

2026 Prescription Drug List

TRADITIONAL 5-TIER FOR
QUALIFIED HEALTH PLANS

St Luke's™
+ Health Plan

Last updated September 1, 2025

Welcome!

St. Luke's Health Plan Inc. Pharmacy Benefit Manager (St. Luke's PBM) administers pharmacy benefits for the St. Luke's Health Plan (the Plan) to ensure you have access to safe, effective and affordable medications.

Prescription Drug List (PDL)

This document is often referred to as a Prescription Drug List (PDL) or medication formulary and contains a list of the most commonly prescribed outpatient medications covered by your plan. The PDL is typically updated on a quarterly basis. The date of the most recent update can be found in the lower right-hand corner of the document cover page. We do not routinely notify members or providers when the PDL is updated. There will not be any changes that negatively impact members during the calendar year. Please use the PDL on the website for the most up-to-date version.

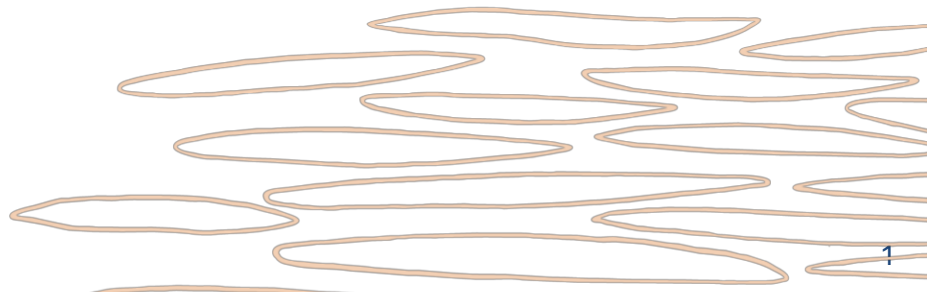
This formulary includes both brand name and generic medications approved by the Food and Drug Administration (FDA). Brand name medications are capitalized and generic medications are in lowercase. Not all medications approved by the FDA are covered under your plan.

The inclusion of a medication on this list does not imply coverage under all plans. Coverage of listed products will be subject to limitations of the prescription medication benefit plan design. Members should consult their prescription medication benefit plan or contact a customer service representative to determine specific coverage at 833-975-1281. Where a difference exists between this document and the benefit plan documents, the benefit plan documents rule.

How to Use the PDL

Members are encouraged to review the PDL to see if currently prescribed medications are covered. Providers and pharmacists are encouraged to review the PDL and utilize it when prescribing for our members. Products on the PDL may not include all strengths or dosage forms associated with the brand name product.

This document is searchable. On your keyboard, press Ctrl+F (Command+F for Mac), type in the medication you are looking for into the search box, and the search function will locate the medication in the document.



Reading the PDL

Within this document, you will find a list of FDA-approved medications covered by the Plan, which tier the medication belongs to, and any specific requirements as required by the Plan. Please see the medication tier explanations in the table below; medications with a lower tier will represent the lowest out-of-pocket costs* for the member.

Tier	Description
ACA	Affordable Care Act Medications may be offered at no cost if the member meets preventive care requirements
1	Preferred Generic Medications
2	Non-preferred Generic Medications
3	Preferred Brand Name Medications
4	Non-preferred Brand Name Medications
5	Specialty Medications which are limited to a 30-day supply per fill; most specialty medications are required to be filled through St. Luke's Specialty Pharmacy
*Please refer to the plan documents for copay and coinsurance information	

ACA Preventive Medications

The Patient Protection and Affordable Care Act of 2010 (ACA) designates certain categories of medications as “preventive” and requires these categories contain options that are covered at no cost to you. The categories include specific preventive medications for children, women, and adults that you will not have to pay a copay or coinsurance for, even if you have not met your deductible. Please reach out to the PBM help desk for additional information on requirements. Preventive categories are listed below and are designated as ACA on the PDL.

- Bowel prep agents for people aged 45-75 years (max of 2 per year)
- Folic acid for women of childbearing age
- Iron supplements for children between 6-12 months
- Contraceptives
- Oral fluoride supplements for children up to age 5
- Preventive breast cancer medications for women aged 35 years or older with prior breast cancer diagnosis
- Tobacco cessation products (max of 182 days per year)
- Certain vaccines (flu, shingles)
- Statins for people aged 40-75 years
- Select antiretrovirals for preventive use

High Deductible Health Plan Preventive Medications

Recognizing that preventive services can lead to improved health by identifying and treating illnesses early, the Plan does not require High Deductible Health Plan (HDHP) participants meet their deductible prior to covering generic medications in some medication categories. If you are enrolled in a HDHP you will not have to meet your deductible before the Plan contributes to the cost of your generic prescription for medications. HDHP preventive categories are listed below and are designated as “PV” on the PDL.

- Anticonvulsants
- Asthma and COPD
- Brand contraceptives
- Cardiovascular (including cholesterol, blood pressure and blood thinners)
- Diabetes (Insulin, Non-Insulin, and Test Strips)
- Mental health (antipsychotics and antidepressants)
- Osteoporosis

How are Medications Assessed for Plan Coverage

The PDL reflects the current judgement of the Pharmacy and Therapeutics (P&T) Committee, which consists of physicians, pharmacists and medical experts. The Committee reviews medications in each therapeutic class for safety, effectiveness and cost of treatment. Then, agents are selected in each category for inclusion/exclusion on the formulary. The maintenance of the formulary is a dynamic process where new medications and information concerning existing medications are continually reviewed by the P&T Committee.

Generic Medications

The St. Luke's PBM prioritizes the use of generic medications whenever possible. The term generic is usually used to describe a less-expensive product that is a safe and effective alternative to a brand-name product. A generic medication is identical, or bioequivalent, to a brand name medication. Although generic medications are chemically identical to their branded counterparts, they are typically sold at substantial discounts. The Food and Drug Administration (FDA) works with pharmaceutical companies to ensure medications (both brand name and generic) meet specific requirements for quality, strength, purity and potency.

Generic Medication Substitution Requirement

If you purchase a brand name medication when a generic substitution is required, you must pay the difference between the Allowed Amount for the Generic medication and the Allowed Amount for the Brand Name medication, plus your Copay/ Coinsurance or Deductible. Some prescription medications are excluded from this requirement.

Coverage Requests

If you would like to request a prior authorization, a higher quantity limit, bypassing step therapy or formulary exception, please have your provider call the St. Luke's PBM at **833-975-1281** to obtain the appropriate form. For formulary exceptions due to medical necessity, the request should include medical records that describe the condition being treated, other treatments previously tried and reason for not using formulary alternatives.

Pharmacy Network

Our pharmacy network is broad, and you can find a pharmacy near you with the lookup tool on your pharmacy member portal.

The Plan offers a maintenance pharmacy benefit, allowing you to obtain up to a 100-day supply of certain medications through St. Luke's Outpatient Pharmacies or St. Luke's Mail Order Pharmacy. Some exceptions may apply.

Specialty medications are high-cost medications used to treat rare or complicated conditions. Specialty medications are listed as tier 5. Most specialty medications are required to be filled through St. Luke's Specialty Pharmacy which offers best in class care and support. To learn more, call **208-205-7779**.

Plan ID Card

Your Plan ID card works for both your doctor's visits and filling medications at the pharmacy. To get the most from your benefits, provide your pharmacy ID card to the pharmacy when dropping off or calling in your prescription.

Term and Acronym Dictionary

ACA- Affordable Care Act:

This medication is covered for some people at no cost based on the Affordable Care Act.

AL1- Age Limit:

This prescription medication may only be covered if you meet the minimum or maximum age limit.

PA – Prior Authorization:

Selected high-risk or high-cost medications may require prior authorization to be eligible for coverage under the member's prescription medication benefit.

PV- High Deductible Health Plan Preventive Medication:

This medication is covered prior to the deductible for high deductible health plans.

QL or QLC - Quantity Limit or Quantity Limit (Custom):

This medication has a limit on the amount of medication per prescription.

S- Specialty Medication:

This medication is a specialty medication.

ST - Step Therapy:

This medication requires you to have already tried an alternative medication(s) preferred by the Plan. This process is called "step therapy." The alternative medication(s) is generally a more cost-effective therapy that does not compromise clinical quality.

STC- Step Therapy Criteria:

This is the medication(s) that must be tried prior to using the requested medication.



LIST OF COVERED PRESCRIPTION MEDICATIONS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANALGESICS		
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS		
<i>aspirin tab delayed release 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin tab delayed release 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin tab delayed release 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin tab delayed release 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	2	QL 70 / 7 days
<i>celecoxib cap 100 mg</i>	1	
<i>celecoxib cap 200 mg</i>	1	
<i>celecoxib cap 400 mg</i>	2	
<i>celecoxib cap 50 mg</i>	1	
<i>diclofenac potassium tab 50 mg</i>	2	
<i>diclofenac sodium soln 1.5%</i>	2	
<i>diclofenac sodium tab delayed release 25 mg</i>	2	
<i>diclofenac sodium tab delayed release 50 mg</i>	1	
<i>diclofenac sodium tab delayed release 75 mg</i>	1	
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	2	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	2	
<i>diflunisal tab 500 mg</i>	2	
<i>aspirin tab delayed release 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>etodolac cap 200 mg</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>etodolac cap 300 mg</i>	2	
<i>etodolac tab 400 mg</i>	2	
<i>etodolac tab 500 mg</i>	2	
<i>etodolac tab er 24hr 400 mg</i>	2	
<i>etodolac tab er 24hr 500 mg</i>	2	
<i>etodolac tab er 24hr 600 mg</i>	2	
FENOPROFEN CALCIUM 600 MG TAB	2	
FLURBIPROFEN 100 MG TAB	1	
<i>flurbiprofen tab 100 mg</i>	1	
FLURBIPROFEN 50 MG TAB	4	
<i>aspirin tab delayed release 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin tab delayed release 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin tab delayed release 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>ibuprofen tab 400 mg</i>	1	
<i>ibuprofen tab 600 mg</i>	1	
<i>ibuprofen tab 800 mg</i>	1	
<i>ibuprofen tab 400 mg</i>	1	
<i>ibuprofen tab 600 mg</i>	1	
<i>ibuprofen tab 800 mg</i>	1	
<i>indomethacin cap 25 mg</i>	1	
<i>indomethacin cap 50 mg</i>	1	
<i>indomethacin suppos 50 mg</i>	4	
<i>indomethacin cap er 75 mg</i>	2	
KETOPROFEN ER 200 MG CAP ER 24H	4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ketorolac tromethamine tab 10 mg</i>	1	
LURBIPR 100 MG TAB	1	
MECLOFENAMATE SODIUM 100 MG CAP	4	
MECLOFENAMATE SODIUM 50 MG CAP	4	
<i>mefenamic acid cap 250 mg</i>	2	
<i>meloxicam tab 15 mg</i>	1	
<i>meloxicam tab 7.5 mg</i>	1	
<i>nabumetone tab 500 mg</i>	1	
<i>nabumetone tab 750 mg</i>	2	
<i>naproxen tab 250 mg</i>	1	
<i>naproxen tab 375 mg</i>	1	
<i>naproxen tab 500 mg</i>	1	
<i>naproxen sodium tab 275 mg</i>	2	
<i>naproxen sodium tab 550 mg</i>	2	
<i>oxaprozin tab 600 mg</i>	2	
<i>piroxicam cap 10 mg</i>	2	
<i>piroxicam cap 20 mg</i>	2	
<i>aspirin tab delayed release 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>sulindac tab 150 mg</i>	1	
<i>sulindac tab 200 mg</i>	1	
OPIOID ANALGESICS, LONG-ACTING		
<i>fentanyl td patch 72hr 100 mcg/hr</i>	2	QL 15 / 30 days
<i>fentanyl td patch 72hr 12 mcg/hr</i>	2	QL 15 / 30 days
<i>fentanyl td patch 72hr 25 mcg/hr</i>	2	QL 15 / 30 days
<i>fentanyl td patch 72hr 50 mcg/hr</i>	2	QL 15 / 30 days
<i>fentanyl td patch 72hr 75 mcg/hr</i>	2	QL 15 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>hydromorphone hcl tab er 24hr 12 mg</i>	2	QL 30 / 30 days
<i>hydromorphone hcl tab er 24hr 16 mg</i>	2	QL 30 / 30 days
<i>hydromorphone hcl tab er 24hr 32 mg</i>	2	QL 30 / 30 days
<i>hydromorphone hcl tab er 24hr 8 mg</i>	2	QL 30 / 30 days
<i>methadone hcl tab 10 mg</i>	1	QL 90 / 30 days
<i>methadone hcl soln 10 mg/5ml</i>	2	QL 300 / 30 days
<i>methadone hcl conc 10 mg/ml</i>	2	QL 60 / 30 days
<i>methadone hcl tab for oral susp 40 mg</i>	2	QL 90 / 30 days
<i>methadone hcl tab 5 mg</i>	1	QL 90 / 30 days
<i>methadone hcl soln 5 mg/5ml</i>	2	QL 600 / 30 days
<i>methadone hcl conc 10 mg/ml</i>	2	QL 60 / 30 days
<i>methadone hcl tab for oral susp 40 mg</i>	2	QL 90 / 30 days
MORPHINE SULFATE ER 10 MG CAP ER 24H	4	QL 60 / 30 days
MORPHINE SULFATE ER 100 MG CAP ER 24H	4	QL 60 / 30 days
<i>morphine sulfate tab er 100 mg</i>	2	QL 60 / 30 days
<i>morphine sulfate tab er 15 mg</i>	1	QL 60 / 30 days
MORPHINE SULFATE ER 20 MG CAP ER 24H	4	QL 60 / 30 days
<i>morphine sulfate tab er 200 mg</i>	2	QL 60 / 30 days
MORPHINE SULFATE ER 30 MG CAP ER 24H	4	QL 60 / 30 days
<i>morphine sulfate tab er 30 mg</i>	2	QL 60 / 30 days
MORPHINE SULFATE ER 50 MG CAP ER 24H	4	QL 60 / 30 days
MORPHINE SULFATE ER 60 MG CAP ER 24H	4	QL 60 / 30 days
<i>morphine sulfate tab er 60 mg</i>	2	QL 60 / 30 days
MORPHINE SULFATE ER 80 MG CAP ER 24H	4	QL 60 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OXYMORPHONE HCL ER 10 MG TAB ER 12H	4	QL 60 / 30 days
OXYMORPHONE HCL ER 15 MG TAB ER 12H	4	QL 60 / 30 days
OXYMORPHONE HCL ER 20 MG TAB ER 12H	4	QL 60 / 30 days
OXYMORPHONE HCL ER 30 MG TAB ER 12H	4	QL 60 / 30 days
OXYMORPHONE HCL ER 40 MG TAB ER 12H	4	QL 60 / 30 days
OXYMORPHONE HCL ER 5 MG TAB ER 12H	4	QL 60 / 30 days
OXYMORPHONE HCL ER 7.5 MG TAB ER 12H	4	QL 60 / 30 days
SUBLOCADE 100 MG/0.5ML SOLN PRSYR	5	PA S
SUBLOCADE 300 MG/1.5ML SOLN PRSYR	5	PA S
TRAMADOL HCL (ER BIPHASIC) 100 MG TAB ER 24H	4	QL 30 / 30 days
TRAMADOL HCL (ER BIPHASIC) 200 MG TAB ER 24H	4	QL 30 / 30 days
TRAMADOL HCL (ER BIPHASIC) 300 MG TAB ER 24H	4	QL 30 / 30 days
<i>tramadol hcl tab er 24hr 100 mg</i>	2	QL 30 / 30 days
<i>tramadol hcl tab er 24hr 200 mg</i>	2	QL 30 / 30 day(s)
<i>tramadol hcl tab er 24hr 300 mg</i>	2	QL 30 / 30 days
XTAMPZA ER 13.5 MG CP12 DETER	3	QL 60 / 30 days ST STC Trial and failure of 1 therapy: morphine ER
XTAMPZA ER 18 MG CP12 DETER	3	QL 60 / 30 days ST STC Trial and failure of 1 therapy: morphine ER
XTAMPZA ER 27 MG CP12 DETER	3	QL 60 / 30 days ST STC Trial and failure of 1 therapy: morphine ER

