1/2"X8"	307	THALOMID	57
TEGADERM ABSORBENT DRESSING	307	theophylline	322
TEGADERM FILM 2-3/8"X2-3/4"	307	THEOPHYLLINE ER	323
TEGADERM FILM 4"X10"	307	theophylline er	323
TEGADERM FILM 4"X4-3/4"	308	thick & easy	308
TEGADERM FILM 6"X8"	308	thick now	308
TEGADERM FILM 8"X12"	308	thick-it	308
TEGADERM HP 2-1/8"X2-1/2"	308	THICK-IT	308
TEGADERM HP 2-3/8"X2-3/4"	308	THICK-IT #2	308
TEGADERM HP 4"X4-1/2"	308	THICKENUP CLEAR	308
TEGADERM HP 4"X4-3/4"	308	thioridazine hcl	90
TEGADERM HP 4-1/2"X4-3/4"	308	thiothixene	90
TEGADERM HP 5-1/2"X6-1/2"	308	thrive	24
TEGADERM I.V. 3-1/2"X4-1/4"	308	THYROID	257
TEGADERM I.V. ADVANCED	308	tiadylt er	142
TEGSEDI	228	tiagabine hcl	37
telmisartan	133	TIBSOVO	79
TELMISARTAN-AMLODIPINE	147,148	tilia fe	250
telmisartan-amlodipine	147,148	timolol maleate	140,314,315
telmisartan-hctz	148	tinidazole	26
temazepam	333	tiopronin	232
temozolomide	55	tiotropium bromide monohydrate	319
TEMPO SMART BUTTON	308	tis-u-sol	308
tenofovir disoproxil fumarate	101	TIVICAY	99
TEPMETKO	79	TIVICAY PD	99
terazosin hcl	132	tizanidine hcl	96

tobramycin	314,322	TREXALL	276,277
tobramycin sulfate	25	tri-estarylla	250
TOBRAMYCIN SULFATE	25	tri-legest fe	250
tobramycin-dexamethasone	313	tri-linyah	250
TOLAK	179	tri-lo-estarylla	250
tolcapone	87	tri-lo-marzia	250
TOLEREX	200	tri-lo-mili	250
tolterodine tartrate	230	tri-lo-sprintec	250
tolterodine tartrate er	230	TRI-LUMA	179
tolvaptan	203	tri-mili	250
topiramate	35	tri-nymyo	250
topiramate er	35	tri-sprintec	250
toremifene citrate	58	TRI-VI-FLOR	212
torse mide	149	TRI-VI-FLORO	212
TOUJEO MAX SOLOSTAR	117	TRI-VITE/FLUORIDE	212
TOUJEO SOLOSTAR	117	tri-vylibra	250
TRADJENTA	111	tri-vylibra lo	250
TRAMADOL HCL	9	triamcinolone acetonide	171,176
tramadol hcl	9	triamterene	149
TRAMADOL HCL (ER BIPHASIC)	5	triamterene-hctz	148
TraMADol HCl ER 100 MG TAB ER 24H (generic of RYZOLT)	6	triazolam	333
TraMADol HCl ER 200 MG TAB ER 24H (generic of RYZOLT)	6	triderm	176
TraMADol HCl ER 300 MG TAB ER 24H (generic of RYZOLT)	6	trientine hcl	203
tramadol-acetaminophen	9	TRIENTINE HCL	204
trandolapril	135	trifluoperazine hcl	90
TRANDOLAPRIL-VERAPAMIL HCL ER	148	TRIFLURIDINE	314
tranexamic acid	125	TRIHENXYPHENIDYL HCL	86
TRANSFER PIN	308	trihexyphenidyl hcl	86
TRANSPARENT FILM DRESSING	308	TRIJARDY XR	111
tranylcyromine sulfate	43	TRIKAFTA	322
travoprost (bak free)	315	trimethobenzamide hcl	48
trazodone hcl	45	TRIMETHOPRIM	26
TRECTOR	54	trimethoprim	26
TRELEGY ELLIPTA	331	trimipramine maleate	47
TREMFYA	268,269	TRINATAL RX 1	200
TRESIBA	117	TRINATE	200
TRESIBA FLEXTOUCH	117	TRINTELLIX	45
tretinoin	84,173	TRIUMEQ	101
		TRIUMEQ PD	101
		trivora (28)	250
		TROKENDI XR 200 MG CAP ER 24H	35