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XTAMPZA ER 36 MG CP12 DETER	3	QL 60 / 30 days ST STC Trial and failure of 1 therapy: morphine ER
XTAMPZA ER 9 MG CP12 DETER	3	QL 60 / 30 days ST STC Trial and failure of 1 therapy: morphine ER
OPIOID ANALGESICS, SHORT-ACTING		
ACETAMINOPHEN-CODEINE 120-12 MG/5ML SOLUTION	1	QL 630 / 7 day(s)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	1	QL 300 / 30 days
<i>acetaminophen w/ codeine tab 300-30 mg</i>	1	QL 300 / 30 days
ACETAMINOPHEN-CODEINE 300-30 MG/12.5ML SOLUTION	1	QL 630 / 7 days
<i>acetaminophen w/ codeine tab 300-60 mg</i>	2	QL 270 / 30 days
APADAZ 4.08-325 MG TAB	2	QL 360 / 30 days
APADAZ 6.12-325 MG TAB	2	QL 360 / 30 days
APADAZ 8.16-325 MG TAB	2	QL 360 / 30 days
APAP-CAFF-DIHYDROCODEINE 320.5-30-16 MG CAP	3	QL 300 / 30 days
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>	2	QL 180 / 30 days
BENZHYDROCODONE-ACETAMINOPHEN 4.08-325 MG TAB	2	QL 360 / 30 days
BENZHYDROCODONE-ACETAMINOPHEN 6.12-325 MG TAB	2	QL 360 / 30 days
BENZHYDROCODONE-ACETAMINOPHEN 8.16-325 MG TAB	2	QL 360 / 30 days
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	2	QL 42 / 7 days
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>	2	QL 180 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	2	QL 2.5 / 30 days
CODEINE SULFATE 15 MG TAB	4	QL 300 / 30 days
<i>codeine sulfate tab 30 mg</i>	2	QL 300 / 30 days
CODEINE SULFATE 60 MG TAB	4	QL 270 / 30 days
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	2	QL 180 / 30 days
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	2	QL 180 / 30 days
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	QL 180 / 30 days
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	2	QL 180 / 30 days
FENTANYL CITRATE 1200 MCG LOZ HANDLE	2	QL 120 / 30 days PA
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	2	QL 120 / 30 days PA
FENTANYL CITRATE 1600 MCG LOZ HANDLE	2	QL 120 / 30 days PA
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	2	QL 120 / 30 days PA
FENTANYL CITRATE 200 MCG LOZ HANDLE	2	QL 120 / 30 days PA
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	2	QL 120 / 30 days PA
FENTANYL CITRATE 400 MCG LOZ HANDLE	2	QL 120 / 30 days PA
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	2	QL 120 / 30 days PA
FENTANYL CITRATE 600 MCG LOZ HANDLE	2	QL 120 / 30 days PA
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	2	QL 120 / 30 days PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FENTANYL CITRATE 800 MCG LOZ HANDLE	2	QL 120 / 30 days PA
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	2	QL 120 / 30 days PA
HYDROCODONE-ACETAMINOPHEN 10-300 MG/15ML SOLUTION	2	QL 4000 / 30 day(s)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1	QL 360 / 30 days
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	2	QL 5400 / 30 days
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	2	QL 5400 / 30 days
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1	QL 360 / 30 days
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1	QL 360 / 30 days
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	2	QL 5400 / 30 days
HYDROCODONE-IBUPROFEN 10-200 MG TAB	4	QL 150 / 30 days
HYDROCODONE-IBUPROFEN 5-200 MG TAB	4	QL 360 / 30 days
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	2	QL 360 / 30 days
<i>hydromorphone hcl liqd 1 mg/ml</i>	2	QL 385 / 30 days
<i>hydromorphone hcl tab 2 mg</i>	1	QL 90 / 30 days
<i>hydromorphone hcl tab 4 mg</i>	1	QL 90 / 30 days
<i>hydromorphone hcl tab 8 mg</i>	2	QL 60 / 30 days
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	2	QL 270 / 30 days
MORPHINE SULFATE (CONCENTRATE) 100 MG/5ML SOLUTION	2	QL 270 / 30 days
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	2	QL 270 / 30 days
MORPHINE SULFATE 10 MG/5ML SOLUTION	1	QL 1350 / 30 day(s)
MORPHINE SULFATE 15 MG TAB	3	QL 90 / 30 days
<i>morphine sulfate tab 15 mg</i>	2	QL 90 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MORPHINE SULFATE 20 MG/5ML SOLUTION	4	QL 675 / 30 day(s)
<i>morphine sulfate oral soln 20 mg/5ml</i>	4	QL 675 / 30 day(s)
MORPHINE SULFATE 30 MG TAB	3	QL 90 / 30 days
<i>morphine sulfate tab 30 mg</i>	2	QL 90 / 30 days
<i>oxycodone hcl tab 10 mg</i>	1	QL 180 / 30 days
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	2	QL 90 / 30 days
<i>oxycodone hcl tab 15 mg</i>	2	QL 180 / 30 days
<i>oxycodone hcl tab 20 mg</i>	2	QL 90 / 30 days
<i>oxycodone hcl tab 30 mg</i>	2	QL 60 / 30 days
<i>oxycodone hcl tab 5 mg</i>	1	QL 180 / 30 days
<i>oxycodone hcl soln 5 mg/5ml</i>	2	QL 1800 / 30 days
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	2	QL 180 / 30 days
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	2	QL 180 / 30 days
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	QL 180 / 30 days
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	2	QL 180 / 30 days
<i>oxymorphone hcl tab 10 mg</i>	2	QL 120 / 30 days
<i>oxymorphone hcl tab 5 mg</i>	2	QL 120 / 30 days
<i>pentazocine w/ naloxone tab 50-0.5 mg</i>	2	QL 120 / 30 days
<i>tramadol hcl tab 50 mg</i>	1	QL 240 / 30 days
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	1	QL 240 / 30 days
ANESTHETICS		
LOCAL ANESTHETICS		
<i>lidocaine patch 5%</i>	2	
<i>lidocaine hcl soln 4%</i>	2	
<i>lidocaine hcl viscous soln 2%</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	2	
<i>lidocaine patch 5%</i>	2	
NAYZILAM 5 MG/0.1ML SOLUTION	4	QL 6 / 30 days PV Preventive
<i>lidocaine patch 5%</i>	2	
<i>lidocaine patch 5%</i>	2	
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS ALCOHOL DETERRENTS/ANTI-CRAVING		
<i>acamprosate calcium tab delayed release 333 mg</i>	2	
<i>disulfiram tab 250 mg</i>	2	
<i>disulfiram tab 500 mg</i>	2	
VIVITROL 380 MG RECON SUSP	5	PA S
OPIOID DEPENDENCE		
BELBUCA 150 MCG FILM	3	QL 60 / 30 days
BELBUCA 300 MCG FILM	3	QL 60 / 30 days
BELBUCA 450 MCG FILM	3	QL 60 / 30 days
BELBUCA 600 MCG FILM	3	QL 60 / 30 days
BELBUCA 75 MCG FILM	3	QL 60 / 30 days
BELBUCA 750 MCG FILM	3	QL 60 / 30 days
BELBUCA 900 MCG FILM	3	QL 60 / 30 days
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	2	QL 90 / 30 days
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	2	QL 90 / 30 days
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	2	QL 90 / 30 days
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	2	QL 90 / 30 days
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	2	QL 90 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	2	QL 90 / 30 days
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	2	QL 90 / 30 days
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	2	QL 90 / 30 days
<i>lofexidine hcl tab 0.18 mg (base equivalent)</i>	5	PA S
LUCEMYRA 0.18 MG TAB	5	PA S
OPIOID REVERSAL AGENTS		
KLOXXADO 8 MG/0.1ML LIQUID	3	
NALOXONE HCL 0.4 MG/ML SOLN CART	2	
<i>naloxone hcl soln prefilled syringe 0.4 mg/ml</i>	2	
<i>naloxone hcl inj 0.4 mg/ml</i>	2	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	2	
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	2	
<i>naloxone hcl inj 4 mg/10ml</i>	2	
<i>naltrexone hcl tab 50 mg</i>	2	
SMOKING CESSATION AGENTS		
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	2	AL1 At least 18 yrs old ACA Affordable Care Act Medications
<i>nicotine td patch 24hr 14 mg/24hr</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex gum 2 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex lozenge 2 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine td patch 24hr 21 mg/24hr</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex gum 4 mg</i>	2	ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nicotine td patch 24hr 7 mg/24hr</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex gum 2 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex lozenge 2 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex gum 4 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex lozenge 4 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine td patch 24hr 14 mg/24hr</i>	2	ACA Affordable Care Act Medications
<i>nicotine td patch 24hr 21 mg/24hr</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex gum 4 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex lozenge 4 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex gum 2 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex lozenge 2 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex gum 4 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex lozenge 4 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine td patch 24hr 7 mg/24hr</i>	2	ACA Affordable Care Act Medications
<i>nicotine td patch 24hr 14 mg/24hr</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex gum 2 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex lozenge 2 mg</i>	2	ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nicotine td patch 24hr 21 mg/24hr</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex gum 4 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex lozenge 4 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine td patch 24hr 7 mg/24hr</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex lozenge 2 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex lozenge 4 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine td patch 24hr 14 mg/24hr</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex gum 2 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine td patch 24hr 21 mg/24hr</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex gum 4 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine td patch 24hr 7 mg/24hr</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex lozenge 2 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex lozenge 4 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex gum 2 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex lozenge 2 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex gum 4 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex lozenge 4 mg</i>	2	ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nicotine polacrilex gum 2 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex lozenge 2 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex gum 4 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex lozenge 4 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine td patch 24hr 21 mg/24hr</i>	2	ACA Affordable Care Act Medications
<i>nicotine td patch 24hr 21 mg/24hr</i>	2	ACA Affordable Care Act Medications
<i>nicotine td patch 24hr 7 mg/24hr</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex gum 2 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex lozenge 2 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex gum 4 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex gum 2 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex lozenge 2 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex gum 4 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex lozenge 4 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine td patch 24hr 14 mg/24hr</i>	2	ACA Affordable Care Act Medications
<i>nicotine td patch 24hr 21 mg/24hr</i>	2	ACA Affordable Care Act Medications
NICOTINE 21-14-7 MG/24HR KIT	3	ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nicotine td patch 24hr 7 mg/24hr</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex lozenge 2 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex lozenge 4 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex gum 2 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex lozenge 2 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex gum 4 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex lozenge 4 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex lozenge 2 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine td patch 24hr 21 mg/24hr</i>	2	ACA Affordable Care Act Medications
<i>nicotine td patch 24hr 14 mg/24hr</i>	2	ACA Affordable Care Act Medications
<i>nicotine td patch 24hr 7 mg/24hr</i>	2	ACA Affordable Care Act Medications
NICOTROL 10 MG INHALER	3	ACA Affordable Care Act Medications
NICOTROL NS 10 MG/ML SOLUTION	3	ACA Affordable Care Act Medications
<i>nicotine polacrilex gum 2 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex lozenge 2 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex gum 4 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex lozenge 4 mg</i>	2	ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nicotine td patch 24hr 14 mg/24hr</i>	2	ACA Affordable Care Act Medications
<i>nicotine td patch 24hr 21 mg/24hr</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex lozenge 2 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex lozenge 4 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine td patch 24hr 14 mg/24hr</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex gum 2 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine td patch 24hr 21 mg/24hr</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex gum 4 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex gum 2 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex gum 4 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex lozenge 2 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex lozenge 4 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine td patch 24hr 14 mg/24hr</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex lozenge 2 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine td patch 24hr 21 mg/24hr</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex gum 4 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine td patch 24hr 7 mg/24hr</i>	2	ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nicotine polacrilex gum 2 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex lozenge 2 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex gum 4 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex lozenge 4 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex gum 2 mg</i>	2	ACA Affordable Care Act Medications
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	2	ACA Affordable Care Act Medications
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	2	ACA Affordable Care Act Medications
<i>varenicline tartrate tab 1 mg (base equiv)</i>	2	ACA Affordable Care Act Medications
<i>varenicline tartrate tab 1 mg (base equiv)</i>	2	ACA Affordable Care Act Medications
ANTIBACTERIALS		
AMINOGLYCOSIDES		
ARIKAYCE 590 MG/8.4ML SUSPENSION	5	PA S
<i>gentamicin sulfate cream 0.1%</i>	2	
<i>gentamicin sulfate oint 0.1%</i>	2	
<i>neomycin sulfate tab 500 mg</i>	1	
ANTIBACTERIALS, OTHER		
CAYSTON 75 MG RECON SOLN	5	PA S
<i>clindamycin hcl cap 150 mg</i>	1	
<i>clindamycin hcl cap 300 mg</i>	1	
<i>clindamycin hcl cap 75 mg</i>	1	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>clindamycin phosphate vaginal cream 2%</i>	2	
CLINDESSE 2 % CREAM	4	
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	2	
<i>linezolid for susp 100 mg/5ml</i>	2	
<i>linezolid tab 600 mg</i>	2	
<i>methenamine hippurate tab 1 gm</i>	2	
<i>metronidazole cream 0.75%</i>	2	
<i>metronidazole gel 0.75%</i>	2	
<i>metronidazole vaginal gel 0.75%</i>	2	
<i>metronidazole gel 1%</i>	2	
<i>metronidazole tab 250 mg</i>	1	
<i>metronidazole cap 375 mg</i>	2	
<i>metronidazole tab 500 mg</i>	1	
<i>nitrofurantoin susp 25 mg/5ml</i>	2	
<i>nitrofurantoin susp 25 mg/5ml</i>	2	
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	2	
<i>nitrofurantoin macrocrystalline cap 25 mg</i>	2	
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	2	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	1	
NUVESSA 1.3 % GEL	4	
SIVEXTRO 200 MG TAB	5	PA S
<i>tinidazole tab 250 mg</i>	2	
<i>tinidazole tab 500 mg</i>	2	
<i>trimethoprim tab 100 mg</i>	1	
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	2	
<i>vancomycin hcl for oral soln 25 mg/ml (base equivalent)</i>	2	
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>vancomycin hcl for oral soln 50 mg/ml (base equivalent)</i>	2	
<i>vancomycin hcl for oral soln 50 mg/ml (base equivalent)</i>	2	
VANDAZOLE 0.75 % GEL	4	
XIFAXAN 200 MG TAB	4	
XIFAXAN 550 MG TAB	4	
BETA-LACTAM, CEPHALOSPORINS		
CEFACLOR 250 MG CAP	2	
CEFACLOR 500 MG CAP	2	
CEFADROXIL 1 GM TAB	3	
<i>cefadroxil for susp 250 mg/5ml</i>	2	
<i>cefadroxil cap 500 mg</i>	1	
<i>cefadroxil for susp 500 mg/5ml</i>	2	
<i>cefdinir for susp 125 mg/5ml</i>	2	
<i>cefdinir for susp 250 mg/5ml</i>	2	
<i>cefdinir cap 300 mg</i>	1	
<i>cefixime for susp 100 mg/5ml</i>	2	
<i>cefixime for susp 200 mg/5ml</i>	2	
<i>cefpodoxime proxetil tab 100 mg</i>	2	
CEFPODOXIME PROXETIL 100 MG/5ML RECON SUSP	2	
<i>cefpodoxime proxetil tab 200 mg</i>	2	
CEFPODOXIME PROXETIL 50 MG/5ML RECON SUSP	2	
<i>cefprozil for susp 125 mg/5ml</i>	2	
<i>cefprozil tab 250 mg</i>	2	
<i>cefprozil for susp 250 mg/5ml</i>	2	
<i>cefprozil tab 500 mg</i>	2	
<i>cefuroxime axetil tab 250 mg</i>	1	
<i>cefuroxime axetil tab 500 mg</i>	2	
<i>cephalexin for susp 125 mg/5ml</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>cephalexin cap 250 mg</i>	1	
<i>cephalexin for susp 250 mg/5ml</i>	2	
<i>cephalexin cap 500 mg</i>	1	
<i>cephalexin cap 750 mg</i>	2	
BETA-LACTAM, PENICILLINS		
AMOXICILLIN 125 MG CHEW TAB	2	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) cap 250 mg</i>	1	
AMOXICILLIN 250 MG CHEW TAB	2	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) cap 500 mg</i>	1	
<i>amoxicillin (trihydrate) tab 500 mg</i>	1	
<i>amoxicillin (trihydrate) tab 875 mg</i>	1	
AMOXICILLIN-POT CLAVULANATE 200-28.5 MG CHEW TAB	4	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	2	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	2	
AMOXICILLIN-POT CLAVULANATE 400-57 MG CHEW TAB	4	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	1	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1	
AMOXICILLIN-POT CLAVULANATE ER 1000-62.5 MG TAB ER 12H	3	
<i>ampicillin cap 500 mg</i>	2	
<i>dicloxacillin sodium cap 250 mg</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>dicloxacillin sodium cap 500 mg</i>	2	
PENICILLIN V POTASSIUM 125 MG/5ML RECON SOLN	1	
<i>penicillin v potassium tab 250 mg</i>	1	
PENICILLIN V POTASSIUM 250 MG/5ML RECON SOLN	1	
<i>penicillin v potassium tab 500 mg</i>	1	
MACROLIDES		
<i>azithromycin for susp 100 mg/5ml</i>	2	
<i>azithromycin for susp 200 mg/5ml</i>	1	
<i>azithromycin tab 250 mg</i>	1	
<i>azithromycin tab 500 mg</i>	1	
<i>azithromycin tab 600 mg</i>	2	
CLARITHROMYCIN 125 MG/5ML RECON SUSP	4	
<i>clarithromycin tab 250 mg</i>	2	
CLARITHROMYCIN 250 MG/5ML RECON SUSP	4	
<i>clarithromycin tab 500 mg</i>	2	
<i>clarithromycin tab er 24hr 500 mg</i>	2	
DIFICID 200 MG TAB	4	
DIFICID 40 MG/ML RECON SUSP	3	
E.E.S. 400 400 MG TAB	4	ST STC Trial and failure of 1 therapy: generic erythromycin ethylsuccinate
<i>erythromycin ethylsuccinate tab 400 mg</i>	4	ST STC Trial and failure of 1 therapy: generic erythromycin ethylsuccinate
<i>erythromycin tab delayed release 250 mg</i>	2	
<i>erythromycin tab delayed release 333 mg</i>	2	
<i>erythromycin tab delayed release 500 mg</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>erythromycin tab delayed release 250 mg</i>	2	
<i>erythromycin tab delayed release 333 mg</i>	2	
<i>erythromycin tab delayed release 500 mg</i>	2	
ERYTHROMYCIN BASE 250 MG CP DR PART	4	
<i>erythromycin tab 250 mg</i>	2	
<i>erythromycin tab delayed release 250 mg</i>	2	
<i>erythromycin tab delayed release 333 mg</i>	2	
<i>erythromycin tab 500 mg</i>	2	
<i>erythromycin tab delayed release 500 mg</i>	2	
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	2	
<i>erythromycin ethylsuccinate tab 400 mg</i>	4	ST STC Trial and failure of 1 therapy: generic erythromycin ethylsuccinate
<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	2	
<i>fidaxomicin tab 200 mg</i>	4	
QUINOLONES		
BAXDELA 450 MG TAB	5	QL PA S 28 / 14 days
BESIVANCE 0.6 % SUSPENSION	3	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	1	
CIPROFLOXACIN HCL 100 MG TAB	4	
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	1	
<i>levofloxacin oral soln 25 mg/ml</i>	2	
<i>levofloxacin tab 250 mg</i>	1	
<i>levofloxacin tab 500 mg</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>levofloxacin tab 750 mg</i>	1	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	2	
OFLOXACIN 300 MG TAB	4	
OFLOXACIN 400 MG TAB	2	
SULFONAMIDES		
<i>sulfadiazine tab 500 mg</i>	4	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	2	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	2	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	2	
TETRACYCLINES		
<i>doxycycline monohydrate tab 100 mg</i>	1	
<i>demeclocycline hcl tab 150 mg</i>	2	
<i>demeclocycline hcl tab 300 mg</i>	2	
<i>doxycycline hyclate cap 100 mg</i>	1	
<i>doxycycline hyclate tab 100 mg</i>	1	
<i>doxycycline hyclate tab 20 mg</i>	1	
<i>doxycycline hyclate cap 50 mg</i>	2	
<i>doxycycline monohydrate cap 100 mg</i>	1	
<i>doxycycline monohydrate tab 100 mg</i>	1	
<i>doxycycline monohydrate tab 150 mg</i>	2	
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	2	
<i>doxycycline monohydrate cap 50 mg</i>	1	
<i>doxycycline monohydrate tab 50 mg</i>	1	
<i>doxycycline monohydrate tab 75 mg</i>	2	
<i>minocycline hcl cap 100 mg</i>	2	
<i>minocycline hcl cap 50 mg</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>minocycline hcl cap 75 mg</i>	2	
<i>doxycycline monohydrate cap 100 mg</i>	1	
NUZYRA 100 MG RECON SOLN	5	PA S
NUZYRA 150 MG TAB	5	PA S
<i>tetracycline hcl cap 250 mg</i>	2	
<i>tetracycline hcl cap 500 mg</i>	2	
ANTICONVULSANTS		
ANTICONVULSANTS, OTHER		
BRIVIACT 10 MG TAB	4	PV Preventive
BRIVIACT 10 MG/ML SOLUTION	4	PV Preventive
BRIVIACT 100 MG TAB	4	PV Preventive
BRIVIACT 25 MG TAB	4	PV Preventive
BRIVIACT 50 MG TAB	4	PV Preventive
BRIVIACT 75 MG TAB	4	PV Preventive
DIACOMIT 250 MG CAP	5	PA S
DIACOMIT 250 MG PACKET	5	PA S
DIACOMIT 500 MG CAP	5	PA S
DIACOMIT 500 MG PACKET	5	PA S
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	2	PV Preventive
<i>divalproex sodium tab delayed release 125 mg</i>	1	PV Preventive
<i>divalproex sodium tab delayed release 250 mg</i>	1	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>divalproex sodium tab delayed release 500 mg</i>	1	PV Preventive
<i>divalproex sodium tab er 24 hr 250 mg</i>	2	PV Preventive
<i>divalproex sodium tab er 24 hr 500 mg</i>	2	PV Preventive
EPIDIOLEX 100 MG/ML SOLUTION	5	PA S
<i>felbamate tab 400 mg</i>	2	PV Preventive
<i>felbamate tab 600 mg</i>	2	PV Preventive
<i>felbamate susp 600 mg/5ml</i>	2	PV Preventive
FINTEPLA 2.2 MG/ML SOLUTION	5	PA S
FYCOMPA 0.5 MG/ML SUSPENSION	4	PV Preventive
FYCOMPA 10 MG TAB	4	PV Preventive
FYCOMPA 12 MG TAB	4	PV Preventive
FYCOMPA 2 MG TAB	4	PV Preventive
FYCOMPA 4 MG TAB	4	PV Preventive
FYCOMPA 6 MG TAB	4	PV Preventive
FYCOMPA 8 MG TAB	4	PV Preventive
<i>lamotrigine tab 100 mg</i>	1	PV Preventive
<i>lamotrigine tab 150 mg</i>	1	PV Preventive
<i>lamotrigine tab 200 mg</i>	1	PV Preventive
<i>lamotrigine tab chewable dispersible 25 mg</i>	2	PV Preventive
<i>lamotrigine tab 25 mg</i>	1	PV Preventive
<i>lamotrigine tab chewable dispersible 5 mg</i>	2	PV Preventive
<i>lamotrigine tab er 24hr 100 mg</i>	2	PV Preventive
<i>lamotrigine tab er 24hr 200 mg</i>	2	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lamotrigine tab er 24hr 25 mg</i>	2	PV Preventive
<i>lamotrigine tab er 24hr 250 mg</i>	2	PV Preventive
<i>lamotrigine tab er 24hr 300 mg</i>	2	PV Preventive
<i>lamotrigine tab er 24hr 50 mg</i>	2	PV Preventive
<i>lamotrigine tab 35 x 25 mg starter kit</i>	2	PV Preventive
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	2	PV Preventive
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	2	PV Preventive
<i>levetiracetam oral soln 100 mg/ml</i>	2	PV Preventive
<i>levetiracetam tab 1000 mg</i>	2	PV Preventive
<i>levetiracetam tab 250 mg</i>	1	PV Preventive
<i>levetiracetam tab 500 mg</i>	1	PV Preventive
<i>levetiracetam oral soln 100 mg/ml</i>	2	PV Preventive
<i>levetiracetam tab 750 mg</i>	2	PV Preventive
<i>levetiracetam tab er 24hr 500 mg</i>	2	PV Preventive
<i>levetiracetam tab er 24hr 750 mg</i>	2	PV Preventive
<i>perampanel tab 10 mg</i>	4	PV Preventive
<i>perampanel tab 12 mg</i>	4	PV Preventive
<i>perampanel tab 2 mg</i>	4	PV Preventive
<i>perampanel tab 4 mg</i>	4	PV Preventive
<i>perampanel tab 6 mg</i>	4	PV Preventive
<i>perampanel tab 8 mg</i>	4	PV Preventive
<i>levetiracetam tab 500 mg</i>	1	PV Preventive
<i>lamotrigine tab 100 mg</i>	1	PV Preventive
<i>lamotrigine tab 150 mg</i>	1	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lamotrigine tab 200 mg</i>	1	PV Preventive
<i>lamotrigine tab 25 mg</i>	1	PV Preventive
<i>lamotrigine tab 35 x 25 mg starter kit</i>	2	PV Preventive
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	2	PV Preventive
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	2	PV Preventive
<i>topiramate tab 100 mg</i>	1	PV Preventive
<i>topiramate sprinkle cap 15 mg</i>	2	PV Preventive
<i>topiramate tab 200 mg</i>	1	PV Preventive
<i>topiramate sprinkle cap 25 mg</i>	2	PV Preventive
<i>topiramate tab 25 mg</i>	1	PV Preventive
<i>topiramate sprinkle cap 50 mg</i>	2	PV Preventive
<i>topiramate tab 50 mg</i>	1	PV Preventive
<i>topiramate cap er 24hr 100 mg</i>	3	PV Preventive
<i>topiramate cap er 24hr sprinkle 100 mg</i>	3	PV Preventive
<i>topiramate cap er 24hr sprinkle 150 mg</i>	3	PV Preventive
<i>topiramate cap er 24hr 200 mg</i>	3	PV Preventive
<i>topiramate cap er 24hr sprinkle 200 mg</i>	3	PV Preventive
<i>topiramate cap er 24hr 25 mg</i>	3	PV Preventive
<i>topiramate cap er 24hr sprinkle 25 mg</i>	3	PV Preventive
<i>topiramate cap er 24hr 50 mg</i>	3	PV Preventive
<i>topiramate cap er 24hr sprinkle 50 mg</i>	3	PV Preventive
<i>valproic acid cap 250 mg</i>	2	PV Preventive
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	2	PV Preventive
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	2	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XCOPRI 100 MG TAB	4	PV Preventive
XCOPRI 150 MG TAB	4	PV Preventive
XCOPRI 200 MG TAB	4	PV Preventive
XCOPRI 50 MG TAB	4	PV Preventive
CALCIUM CHANNEL MODIFYING AGENTS		
<i>ethosuximide cap 250 mg</i>	2	PV Preventive
<i>ethosuximide soln 250 mg/5ml</i>	2	PV Preventive
<i>methsuximide cap 300 mg</i>	2	PV Preventive
ZARONTIN 250 MG CAP	4	ST STC Trial and failure of 1 therapy: generic Zarontin PV Preventive
ZARONTIN 250 MG/5ML SOLUTION	4	ST STC Trial and failure of 1 therapy: generic Zarontin PV Preventive
GAMMA-AMINOBUTYRIC ACID (GABA) MODULATING AGENTS		
<i>clobazam tab 10 mg</i>	2	PV Preventive
<i>clobazam suspension 2.5 mg/ml</i>	2	PV Preventive
<i>clobazam tab 20 mg</i>	2	PV Preventive
<i>diazepam rectal gel delivery system 10 mg</i>	2	QL 5 / 30 days PV Preventive
DIAZEPAM 2.5 MG GEL	4	QL 5 / 30 days PV Preventive
<i>diazepam rectal gel delivery system 20 mg</i>	2	QL 5 / 30 days PV Preventive
<i>gabapentin cap 100 mg</i>	1	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>gabapentin oral soln 250 mg/5ml</i>	2	QL PV 2160 / 30 days Preventive
<i>gabapentin cap 300 mg</i>	1	PV Preventive
<i>gabapentin oral soln 250 mg/5ml</i>	2	QL PV 2160 / 30 days Preventive
<i>gabapentin cap 400 mg</i>	1	PV Preventive
<i>gabapentin tab 600 mg</i>	1	PV Preventive
<i>gabapentin tab 800 mg</i>	1	PV Preventive
MYSOLINE 250 MG TAB	4	ST STC PV Trial and failure of 1 therapy: generic Mysoline Preventive
MYSOLINE 50 MG TAB	4	ST STC PV Trial and failure of 1 therapy: generic Mysoline Preventive
<i>phenobarbital tab 100 mg</i>	1	
<i>phenobarbital tab 15 mg</i>	1	
<i>phenobarbital tab 16.2 mg</i>	1	
<i>phenobarbital elixir 20 mg/5ml</i>	2	
<i>phenobarbital tab 30 mg</i>	1	
<i>phenobarbital elixir 20 mg/5ml</i>	2	
<i>phenobarbital tab 32.4 mg</i>	1	
<i>phenobarbital tab 60 mg</i>	1	
<i>phenobarbital elixir 20 mg/5ml</i>	2	
<i>phenobarbital tab 64.8 mg</i>	1	
<i>phenobarbital tab 97.2 mg</i>	1	
PRIMIDONE 125 MG TAB	4	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>primidone tab 250 mg</i>	2	PV Preventive
<i>primidone tab 50 mg</i>	1	PV Preventive
SABRIL 500 MG PACKET	5	PA ST S STC Trial and failure of 1 therapy: generic Sabril
SABRIL 500 MG TAB	5	PA ST S STC Trial and failure of 1 therapy: generic Sabril
<i>tiagabine hcl tab 12 mg</i>	2	PV Preventive
<i>tiagabine hcl tab 16 mg</i>	2	PV Preventive
<i>tiagabine hcl tab 2 mg</i>	2	PV Preventive
<i>tiagabine hcl tab 4 mg</i>	2	PV Preventive
VALTOCO 10 MG DOSE 10 MG/0.1ML LIQUID	4	QL 5 / 30 days PV Preventive
VALTOCO 15 MG DOSE 2 X 7.5 MG/0.1ML LIQD THPK	4	QL 5 / 30 days PV Preventive
VALTOCO 20 MG DOSE 2 X 10 MG/0.1ML LIQD THPK	4	QL 5 / 30 days PV Preventive
VALTOCO 5 MG DOSE 5 MG/0.1ML LIQUID	4	QL 5 / 30 days PV Preventive
<i>vigabatrin powd pack 500 mg</i>	5	PA S
<i>vigabatrin tab 500 mg</i>	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>vigabatrin powd pack 500 mg</i>	5	PA S
<i>vigabatrin tab 500 mg</i>	5	PA S
<i>vigabatrin powd pack 500 mg</i>	5	PA S
ZTALMY 50 MG/ML SUSPENSION	5	PA S
SODIUM CHANNEL AGENTS		
<i>carbamazepine chew tab 100 mg</i>	2	PV Preventive
<i>carbamazepine susp 100 mg/5ml</i>	2	PV Preventive
CARBAMAZEPINE 200 MG CHEW TAB	2	PV Preventive
<i>carbamazepine tab 200 mg</i>	2	PV Preventive
<i>carbamazepine susp 100 mg/5ml</i>	2	PV Preventive
<i>carbamazepine cap er 12hr 100 mg</i>	2	PV Preventive
<i>carbamazepine tab er 12hr 100 mg</i>	2	PV Preventive
<i>carbamazepine cap er 12hr 200 mg</i>	2	PV Preventive
<i>carbamazepine tab er 12hr 200 mg</i>	2	PV Preventive
<i>carbamazepine cap er 12hr 300 mg</i>	2	PV Preventive
<i>carbamazepine tab er 12hr 400 mg</i>	2	PV Preventive
CARBATROL 100 MG CAP ER 12H	4	ST STC Trial and failure of 1 therapy: generic carbamazepine PV Preventive
CARBATROL 200 MG CAP ER 12H	4	ST STC Trial and failure of 1 therapy: generic carbamazepine PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CARBATROL 300 MG CAP ER 12H	4	ST STC PV Trial and failure of 1 therapy: generic carbamazepine Preventive
DILANTIN 100 MG CAP	4	ST STC PV Trial and failure of 1 therapy: generic Dilantin Preventive
DILANTIN 125 MG/5ML SUSPENSION	4	ST STC PV Trial and failure of 1 therapy: generic Dilantin Preventive
DILANTIN 30 MG CAP	4	ST STC PV Trial and failure of 1 therapy: generic Dilantin Preventive
DILANTIN INFATABS 50 MG CHEW TAB	4	ST STC PV Trial and failure of 1 therapy: generic Dilantin Preventive
DILANTIN-125 125 MG/5ML SUSPENSION	4	ST STC PV Trial and failure of 1 therapy: generic Dilantin Preventive
<i>carbamazepine tab 200 mg</i>	2	PV Preventive
<i>lacosamide oral solution 10 mg/ml</i>	2	PV Preventive
<i>lacosamide tab 100 mg</i>	2	PV Preventive
<i>lacosamide oral solution 10 mg/ml</i>	2	PV Preventive
<i>lacosamide tab 150 mg</i>	2	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lacosamide tab 200 mg</i>	2	PV Preventive
<i>lacosamide tab 50 mg</i>	2	PV Preventive
<i>lacosamide oral solution 10 mg/ml</i>	2	PV Preventive
<i>oxcarbazepine tab 150 mg</i>	1	PV Preventive
<i>oxcarbazepine tab 300 mg</i>	2	PV Preventive
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	2	PV Preventive
<i>oxcarbazepine tab 600 mg</i>	2	PV Preventive
<i>phenytoin sodium extended cap 200 mg</i>	2	PV Preventive
<i>phenytoin sodium extended cap 300 mg</i>	2	PV Preventive
<i>phenytoin susp 125 mg/5ml</i>	2	PV Preventive
<i>phenytoin susp 125 mg/5ml</i>	2	PV Preventive
<i>phenytoin chew tab 50 mg</i>	2	PV Preventive
<i>phenytoin chew tab 50 mg</i>	2	PV Preventive
<i>phenytoin sodium extended cap 100 mg</i>	2	PV Preventive
<i>phenytoin sodium extended cap 200 mg</i>	2	PV Preventive
<i>phenytoin sodium extended cap 300 mg</i>	2	PV Preventive
<i>rufinamide tab 200 mg</i>	2	PV Preventive
<i>rufinamide susp 40 mg/ml</i>	2	PV Preventive
<i>rufinamide tab 400 mg</i>	2	PV Preventive
TEGRETOL 100 MG/5ML SUSPENSION	4	ST
		STC Trial and failure of 1 therapy: generic carbamazepine
		PV Preventive
TEGRETOL 200 MG TAB	4	ST
		STC Trial and failure of 1 therapy: generic carbamazepine
		PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TEGRETOL-XR 100 MG TAB ER 12H	4	ST STC PV Trial and failure of 1 therapy: generic carbamazepine Preventive
TEGRETOL-XR 200 MG TAB ER 12H	4	ST STC PV Trial and failure of 1 therapy: generic carbamazepine Preventive
TEGRETOL-XR 400 MG TAB ER 12H	4	ST STC PV Trial and failure of 1 therapy: generic carbamazepine Preventive
XCOPRI (250 MG DAILY DOSE) 100 & 150 MG TAB THPK	4	PV Preventive
XCOPRI (350 MG DAILY DOSE) 150 & 200 MG TAB THPK	4	PV Preventive
XCOPRI 14 X 12.5 MG & 14 X 25 MG TAB THPK	4	PV Preventive
XCOPRI 14 X 150 MG & 14 X200 MG TAB THPK	4	PV Preventive
XCOPRI 14 X 50 MG & 14 X100 MG TAB THPK	4	PV Preventive
<i>zonisamide cap 100 mg</i>	2	PV Preventive
<i>zonisamide cap 25 mg</i>	1	PV Preventive
<i>zonisamide cap 50 mg</i>	1	PV Preventive
ANTIDEMENTIA AGENTS		
ANTIDEMENTIA AGENTS, OTHER		
ERGOLOID MESYLATES 1 MG TAB	4	
CHOLINESTERASE INHIBITORS		
<i>donepezil hydrochloride tab 10 mg</i>	1	
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	1	
<i>donepezil hydrochloride tab 23 mg</i>	2	
<i>donepezil hydrochloride tab 5 mg</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	1	
<i>galantamine hydrobromide tab 12 mg</i>	2	
<i>galantamine hydrobromide tab 4 mg</i>	2	
GALANTAMINE HYDROBROMIDE 4 MG/ML SOLUTION	4	
<i>galantamine hydrobromide tab 8 mg</i>	2	
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	2	
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	2	
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	2	
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	2	
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	2	
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	2	
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	2	
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	2	
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	2	
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	2	
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST		
<i>memantine hcl tab 10 mg</i>	1	
<i>memantine hcl oral solution 2 mg/ml</i>	2	
<i>memantine hcl oral solution 2 mg/ml</i>	2	
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	2	
<i>memantine hcl tab 5 mg</i>	1	
ANTIDEPRESSANTS		
ANTIDEPRESSANTS, OTHER		
AUVELITY 45-105 MG TAB ER	4	ST STC PV Trial and failure of bupropion and one additional generic antidepressant Preventive
<i>bupropion hcl tab 100 mg</i>	1	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>bupropion hcl tab 75 mg</i>	1	PV Preventive
<i>bupropion hcl tab er 12hr 100 mg</i>	1	PV Preventive
<i>bupropion hcl tab er 12hr 150 mg</i>	1	PV Preventive
<i>bupropion hcl tab er 12hr 200 mg</i>	1	PV Preventive
<i>bupropion hcl tab er 24hr 150 mg</i>	1	PV Preventive
<i>bupropion hcl tab er 24hr 300 mg</i>	1	PV Preventive
CHLORDIAZEPOXIDE-AMITRIPTYLINE 10-25 MG TAB	4	QL 180 / 30 days
CHLORDIAZEPOXIDE-AMITRIPTYLINE 5-12.5 MG TAB	4	QL 180 / 30 days
<i>mirtazapine tab 15 mg</i>	1	PV Preventive
<i>mirtazapine orally disintegrating tab 15 mg</i>	2	PV Preventive
<i>mirtazapine tab 30 mg</i>	1	PV Preventive
<i>mirtazapine orally disintegrating tab 30 mg</i>	2	PV Preventive
<i>mirtazapine tab 45 mg</i>	1	PV Preventive
<i>mirtazapine orally disintegrating tab 45 mg</i>	2	PV Preventive
<i>mirtazapine tab 7.5 mg</i>	2	PV Preventive
PERPHENAZINE-AMITRIPTYLINE 2-10 MG TAB	4	
PERPHENAZINE-AMITRIPTYLINE 2-25 MG TAB	4	
PERPHENAZINE-AMITRIPTYLINE 4-10 MG TAB	4	
PERPHENAZINE-AMITRIPTYLINE 4-25 MG TAB	4	
PERPHENAZINE-AMITRIPTYLINE 4-50 MG TAB	4	
SPRAVATO (56 MG DOSE) 28 MG/DEVICE SOLN THPK	5	PA S
SPRAVATO (84 MG DOSE) 28 MG/DEVICE SOLN THPK	5	PA S
ZURZUVAE 20 MG CAP	5	PA S QLC 14 / 365 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZURZUVAE 25 MG CAP	5	PA S QLC 14 / 365 days
ZURZUVAE 30 MG CAP	5	PA S QLC 14 / 365 days
MONOAMINE OXIDASE INHIBITORS		
EMSAM 12 MG/24HR PATCH 24HR	4	PV Preventive
EMSAM 6 MG/24HR PATCH 24HR	4	PV Preventive
EMSAM 9 MG/24HR PATCH 24HR	4	PV Preventive
MARPLAN 10 MG TAB	4	PV Preventive
PHENELZINE SULFATE 15 MG TAB	4	PV Preventive
<i>tranylcypromine sulfate tab 10 mg</i>	2	PV Preventive
SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)		
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	1	PV Preventive
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	2	PV Preventive
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	1	PV Preventive
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	2	PV Preventive
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	1	PV Preventive
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	2	PV Preventive
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	2	PV Preventive
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	2	PV Preventive
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	1	PV Preventive
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	2	PV Preventive
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	1	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	1	PV Preventive
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	2	PV Preventive
FETZIMA 120 MG CAP ER 24H	4	ST STC Trial and failure of one generic antidepressant PV Preventive
FETZIMA 20 MG CAP ER 24H	4	ST STC Trial and failure of one generic antidepressant PV Preventive
FETZIMA 40 MG CAP ER 24H	4	ST STC Trial and failure of one generic antidepressant PV Preventive
FETZIMA 80 MG CAP ER 24H	4	ST STC Trial and failure of one generic antidepressant PV Preventive
FETZIMA TITRATION 20 & 40 MG CP24 THPK	4	ST STC Trial and failure of one generic antidepressant PV Preventive
<i>fluoxetine hcl cap 10 mg</i>	1	PV Preventive
<i>fluoxetine hcl cap 20 mg</i>	1	PV Preventive
<i>fluoxetine hcl solution 20 mg/5ml</i>	2	PV Preventive
<i>fluoxetine hcl cap 40 mg</i>	1	PV Preventive
<i>fluvoxamine maleate tab 100 mg</i>	2	PV Preventive
<i>fluvoxamine maleate tab 25 mg</i>	2	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fluvoxamine maleate tab 50 mg</i>	2	PV Preventive
NEFAZODONE HCL 100 MG TAB	4	PV Preventive
NEFAZODONE HCL 150 MG TAB	4	PV Preventive
NEFAZODONE HCL 200 MG TAB	4	PV Preventive
NEFAZODONE HCL 250 MG TAB	4	PV Preventive
NEFAZODONE HCL 50 MG TAB	4	PV Preventive
<i>paroxetine hcl tab 10 mg</i>	1	PV Preventive
PAROXETINE HCL 10 MG/5ML SUSPENSION	1	PV Preventive
<i>paroxetine hcl tab 20 mg</i>	1	PV Preventive
<i>paroxetine hcl tab 30 mg</i>	1	PV Preventive
<i>paroxetine hcl tab 40 mg</i>	1	PV Preventive
<i>sertraline hcl tab 100 mg</i>	1	PV Preventive
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	2	PV Preventive
<i>sertraline hcl tab 25 mg</i>	1	PV Preventive
<i>sertraline hcl tab 50 mg</i>	1	PV Preventive
<i>trazodone hcl tab 100 mg</i>	1	PV Preventive
<i>trazodone hcl tab 150 mg</i>	1	PV Preventive
<i>trazodone hcl tab 50 mg</i>	1	PV Preventive
TRINTELLIX 10 MG TAB	4	PV Preventive
TRINTELLIX 20 MG TAB	4	PV Preventive
TRINTELLIX 5 MG TAB	4	PV Preventive
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	1	PV Preventive
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	1	PV Preventive
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	1	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	1	PV Preventive
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	1	PV Preventive
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	1	PV Preventive
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	1	PV Preventive
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	1	PV Preventive
VIIBRYD 10 MG TAB	4	ST
		STC Trial and failure of vilazodone (generic Viibryd)
		PV Preventive
VIIBRYD 20 MG TAB	4	ST
		STC Trial and failure of vilazodone (generic Viibryd)
		PV Preventive
VIIBRYD 40 MG TAB	4	ST
		STC Trial and failure of vilazodone (generic Viibryd)
		PV Preventive
VIIBRYD STARTER PACK 10 & 20 MG KIT	4	ST
		STC Trial and failure of vilazodone (generic Viibryd)
		PV Preventive
<i>vilazodone hcl tab 10 mg</i>	2	PV Preventive
<i>vilazodone hcl tab 20 mg</i>	2	PV Preventive
<i>vilazodone hcl tab 40 mg</i>	2	PV Preventive
TRICYCLICS		
<i>amitriptyline hcl tab 10 mg</i>	1	PV Preventive
<i>amitriptyline hcl tab 100 mg</i>	2	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>amitriptyline hcl tab 150 mg</i>	2	PV Preventive
<i>amitriptyline hcl tab 25 mg</i>	1	PV Preventive
<i>amitriptyline hcl tab 50 mg</i>	1	PV Preventive
<i>amitriptyline hcl tab 75 mg</i>	1	PV Preventive
<i>amoxapine tab 100 mg</i>	2	PV Preventive
<i>amoxapine tab 150 mg</i>	2	PV Preventive
<i>amoxapine tab 25 mg</i>	2	PV Preventive
<i>amoxapine tab 50 mg</i>	2	PV Preventive
<i>clomipramine hcl cap 25 mg</i>	2	PV Preventive
<i>clomipramine hcl cap 50 mg</i>	2	PV Preventive
<i>clomipramine hcl cap 75 mg</i>	2	PV Preventive
<i>desipramine hcl tab 10 mg</i>	2	PV Preventive
<i>desipramine hcl tab 100 mg</i>	2	PV Preventive
<i>desipramine hcl tab 150 mg</i>	2	PV Preventive
<i>desipramine hcl tab 25 mg</i>	2	PV Preventive
<i>desipramine hcl tab 50 mg</i>	2	PV Preventive
<i>desipramine hcl tab 75 mg</i>	2	PV Preventive
<i>doxepin hcl cap 10 mg</i>	1	PV Preventive
<i>doxepin hcl conc 10 mg/ml</i>	1	PV Preventive
<i>doxepin hcl cap 100 mg</i>	2	PV Preventive
<i>doxepin hcl cap 150 mg</i>	2	PV Preventive
<i>doxepin hcl cap 25 mg</i>	1	PV Preventive
<i>doxepin hcl cap 50 mg</i>	2	PV Preventive
<i>doxepin hcl cap 75 mg</i>	2	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>imipramine hcl tab 10 mg</i>	1	PV Preventive
<i>imipramine hcl tab 25 mg</i>	1	PV Preventive
<i>imipramine hcl tab 50 mg</i>	1	PV Preventive
<i>nortriptyline hcl cap 10 mg</i>	1	PV Preventive
<i>nortriptyline hcl soln 10 mg/5ml</i>	2	PV Preventive
<i>nortriptyline hcl cap 25 mg</i>	1	PV Preventive
<i>nortriptyline hcl cap 50 mg</i>	1	PV Preventive
<i>nortriptyline hcl cap 75 mg</i>	1	PV Preventive
<i>protriptyline hcl tab 10 mg</i>	2	PV Preventive
<i>protriptyline hcl tab 5 mg</i>	2	PV Preventive
<i>trimipramine maleate cap 100 mg</i>	2	PV Preventive
<i>trimipramine maleate cap 25 mg</i>	2	PV Preventive
<i>trimipramine maleate cap 50 mg</i>	2	PV Preventive
ANTIEMETICS		
ANTIEMETICS, OTHER		
<i>prochlorperazine suppos 25 mg</i>	2	
<i>meclizine hcl tab 25 mg</i>	1	
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	1	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	2	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	1	
METOCLOPRAMIDE HCL 5 MG TAB DISP	4	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	2	
<i>perphenazine tab 16 mg</i>	2	PV Preventive
<i>perphenazine tab 2 mg</i>	2	PV Preventive
<i>perphenazine tab 4 mg</i>	2	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>perphenazine tab 8 mg</i>	2	PV Preventive
<i>prochlorperazine suppos 25 mg</i>	2	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	2	
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	1	
<i>promethazine hcl suppos 12.5 mg</i>	2	
<i>promethazine hcl tab 12.5 mg</i>	1	
<i>promethazine hcl suppos 25 mg</i>	2	
<i>promethazine hcl tab 25 mg</i>	1	
<i>promethazine hcl tab 50 mg</i>	1	
<i>promethazine hcl suppos 12.5 mg</i>	2	
<i>promethazine hcl suppos 25 mg</i>	2	
PROMETHEGAN 50 MG SUPPOS	4	
<i>scopolamine td patch 72hr 1 mg/3days</i>	2	
<i>trimethobenzamide hcl cap 300 mg</i>	2	
EMETOGENIC THERAPY ADJUNCTS		
<i>aprepitant capsule 125 mg</i>	2	QL 4 / 30 days
<i>aprepitant capsule 40 mg</i>	2	QL 4 / 30 days
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	2	QL 6 / 30 days
<i>aprepitant capsule 80 mg</i>	2	QL 4 / 30 days
<i>dronabinol cap 10 mg</i>	2	QL 60 / 30 days
<i>dronabinol cap 2.5 mg</i>	2	QL 60 / 30 days
<i>dronabinol cap 5 mg</i>	2	QL 60 / 30 days
EMEND 125 MG/5ML RECON SUSP	3	QL 3 / 30 days
<i>granisetron hcl tab 1 mg</i>	2	
<i>ondansetron orally disintegrating tab 4 mg</i>	1	
<i>ondansetron orally disintegrating tab 8 mg</i>	1	
<i>ondansetron hcl tab 4 mg</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ondansetron hcl oral soln 4 mg/5ml</i>	1	
<i>ondansetron hcl tab 8 mg</i>	1	
VARUBI (180 MG DOSE) 2 X 90 MG TAB THPK	4	QL 4.2 / 30 days QLC 4.2 / 30 days
ANTIFUNGALS		
<i>clotrimazole troche 10 mg</i>	2	
CRESEMBA 186 MG CAP	5	PA S
CRESEMBA 372 MG RECON SOLN	5	PA S
CRESEMBA 74.5 MG CAP	5	PA S
<i>econazole nitrate cream 1%</i>	2	
EXELDERM 1 % CREAM	4	
EXELDERM 1 % SOLUTION	4	
<i>fluconazole for susp 10 mg/ml</i>	2	
<i>fluconazole tab 100 mg</i>	1	
<i>fluconazole tab 150 mg</i>	1	
<i>fluconazole tab 200 mg</i>	1	
<i>fluconazole for susp 40 mg/ml</i>	2	
<i>fluconazole tab 50 mg</i>	1	
<i>flucytosine cap 250 mg</i>	2	
<i>flucytosine cap 500 mg</i>	2	
<i>griseofulvin microsize susp 125 mg/5ml</i>	2	
<i>griseofulvin microsize tab 500 mg</i>	2	
<i>griseofulvin ultramicrosize tab 125 mg</i>	2	
<i>griseofulvin ultramicrosize tab 250 mg</i>	2	
GYNAZOLE-1 2 % CREAM	4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>itraconazole oral soln 10 mg/ml</i>	2	
<i>itraconazole cap 100 mg</i>	2	
<i>ketoconazole cream 2%</i>	2	
<i>ketoconazole shampoo 2%</i>	1	
<i>ketoconazole tab 200 mg</i>	2	
<i>nystatin topical powder 100000 unit/gm</i>	2	
LULICONAZOLE 1 % CREAM	4	
MICONAZOLE 3 200 MG SUPPOS	4	
NAFTIFINE HCL 1 % CREAM	4	
NOXAFIL 300 MG PACKET	5	PA S
<i>nystatin topical powder 100000 unit/gm</i>	2	
<i>nystatin cream 100000 unit/gm</i>	1	
<i>nystatin oint 100000 unit/gm</i>	1	
<i>nystatin topical powder 100000 unit/gm</i>	2	
<i>nystatin susp 100000 unit/ml</i>	1	
<i>nystatin tab 500000 unit</i>	2	
<i>nystatin topical powder 100000 unit/gm</i>	2	
ORAVIG 50 MG TAB	4	
<i>oxiconazole nitrate cream 1%</i>	2	
<i>posaconazole tab delayed release 100 mg</i>	2	
<i>posaconazole susp 40 mg/ml</i>	4	
SULCONAZOLE NITRATE 1 % CREAM	4	
SULCONAZOLE NITRATE 1 % SOLUTION	4	
<i>terbinafine hcl tab 250 mg</i>	1	
<i>terconazole vaginal cream 0.4%</i>	2	
<i>terconazole vaginal cream 0.8%</i>	2	
<i>terconazole vaginal suppos 80 mg</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>voriconazole tab 200 mg</i>	2	
<i>voriconazole for susp 40 mg/ml</i>	2	
<i>voriconazole tab 50 mg</i>	2	
ANTIGOUT AGENTS		
<i>allopurinol tab 100 mg</i>	1	
<i>allopurinol tab 300 mg</i>	1	
<i>colchicine tab 0.6 mg</i>	2	
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	2	
<i>febuxostat tab 40 mg</i>	2	
<i>febuxostat tab 80 mg</i>	2	
<i>probenecid tab 500 mg</i>	2	
ANTIMIGRAINE AGENTS		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONISTS		
AIMOVIG 140 MG/ML SOLN A-INJ	3	QL 1 / 30 days PA STC Trial and failure of 3 classes: beta blocker (propranolol, timolol, metoprolol, nadolol, atenolol), antidepressant (amitriptyline, nortriptyline, venlafaxine) and antiepileptic (topiramate, valproate)
AIMOVIG 70 MG/ML SOLN A-INJ	3	QL 1 / 30 days PA STC Trial and failure of 3 classes: beta blocker (propranolol, timolol, metoprolol, nadolol, atenolol), antidepressant (amitriptyline, nortriptyline, venlafaxine) and antiepileptic (topiramate, valproate)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AJOVY 225 MG/1.5ML SOLN A-INJ	3	PA QLC 4.5 / 84 days STC Trial and failure of 3 classes: beta blocker (propranolol, timolol, metoprolol, nadolol, atenolol), antidepressant (amitriptyline, nortriptyline, venlafaxine) and antiepileptic (topiramate, valproate)
AJOVY 225 MG/1.5ML SOLN PRSYR	3	PA QLC 4.5 / 84 days STC Trial and failure of 3 classes: beta blocker (propranolol, timolol, metoprolol, nadolol, atenolol), antidepressant (amitriptyline, nortriptyline, venlafaxine) and antiepileptic (topiramate, valproate)
EMGALITY (300 MG DOSE) 100 MG/ML SOLN PRSYR	3	QL 3 / 30 days PA STC Trial and failure of 3 classes: beta blocker (propranolol, timolol, metoprolol, nadolol, atenolol), antidepressant (amitriptyline, nortriptyline, venlafaxine) and antiepileptic (topiramate, valproate)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EMGALITY 120 MG/ML SOLN PRSYR	3	QL 2 / 30 days PA STC Trial and failure of 3 classes: beta blocker (propranolol, timolol, metoprolol, nadolol, atenolol), antidepressant (amitriptyline, nortriptyline, venlafaxine) and antiepileptic (topiramate, valproate)
NURTEC 75 MG TAB DISP	3	QL 16 / 30 days PA
QULIPTA 10 MG TAB	4	QL 30 / 30 days PA
QULIPTA 30 MG TAB	4	QL 30 / 30 days PA
QULIPTA 60 MG TAB	4	QL 30 / 30 days PA
UBRELVY 100 MG TAB	3	QL 10 / 30 days PA
UBRELVY 50 MG TAB	3	QL 10 / 30 days PA
ERGOT ALKALOIDS		
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	2	QL 9 / 30 days
ERGOMAR 2 MG SL TAB	4	
SEROTONIN (5-HT) RECEPTOR AGONIST		
<i>almotriptan malate tab 12.5 mg</i>	2	QLC 27 / 90 days
<i>almotriptan malate tab 6.25 mg</i>	2	QLC 27 / 90 days
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	2	QLC 27 / 90 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	2	QLC 27 / 90 days
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	2	ST QLC 27 / 90 days STC Trial and failure of 2 therapies: naratriptan and sumatriptan, rizatriptan or zolmatriptan
<i>naratriptan hcl tab 1 mg (base equiv)</i>	2	QLC 27 / 90 days
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	2	QLC 27 / 90 days
REYVOW 100 MG TAB	4	QL 8 / 30 days PA
REYVOW 50 MG TAB	4	QL 8 / 30 days PA
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	1	QL 18 / 30 days
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	1	QL 18 / 30 days
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	1	QL 18 / 30 days
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	1	QL 18 / 30 days
<i>sumatriptan nasal spray 20 mg/act</i>	2	QLC 36 / 90 days
<i>sumatriptan nasal spray 5 mg/act</i>	2	QLC 36 / 90 days
<i>sumatriptan succinate tab 100 mg</i>	1	QL 18 / 30 days
<i>sumatriptan succinate tab 25 mg</i>	1	QL 18 / 30 days
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	2	QLC 27 / 90 days
<i>sumatriptan succinate tab 50 mg</i>	1	QL 18 / 30 days
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	2	QLC 27 / 90 days
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	2	QLC 27 / 90 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>zolmitriptan tab 2.5 mg</i>	2	QLC 27 / 90 days
<i>zolmitriptan tab 5 mg</i>	2	QLC 27 / 90 days
<i>zolmitriptan tab 2.5 mg</i>	2	QLC 27 / 90 days
<i>zolmitriptan tab 5 mg</i>	2	QLC 27 / 90 days
ANTIMYASTHENIC AGENTS PARASYMPATHOMIMETICS		
<i>pyridostigmine bromide tab 60 mg</i>	2	
<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	2	
<i>pyridostigmine bromide tab er 180 mg</i>	2	
ZILBRYSQ 16.6 MG/0.416ML SOLN PRSYR	5	PA S
ZILBRYSQ 23 MG/0.574ML SOLN PRSYR	5	PA S
ZILBRYSQ 32.4 MG/0.81ML SOLN PRSYR	5	PA S
ANTIMYCOBACTERIALS ANTIMYCOBACTERIALS, OTHER		
<i>dapsone tab 100 mg</i>	2	
<i>dapsone tab 25 mg</i>	2	
<i>rifabutin cap 150 mg</i>	2	
ANTITUBERCULARS		
CYCLOSERINE 250 MG CAP	2	
<i>ethambutol hcl tab 100 mg</i>	2	
<i>ethambutol hcl tab 400 mg</i>	2	
<i>isoniazid tab 100 mg</i>	2	
<i>isoniazid tab 300 mg</i>	1	
<i>isoniazid syrup 50 mg/5ml</i>	2	
PRETOMANID 200 MG TAB	4	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PRIFTIN 150 MG TAB	3	
<i>pyrazinamide tab 500 mg</i>	2	
<i>rifampin cap 150 mg</i>	2	
<i>rifampin cap 300 mg</i>	2	
SIRTURO 100 MG TAB	5	PA S
SIRTURO 20 MG TAB	5	PA S
TRECTOR 250 MG TAB	4	
ANTINEOPLASTICS ALKYLATING AGENTS		
<i>cyclophosphamide cap 25 mg</i>	5	PA S
CYCLOPHOSPHAMIDE 25 MG TAB	5	PA S
<i>cyclophosphamide cap 50 mg</i>	5	PA S
CYCLOPHOSPHAMIDE 50 MG TAB	5	PA S
GLEOSTINE 10 MG CAP	5	PA S
GLEOSTINE 100 MG CAP	5	PA S
GLEOSTINE 40 MG CAP	5	PA S
LEUKERAN 2 MG TAB	5	PA S
MATULANE 50 MG CAP	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MELPHALAN 2 MG TAB	5	PA S
MYLERAN 2 MG TAB	5	PA S
<i>temozolomide cap 100 mg</i>	5	PA S
<i>temozolomide cap 140 mg</i>	5	PA S
<i>temozolomide cap 180 mg</i>	5	PA S
<i>temozolomide cap 20 mg</i>	5	PA S
<i>temozolomide cap 250 mg</i>	5	PA S
<i>temozolomide cap 5 mg</i>	5	PA S
ANTIANDROGENS		
<i>abiraterone acetate tab 250 mg</i>	5	S
<i>abiraterone acetate tab 500 mg</i>	5	S
<i>abiraterone acetate tab 250 mg</i>	5	S
<i>bicalutamide tab 50 mg</i>	5	S
ERLEADA 240 MG TAB	5	PA S
ERLEADA 60 MG TAB	5	PA S
<i>nilutamide tab 150 mg</i>	5	PA S
NUBEQA 300 MG TAB	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ORSERDU 345 MG TAB	5	PA S
ORSERDU 86 MG TAB	5	PA S
XTANDI 40 MG CAP	5	PA S
XTANDI 40 MG TAB	5	PA S
XTANDI 80 MG TAB	5	PA S
YONSA 125 MG TAB	5	PA S
ANTIANGIOGENIC AGENTS		
<i>lenalidomide cap 10 mg</i>	5	PA S
<i>lenalidomide cap 15 mg</i>	5	PA S
<i>lenalidomide caps 2.5 mg</i>	5	PA S
<i>lenalidomide cap 20 mg</i>	5	PA S
<i>lenalidomide cap 25 mg</i>	5	PA S
<i>lenalidomide cap 5 mg</i>	5	PA S
POMALYST 1 MG CAP	5	PA S
POMALYST 2 MG CAP	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
POMALYST 3 MG CAP	5	PA S
POMALYST 4 MG CAP	5	PA S
REVLIMID 10 MG CAP	5	PA ST S STC Trial and failure of 1 therapy: generic Revlimid
REVLIMID 15 MG CAP	5	PA ST S STC Trial and failure of 1 therapy: generic Revlimid
REVLIMID 2.5 MG CAP	5	PA ST S STC Trial and failure of 1 therapy: generic Revlimid
REVLIMID 20 MG CAP	5	PA ST S STC Trial and failure of 1 therapy: generic Revlimid
REVLIMID 25 MG CAP	5	PA ST S STC Trial and failure of 1 therapy: generic Revlimid