tropicamide	313	TYROS 1	309
tropium chloride	230	TYROS 2	309
tropium chloride er	230	TYROSINE	212,293
true folic acid	212	TYROSINE1000	212
true laxative	217	TYSABRI	170
TRUEPLUS GLUCOSE	115	TYVASO	325
TRUEPLUS GLUCOSE ON THE GO	115	TYVASO DPI INSTITUTIONAL KIT	325
TRUEPLUS GLUCOSE SHOT	115	TYVASO DPI MAINTENANCE KIT	325,326
TRULANCE	217	TYVASO DPI TITRATION KIT	326
TRULICITY	112	TYVASO REFILL	326
TRUQAP	79,80	TYVASO STARTER	326
TRUSTEX LUB/RIBBED/STUDED	308		
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TRUSTEX LUB/SPERMICIDE XL	309	UBRELVY	52
TRUSTEX LUBRICATED	309	UCD ANAMIX JUNIOR	309
TRUSTEX LUBRICATED EX LARGE	309	UCD TRIO	309
TRUSTEX LUBRICATED EXTRA ST	309	UDENYCA	125
TRUSTEX LUBRICATED/SPERMICIDE	309	UDENYCA ONBODY	125
TRUSTEX NON-LUBRICATED	309	ULTRAMINO SOY PROTEIN	310
TRUSTEX RIA LUB/SPERMICIDE	309	ULTRIENT 1.5 SAFE-T FEED	201
TRUSTEX RIA LUBRICATED	309	unithroid	257
TRUSTEX RIA NON-LUBRICATED	309	UNIVERSAL SYRINGE TIP ADAPTOR	310
TRUSTEX-NONNOXYNOL-9/RIB/STUD	309	UNJURY	212
TUKYSA	80	UP & UP GLUCOSE	115
TURALIO	80	UPTRAVI	326,327
turqoz	250	URETRON D/S	26
TWIRLA	250	URIMAR-T	26
TWOCAL HN	200	urin ds	26
TWOCAL HN 2.0	201	uro-458	26
TYBLUME	250	uro-mp	26
TYBOST	101	uro-sp	26
tydemy	250	UROGESIC-BLUE	26
TYMLOS	279	URSODIOL	220
TYR ANAMIX EARLY YEARS	309	ursodiol	220
TYR ANAMIX NEXT	309	ustell	26
TYR COOLER	201	UTI-STAT	212
TYR GEL	201	utira-c	26
TYR LOPHLEX GMP MIX-IN	201	UTYMAX	201
TYR LOPHLEX LQ	201	UZEDY	94
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valacyclovir hcl	103	VERKAZIA	313
VALCHLOR	179	VERQUVO	149
valganciclovir hcl	96,97	VERZENIO	81
VALINE	212,293	VESICARE LS	230
VALINE 1000	212	vestura	250
VALINE1000	212	VICTOZA	112
valproic acid	36	vienva	250
valsartan	133	vigabatrin	37
valsartan-hydrochlorothiazide	148	vigadrone	38
VALTOCO 10 MG DOSE	37	VIGAFYDE	38
VALTOCO 15 MG DOSE	37	VIJOICE	81
VALTOCO 20 MG DOSE	37	vilazodone hcl	46
VALTOCO 5 MG DOSE	37	VINATE ONE	201
valtya 1/50	250	viorele	251
VALUE PLUS GLUCOSE	115	VIRACEPT	102
value plus glucose	115	VIREAD	101
vanadom	332	VIRT-NATE DHA	201
VANCOMYCIN HCL	27	VIRT-PN DHA	201
vancomycin hcl	27	VITAFOL-OB	201
VANDAZOLE	27	VITAL 1.0 CAL	201
VANFLYTA	80	VITAL 1.5 CAL	201
vardenafil hcl	232	VITAL AF 1.2 CAL	201
varenicline tartrate	24	VITAL AF 1.2 CAL ADV FORMULA	201
varenicline tartrate (starter)	24	VITAL HIGH PROTEIN	201
varenicline tartrate(continue)	25	VITAL HP 1.0 CAL	201
VASCEPA	155	VITAL PEPTIDE 1.5 CAL	202
VCF VAGINAL CONTRACEPTIVE	232	VITAMENT	212
VELIVET	250	vitamin d (ergocalciferol)	279
VELPHORO	204	VITAMINS ACD-FLUORIDE	212
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VENCLEXTA	80,81	VIVA DHA	202
VENCLEXTA STARTING PACK	81	VIVITROL	10
venlafaxine hcl	46	VIVJOA	50
venlafaxine hcl er	46	VIVONEX PEDIATRIC	202
VENTAVIS	327	VIVONEX PLUS	202
venxxiva	232	VIVONEX RTF	202
verapamil hcl	142	VIVONEX T.E.N.	202
VERAPAMIL HCL ER	142,143	VIZIMPRO	82
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		VONJO	85
		VORANIGO	82

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WELIREG	60
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WESCAP-PN DHA	202
WESNATAL DHA COMPLETE	202
WESNATE DHA	202
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WHEY PROTEIN	213
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WIDE-SEAL DIAPHRAGM 70	310
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WND 1	310
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xarah fe	251
XARELTO	120
XARELTO STARTER PACK	120
XATMEP	277
XDEMVY	313
XELJANZ	269
XELJANZ XR	269
XENICAL	220
XENLETA	102
XEPI	180
XERESE	179
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XHANCE	317
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XPOVIO (100 MG ONCE WEEKLY)	83	ZEPOSIA STARTER KIT	170
XPOVIO (40 MG ONCE WEEKLY)	83	ZERVIAE	313
XPOVIO (40 MG TWICE WEEKLY)	83	zidovudine	101
XPOVIO (60 MG ONCE WEEKLY)	83	ZIEXTENZO	125
XPOVIO (60 MG TWICE WEEKLY)	83	ZILBRYSQ	53
XPOVIO (80 MG ONCE WEEKLY)	83	zileuton er	318
XPOVIO (80 MG TWICE WEEKLY)	83	ZIMHI	11
XPTM ANALOG	311	zionodil	10
XTAMPZA ER	6	ziprasidone hcl	95
XTANDI	56	ZIRGAN	314
XTRACAL PLUS	202	ZOKINVY	229
XULANE	251	ZOLINZA	60
XULTOPHY	112	zolmitriptan	53
XURIDEN	228	ZOLPIDEM TARTRATE	333
XYOSTED	241	zolpidem tartrate	333
XYREM	334	zolpidem tartrate er	333
XYWAV	334	ZOLPIMIST	333
		ZOMACTON	240
Y		zonisamide	40
yargesa	229	ZORYVE	179
yl folic acid	213	zovia 1/35 (28)	251
YONSA	56	ZTALMY	38
YORVIPATH	257,258	ZUBSOLV	10
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		ZURZUVAE	42,43
Z		ZYDELIG	84
zafemy	251	ZYKADIA	84
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ZARXIO	125		
zebutal	167		
ZEJULA	84		
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