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
THALOMID 100 MG CAP	5	PA S
THALOMID 150 MG CAP	5	PA S
THALOMID 200 MG CAP	5	PA S
THALOMID 50 MG CAP	5	PA S
ANTIESTROGENS/MODIFIERS		
EMCYT 140 MG CAP	4	PA S
SOLTAMOX 10 MG/5ML SOLUTION	4	ACA Affordable Care Act Medications
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	1	ACA Affordable Care Act Medications
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	1	ACA Affordable Care Act Medications
<i>toremifene citrate tab 60 mg (base equivalent)</i>	5	PA S
ANTIMETABOLITES		
<i>capecitabine tab 150 mg</i>	5	S
<i>capecitabine tab 500 mg</i>	5	S
<i>mercaptopurine susp 2000 mg/100ml (20 mg/ml)</i>	5	PA S
<i>mercaptopurine tab 50 mg</i>	5	S
ONUREG 200 MG TAB	5	PA S
ONUREG 300 MG TAB	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PURIXAN 2000 MG/100ML SUSPENSION	5	PA S
TABLOID 40 MG TAB	5	PA S
ANTINEOPLASTICS, OTHER		
AUGTYRO 160 MG CAP	5	PA S
AUGTYRO 40 MG CAP	5	PA S
FRUZAQLA 1 MG CAP	5	PA S
FRUZAQLA 5 MG CAP	5	PA S
<i>hydroxyurea cap 500 mg</i>	5	S
INQOVI 35-100 MG TAB	5	PA S
<i>leucovorin calcium tab 10 mg</i>	2	
<i>leucovorin calcium tab 15 mg</i>	2	
<i>leucovorin calcium tab 25 mg</i>	2	
<i>leucovorin calcium tab 5 mg</i>	2	
LONSURF 15-6.14 MG TAB	5	PA S
LONSURF 20-8.19 MG TAB	5	PA S
LYSODREN 500 MG TAB	5	PA S
OJJAARA 100 MG TAB	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OJJAARA 150 MG TAB	5	PA S
OJJAARA 200 MG TAB	5	PA S
QINLOCK 50 MG TAB	5	PA S
WELIREG 40 MG TAB	5	PA S
ZOLINZA 100 MG CAP	5	PA S
AROMATASE INHIBITORS, 3RD GENERATION		
<i>anastrozole tab 1 mg</i>	1	ACA Affordable Care Act Medications
<i>exemestane tab 25 mg</i>	2	
<i>letrozole tab 2.5 mg</i>	1	ACA Affordable Care Act Medications
ENZYME INHIBITORS		
ETOPOSIDE 50 MG CAP	5	PA S
HYCAMTIN 0.25 MG CAP	5	PA S
HYCAMTIN 1 MG CAP	5	PA S
MOLECULAR TARGET INHIBITORS		
ALECENSA 150 MG CAP	5	PA S
ALUNBRIG 180 MG TAB	5	PA S
ALUNBRIG 30 MG TAB	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ALUNBRIG 90 & 180 MG TAB THPK	5	PA S
ALUNBRIG 90 MG TAB	5	PA S
AYVAKIT 100 MG TAB	5	PA S
AYVAKIT 200 MG TAB	5	PA S
AYVAKIT 25 MG TAB	5	PA S
AYVAKIT 300 MG TAB	5	PA S
AYVAKIT 50 MG TAB	5	PA S
BALVERSA 3 MG TAB	5	PA S
BALVERSA 4 MG TAB	5	PA S
BALVERSA 5 MG TAB	5	PA S
BOSULIF 100 MG CAP	5	PA S
BOSULIF 100 MG TAB	5	PA S
BOSULIF 400 MG TAB	5	PA S
BOSULIF 50 MG CAP	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BOSULIF 500 MG TAB	5	PA S
BRAFTOVI 75 MG CAP	5	PA S
BRUKINSA 160 MG TAB	5	PA S
BRUKINSA 80 MG CAP	5	PA S
CABOMETYX 20 MG TAB	5	PA S
CABOMETYX 40 MG TAB	5	PA S
CABOMETYX 60 MG TAB	5	PA S
CALQUENCE 100 MG TAB	5	PA S
CAPRELSA 100 MG TAB	5	PA S
CAPRELSA 300 MG TAB	5	PA S
COMETRIQ (100 MG DAILY DOSE) 80 & 20 MG KIT	5	PA S
COMETRIQ (140 MG DAILY DOSE) 3 X 20 MG & 80 MG KIT	5	PA S
COMETRIQ (60 MG DAILY DOSE) 20 MG KIT	5	PA S
COPIKTRA 15 MG CAP	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
COPIKTRA 25 MG CAP	5	PA S
COTELLIC 20 MG TAB	5	PA S
<i>dasatinib tab 100 mg</i>	5	PA S
<i>dasatinib tab 140 mg</i>	5	PA S
<i>dasatinib tab 20 mg</i>	5	PA S
<i>dasatinib tab 50 mg</i>	5	PA S
<i>dasatinib tab 70 mg</i>	5	PA S
<i>dasatinib tab 80 mg</i>	5	PA S
DAURISMO 100 MG TAB	5	PA S
DAURISMO 25 MG TAB	5	PA S
ERIVEDGE 150 MG CAP	5	PA S
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	5	PA S
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	5	PA S
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>everolimus tab 10 mg</i>	5	PA S
<i>everolimus tab for oral susp 2 mg</i>	5	PA S
<i>everolimus tab 2.5 mg</i>	5	PA S
<i>everolimus tab for oral susp 3 mg</i>	5	PA S
<i>everolimus tab 5 mg</i>	5	PA S
<i>everolimus tab for oral susp 5 mg</i>	5	PA S
<i>everolimus tab 7.5 mg</i>	5	PA S
EXKIVITY 40 MG CAP	5	PA S
FOTIVDA 0.89 MG CAP	5	PA S
FOTIVDA 1.34 MG CAP	5	PA S
GAVRETO 100 MG CAP	5	PA S
<i>gefitinib tab 250 mg</i>	5	PA S
GILOTRIF 20 MG TAB	5	PA S
GILOTRIF 30 MG TAB	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GILOTRIF 40 MG TAB	5	PA S
GOMEKLI 1 MG CAP	5	PA S
GOMEKLI 1 MG TAB SOL	5	PA S
GOMEKLI 2 MG CAP	5	PA S
IBRANCE 100 MG CAP	5	PA S
IBRANCE 100 MG TAB	5	PA S
IBRANCE 125 MG CAP	5	PA S
IBRANCE 125 MG TAB	5	PA S
IBRANCE 75 MG CAP	5	PA S
IBRANCE 75 MG TAB	5	PA S
ICLUSIG 10 MG TAB	5	PA S
ICLUSIG 15 MG TAB	5	PA S
ICLUSIG 30 MG TAB	5	PA S
ICLUSIG 45 MG TAB	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
IDHIFA 100 MG TAB	5	PA S
IDHIFA 50 MG TAB	5	PA S
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	5	PA S
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	5	PA S
IMBRUVICA 140 MG CAP	5	PA S
IMBRUVICA 140 MG TAB	5	PA S
IMBRUVICA 280 MG TAB	5	PA S
IMBRUVICA 420 MG TAB	5	PA S
IMBRUVICA 70 MG CAP	5	PA S
IMBRUVICA 70 MG/ML SUSPENSION	5	PA S
INLYTA 1 MG TAB	5	PA S
INLYTA 5 MG TAB	5	PA S
INREBIC 100 MG CAP	5	PA S
IRESSA 250 MG TAB	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ITOVEBI 3 MG TAB	5	PA S
ITOVEBI 9 MG TAB	5	PA S
JAKAFI 10 MG TAB	5	PA S
JAKAFI 15 MG TAB	5	PA S
JAKAFI 20 MG TAB	5	PA S
JAKAFI 25 MG TAB	5	PA S
JAKAFI 5 MG TAB	5	PA S
JAYPIRCA 100 MG TAB	5	QL 30 / 30 days PA S
JAYPIRCA 50 MG TAB	5	QL 60 / 30 days PA S
KISQALI (200 MG DOSE) 200 MG TAB THPK	5	PA S
KISQALI (400 MG DOSE) 200 MG TAB THPK	5	PA S
KISQALI (600 MG DOSE) 200 MG TAB THPK	5	PA S
KOSELUGO 10 MG CAP	5	PA S
KOSELUGO 25 MG CAP	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KRAZATI 200 MG TAB	5	QL 180 / 30 days PA S
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	5	PA S
LENVIMA (10 MG DAILY DOSE) 10 MG CAP THPK	5	PA S
LENVIMA (12 MG DAILY DOSE) 3 X 4 MG CAP THPK	5	PA S
LENVIMA (14 MG DAILY DOSE) 10 & 4 MG CAP THPK	5	PA S
LENVIMA (18 MG DAILY DOSE) 10 MG & 2 X 4 MG CAP THPK	5	PA S
LENVIMA (20 MG DAILY DOSE) 2 X 10 MG CAP THPK	5	PA S
LENVIMA (24 MG DAILY DOSE) 2 X 10 MG & 4 MG CAP THPK	5	PA S
LENVIMA (4 MG DAILY DOSE) 4 MG CAP THPK	5	PA S
LENVIMA (8 MG DAILY DOSE) 2 X 4 MG CAP THPK	5	PA S
LORBRENA 100 MG TAB	5	PA S
LORBRENA 25 MG TAB	5	PA S
LUMAKRAS 120 MG TAB	5	PA S
LUMAKRAS 240 MG TAB	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LUMAKRAS 320 MG TAB	5	PA S
LYNPARZA 100 MG TAB	5	PA S
LYNPARZA 150 MG TAB	5	PA S
LYTGOBI (12 MG DAILY DOSE) 4 MG TAB THPK	5	PA S
LYTGOBI (16 MG DAILY DOSE) 4 MG TAB THPK	5	PA S
LYTGOBI (20 MG DAILY DOSE) 4 MG TAB THPK	5	PA S
MEKINIST 0.05 MG/ML RECON SOLN	5	PA S
MEKINIST 0.5 MG TAB	5	PA S
MEKINIST 2 MG TAB	5	PA S
MEKTOVI 15 MG TAB	5	PA S
NERLYNX 40 MG TAB	5	PA S
<i>nilotinib hcl cap 150 mg (base equivalent)</i>	5	PA S
<i>nilotinib hcl cap 200 mg (base equivalent)</i>	5	PA S
<i>nilotinib hcl cap 50 mg (base equivalent)</i>	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NINLARO 2.3 MG CAP	5	PA S
NINLARO 3 MG CAP	5	PA S
NINLARO 4 MG CAP	5	PA S
ODOMZO 200 MG CAP	5	PA S
OGSIVEO 100 MG TAB	5	QL 56 / 28 day(s) PA S
OGSIVEO 150 MG TAB	5	QL 56 / 28 day(s) PA S
OGSIVEO 50 MG TAB	5	QL 180 / 30 day(s) PA S
OJEMDA 100 MG TAB	5	PA S
OJEMDA 25 MG/ML RECON SUSP	5	PA S
<i>pazopanib hcl tab 200 mg (base equiv)</i>	5	PA S
PEMAZYRE 13.5 MG TAB	5	PA S
PEMAZYRE 4.5 MG TAB	5	PA S
PEMAZYRE 9 MG TAB	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PIQRAY (200 MG DAILY DOSE) 200 MG TAB THPK	5	PA S
PIQRAY (250 MG DAILY DOSE) 200 & 50 MG TAB THPK	5	PA S
PIQRAY (300 MG DAILY DOSE) 2 X 150 MG TAB THPK	5	PA S
RETEVMO 40 MG CAP	5	PA S
RETEVMO 80 MG CAP	5	PA S
REVUFORJ 110 MG TAB	5	PA S
REVUFORJ 160 MG TAB	5	PA S
REVUFORJ 25 MG TAB	5	PA S
REZLIDHIA 150 MG CAP	5	QL 60 / 30 days PA S
ROMVIMZA 14 MG CAP	5	QL 8 / 28 days PA S
ROMVIMZA 20 MG CAP	5	QL 8 / 28 days PA S
ROMVIMZA 30 MG CAP	5	QL 8 / 28 days PA S
ROZLYTREK 100 MG CAP	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ROZLYTREK 200 MG CAP	5	PA S
RUBRACA 200 MG TAB	5	PA S
RUBRACA 250 MG TAB	5	PA S
RUBRACA 300 MG TAB	5	PA S
RYDAPT 25 MG CAP	5	PA S
SCEMBLIX 20 MG TAB	5	PA S
SCEMBLIX 40 MG TAB	5	PA S
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	5	PA S
SPRYCEL 100 MG TAB	5	PA S
SPRYCEL 140 MG TAB	5	PA S
SPRYCEL 20 MG TAB	5	PA S
SPRYCEL 50 MG TAB	5	PA S
SPRYCEL 70 MG TAB	5	PA S
SPRYCEL 80 MG TAB	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
STIVARGA 40 MG TAB	5	PA S
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	5	PA S
<i>sunitinib malate cap 25 mg (base equivalent)</i>	5	PA S
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	5	PA S
<i>sunitinib malate cap 50 mg (base equivalent)</i>	5	PA S
TABRECTA 150 MG TAB	5	PA S
TABRECTA 200 MG TAB	5	PA S
TAFINLAR 10 MG TAB SOL	5	PA S
TAFINLAR 50 MG CAP	5	PA S
TAFINLAR 75 MG CAP	5	PA S
TAGRISSO 40 MG TAB	5	PA S
TAGRISSO 80 MG TAB	5	PA S
TALZENNA 0.1 MG CAP	5	PA S
TALZENNA 0.25 MG CAP	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TALZENNA 0.35 MG CAP	5	PA S
TALZENNA 0.5 MG CAP	5	PA S
TALZENNA 0.75 MG CAP	5	PA S
TALZENNA 1 MG CAP	5	PA S
TASIGNA 150 MG CAP	5	PA S
TASIGNA 200 MG CAP	5	PA S
TASIGNA 50 MG CAP	5	PA S
TAZVERIK 200 MG TAB	5	PA S
TEPMETKO 225 MG TAB	5	PA S
TIBSOVO 250 MG TAB	5	PA S
<i>everolimus tab 10 mg</i>	5	PA S
<i>everolimus tab 2.5 mg</i>	5	PA S
<i>everolimus tab 5 mg</i>	5	PA S
<i>everolimus tab 7.5 mg</i>	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRUQAP 160 MG TAB	5	PA S
TRUQAP 160 MG TAB THPK	5	PA S
TRUQAP 200 MG TAB	5	PA S
TRUQAP 200 MG TAB THPK	5	PA S
TUKYSA 150 MG TAB	5	PA S
TUKYSA 50 MG TAB	5	PA S
TURALIO 125 MG CAP	5	QL 120 / 30 days PA S
VANFLYTA 17.7 MG TAB	5	PA S
VANFLYTA 26.5 MG TAB	5	PA S
VENCLEXTA 10 MG TAB	5	PA S
VENCLEXTA 100 MG TAB	5	PA S
VENCLEXTA 50 MG TAB	5	PA S
VENCLEXTA STARTING PACK 10 & 50 & 100 MG TAB THPK	5	PA S
VERZENIO 100 MG TAB	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VERZENIO 150 MG TAB	5	PA S
VERZENIO 200 MG TAB	5	PA S
VERZENIO 50 MG TAB	5	PA S
VIJOICE 125 MG TAB THPK	5	PA S
VIJOICE 200 & 50 MG TAB THPK	5	PA S
VIJOICE 50 MG TAB THPK	5	PA S
VITRAKVI 100 MG CAP	5	PA S
VITRAKVI 20 MG/ML SOLUTION	5	PA S
VITRAKVI 25 MG CAP	5	PA S
VIZIMPRO 15 MG TAB	5	PA S
VIZIMPRO 30 MG TAB	5	PA S
VIZIMPRO 45 MG TAB	5	PA S
VOTRIENT 200 MG TAB	5	PA S
XALKORI 200 MG CAP	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XALKORI 250 MG CAP	5	PA S
XOSPATA 40 MG TAB	5	PA S
XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK	5	PA S
XPOVIO (40 MG ONCE WEEKLY) 10 MG TAB THPK	5	PA S
XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK	5	PA S
XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK	5	PA S
XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK	5	PA S
XPOVIO (60 MG TWICE WEEKLY) 20 MG TAB THPK	5	PA S
XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	5	PA S
XPOVIO (80 MG TWICE WEEKLY) 20 MG TAB THPK	5	PA S
ZEJULA 100 MG TAB	5	PA S
ZEJULA 200 MG TAB	5	PA S
ZEJULA 300 MG TAB	5	PA S
ZELBORAF 240 MG TAB	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZYDELIG 100 MG TAB	5	PA S
ZYDELIG 150 MG TAB	5	PA S
ZYKADIA 150 MG TAB	5	PA S
RETINOIDS		
<i>bexarotene gel 1%</i>	5	PA S
<i>bexarotene cap 75 mg</i>	5	PA S
PANRETIN 0.1 % GEL	5	PA S
TARGRETIN 1 % GEL	5	PA ST S STC Trial and failure of 1 therapy: generic Targretin
<i>tretinoin cap 10 mg</i>	5	PA S
TREATMENT ADJUNCTS		
<i>mesna tab 400 mg</i>	3	
MESNEX 400 MG TAB	3	
VONJO 100 MG CAP	5	PA S
ANTIPARASITICS ANTHELMINTHICS		
<i>albendazole tab 200 mg</i>	2	
EMVERM 100 MG CHEW TAB	4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ivermectin tab 3 mg</i>	2	
IVERMECTIN 6 MG TAB	2	
<i>praziquantel tab 600 mg</i>	2	
ANTIPROTOZOALS		
ALINIA 100 MG/5ML RECON SUSP	3	ST STC Trial and failure of 1 therapy: generic Alinia
<i>atovaquone susp 750 mg/5ml</i>	2	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	2	
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	2	
BENZNIDAZOLE 100 MG TAB	3	
BENZNIDAZOLE 12.5 MG TAB	3	
CHLOROQUINE PHOSPHATE 250 MG TAB	2	
<i>chloroquine phosphate tab 250 mg</i>	2	
<i>chloroquine phosphate tab 500 mg</i>	2	
COARTEM 20-120 MG TAB	4	
<i>hydroxychloroquine sulfate tab 100 mg</i>	2	
<i>hydroxychloroquine sulfate tab 200 mg</i>	2	
<i>hydroxychloroquine sulfate tab 300 mg</i>	2	
<i>hydroxychloroquine sulfate tab 400 mg</i>	2	
IMPAVIDO 50 MG CAP	5	PA S
KRINTAFEL 150 MG TAB	4	
LAMPIT 120 MG TAB	4	
LAMPIT 30 MG TAB	4	
<i>mefloquine hcl tab 250 mg</i>	2	
<i>nitazoxanide tab 500 mg</i>	2	
<i>pentamidine isethionate for nebulization soln 300 mg</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	2	
<i>pyrimethamine tab 25 mg</i>	2	
<i>quinine sulfate cap 324 mg</i>	2	
ANTIPARKINSON AGENTS		
ANTICHOLINERGICS		
<i>benztropine mesylate tab 0.5 mg</i>	1	
<i>benztropine mesylate tab 1 mg</i>	1	
<i>benztropine mesylate tab 2 mg</i>	1	
TRIHEXYPHENIDYL HCL 0.4 MG/ML SOLUTION	4	
<i>trihexyphenidyl hcl tab 2 mg</i>	1	
<i>trihexyphenidyl hcl tab 5 mg</i>	1	
ANTIPARKINSON AGENTS, OTHER		
<i>amantadine hcl cap 100 mg</i>	2	
<i>amantadine hcl soln 50 mg/5ml</i>	2	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	2	
<i>entacapone tab 200 mg</i>	2	
NOURIANZ 20 MG TAB	5	PA S
NOURIANZ 40 MG TAB	5	PA S
<i>tolcapone tab 100 mg</i>	2	
DOPAMINE AGONISTS		
APOKYN 30 MG/3ML SOLN CART	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>apomorphine hcl soln cartridge 30 mg/3ml</i>	5	PA S
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	2	
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	2	
NEUPRO 1 MG/24HR PATCH 24HR	4	
NEUPRO 2 MG/24HR PATCH 24HR	4	
NEUPRO 3 MG/24HR PATCH 24HR	4	
NEUPRO 4 MG/24HR PATCH 24HR	4	
NEUPRO 6 MG/24HR PATCH 24HR	4	
NEUPRO 8 MG/24HR PATCH 24HR	4	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.5 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	1	
<i>pramipexole dihydrochloride tab 1 mg</i>	1	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	1	
<i>ropinirole hydrochloride tab 0.25 mg</i>	1	
<i>ropinirole hydrochloride tab 0.5 mg</i>	1	
<i>ropinirole hydrochloride tab 1 mg</i>	1	
<i>ropinirole hydrochloride tab 2 mg</i>	1	
<i>ropinirole hydrochloride tab 3 mg</i>	1	
<i>ropinirole hydrochloride tab 4 mg</i>	1	
<i>ropinirole hydrochloride tab 5 mg</i>	1	
<i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i>	2	
<i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)</i>	2	
<i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</i>	2	
<i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</i>	2	
DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS		
<i>carbidopa tab 25 mg</i>	2	
<i>carbidopa & levodopa tab 10-100 mg</i>	1	
CARBIDOPA-LEVODOPA 10-100 MG TAB DISP	4	
<i>carbidopa & levodopa tab 25-100 mg</i>	2	
CARBIDOPA-LEVODOPA 25-100 MG TAB DISP	4	
<i>carbidopa & levodopa tab 25-250 mg</i>	2	
CARBIDOPA-LEVODOPA 25-250 MG TAB DISP	4	
<i>carbidopa & levodopa tab er 25-100 mg</i>	2	
<i>carbidopa & levodopa tab er 50-200 mg</i>	2	
CREXONT 35-140 MG CAP ER	4	ST STC Trial and failure of 1 therapy: generic Rytary
CREXONT 52.5-210 MG CAP ER	4	ST STC Trial and failure of 1 therapy: generic Rytary
CREXONT 70-280 MG CAP ER	4	ST STC Trial and failure of 1 therapy: generic Rytary
CREXONT 87.5-350 MG CAP ER	4	ST STC Trial and failure of 1 therapy: generic Rytary
INBRIJA 42 MG CAP	5	PA S
RYTARY 23.75-95 MG CAP ER	4	ST STC Trial and failure of 1 therapy: generic Rytary

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RYTARY 36.25-145 MG CAP ER	4	ST STC Trial and failure of 1 therapy: generic Rytary
RYTARY 48.75-195 MG CAP ER	4	ST STC Trial and failure of 1 therapy: generic Rytary
RYTARY 61.25-245 MG CAP ER	4	ST STC Trial and failure of 1 therapy: generic Rytary
VYALEV 12-240 MG/ML SOLUTION	5	PA S
MONOAMINE OXIDASE B (MAO-B) INHIBITORS		
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	2	
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	2	
<i>selegiline hcl cap 5 mg</i>	2	
<i>selegiline hcl tab 5 mg</i>	2	
ANTIPSYCHOTICS 1ST GENERATION/TYPICAL		
<i>chlorpromazine hcl tab 10 mg</i>	2	PV Preventive
<i>chlorpromazine hcl tab 100 mg</i>	2	PV Preventive
<i>chlorpromazine hcl tab 200 mg</i>	2	PV Preventive
<i>chlorpromazine hcl tab 25 mg</i>	2	PV Preventive
<i>chlorpromazine hcl tab 50 mg</i>	2	PV Preventive
<i>fluphenazine hcl tab 1 mg</i>	2	PV Preventive
<i>fluphenazine hcl tab 10 mg</i>	2	PV Preventive
<i>fluphenazine hcl tab 2.5 mg</i>	2	PV Preventive
FLUPHENAZINE HCL 2.5 MG/5ML ELIXIR	4	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fluphenazine hcl tab 5 mg</i>	2	PV Preventive
FLUPHENAZINE HCL 5 MG/ML CONC	4	PV Preventive
<i>haloperidol tab 0.5 mg</i>	1	PV Preventive
<i>haloperidol tab 1 mg</i>	1	PV Preventive
<i>haloperidol tab 10 mg</i>	2	PV Preventive
<i>haloperidol tab 2 mg</i>	2	PV Preventive
<i>haloperidol tab 20 mg</i>	2	PV Preventive
<i>haloperidol tab 5 mg</i>	2	PV Preventive
<i>haloperidol lactate oral conc 2 mg/ml</i>	2	PV Preventive
<i>loxapine succinate cap 10 mg</i>	2	PV Preventive
<i>loxapine succinate cap 25 mg</i>	2	PV Preventive
<i>loxapine succinate cap 5 mg</i>	2	PV Preventive
<i>loxapine succinate cap 50 mg</i>	2	PV Preventive
MOLINDONE HCL 10 MG TAB	4	PV Preventive
MOLINDONE HCL 25 MG TAB	4	PV Preventive
MOLINDONE HCL 5 MG TAB	4	PV Preventive
PIMOZIDE 1 MG TAB	4	
PIMOZIDE 2 MG TAB	4	
<i>thioridazine hcl tab 10 mg</i>	2	PV Preventive
<i>thioridazine hcl tab 100 mg</i>	2	PV Preventive
<i>thioridazine hcl tab 25 mg</i>	2	PV Preventive
<i>thioridazine hcl tab 50 mg</i>	2	PV Preventive
<i>thiothixene cap 1 mg</i>	2	PV Preventive
<i>thiothixene cap 10 mg</i>	2	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>thiothixene cap 2 mg</i>	2	PV Preventive
<i>thiothixene cap 5 mg</i>	2	PV Preventive
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	2	PV Preventive
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	2	PV Preventive
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	2	PV Preventive
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	2	PV Preventive
2ND GENERATION/ATYPICAL		
ABILIFY ASIMTUFII 720 MG/2.4ML PRSYR	5	PA S PV Preventive
ABILIFY ASIMTUFII 960 MG/3.2ML PRSYR	5	PA S PV Preventive
ABILIFY MAINTENA 300 MG PRSYR	5	PA S PV Preventive
ABILIFY MAINTENA 300 MG SRER	5	PA S PV Preventive
ABILIFY MAINTENA 400 MG PRSYR	5	PA S PV Preventive
ABILIFY MAINTENA 400 MG SRER	5	PA S PV Preventive
<i>aripiprazole oral solution 1 mg/ml</i>	2	PV Preventive
<i>aripiprazole tab 10 mg</i>	1	PV Preventive
<i>aripiprazole orally disintegrating tab 10 mg</i>	2	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>aripiprazole tab 15 mg</i>	1	PV Preventive
<i>aripiprazole orally disintegrating tab 15 mg</i>	2	PV Preventive
<i>aripiprazole tab 2 mg</i>	1	PV Preventive
<i>aripiprazole tab 20 mg</i>	2	PV Preventive
<i>aripiprazole tab 30 mg</i>	2	PV Preventive
<i>aripiprazole tab 5 mg</i>	1	PV Preventive
ARISTADA 1064 MG/3.9ML PRSYR	5	PA S PV Preventive
ARISTADA 441 MG/1.6ML PRSYR	5	PA S PV Preventive
ARISTADA 662 MG/2.4ML PRSYR	5	PA S PV Preventive
ARISTADA 882 MG/3.2ML PRSYR	5	PA S PV Preventive
ARISTADA INITIO 675 MG/2.4ML PRSYR	5	PA S PV Preventive
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	2	PV Preventive
<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	2	PV Preventive
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	2	PV Preventive
FANAPT 1 MG TAB	4	ST STC Trial and failure of 2 therapies: any two generic antipsychotic PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FANAPT 10 MG TAB	4	ST STC PV Trial and failure of 2 therapies: any two generic antipsychotic Preventive
FANAPT 12 MG TAB	4	ST STC PV Trial and failure of 2 therapies: any two generic antipsychotic Preventive
FANAPT 2 MG TAB	4	ST STC PV Trial and failure of 2 therapies: any two generic antipsychotic Preventive
FANAPT 4 MG TAB	4	ST STC PV Trial and failure of 2 therapies: any two generic antipsychotic Preventive
FANAPT 6 MG TAB	4	ST STC PV Trial and failure of 2 therapies: any two generic antipsychotic Preventive
FANAPT 8 MG TAB	4	ST STC PV Trial and failure of 2 therapies: any two generic antipsychotic Preventive
FANAPT TITRATION PACK A 1 & 2 & 4 & 6 MG TAB	4	ST STC PV Trial and failure of 2 therapies: any two generic antipsychotic Preventive
FANAPT TITRATION PACK B 1 & 2 & 6 & 8 MG TAB	4	ST PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FANAPT TITRATION PACK C 1 & 2 & 6 MG TAB	4	ST STC PV Trial And Failure Of 2 Therapies: Any Two Generic Antipsychotic Preventive
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	5	PA S PV Preventive
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	5	PA S PV Preventive
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	5	PA S PV Preventive
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	5	PA S PV Preventive
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	5	PA S PV Preventive
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	5	PA S PV Preventive
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	5	PA S PV Preventive
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	5	PA S PV Preventive
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	5	PA S PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	5	PA S PV Preventive
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	5	PA S PV Preventive
<i>lurasidone hcl tab 120 mg</i>	2	PV Preventive
<i>lurasidone hcl tab 20 mg</i>	2	PV Preventive
<i>lurasidone hcl tab 40 mg</i>	2	PV Preventive
<i>lurasidone hcl tab 60 mg</i>	2	PV Preventive
<i>lurasidone hcl tab 80 mg</i>	2	PV Preventive
NUPLAZID 10 MG TAB	5	PA S
NUPLAZID 34 MG CAP	5	PA S
<i>olanzapine tab 10 mg</i>	1	PV Preventive
<i>olanzapine orally disintegrating tab 10 mg</i>	2	PV Preventive
<i>olanzapine tab 15 mg</i>	1	PV Preventive
<i>olanzapine orally disintegrating tab 15 mg</i>	2	PV Preventive
<i>olanzapine tab 2.5 mg</i>	1	PV Preventive
<i>olanzapine tab 20 mg</i>	1	PV Preventive
<i>olanzapine orally disintegrating tab 20 mg</i>	2	PV Preventive
<i>olanzapine tab 5 mg</i>	1	PV Preventive
<i>olanzapine orally disintegrating tab 5 mg</i>	2	PV Preventive
<i>olanzapine tab 7.5 mg</i>	1	PV Preventive
<i>paliperidone tab er 24hr 1.5 mg</i>	2	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>paliperidone tab er 24hr 3 mg</i>	2	PV Preventive
<i>paliperidone tab er 24hr 6 mg</i>	2	PV Preventive
<i>paliperidone tab er 24hr 9 mg</i>	2	PV Preventive
PERSERIS 120 MG PRSYR	5	PA S PV Preventive
PERSERIS 90 MG PRSYR	5	PA S PV Preventive
<i>quetiapine fumarate tab 100 mg</i>	1	PV Preventive
<i>quetiapine fumarate tab 200 mg</i>	1	PV Preventive
<i>quetiapine fumarate tab 25 mg</i>	1	PV Preventive
<i>quetiapine fumarate tab 300 mg</i>	1	PV Preventive
<i>quetiapine fumarate tab 400 mg</i>	1	PV Preventive
<i>quetiapine fumarate tab 50 mg</i>	1	PV Preventive
<i>quetiapine fumarate tab er 24hr 150 mg</i>	1	PV Preventive
<i>quetiapine fumarate tab er 24hr 200 mg</i>	2	PV Preventive
<i>quetiapine fumarate tab er 24hr 300 mg</i>	2	PV Preventive
<i>quetiapine fumarate tab er 24hr 400 mg</i>	2	PV Preventive
<i>quetiapine fumarate tab er 24hr 50 mg</i>	2	PV Preventive
REXULTI 0.25 MG TAB	3	ST STC Trial and failure of 2 therapies: any two generic antipsychotic PV Preventive
REXULTI 0.5 MG TAB	3	ST STC Trial and failure of 2 therapies: any two generic antipsychotic PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
REXULTI 1 MG TAB	3	ST STC PV Trial and failure of 2 therapies: any two generic antipsychotic Preventive
REXULTI 2 MG TAB	3	ST STC PV Trial and failure of 2 therapies: any two generic antipsychotic Preventive
REXULTI 3 MG TAB	3	ST STC PV Trial and failure of 2 therapies: any two generic antipsychotic Preventive
REXULTI 4 MG TAB	3	ST STC PV Trial and failure of 2 therapies: any two generic antipsychotic Preventive
RISPERDAL CONSTA 12.5 MG SRER	5	PA S PV Preventive
RISPERDAL CONSTA 25 MG SRER	5	PA S PV Preventive
RISPERDAL CONSTA 37.5 MG SRER	5	PA S PV Preventive
RISPERDAL CONSTA 50 MG SRER	5	PA S PV Preventive
<i>risperidone tab 0.25 mg</i>	1	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RISPERIDONE 0.25 MG TAB DISP	4	PV Preventive
<i>risperidone tab 0.5 mg</i>	1	PV Preventive
<i>risperidone orally disintegrating tab 0.5 mg</i>	2	PV Preventive
<i>risperidone tab 1 mg</i>	1	PV Preventive
<i>risperidone orally disintegrating tab 1 mg</i>	2	PV Preventive
<i>risperidone soln 1 mg/ml</i>	2	PV Preventive
<i>risperidone tab 2 mg</i>	1	PV Preventive
<i>risperidone orally disintegrating tab 2 mg</i>	2	PV Preventive
<i>risperidone tab 3 mg</i>	1	PV Preventive
<i>risperidone orally disintegrating tab 3 mg</i>	2	PV Preventive
<i>risperidone tab 4 mg</i>	1	PV Preventive
<i>risperidone orally disintegrating tab 4 mg</i>	2	PV Preventive
<i>risperidone microspheres for im extended rel susp 12.5 mg</i>	5	PA S PV Preventive
<i>risperidone microspheres for im extended rel susp 25 mg</i>	5	PA S PV Preventive
<i>risperidone microspheres for im extended rel susp 37.5 mg</i>	5	PA S PV Preventive
<i>risperidone microspheres for im extended rel susp 50 mg</i>	5	PA S PV Preventive
SECUADO 3.8 MG/24HR PATCH 24HR	4	ST STC Trial and failure of 1 therapy: Latuda PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SECUADO 5.7 MG/24HR PATCH 24HR	4	ST STC PV Trial and failure of 1 therapy: Latuda Preventive
SECUADO 7.6 MG/24HR PATCH 24HR	4	ST STC PV Trial and failure of 1 therapy: Latuda Preventive
UZEDY 100 MG/0.28ML SUSP PRSYR	5	PA S PV Preventive
UZEDY 125 MG/0.35ML SUSP PRSYR	5	PA S PV Preventive
UZEDY 150 MG/0.42ML SUSP PRSYR	5	PA S PV Preventive
UZEDY 200 MG/0.56ML SUSP PRSYR	5	PA S PV Preventive
UZEDY 250 MG/0.7ML SUSP PRSYR	5	PA S PV Preventive
UZEDY 50 MG/0.14ML SUSP PRSYR	5	PA S PV Preventive
UZEDY 75 MG/0.21ML SUSP PRSYR	5	PA S PV Preventive
VRAYLAR 1.5 & 3 MG CAP THPK	4	ST STC PV Trial and failure of 2 therapies: any two generic antipsychotic Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VRAYLAR 1.5 MG CAP	4	ST STC PV Trial And Failure Of 2 Therapies: Any Two Different Generic Antipsychotics Preventive
VRAYLAR 3 MG CAP	4	ST STC PV Trial And Failure Of 2 Therapies: Any Two Different Generic Antipsychotics Preventive
VRAYLAR 4.5 MG CAP	4	ST STC PV Trial And Failure Of 2 Therapies: Any Two Different Generic Antipsychotics Preventive
VRAYLAR 6 MG CAP	4	ST STC PV Trial And Failure Of 2 Therapies: Any Two Different Generic Antipsychotics Preventive
<i>ziprasidone hcl cap 20 mg</i>	2	PV Preventive
<i>ziprasidone hcl cap 40 mg</i>	2	PV Preventive
<i>ziprasidone hcl cap 60 mg</i>	2	PV Preventive
<i>ziprasidone hcl cap 80 mg</i>	2	PV Preventive
ZYPREXA RELPREVV 210 MG RECON SUSP	5	PA S PV Preventive
ZYPREXA RELPREVV 300 MG RECON SUSP	5	PA S PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZYPREXA RELPREVV 405 MG RECON SUSP	5	PA S PV Preventive
ANTIPSYCHOTICS, OTHER		
COBENFY 100-20 MG CAP	4	QL 60 / 30 days ST STC Trial and Failure of 2 generic antipsychotics (e.g., aripiprazole, quetiapine, risperidone)
COBENFY 125-30 MG CAP	4	QL 60 / 30 days ST STC Trial and Failure of 2 generic antipsychotics (e.g., aripiprazole, quetiapine, risperidone)
COBENFY 50-20 MG CAP	4	QL 60 / 30 days ST STC Trial and Failure of 2 generic antipsychotics (e.g., aripiprazole, quetiapine, risperidone)
COBENFY STARTER PACK 50-20 & 100-20 MG CAP THPK	4	ST QLC 56 / 180 days STC Trial and Failure of 2 generic antipsychotics (e.g., aripiprazole, quetiapine, risperidone)
TREATMENT-RESISTANT		
<i>clozapine tab 100 mg</i>	2	PV Preventive
<i>clozapine orally disintegrating tab 100 mg</i>	2	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CLOZAPINE 12.5 MG TAB DISP	4	PV Preventive
<i>clozapine orally disintegrating tab 150 mg</i>	2	PV Preventive
<i>clozapine tab 200 mg</i>	2	PV Preventive
<i>clozapine orally disintegrating tab 200 mg</i>	2	PV Preventive
<i>clozapine tab 25 mg</i>	1	PV Preventive
<i>clozapine orally disintegrating tab 25 mg</i>	2	PV Preventive
<i>clozapine tab 50 mg</i>	2	PV Preventive
ANTISPASTICITY AGENTS		
<i>baclofen tab 10 mg</i>	1	
<i>baclofen tab 20 mg</i>	1	
<i>dantrolene sodium cap 100 mg</i>	2	
<i>dantrolene sodium cap 25 mg</i>	2	
<i>dantrolene sodium cap 50 mg</i>	2	
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	1	QL 270 / 30 days
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	1	QL 270 / 30 days
ANTIVIRALS		
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS		
FOSCAVIR 6000 MG/250ML SOLUTION	5	PA S
LIVTENCITY 200 MG TAB	5	QL 120 / 30 days PA S
PREVYMIS 120 MG PACKET	5	PA S
PREVYMIS 20 MG PACKET	5	PA S
PREVYMIS 240 MG TAB	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PREVYMIS 240 MG/12ML SOLUTION	5	PA S
PREVYMIS 480 MG TAB	5	PA S
PREVYMIS 480 MG/24ML SOLUTION	5	PA S
VALCYTE 450 MG TAB	5	PA ST S STC Trial and failure of 1 therapy: generic Valcyte
VALCYTE 50 MG/ML RECON SOLN	5	PA ST S STC Trial and failure of 1 therapy: generic Valcyte
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	2	
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	2	
ANTI-HEPATITIS B (HBV) AGENTS		
<i>adefovir dipivoxil tab 10 mg</i>	2	
BARACLUDE 0.05 MG/ML SOLUTION	5	PA S
<i>entecavir tab 0.5 mg</i>	2	
<i>entecavir tab 1 mg</i>	2	
<i>lamivudine tab 100 mg (hbv)</i>	2	
VEMLIDY 25 MG TAB	5	PA S
ANTI-HEPATITIS C (HCV) AGENTS		
EPCLUSA 150-37.5 MG PACKET	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EPCLUSA 200-50 MG PACKET	5	PA S
EPCLUSA 200-50 MG TAB	5	PA S
HARVONI 33.75-150 MG PACKET	5	PA S
HARVONI 45-200 MG PACKET	5	PA S
HARVONI 45-200 MG TAB	5	PA S
LEDIPASVIR-SOFOSBUVIR 90-400 MG TAB	5	PA S
MAVYRET 100-40 MG TAB	5	PA S
MAVYRET 50-20 MG PACKET	5	PA S
RIBAVIRIN 200 MG CAP	5	PA S
RIBAVIRIN 200 MG TAB	5	PA S
SOFOSBUVIR-VELPATASVIR 400-100 MG TAB	5	PA S
SOVALDI 150 MG PACKET	5	PA S
SOVALDI 200 MG PACKET	5	PA S
SOVALDI 200 MG TAB	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SOVALDI 400 MG TAB	5	PA S
VOSEVI 400-100-100 MG TAB	5	PA S
ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)		
BIKTARVY 30-120-15 MG TAB	3	
BIKTARVY 50-200-25 MG TAB	3	
DOVATO 50-300 MG TAB	3	
GENVOYA 150-150-200-10 MG TAB	3	
ISENTRESS 100 MG CHEW TAB	3	
ISENTRESS 100 MG PACKET	3	
ISENTRESS 25 MG CHEW TAB	3	
ISENTRESS 400 MG TAB	3	
ISENTRESS HD 600 MG TAB	3	
JULUCA 50-25 MG TAB	3	
STRIBILD 150-150-200-300 MG TAB	3	
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	
EDURANT 25 MG TAB	4	
EDURANT PED 2.5 MG TAB SOL	4	
EFAVIRENZ 200 MG CAP	4	
EFAVIRENZ 50 MG CAP	4	
<i>efavirenz tab 600 mg</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	2	
EFAVIRENZ-LAMIVUDINE-TENOFOVIR 400-300-300 MG TAB	2	
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	2	
<i>emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg</i>	3	
<i>etravirine tab 100 mg</i>	2	
<i>etravirine tab 200 mg</i>	2	
INTELENCE 25 MG TAB	3	
<i>nevirapine tab 200 mg</i>	1	
NEVIRAPINE 50 MG/5ML SUSPENSION	4	
NEVIRAPINE ER 100 MG TAB ER 24H	4	
<i>nevirapine tab er 24hr 400 mg</i>	2	
ODEFSEY 200-25-25 MG TAB	3	
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)		
<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	2	
<i>abacavir sulfate tab 300 mg (base equiv)</i>	2	
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	2	
CIMDUO 300-300 MG TAB	3	
DESCOVY 120-15 MG TAB	3	QL 30 / 30 days
DESCOVY 200-25 MG TAB	3	ACA Affordable Care Act Medications
<i>emtricitabine caps 200 mg</i>	2	
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	2	
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	2	
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	2	
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	2	ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EMTRIVA 10 MG/ML SOLUTION	4	
<i>lamivudine oral soln 10 mg/ml</i>	2	
<i>lamivudine tab 150 mg</i>	2	
<i>lamivudine tab 300 mg</i>	2	
<i>lamivudine oral soln 10 mg/ml</i>	2	
<i>lamivudine-zidovudine tab 150-300 mg</i>	2	
<i>tenofovir disoproxil fumarate tab 300 mg</i>	2	
TRIUMEQ 600-50-300 MG TAB	3	
TRIUMEQ PD 60-5-30 MG TAB SOL	3	
TRIZIVIR 300-150-300 MG TAB	4	ST STC Trial and failure of 1 therapy: generic Trizivir
VIREAD 150 MG TAB	5	PA ST S STC Trial and failure of 1 therapy: generic Viread
VIREAD 200 MG TAB	5	PA ST S STC Trial and failure of 1 therapy: generic Viread
VIREAD 250 MG TAB	5	PA ST S STC Trial and failure of 1 therapy: generic Viread
VIREAD 300 MG TAB	5	PA ST S STC Trial and failure of 1 therapy: generic Viread

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VIREAD 40 MG/GM POWDER	3	
<i>zidovudine cap 100 mg</i>	2	
<i>zidovudine tab 300 mg</i>	2	
<i>zidovudine syrup 10 mg/ml</i>	2	
ANTI-HIV AGENTS, OTHER		
FUZEON 90 MG RECON SOLN	5	PA S
<i>maraviroc tab 150 mg</i>	2	
<i>maraviroc tab 300 mg</i>	2	
RUKOBIA 600 MG TAB ER 12H	4	
SELZENTRY 20 MG/ML SOLUTION	4	
SELZENTRY 25 MG TAB	4	
SELZENTRY 75 MG TAB	4	
SUNLENCA 300 MG TAB	5	PA S
SUNLENCA 4 X 300 MG TAB THPK	5	PA S
SUNLENCA 463.5 MG/1.5ML SOLUTION	5	PA S
SUNLENCA 5 X 300 MG TAB THPK	5	PA S
TYBOST 150 MG TAB	4	
ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)		
APTIVUS 250 MG CAP	4	
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	2	
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	2	
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	2	
<i>darunavir tab 600 mg</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>darunavir tab 800 mg</i>	2	
EVOTAZ 300-150 MG TAB	3	
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	2	
LEXIVA 50 MG/ML SUSPENSION	4	
<i>lopinavir-ritonavir tab 100-25 mg</i>	2	
<i>lopinavir-ritonavir tab 200-50 mg</i>	2	
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	2	
NORVIR 100 MG PACKET	4	
PREZCOBIX 675-150 MG TAB	3	
PREZCOBIX 800-150 MG TAB	3	
PREZISTA 100 MG/ML SUSPENSION	4	
PREZISTA 150 MG TAB	4	
PREZISTA 75 MG TAB	4	
REYATAZ 50 MG PACKET	4	
<i>ritonavir tab 100 mg</i>	2	
SYM TUZA 800-150-200-10 MG TAB	3	
VIRACEPT 250 MG TAB	4	
VIRACEPT 625 MG TAB	4	
ANTI-INFLUENZA AGENTS		
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	2	
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	2	
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	2	
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	2	
RELENZA DISKHALER 5 MG/ACT AER POW BA	4	
XENLETA 600 MG TAB	5	PA S
XOFLUZA (40 MG DOSE) 1 X 40 MG TAB THPK	4	
XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK	4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIHERPETIC AGENTS		
<i>acyclovir cap 200 mg</i>	1	
<i>acyclovir susp 200 mg/5ml</i>	2	
<i>acyclovir tab 400 mg</i>	1	
<i>acyclovir tab 800 mg</i>	1	
<i>acyclovir susp 200 mg/5ml</i>	2	
<i>famciclovir tab 125 mg</i>	2	
<i>famciclovir tab 250 mg</i>	2	
<i>famciclovir tab 500 mg</i>	2	
<i>valacyclovir hcl tab 1 gm</i>	2	
<i>valacyclovir hcl tab 500 mg</i>	1	
ANTIVIRAL, CORONAVIRUS AGENTS		
NOVAVAX COVID-19 VACCINE 5 MCG/0.5ML SUSP PRSYR	3	ACA Affordable Care Act Medications
PAXLOVID (150/100) 10 X 150 MG & 10 X 100MG TAB THPK	3	
PAXLOVID (300/100) 20 X 150 MG & 10 X 100MG TAB THPK	3	
PAXLOVID 6 X 150 MG & 5 X 100MG TAB THPK	3	
ANXIOLYTICS		
ANXIOLYTICS, OTHER		
<i>buspirone hcl tab 10 mg</i>	1	
<i>buspirone hcl tab 15 mg</i>	1	
<i>buspirone hcl tab 30 mg</i>	2	
<i>buspirone hcl tab 5 mg</i>	1	
<i>hydroxyzine hcl tab 10 mg</i>	1	
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	2	
<i>hydroxyzine hcl tab 25 mg</i>	1	
<i>hydroxyzine hcl tab 50 mg</i>	1	
HYDROXYZINE PAMOATE 100 MG CAP	4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>hydroxyzine pamoate cap 25 mg</i>	1	
<i>hydroxyzine pamoate cap 50 mg</i>	1	
<i>meprobamate tab 200 mg</i>	2	
<i>meprobamate tab 400 mg</i>	2	
BENZODIAZEPINES		
<i>alprazolam tab 0.25 mg</i>	1	QL 120 / 30 days
<i>alprazolam tab 0.5 mg</i>	1	QL 120 / 30 days
<i>alprazolam tab 1 mg</i>	1	QL 120 / 30 days
<i>alprazolam tab 2 mg</i>	1	QL 120 / 30 days
<i>alprazolam tab er 24hr 0.5 mg</i>	1	QL 60 / 30 days
<i>alprazolam tab er 24hr 1 mg</i>	1	QL 60 / 30 days
<i>alprazolam tab er 24hr 2 mg</i>	1	QL 60 / 30 days
<i>alprazolam tab er 24hr 3 mg</i>	1	QL 60 / 30 days
<i>alprazolam tab er 24hr 0.5 mg</i>	1	QL 60 / 30 days
<i>alprazolam tab er 24hr 1 mg</i>	1	QL 60 / 30 days
<i>alprazolam tab er 24hr 2 mg</i>	1	QL 60 / 30 days
<i>alprazolam tab er 24hr 3 mg</i>	1	QL 60 / 30 days
<i>chlordiazepoxide hcl cap 10 mg</i>	1	QL 120 / 30 days
<i>chlordiazepoxide hcl cap 25 mg</i>	1	QL 120 / 30 days
<i>chlordiazepoxide hcl cap 5 mg</i>	1	QL 120 / 30 days
<i>clonazepam orally disintegrating tab 0.125 mg</i>	2	QL 90 / 30 days PV Preventive
<i>clonazepam orally disintegrating tab 0.25 mg</i>	2	QL 90 / 30 days PV Preventive
<i>clonazepam tab 0.5 mg</i>	1	QL 90 / 30 days PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>clonazepam orally disintegrating tab 0.5 mg</i>	2	QL 90 / 30 days PV Preventive
<i>clonazepam tab 1 mg</i>	1	QL 90 / 30 days PV Preventive
<i>clonazepam orally disintegrating tab 1 mg</i>	2	QL 90 / 30 days PV Preventive
<i>clonazepam tab 2 mg</i>	1	QL 90 / 30 days PV Preventive
<i>clonazepam orally disintegrating tab 2 mg</i>	2	QL 90 / 30 days PV Preventive
<i>clorazepate dipotassium tab 15 mg</i>	2	QL 180 / 30 days
<i>clorazepate dipotassium tab 3.75 mg</i>	2	QL 180 / 30 days
<i>clorazepate dipotassium tab 7.5 mg</i>	2	QL 180 / 30 days
<i>diazepam tab 10 mg</i>	1	QL 120 / 30 days
<i>diazepam tab 2 mg</i>	1	QL 120 / 30 days
<i>diazepam tab 5 mg</i>	1	QL 120 / 30 days
<i>diazepam oral soln 1 mg/ml</i>	1	QL 600 / 30 days
<i>diazepam conc 5 mg/ml</i>	2	QL 120 / 30 days
<i>diazepam conc 5 mg/ml</i>	2	QL 120 / 30 days
<i>lorazepam tab 0.5 mg</i>	1	QL 120 / 30 days
<i>lorazepam tab 1 mg</i>	1	QL 120 / 30 days
<i>lorazepam tab 2 mg</i>	1	QL 120 / 30 days
<i>lorazepam conc 2 mg/ml</i>	2	QL 120 / 30 days
<i>lorazepam conc 2 mg/ml</i>	2	QL 120 / 30 days
<i>oxazepam cap 10 mg</i>	2	QL 120 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>oxazepam cap 15 mg</i>	2	QL 120 / 30 days
<i>oxazepam cap 30 mg</i>	2	QL 120 / 30 days
BIPOLAR AGENTS MOOD STABILIZERS		
<i>lithium oral solution 8 meq/5ml</i>	2	PV Preventive
LITHIUM CARBONATE 150 MG CAP	4	PV Preventive
<i>lithium carbonate cap 150 mg</i>	1	PV Preventive
LITHIUM CARBONATE 300 MG CAP	4	PV Preventive
<i>lithium carbonate cap 300 mg</i>	1	PV Preventive
<i>lithium carbonate tab 300 mg</i>	1	PV Preventive
LITHIUM CARBONATE 600 MG CAP	4	PV Preventive
<i>lithium carbonate cap 600 mg</i>	1	PV Preventive
<i>lithium carbonate tab er 300 mg</i>	1	PV Preventive
<i>lithium carbonate tab er 450 mg</i>	1	PV Preventive
BLOOD GLUCOSE REGULATORS ANTIDIABETIC AGENTS		
<i>acarbose tab 100 mg</i>	2	PV Preventive
<i>acarbose tab 25 mg</i>	2	PV Preventive
<i>acarbose tab 50 mg</i>	2	PV Preventive
DAPAGLIFLOZIN PRO-METFORMIN ER 10-1000 MG TAB ER 24H	3	ST STC Trial and failure of 1 therapy: metformin PV Preventive
DAPAGLIFLOZIN PRO-METFORMIN ER 5-1000 MG TAB ER 24H	3	ST STC Trial and failure of 1 therapy: metformin PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>glimepiride tab 1 mg</i>	1	PV Preventive
<i>glimepiride tab 2 mg</i>	1	PV Preventive
<i>glimepiride tab 4 mg</i>	1	PV Preventive
<i>glipizide tab 10 mg</i>	1	PV Preventive
GLIPIZIDE 2.5 MG TAB	4	PV Preventive
<i>glipizide tab 5 mg</i>	1	PV Preventive
<i>glipizide tab er 24hr 10 mg</i>	1	PV Preventive
<i>glipizide tab er 24hr 2.5 mg</i>	1	PV Preventive
<i>glipizide tab er 24hr 5 mg</i>	1	PV Preventive
<i>glipizide tab er 24hr 10 mg</i>	1	PV Preventive
<i>glipizide tab er 24hr 2.5 mg</i>	1	PV Preventive
<i>glipizide tab er 24hr 5 mg</i>	1	PV Preventive
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	2	PV Preventive
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	2	PV Preventive
<i>glipizide-metformin hcl tab 5-500 mg</i>	2	PV Preventive
<i>glyburide tab 1.25 mg</i>	1	PV Preventive
<i>glyburide tab 2.5 mg</i>	1	PV Preventive
<i>glyburide tab 5 mg</i>	1	PV Preventive
GLYBURIDE MICRONIZED 1.5 MG TAB	1	PV Preventive
GLYBURIDE MICRONIZED 3 MG TAB	1	PV Preventive
GLYBURIDE MICRONIZED 6 MG TAB	1	PV Preventive
<i>glyburide-metformin tab 1.25-250 mg</i>	1	PV Preventive
<i>glyburide-metformin tab 2.5-500 mg</i>	1	PV Preventive
<i>glyburide-metformin tab 5-500 mg</i>	1	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GLYXAMBI 10-5 MG TAB	3	ST STC PV Trial and failure of 1 therapy: metformin Preventive
GLYXAMBI 25-5 MG TAB	3	ST STC PV Trial and failure of 1 therapy: metformin Preventive
<i>liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)</i>	4	PA PV Preventive
<i>metformin hcl tab 1000 mg</i>	1	PV Preventive
<i>metformin hcl tab 500 mg</i>	1	PV Preventive
<i>metformin hcl tab 850 mg</i>	1	PV Preventive
<i>metformin hcl tab er 24hr 500 mg</i>	1	PV Preventive
<i>metformin hcl tab er 24hr 750 mg</i>	1	PV Preventive
MIGLITOL 100 MG TAB	2	PV Preventive
MIGLITOL 25 MG TAB	2	PV Preventive
MIGLITOL 50 MG TAB	2	PV Preventive
MOUNJARO 10 MG/0.5ML SOLN A-INJ	3	QL PA PV 2 / 28 day(s) Preventive
MOUNJARO 12.5 MG/0.5ML SOLN A-INJ	3	QL PA PV 2 / 28 day(s) Preventive
MOUNJARO 15 MG/0.5ML SOLN A-INJ	3	QL PA PV 2 / 28 day(s) Preventive
MOUNJARO 2.5 MG/0.5ML SOLN A-INJ	3	QL PA PV 2 / 28 day(s) Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MOUNJARO 5 MG/0.5ML SOLN A-INJ	3	QL 2 / 28 day(s) PA PV Preventive
MOUNJARO 7.5 MG/0.5ML SOLN A-INJ	3	QL 2 / 28 day(s) PA PV Preventive
<i>nateglinide tab 120 mg</i>	2	PV Preventive
<i>nateglinide tab 60 mg</i>	2	PV Preventive
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	3	PA PV Preventive
OZEMPIC (1 MG/DOSE) 4 MG/3ML SOLN PEN	3	PA PV Preventive
OZEMPIC (2 MG/DOSE) 8 MG/3ML SOLN PEN	3	PA PV Preventive
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	1	PV Preventive
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	1	PV Preventive
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	1	PV Preventive
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	2	PV Preventive
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	2	PV Preventive
<i>repaglinide tab 0.5 mg</i>	2	PV Preventive
<i>repaglinide tab 1 mg</i>	2	PV Preventive
<i>repaglinide tab 2 mg</i>	2	PV Preventive
RYBELSUS 14 MG TAB	4	PA PV Preventive
RYBELSUS 3 MG TAB	4	PA PV Preventive
RYBELSUS 7 MG TAB	4	PA PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SITAGLIPTIN 100 MG TAB	1	ST STC PV Trial and failure of 1 therapy: metformin Preventive
SITAGLIPTIN 25 MG TAB	1	ST STC PV Trial and failure of 1 therapy: metformin Preventive
SITAGLIPTIN 50 MG TAB	1	ST STC PV Trial and failure of 1 therapy: metformin Preventive
SYNJARDY 12.5-1000 MG TAB	3	PV Preventive
SYNJARDY 12.5-500 MG TAB	3	PV Preventive
SYNJARDY 5-1000 MG TAB	3	PV Preventive
SYNJARDY 5-500 MG TAB	3	PV Preventive
SYNJARDY XR 10-1000 MG TAB ER 24H	3	PV Preventive
SYNJARDY XR 12.5-1000 MG TAB ER 24H	3	PV Preventive
SYNJARDY XR 25-1000 MG TAB ER 24H	3	PV Preventive
SYNJARDY XR 5-1000 MG TAB ER 24H	3	PV Preventive
TRIJARDY XR 10-5-1000 MG TAB ER 24H	3	ST STC PV Trial and failure of 1 therapy: metformin Preventive
TRIJARDY XR 12.5-2.5-1000 MG TAB ER 24H	3	ST STC PV Trial and failure of 1 therapy: metformin Preventive
TRIJARDY XR 25-5-1000 MG TAB ER 24H	3	ST STC PV Trial and failure of 1 therapy: metformin Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRIJARDY XR 5-2.5-1000 MG TAB ER 24H	3	ST STC PV Trial and failure of 1 therapy: metformin Preventive
TRULICITY 0.75 MG/0.5ML SOLN A-INJ	3	PA PV Preventive
TRULICITY 1.5 MG/0.5ML SOLN A-INJ	3	PA PV Preventive
TRULICITY 3 MG/0.5ML SOLN A-INJ	3	PA PV Preventive
TRULICITY 4.5 MG/0.5ML SOLN A-INJ	3	PA PV Preventive
VICTOZA 18 MG/3ML SOLN PEN	4	PA PV Preventive
XIGDUO XR 10-1000 MG TAB ER 24H	3	ST STC PV Trial and failure of 1 therapy: metformin Preventive
XIGDUO XR 10-500 MG TAB ER 24H	3	ST STC PV Trial and failure of 1 therapy: metformin Preventive
XIGDUO XR 2.5-1000 MG TAB ER 24H	3	ST STC PV Trial and failure of 1 therapy: metformin Preventive
XIGDUO XR 5-1000 MG TAB ER 24H	3	ST STC PV Trial and failure of 1 therapy: metformin Preventive
XIGDUO XR 5-500 MG TAB ER 24H	3	ST STC PV Trial and failure of 1 therapy: metformin Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GLYCEMIC AGENTS		
BAQSIMI ONE PACK 3 MG/DOSE POWDER	3	PV Preventive
BAQSIMI TWO PACK 3 MG/DOSE POWDER	3	PV Preventive
<i>diazoxide susp 50 mg/ml</i>	2	PV Preventive
FT GLUCOSE 4 GM CHEW TAB	3	
<i>glucagon (rdna) for inj kit 1 mg</i>	2	PV Preventive
GLUCAGON EMERGENCY 1 MG/ML RECON SOLN	3	PV Preventive
GVOKE HYPOPEN 1-PACK 0.5 MG/0.1ML SOLN A-INJ	3	PV Preventive
GVOKE HYPOPEN 1-PACK 1 MG/0.2ML SOLN A-INJ	3	PV Preventive
GVOKE HYPOPEN 2-PACK 0.5 MG/0.1ML SOLN A-INJ	3	PV Preventive
GVOKE HYPOPEN 2-PACK 1 MG/0.2ML SOLN A-INJ	3	PV Preventive
GVOKE KIT 1 MG/0.2ML SOLUTION	3	PV Preventive
GVOKE PFS 0.5 MG/0.1ML SOLN PRSYR	3	PV Preventive
GVOKE PFS 1 MG/0.2ML SOLN PRSYR	3	PV Preventive
INSULINS		
FIASP 100 UNIT/ML SOLUTION	3	PV Preventive
FIASP FLEXTOUCH 100 UNIT/ML SOLN PEN	3	PV Preventive
FIASP PENFILL 100 UNIT/ML SOLN CART	3	PV Preventive
FIASP PUMPCART 100 UNIT/ML SOLN CART	3	PV Preventive
HUMALOG 100 UNIT/ML SOLN CART	4	PV Preventive
HUMALOG 100 UNIT/ML SOLUTION	4	PV Preventive
HUMALOG JUNIOR KWIKPEN 100 UNIT/ML SOLN PEN	4	PV Preventive
HUMALOG KWIKPEN 100 UNIT/ML SOLN PEN	4	PV Preventive
HUMALOG KWIKPEN 200 UNIT/ML SOLN PEN	4	PV Preventive
HUMALOG MIX 50/50 (50-50) 100 UNIT/ML SUSPENSION	4	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HUMALOG MIX 50/50 KWIKPEN (50-50) 100 UNIT/ML SUSP PEN	4	PV Preventive
HUMALOG MIX 75/25 (75-25) 100 UNIT/ML SUSPENSION	4	PV Preventive
HUMALOG MIX 75/25 KWIKPEN (75-25) 100 UNIT/ML SUSP PEN	4	PV Preventive
HUMALOG TEMPO PEN 100 UNIT/ML SOLN PEN	4	PV Preventive
HUMULIN 70/30 (70-30) 100 UNIT/ML SUSPENSION	4	PV Preventive
HUMULIN 70/30 KWIKPEN (70-30) 100 UNIT/ML SUSP PEN	4	PV Preventive
HUMULIN N 100 UNIT/ML SUSPENSION	4	PV Preventive
HUMULIN N KWIKPEN 100 UNIT/ML SUSP PEN	4	PV Preventive
HUMULIN R 100 UNIT/ML SOLUTION	4	PV Preventive
HUMULIN R U-500 (CONCENTRATED) 500 UNIT/ML SOLUTION	3	PV Preventive
HUMULIN R U-500 KWIKPEN 500 UNIT/ML SOLN PEN	3	PV Preventive
INSULIN ASP PROT & ASP FLEXPEN (70-30) 100 UNIT/ML SUSP PEN	3	PV Preventive
INSULIN ASPART 100 UNIT/ML SOLUTION	3	PV Preventive
INSULIN ASPART FLEXPEN 100 UNIT/ML SOLN PEN	3	PV Preventive
INSULIN ASPART PENFILL 100 UNIT/ML SOLN CART	3	PV Preventive
INSULIN ASPART PROT & ASPART (70-30) 100 UNIT/ML SUSPENSION	3	PV Preventive
INSULIN DEGLUDEC 100 UNIT/ML SOLUTION	3	ST STC Trial and failure of 1 therapy: Any insulin glargine product PV Preventive
INSULIN DEGLUDEC FLEXTOUCH 100 UNIT/ML SOLN PEN	3	ST STC Trial and failure of 1 therapy: Any insulin glargine product PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
INSULIN DEGLUDEC FLEXTOUCH 200 UNIT/ML SOLN PEN	3	ST STC PV Trial and failure of 1 therapy: Any insulin glargine product Preventive
INSULIN GLARGINE MAX SOLOSTAR 300 UNIT/ML SOLN PEN	3	PV Preventive
INSULIN GLARGINE SOLOSTAR 300 UNIT/ML SOLN PEN	3	PV Preventive
INSULIN GLARGINE-YFGN 100 UNIT/ML SOLN PEN	3	PV Preventive
INSULIN GLARGINE-YFGN 100 UNIT/ML SOLUTION	3	PV Preventive
INSULIN LISPRO (1 UNIT DIAL) 100 UNIT/ML SOLN PEN	4	PV Preventive
INSULIN LISPRO 100 UNIT/ML SOLUTION	4	PV Preventive
INSULIN LISPRO JUNIOR KWIKPEN 100 UNIT/ML SOLN PEN	4	PV Preventive
INSULIN LISPRO PROT & LISPRO (75-25) 100 UNIT/ML SUSP PEN	4	PV Preventive
LANTUS 100 UNIT/ML SOLUTION	3	PV Preventive
LANTUS SOLOSTAR 100 UNIT/ML SOLN PEN	3	PV Preventive
LYUMJEV 100 UNIT/ML SOLUTION	4	ST STC PV Trial and failure of 2 therapies: Novolog and Fiasp Preventive
LYUMJEV KWIKPEN 100 UNIT/ML SOLN PEN	4	ST STC PV Trial and failure of 2 therapies: Novolog and Fiasp Preventive
LYUMJEV KWIKPEN 200 UNIT/ML SOLN PEN	4	PA PV Preventive
NOVOLIN 70/30 (70-30) 100 UNIT/ML SUSPENSION	3	PV Preventive
NOVOLIN 70/30 FLEXPEN (70-30) 100 UNIT/ML SUSP PEN	3	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NOVOLIN 70/30 FLEXPEN RELION (70-30) 100 UNIT/ML SUSP PEN	3	PV Preventive
NOVOLIN 70/30 RELION (70-30) 100 UNIT/ML SUSPENSION	3	PV Preventive
NOVOLIN N 100 UNIT/ML SUSPENSION	3	PV Preventive
NOVOLIN N FLEXPEN 100 UNIT/ML SUSP PEN	3	PV Preventive
NOVOLIN N FLEXPEN RELION 100 UNIT/ML SUSP PEN	3	PV Preventive
NOVOLIN N RELION 100 UNIT/ML SUSPENSION	3	PV Preventive
NOVOLIN R 100 UNIT/ML SOLUTION	3	PV Preventive
NOVOLIN R FLEXPEN 100 UNIT/ML SOLN PEN	3	PV Preventive
NOVOLIN R FLEXPEN RELION 100 UNIT/ML SOLN PEN	3	PV Preventive
NOVOLIN R RELION 100 UNIT/ML SOLUTION	3	PV Preventive
NOVOLOG 100 UNIT/ML SOLUTION	3	PV Preventive
NOVOLOG 70/30 FLEXPEN RELION (70-30) 100 UNIT/ML SUSP PEN	3	PV Preventive
NOVOLOG FLEXPEN 100 UNIT/ML SOLN PEN	3	PV Preventive
NOVOLOG FLEXPEN RELION 100 UNIT/ML SOLN PEN	3	PV Preventive
NOVOLOG MIX 70/30 (70-30) 100 UNIT/ML SUSPENSION	3	PV Preventive
NOVOLOG MIX 70/30 FLEXPEN (70-30) 100 UNIT/ML SUSP PEN	3	PV Preventive
NOVOLOG MIX 70/30 RELION (70-30) 100 UNIT/ML SUSPENSION	3	PV Preventive
NOVOLOG PENFILL 100 UNIT/ML SOLN CART	3	PV Preventive
NOVOLOG RELION 100 UNIT/ML SOLUTION	3	PV Preventive
SEMGLEE (YFGN) 100 UNIT/ML SOLN PEN	3	PV Preventive
SEMGLEE (YFGN) 100 UNIT/ML SOLUTION	3	PV Preventive
TOUJEO MAX SOLOSTAR 300 UNIT/ML SOLN PEN	3	PV Preventive
TOUJEO SOLOSTAR 300 UNIT/ML SOLN PEN	3	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRESIBA 100 UNIT/ML SOLUTION	3	ST STC PV Trial and failure of 1 therapy: Any insulin glargine product Preventive
TRESIBA FLEXTOUCH 100 UNIT/ML SOLN PEN	3	ST STC PV Trial and failure of 1 therapy: Any insulin glargine product Preventive
TRESIBA FLEXTOUCH 200 UNIT/ML SOLN PEN	3	ST STC PV Trial and failure of 1 therapy: Any insulin glargine product Preventive
BLOOD PRODUCTS AND MODIFIERS		
ANTICOAGULANTS		
<i>dabigatran etexilate mesylate cap 110 mg (etexilate base eq)</i>	2	QL PV 60 / 30 day(s) Preventive
<i>dabigatran etexilate mesylate cap 150 mg (etexilate base eq)</i>	2	QL PV 60 / 30 days Preventive
<i>dabigatran etexilate mesylate cap 75 mg (etexilate base eq)</i>	2	QL PV 60 / 30 days Preventive
ELIQUIS 2.5 MG TAB	3	QL PV 90 / 30 days Preventive
ELIQUIS 5 MG TAB	3	QL PV 90 / 30 days Preventive
ELIQUIS DVT/PE STARTER PACK 5 MG TAB THPK	3	QLC PV 74 / 180 days Preventive
<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>	2	PV Preventive
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>	2	PV Preventive
<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>	2	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	2	PV Preventive
<i>enoxaparin sodium inj 300 mg/3ml</i>	2	PV Preventive
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	2	PV Preventive
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	2	PV Preventive
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	2	PV Preventive
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	2	PV Preventive
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	2	PV Preventive
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	2	PV Preventive
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	2	PV Preventive
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	2	PV Preventive
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	2	PV Preventive
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	2	PV Preventive
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	2	PV Preventive
<i>heparin sodium (porcine) pf inj 1000 unit/ml</i>	2	PV Preventive
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	2	PV Preventive
HEPARIN SODIUM (PORCINE) PF 5000 UNIT/ML SOLUTION	3	PV Preventive
<i>warfarin sodium tab 1 mg</i>	1	PV Preventive
<i>warfarin sodium tab 10 mg</i>	1	PV Preventive
<i>warfarin sodium tab 2 mg</i>	1	PV Preventive
<i>warfarin sodium tab 2.5 mg</i>	1	PV Preventive
<i>warfarin sodium tab 3 mg</i>	1	PV Preventive
<i>warfarin sodium tab 4 mg</i>	1	PV Preventive
<i>warfarin sodium tab 5 mg</i>	1	PV Preventive
<i>warfarin sodium tab 6 mg</i>	1	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>warfarin sodium tab 7.5 mg</i>	1	PV Preventive
PRADAXA 110 MG CAP	4	QL 60 / 30 day(s) PV Preventive
PRADAXA 110 MG PACKET	4	QL 60 / 30 days PV Preventive
PRADAXA 150 MG PACKET	4	QL 60 / 30 days PV Preventive
PRADAXA 20 MG PACKET	4	QL 60 / 30 days PV Preventive
PRADAXA 30 MG PACKET	4	QL 60 / 30 days PV Preventive
PRADAXA 40 MG PACKET	4	QL 60 / 30 days PV Preventive
PRADAXA 50 MG PACKET	4	QL 60 / 30 days PV Preventive
<i>rivaroxaban for susp 1 mg/ml</i>	3	
<i>rivaroxaban tab 2.5 mg</i>	3	QL 60 / 30 day(s) PV Preventive
<i>warfarin sodium tab 1 mg</i>	1	PV Preventive
<i>warfarin sodium tab 10 mg</i>	1	PV Preventive
<i>warfarin sodium tab 2 mg</i>	1	PV Preventive
<i>warfarin sodium tab 2.5 mg</i>	1	PV Preventive
<i>warfarin sodium tab 3 mg</i>	1	PV Preventive
<i>warfarin sodium tab 4 mg</i>	1	PV Preventive
<i>warfarin sodium tab 5 mg</i>	1	PV Preventive
<i>warfarin sodium tab 6 mg</i>	1	PV Preventive
<i>warfarin sodium tab 7.5 mg</i>	1	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XARELTO 1 MG/ML RECON SUSP	3	PA PV Preventive
XARELTO 10 MG TAB	3	QL 60 / 30 days PV Preventive
XARELTO 15 MG TAB	3	QL 60 / 30 days PV Preventive
XARELTO 2.5 MG TAB	3	QL 60 / 30 day(s) PV Preventive
XARELTO 20 MG TAB	3	QL 60 / 30 days PV Preventive
XARELTO STARTER PACK 15 & 20 MG TAB THPK	3	QL 60 / 30 days PV Preventive
ZONTIVITY 2.08 MG TAB	4	QL 30 / 30 days PV Preventive
BLOOD PRODUCTS AND MODIFIERS, OTHER		
<i>anagrelide hcl cap 0.5 mg</i>	2	
<i>anagrelide hcl cap 1 mg</i>	2	
<i>eltrombopag olamine powder pack for susp 12.5 mg (base eq)</i>	5	PA S
<i>eltrombopag olamine tab 12.5 mg (base equiv)</i>	5	PA S
<i>eltrombopag olamine powder pack for susp 25 mg (base equiv)</i>	5	PA S
<i>eltrombopag olamine tab 25 mg (base equiv)</i>	5	PA S
<i>eltrombopag olamine tab 50 mg (base equiv)</i>	5	PA S
<i>eltrombopag olamine tab 75 mg (base equiv)</i>	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FABHALTA 200 MG CAP	5	QL 60 / 30 days PA S
FULPHILA 6 MG/0.6ML SOLN PRSYR	5	PA S
LEUKINE 250 MCG RECON SOLN	5	PA S
MULPLETA 3 MG TAB	5	PA S
NIVESTYM 300 MCG/0.5ML SOLN PRSYR	5	PA S
NIVESTYM 300 MCG/ML SOLUTION	5	PA S
NIVESTYM 480 MCG/0.8ML SOLN PRSYR	5	PA S
NIVESTYM 480 MCG/1.6ML SOLUTION	5	PA S
NYVEPRIA 6 MG/0.6ML SOLN PRSYR	5	PA S
PROCRIT 10000 UNIT/ML SOLUTION	5	PA S
PROCRIT 2000 UNIT/ML SOLUTION	5	PA S
PROCRIT 20000 UNIT/ML SOLUTION	5	PA S
PROCRIT 3000 UNIT/ML SOLUTION	5	PA S
PROCRIT 4000 UNIT/ML SOLUTION	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PROCRIT 40000 UNIT/ML SOLUTION	5	PA S
PROMACTA 12.5 MG PACKET	5	PA S
PROMACTA 12.5 MG TAB	5	PA S
PROMACTA 25 MG PACKET	5	PA S
PROMACTA 25 MG TAB	5	PA S
PROMACTA 50 MG TAB	5	PA S
PROMACTA 75 MG TAB	5	PA S
PYRUKYND TAPER PACK 5 MG TAB THPK	5	PA S
PYRUKYND TAPER PACK 7 X 20 MG & 7 X 5 MG TAB THPK	5	PA S
PYRUKYND TAPER PACK 7 X 50 MG & 7 X 20 MG TAB THPK	5	PA S
RETACRIT 10000 UNIT/ML SOLUTION	5	PA S
RETACRIT 2000 UNIT/ML SOLUTION	5	PA S
RETACRIT 20000 UNIT/ML SOLUTION	5	PA S
RETACRIT 3000 UNIT/ML SOLUTION	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RETACRIT 4000 UNIT/ML SOLUTION	5	PA S
RETACRIT 40000 UNIT/ML SOLUTION	5	PA S
ZARXIO 300 MCG/0.5ML SOLN PRSYR	5	PA S
ZARXIO 480 MCG/0.8ML SOLN PRSYR	5	PA S
ZIEXTENZO 6 MG/0.6ML SOLN PRSYR	5	PA S
HEMOSTASIS AGENTS		
HEMLIBRA 105 MG/0.7ML SOLUTION	5	PA S
HEMLIBRA 12 MG/0.4ML SOLUTION	5	PA S
HEMLIBRA 150 MG/ML SOLUTION	5	PA S
HEMLIBRA 30 MG/ML SOLUTION	5	PA S
HEMLIBRA 300 MG/2ML SOLUTION	5	PA S
HEMLIBRA 60 MG/0.4ML SOLUTION	5	PA S
<i>phytonadione tab 5 mg</i>	2	
<i>tranexamic acid tab 650 mg</i>	2	
PLATELET MODIFYING AGENTS		
<i>aspirin tab delayed release 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>aspirin chew tab 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin tab delayed release 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin chew tab 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin 81 mg chew tab</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin tab delayed release 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin tab delayed release 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin adult low dose 81 mg tab dr</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin tab delayed release 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin chew tab 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin tab delayed release 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin tab delayed release 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin tab delayed release 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>aspirin chew tab 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin low dose 81 mg chew tab</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin tab delayed release 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin tab delayed release 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	2	PV Preventive
<i>aspirin tab delayed release 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin chew tab 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin tab delayed release 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
BRILINTA 60 MG TAB	3	QL 60 / 30 day(s) PV Preventive
BRILINTA 90 MG TAB	3	QL 60 / 30 day(s) PV Preventive
CABLIVI 11 MG KIT	5	PA S
<i>aspirin chew tab 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>cilostazol tab 100 mg</i>	1	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>cilostazol tab 50 mg</i>	1	PV Preventive
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	1	QL 30 / 30 days PV Preventive
<i>aspirin chew tab 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin tab delayed release 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin tab delayed release 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin tab delayed release 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin tab delayed release 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin tab delayed release 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>dipyridamole tab 25 mg</i>	2	PV Preventive
<i>dipyridamole tab 50 mg</i>	2	PV Preventive
<i>dipyridamole tab 75 mg</i>	2	PV Preventive
DOPTELET 20 MG TAB	5	PA S
<i>aspirin tab delayed release 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin tab delayed release 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin chew tab 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>aspirin chew tab 81 mg</i>	1	PV ACA Preventive Affordable Care Act Medications
<i>aspirin tab delayed release 81 mg</i>	1	PV ACA Preventive Affordable Care Act Medications
<i>aspirin chew tab 81 mg</i>	1	PV ACA Preventive Affordable Care Act Medications
<i>aspirin tab delayed release 81 mg</i>	1	PV ACA Preventive Affordable Care Act Medications
<i>aspirin chew tab 81 mg</i>	1	PV ACA Preventive Affordable Care Act Medications
<i>aspirin tab delayed release 81 mg</i>	1	PV ACA Preventive Affordable Care Act Medications
<i>aspirin tab delayed release 81 mg</i>	1	PV ACA Preventive Affordable Care Act Medications
<i>aspirin chew tab 81 mg</i>	1	PV ACA Preventive Affordable Care Act Medications
<i>aspirin tab delayed release 81 mg</i>	1	PV ACA Preventive Affordable Care Act Medications
<i>aspirin tab delayed release 81 mg</i>	1	PV ACA Preventive Affordable Care Act Medications
<i>aspirin tab delayed release 81 mg</i>	1	PV ACA Preventive Affordable Care Act Medications
<i>aspirin tab delayed release 81 mg</i>	1	PV ACA Preventive Affordable Care Act Medications
<i>aspirin tab delayed release 81 mg</i>	1	PV ACA Preventive Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>aspirin tab delayed release 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin tab delayed release 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>prasugrel hcl tab 10 mg (base equiv)</i>	2	QL 30 / 30 days PV Preventive
<i>prasugrel hcl tab 5 mg (base equiv)</i>	2	QL 30 / 30 days PV Preventive
<i>aspirin chew tab 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin tab delayed release 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin chew tab 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin tab delayed release 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin chew tab 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin chew tab 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin chew tab 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin chew tab 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin chew tab 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>aspirin tab delayed release 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin tab delayed release 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin chew tab 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin tab delayed release 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin tab delayed release 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin tab delayed release 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin chew tab 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin tab delayed release 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin chew tab 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin tab delayed release 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin chew tab 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin tab delayed release 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TAVALISSE 100 MG TAB	5	PA S
TAVALISSE 150 MG TAB	5	PA S
<i>ticagrelor tab 60 mg</i>	3	QL 60 / 30 day(s) PV Preventive
<i>ticagrelor tab 90 mg</i>	3	QL 60 / 30 day(s) PV Preventive
CARDIOVASCULAR AGENTS		
ALPHA-ADRENERGIC AGONISTS		
<i>clonidine td patch weekly 0.1 mg/24hr</i>	2	PV Preventive
<i>clonidine td patch weekly 0.2 mg/24hr</i>	2	PV Preventive
<i>clonidine td patch weekly 0.3 mg/24hr</i>	2	PV Preventive
<i>clonidine hcl tab 0.1 mg</i>	1	PV Preventive
<i>clonidine hcl tab 0.2 mg</i>	1	PV Preventive
<i>clonidine hcl tab 0.3 mg</i>	1	PV Preventive
<i>guanfacine hcl tab 1 mg</i>	2	QL 60 / 30 days PV Preventive
<i>guanfacine hcl tab 2 mg</i>	2	QL 60 / 30 days PV Preventive
<i>methyldopa tab 250 mg</i>	4	PV Preventive
METHYLDOPA 500 MG TAB	4	PV Preventive
<i>midodrine hcl tab 10 mg</i>	2	
<i>midodrine hcl tab 2.5 mg</i>	2	
<i>midodrine hcl tab 5 mg</i>	2	
ALPHA-ADRENERGIC BLOCKING AGENTS		
<i>doxazosin mesylate tab 1 mg</i>	1	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>doxazosin mesylate tab 2 mg</i>	1	PV Preventive
<i>doxazosin mesylate tab 4 mg</i>	1	PV Preventive
<i>doxazosin mesylate tab 8 mg</i>	1	PV Preventive
<i>phenoxybenzamine hcl cap 10 mg</i>	5	PA S PV Preventive
<i>prazosin hcl cap 1 mg</i>	1	PV Preventive
<i>prazosin hcl cap 2 mg</i>	2	PV Preventive
<i>prazosin hcl cap 5 mg</i>	2	PV Preventive
<i>terazosin hcl cap 1 mg (base equivalent)</i>	1	PV Preventive
<i>terazosin hcl cap 10 mg (base equivalent)</i>	1	PV Preventive
<i>terazosin hcl cap 2 mg (base equivalent)</i>	1	PV Preventive
<i>terazosin hcl cap 5 mg (base equivalent)</i>	1	PV Preventive
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil tab 16 mg</i>	2	PV Preventive
<i>candesartan cilexetil tab 32 mg</i>	2	PV Preventive
<i>candesartan cilexetil tab 4 mg</i>	2	PV Preventive
<i>candesartan cilexetil tab 8 mg</i>	2	PV Preventive
<i>irbesartan tab 150 mg</i>	1	PV Preventive
<i>irbesartan tab 300 mg</i>	1	PV Preventive
<i>irbesartan tab 75 mg</i>	1	PV Preventive
<i>losartan potassium tab 100 mg</i>	1	PV Preventive
<i>losartan potassium tab 25 mg</i>	1	PV Preventive
<i>losartan potassium tab 50 mg</i>	1	PV Preventive
<i>olmesartan medoxomil tab 20 mg</i>	1	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>olmesartan medoxomil tab 40 mg</i>	1	PV Preventive
<i>olmesartan medoxomil tab 5 mg</i>	1	PV Preventive
<i>telmisartan tab 20 mg</i>	1	PV Preventive
<i>telmisartan tab 40 mg</i>	1	PV Preventive
<i>telmisartan tab 80 mg</i>	1	PV Preventive
<i>valsartan tab 160 mg</i>	1	PV Preventive
<i>valsartan tab 320 mg</i>	1	PV Preventive
<i>valsartan tab 40 mg</i>	1	PV Preventive
<i>valsartan tab 80 mg</i>	1	PV Preventive
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS		
<i>benazepril hcl tab 10 mg</i>	1	PV Preventive
<i>benazepril hcl tab 20 mg</i>	1	PV Preventive
<i>benazepril hcl tab 40 mg</i>	1	PV Preventive
<i>benazepril hcl tab 5 mg</i>	1	PV Preventive
<i>captopril tab 100 mg</i>	2	PV Preventive
<i>captopril tab 12.5 mg</i>	2	PV Preventive
<i>captopril tab 25 mg</i>	2	PV Preventive
<i>captopril tab 50 mg</i>	2	PV Preventive
<i>enalapril maleate oral soln 1 mg/ml</i>	1	PV Preventive
<i>enalapril maleate tab 10 mg</i>	1	PV Preventive
<i>enalapril maleate tab 2.5 mg</i>	1	PV Preventive
<i>enalapril maleate tab 20 mg</i>	1	PV Preventive
<i>enalapril maleate tab 5 mg</i>	1	PV Preventive
<i>fosinopril sodium tab 10 mg</i>	1	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fosinopril sodium tab 20 mg</i>	1	PV Preventive
<i>fosinopril sodium tab 40 mg</i>	1	PV Preventive
<i>lisinopril tab 10 mg</i>	1	PV Preventive
<i>lisinopril tab 2.5 mg</i>	1	PV Preventive
<i>lisinopril tab 20 mg</i>	1	PV Preventive
<i>lisinopril tab 30 mg</i>	1	PV Preventive
<i>lisinopril tab 40 mg</i>	1	PV Preventive
<i>lisinopril tab 5 mg</i>	1	PV Preventive
<i>moexipril hcl tab 15 mg</i>	2	PV Preventive
<i>moexipril hcl tab 7.5 mg</i>	2	PV Preventive
PERINDOPRIL ERBUMINE 2 MG TAB	2	PV Preventive
<i>perindopril erbumine tab 2 mg</i>	2	PV Preventive
<i>perindopril erbumine tab 4 mg</i>	2	PV Preventive
PERINDOPRIL ERBUMINE 8 MG TAB	4	PV Preventive
<i>quinapril hcl tab 10 mg</i>	1	PV Preventive
<i>quinapril hcl tab 20 mg</i>	1	PV Preventive
<i>quinapril hcl tab 40 mg</i>	1	PV Preventive
<i>quinapril hcl tab 5 mg</i>	1	PV Preventive
<i>ramipril cap 1.25 mg</i>	1	PV Preventive
<i>ramipril cap 10 mg</i>	1	PV Preventive
<i>ramipril cap 2.5 mg</i>	1	PV Preventive
<i>ramipril cap 5 mg</i>	1	PV Preventive
<i>trandolapril tab 1 mg</i>	1	PV Preventive
<i>trandolapril tab 2 mg</i>	1	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>trandolapril tab 4 mg</i>	1	PV Preventive
ANTIARRHYTHMICS		
<i>amiodarone hcl tab 100 mg</i>	2	PV Preventive
<i>amiodarone hcl tab 200 mg</i>	1	PV Preventive
DIGOXIN 0.05 MG/ML SOLUTION	4	PV Preventive
<i>digoxin oral soln 0.05 mg/ml</i>	2	PV Preventive
<i>digoxin tab 125 mcg (0.125 mg)</i>	1	PV Preventive
<i>digoxin tab 250 mcg (0.25 mg)</i>	1	PV Preventive
<i>digoxin tab 62.5 mcg (0.0625 mg)</i>	2	PV Preventive
<i>disopyramide phosphate cap 100 mg</i>	2	PV Preventive
<i>disopyramide phosphate cap 150 mg</i>	2	PV Preventive
<i>dofetilide cap 125 mcg (0.125 mg)</i>	2	PV Preventive
<i>dofetilide cap 250 mcg (0.25 mg)</i>	2	PV Preventive
<i>dofetilide cap 500 mcg (0.5 mg)</i>	2	PV Preventive
<i>flecainide acetate tab 100 mg</i>	2	PV Preventive
<i>flecainide acetate tab 150 mg</i>	2	PV Preventive
<i>flecainide acetate tab 50 mg</i>	2	PV Preventive
<i>mexiletine hcl cap 150 mg</i>	2	PV Preventive
<i>mexiletine hcl cap 200 mg</i>	2	PV Preventive
<i>mexiletine hcl cap 250 mg</i>	2	PV Preventive
MULTAQ 400 MG TAB	3	PV Preventive
NORPACE CR 100 MG CAP ER 12H	4	PV Preventive
NORPACE CR 150 MG CAP ER 12H	4	PV Preventive
<i>amiodarone hcl tab 100 mg</i>	2	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>amiodarone hcl tab 200 mg</i>	1	PV Preventive
<i>propafenone hcl tab 150 mg</i>	1	PV Preventive
<i>propafenone hcl tab 225 mg</i>	2	PV Preventive
<i>propafenone hcl tab 300 mg</i>	2	PV Preventive
<i>propafenone hcl cap er 12hr 225 mg</i>	2	PV Preventive
<i>propafenone hcl cap er 12hr 325 mg</i>	2	PV Preventive
<i>propafenone hcl cap er 12hr 425 mg</i>	2	PV Preventive
<i>quinidine gluconate tab er 324 mg</i>	2	PV Preventive
QUINIDINE SULFATE 200 MG TAB	4	PV Preventive
QUINIDINE SULFATE 300 MG TAB	4	PV Preventive
<i>sotalol hcl (afib/af) tab 120 mg</i>	2	PV Preventive
<i>sotalol hcl (afib/af) tab 160 mg</i>	2	PV Preventive
<i>sotalol hcl (afib/af) tab 80 mg</i>	1	PV Preventive
<i>sotalol hcl tab 120 mg</i>	1	PV Preventive
<i>sotalol hcl tab 160 mg</i>	2	PV Preventive
<i>sotalol hcl tab 240 mg</i>	2	PV Preventive
<i>sotalol hcl tab 80 mg</i>	1	PV Preventive
BETA-ADRENERGIC BLOCKING AGENTS		
<i>acebutolol hcl cap 200 mg</i>	2	PV Preventive
<i>acebutolol hcl cap 400 mg</i>	2	PV Preventive
<i>atenolol tab 100 mg</i>	1	PV Preventive
<i>atenolol tab 25 mg</i>	1	PV Preventive
<i>atenolol tab 50 mg</i>	1	PV Preventive
<i>betaxolol hcl tab 10 mg</i>	2	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>betaxolol hcl tab 20 mg</i>	2	PV Preventive
<i>bisoprolol fumarate tab 10 mg</i>	2	PV Preventive
BISOPROLOL FUMARATE 2.5 MG TAB	2	PV Preventive
<i>bisoprolol fumarate tab 5 mg</i>	1	PV Preventive
<i>carvedilol tab 12.5 mg</i>	1	PV Preventive
<i>carvedilol tab 25 mg</i>	1	PV Preventive
<i>carvedilol tab 3.125 mg</i>	1	PV Preventive
<i>carvedilol tab 6.25 mg</i>	1	PV Preventive
<i>labetalol hcl tab 100 mg</i>	1	PV Preventive
<i>labetalol hcl tab 200 mg</i>	2	PV Preventive
<i>labetalol hcl tab 300 mg</i>	2	PV Preventive
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	1	PV Preventive
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	2	PV Preventive
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	1	PV Preventive
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	1	PV Preventive
<i>metoprolol tartrate tab 100 mg</i>	1	PV Preventive
<i>metoprolol tartrate tab 25 mg</i>	1	PV Preventive
<i>metoprolol tartrate tab 37.5 mg</i>	1	PV Preventive
<i>metoprolol tartrate tab 50 mg</i>	1	PV Preventive
<i>metoprolol tartrate tab 75 mg</i>	1	PV Preventive
<i>nadolol tab 20 mg</i>	2	PV Preventive
<i>nadolol tab 40 mg</i>	2	PV Preventive
<i>nadolol tab 80 mg</i>	2	PV Preventive
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	2	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	2	PV Preventive
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	2	PV Preventive
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	2	PV Preventive
<i>pindolol tab 10 mg</i>	2	PV Preventive
<i>pindolol tab 5 mg</i>	2	PV Preventive
<i>propranolol hcl tab 10 mg</i>	1	PV Preventive
<i>propranolol hcl tab 20 mg</i>	1	PV Preventive
PROPRANOLOL HCL 20 MG/5ML SOLUTION	1	PV Preventive
<i>propranolol hcl tab 40 mg</i>	1	PV Preventive
PROPRANOLOL HCL 40 MG/5ML SOLUTION	3	PV Preventive
<i>propranolol hcl tab 60 mg</i>	2	PV Preventive
<i>propranolol hcl tab 80 mg</i>	2	PV Preventive
<i>propranolol hcl cap er 24hr 120 mg</i>	2	PV Preventive
<i>propranolol hcl cap er 24hr 160 mg</i>	2	PV Preventive
<i>propranolol hcl cap er 24hr 60 mg</i>	2	PV Preventive
<i>propranolol hcl cap er 24hr 80 mg</i>	2	PV Preventive
<i>timolol maleate tab 10 mg</i>	2	PV Preventive
<i>timolol maleate tab 20 mg</i>	2	PV Preventive
<i>timolol maleate tab 5 mg</i>	2	PV Preventive
CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES		
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	1	PV Preventive
<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	1	PV Preventive
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	1	PV Preventive
<i>felodipine tab er 24hr 10 mg</i>	1	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>felodipine tab er 24hr 2.5 mg</i>	1	PV Preventive
<i>felodipine tab er 24hr 5 mg</i>	1	PV Preventive
<i>nifedipine cap 10 mg</i>	2	PV Preventive
<i>nifedipine cap 20 mg</i>	2	PV Preventive
<i>nifedipine tab er 24hr 30 mg</i>	1	PV Preventive
<i>nifedipine tab er 24hr 60 mg</i>	2	PV Preventive
<i>nifedipine tab er 24hr 90 mg</i>	2	PV Preventive
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	1	PV Preventive
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	2	PV Preventive
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	2	PV Preventive
<i>nimodipine cap 30 mg</i>	2	PV Preventive
NYMALIZE 6 MG/ML SOLUTION	4	PV Preventive
CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES		
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	1	PV Preventive
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	1	PV Preventive
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	1	PV Preventive
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	2	PV Preventive
<i>diltiazem hcl cap er 24hr 120 mg</i>	1	PV Preventive
<i>diltiazem hcl cap er 24hr 180 mg</i>	2	PV Preventive
<i>diltiazem hcl cap er 24hr 240 mg</i>	2	PV Preventive
<i>diltiazem hcl tab 120 mg</i>	2	PV Preventive
<i>diltiazem hcl tab 30 mg</i>	1	PV Preventive
<i>diltiazem hcl tab 60 mg</i>	1	PV Preventive
<i>diltiazem hcl tab 90 mg</i>	2	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>diltiazem hcl cap er 12hr 120 mg</i>	2	PV Preventive
<i>diltiazem hcl cap er 24hr 120 mg</i>	1	PV Preventive
<i>diltiazem hcl tab er 24hr 120 mg</i>	2	PV Preventive
<i>diltiazem hcl cap er 24hr 180 mg</i>	2	PV Preventive
<i>diltiazem hcl cap er 24hr 240 mg</i>	2	PV Preventive
<i>diltiazem hcl cap er 12hr 60 mg</i>	2	PV Preventive
<i>diltiazem hcl cap er 12hr 90 mg</i>	2	PV Preventive
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	1	PV Preventive
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	1	PV Preventive
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	2	PV Preventive
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	2	PV Preventive
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	2	PV Preventive
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	2	PV Preventive
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	1	PV Preventive
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	1	PV Preventive
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	1	PV Preventive
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	2	PV Preventive
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	1	PV Preventive
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	1	PV Preventive
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	2	PV Preventive
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	2	PV Preventive
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	2	PV Preventive
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	1	PV Preventive
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	1	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	2	PV Preventive
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	2	PV Preventive
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	2	PV Preventive
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	2	PV Preventive
<i>verapamil hcl tab 120 mg</i>	1	PV Preventive
<i>verapamil hcl tab 40 mg</i>	1	PV Preventive
<i>verapamil hcl tab 80 mg</i>	1	PV Preventive
<i>verapamil hcl cap er 24hr 120 mg</i>	2	PV Preventive
<i>verapamil hcl tab er 120 mg</i>	1	PV Preventive
<i>verapamil hcl cap er 24hr 180 mg</i>	2	PV Preventive
<i>verapamil hcl tab er 180 mg</i>	1	PV Preventive
<i>verapamil hcl cap er 24hr 240 mg</i>	2	PV Preventive
<i>verapamil hcl tab er 240 mg</i>	1	PV Preventive
CARDIOVASCULAR AGENTS, OTHER		
<i>acetazolamide tab 125 mg</i>	2	PV Preventive
<i>acetazolamide tab 250 mg</i>	2	PV Preventive
AMILORIDE-HYDROCHLOROTHIAZIDE 5-50 MG TAB	2	PV Preventive
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	PV Preventive
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	PV Preventive
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	PV Preventive
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	PV Preventive
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	PV Preventive
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	PV Preventive
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	PV Preventive
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	PV Preventive
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	PV Preventive
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	PV Preventive
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	PV Preventive
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	PV Preventive
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	PV Preventive
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	2	PV Preventive
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	2	PV Preventive
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	2	PV Preventive
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	2	PV Preventive
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	2	PV Preventive
<i>atenolol & chlorthalidone tab 100-25 mg</i>	2	PV Preventive
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	PV Preventive
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	PV Preventive
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	PV Preventive
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	PV Preventive
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	1	PV Preventive
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	PV Preventive
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	PV Preventive
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	PV Preventive
CAMZYOS 10 MG CAP	5	QL 30 / 30 days
		PA
		S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CAMZYOS 15 MG CAP	5	QL PA S 30 / 30 days
CAMZYOS 2.5 MG CAP	5	QL PA S 30 / 30 days
CAMZYOS 5 MG CAP	5	QL PA S 30 / 30 days
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	2	PV Preventive
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	2	PV Preventive
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	2	PV Preventive
CORLANOR 5 MG TAB	3	
CORLANOR 5 MG/5ML SOLUTION	3	
CORLANOR 7.5 MG TAB	3	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	PV Preventive
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	PV Preventive
ENTRESTO 24-26 MG TAB	3	
ENTRESTO 49-51 MG TAB	3	
ENTRESTO 97-103 MG TAB	3	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	2	PV Preventive
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	2	PV Preventive
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	PV Preventive
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	PV Preventive
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	2	
<i>ivabradine hcl tab 5 mg (base equiv)</i>	2	
<i>ivabradine hcl tab 7.5 mg (base equiv)</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	PV Preventive
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	PV Preventive
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	PV Preventive
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	PV Preventive
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	PV Preventive
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	PV Preventive
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	2	PV Preventive
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	2	PV Preventive
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	2	PV Preventive
<i>metyrosine cap 250 mg</i>	5	QL 360 / 30 days PA S
NEXLETOL 180 MG TAB	3	PA PV Preventive
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	PV Preventive
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	PV Preventive
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	PV Preventive
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	2	PV Preventive
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	2	PV Preventive
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	2	PV Preventive
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	2	PV Preventive
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	2	PV Preventive
<i>pentoxifylline tab er 400 mg</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	2	PV Preventive
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	2	PV Preventive
QUINAPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	2	PV Preventive
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	2	PV Preventive
<i>ranolazine tab er 12hr 1000 mg</i>	2	PV Preventive
<i>ranolazine tab er 12hr 500 mg</i>	2	PV Preventive
<i>sacubitril-valsartan tab 24-26 mg</i>	2	
<i>sacubitril-valsartan tab 49-51 mg</i>	2	
<i>sacubitril-valsartan tab 97-103 mg</i>	2	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	2	PV Preventive
TELMISARTAN-AMLODIPINE 40-10 MG TAB	4	PV Preventive
TELMISARTAN-AMLODIPINE 40-5 MG TAB	4	PV Preventive
TELMISARTAN-AMLODIPINE 80-10 MG TAB	4	PV Preventive
TELMISARTAN-AMLODIPINE 80-5 MG TAB	4	PV Preventive
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	2	PV Preventive
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	2	PV Preventive
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	2	PV Preventive
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	PV Preventive
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	PV Preventive
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	PV Preventive
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	PV Preventive
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	PV Preventive
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	PV Preventive
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	PV Preventive
VECAMYL 2.5 MG TAB	5	PA S
VERQUVO 10 MG TAB	3	PV Preventive
VERQUVO 2.5 MG TAB	3	PV Preventive
VERQUVO 5 MG TAB	3	PV Preventive
DIURETICS, LOOP		
<i>bumetanide tab 0.5 mg</i>	1	PV Preventive
<i>bumetanide tab 1 mg</i>	2	PV Preventive
<i>bumetanide tab 2 mg</i>	2	PV Preventive
<i>ethacrynic acid tab 25 mg</i>	2	
FUROSCIX 80 MG/10ML CART KIT	5	PA S
<i>furosemide oral soln 10 mg/ml</i>	1	PV Preventive
<i>furosemide tab 20 mg</i>	1	PV Preventive
<i>furosemide tab 40 mg</i>	1	PV Preventive
<i>furosemide tab 80 mg</i>	1	PV Preventive
<i>torseamide tab 10 mg</i>	1	PV Preventive
<i>torseamide tab 100 mg</i>	1	PV Preventive
<i>torseamide tab 20 mg</i>	1	PV Preventive
<i>torseamide tab 5 mg</i>	1	PV Preventive
DIURETICS, POTASSIUM-SPARING		
<i>amiloride hcl tab 5 mg</i>	1	PV Preventive
<i>eplerenone tab 25 mg</i>	2	PV Preventive
<i>eplerenone tab 50 mg</i>	2	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DIURETICS, THIAZIDE		
<i>chlorthalidone tab 25 mg</i>	1	PV Preventive
<i>chlorthalidone tab 50 mg</i>	1	PV Preventive
DIURIL 250 MG/5ML SUSPENSION	4	PV Preventive
<i>hydrochlorothiazide cap 12.5 mg</i>	1	PV Preventive
<i>hydrochlorothiazide tab 12.5 mg</i>	1	PV Preventive
<i>hydrochlorothiazide tab 25 mg</i>	1	PV Preventive
<i>hydrochlorothiazide tab 50 mg</i>	1	PV Preventive
<i>indapamide tab 1.25 mg</i>	1	PV Preventive
<i>indapamide tab 2.5 mg</i>	1	PV Preventive
<i>metolazone tab 10 mg</i>	2	PV Preventive
<i>metolazone tab 2.5 mg</i>	2	PV Preventive
<i>metolazone tab 5 mg</i>	2	PV Preventive
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES		
<i>fenofibrate micronized cap 134 mg</i>	1	PV Preventive
<i>fenofibrate tab 145 mg</i>	1	PV Preventive
<i>fenofibrate tab 160 mg</i>	1	PV Preventive
<i>fenofibrate micronized cap 200 mg</i>	2	PV Preventive
<i>fenofibrate tab 48 mg</i>	1	PV Preventive
<i>fenofibrate tab 54 mg</i>	1	PV Preventive
<i>fenofibrate micronized cap 67 mg</i>	1	PV Preventive
<i>fenofibrate micronized cap 134 mg</i>	1	PV Preventive
<i>fenofibrate micronized cap 200 mg</i>	2	PV Preventive
<i>fenofibrate micronized cap 67 mg</i>	1	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>gemfibrozil tab 600 mg</i>	1	PV Preventive
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	1	PV Preventive
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	1	PV Preventive
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	2	PV Preventive
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	2	PV Preventive
<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i>	2	PV Preventive
<i>lovastatin tab 10 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>lovastatin tab 20 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>lovastatin tab 40 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>pravastatin sodium tab 10 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>pravastatin sodium tab 20 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>pravastatin sodium tab 40 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>pravastatin sodium tab 80 mg</i>	1	PV Preventive ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>rosuvastatin calcium tab 10 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>rosuvastatin calcium tab 20 mg</i>	1	PV Preventive
<i>rosuvastatin calcium tab 40 mg</i>	1	PV Preventive
<i>rosuvastatin calcium tab 5 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>simvastatin tab 10 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>simvastatin tab 20 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>simvastatin tab 40 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>simvastatin tab 5 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>simvastatin tab 80 mg</i>	1	PV Preventive
DYSLIPIDEMICS, OTHER		
<i>cholestyramine powder packets 4 gm</i>	2	PV Preventive
<i>cholestyramine powder 4 gm/dose</i>	2	PV Preventive
<i>cholestyramine light powder packets 4 gm</i>	2	PV Preventive
<i>cholestyramine light powder 4 gm/dose</i>	2	PV Preventive
<i>colesevelam hcl tab 625 mg</i>	2	PV Preventive
<i>colestipol hcl tab 1 gm</i>	2	PV Preventive
<i>colestipol hcl granules 5 gm</i>	2	PV Preventive
<i>colestipol hcl granule packets 5 gm</i>	2	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ezetimibe tab 10 mg</i>	1	PV Preventive
<i>ezetimibe-simvastatin tab 10-10 mg</i>	2	PV Preventive
<i>ezetimibe-simvastatin tab 10-20 mg</i>	2	PV Preventive
<i>ezetimibe-simvastatin tab 10-40 mg</i>	2	PV Preventive
<i>ezetimibe-simvastatin tab 10-80 mg</i>	2	PV Preventive
<i>icosapent ethyl cap 0.5 gm</i>	1	PV Preventive
<i>icosapent ethyl cap 1 gm</i>	1	PV Preventive
JUXTAPID 10 MG CAP	5	PA S
JUXTAPID 20 MG CAP	5	PA S
JUXTAPID 30 MG CAP	5	PA S
JUXTAPID 5 MG CAP	5	PA S
LEQVIO 284 MG/1.5ML SOLN PRSYR	5	PA S
NEXLIZET 180-10 MG TAB	3	PV Preventive
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	2	PV Preventive
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	2	PV Preventive
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	2	PV Preventive
<i>cholestyramine light powder 4 gm/dose</i>	2	PV Preventive
REPATHA 140 MG/ML SOLN PRSYR	3	PA PV Preventive
REPATHA PUSHTRONEX SYSTEM 420 MG/3.5ML SOLN CART	3	PA PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
REPATHA SURECLICK 140 MG/ML SOLN A-INJ	3	PA PV Preventive
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
<i>spironolactone tab 100 mg</i>	1	PV Preventive
<i>spironolactone tab 25 mg</i>	1	PV Preventive
<i>spironolactone tab 50 mg</i>	1	PV Preventive
SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS (SGLT2I)		
DAPAGLIFLOZIN PROPANEDIOL 10 MG TAB	3	ST STC Trial and failure of 1 therapy: metformin PV Preventive
DAPAGLIFLOZIN PROPANEDIOL 5 MG TAB	3	ST STC Trial and failure of 1 therapy: metformin PV Preventive
FARXIGA 10 MG TAB	3	ST STC Trial and failure of 1 therapy: metformin PV Preventive
FARXIGA 5 MG TAB	3	ST STC Trial and failure of 1 therapy: metformin PV Preventive
JARDIANCE 10 MG TAB	3	PV Preventive
JARDIANCE 25 MG TAB	3	PV Preventive
VASODILATORS, DIRECT-ACTING ARTERIAL		
<i>hydralazine hcl tab 10 mg</i>	1	PV Preventive
<i>hydralazine hcl tab 100 mg</i>	1	PV Preventive
<i>hydralazine hcl tab 25 mg</i>	1	PV Preventive
<i>hydralazine hcl tab 50 mg</i>	1	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>minoxidil tab 10 mg</i>	1	PV Preventive
<i>minoxidil tab 2.5 mg</i>	1	PV Preventive
VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS		
<i>isosorbide dinitrate tab 10 mg</i>	2	PV Preventive
<i>isosorbide dinitrate tab 20 mg</i>	2	PV Preventive
<i>isosorbide dinitrate tab 30 mg</i>	2	PV Preventive
<i>isosorbide dinitrate tab 5 mg</i>	2	PV Preventive
ISOSORBIDE MONONITRATE 10 MG TAB	1	PV Preventive
<i>isosorbide mononitrate tab 10 mg</i>	1	PV Preventive
ISOSORBIDE MONONITRATE 20 MG TAB	1	PV Preventive
<i>isosorbide mononitrate tab 20 mg</i>	1	PV Preventive
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	1	PV Preventive
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	1	PV Preventive
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	1	PV Preventive
NITRO-BID 2 % OINTMENT	4	PV Preventive
NITRO-TIME 2.5 MG CAP ER	4	PV Preventive
NITRO-TIME 6.5 MG CAP ER	4	PV Preventive
NITRO-TIME 9 MG CAP ER	4	PV Preventive
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	2	PV Preventive
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	2	PV Preventive
<i>nitroglycerin sl tab 0.3 mg</i>	1	PV Preventive
<i>nitroglycerin oint 0.4%</i>	4	
<i>nitroglycerin sl tab 0.4 mg</i>	1	PV Preventive
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	2	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	2	PV Preventive
<i>nitroglycerin sl tab 0.6 mg</i>	1	PV Preventive
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	2	PV Preventive
NITROLINGUAL 0.4 MG/SPRAY SOLUTION	2	PV Preventive
RECTIV 0.4 % OINTMENT	4	
CENTRAL NERVOUS SYSTEM AGENTS		
AMYOTROPHIC LATERAL SCLEROSIS (ALS) AGENTS		
EXSERVAN 50 MG FILM	5	PA S
RADICAVA ORS 105 MG/5ML SUSPENSION	5	PA S
RADICAVA ORS STARTER KIT 105 MG/5ML SUSPENSION	5	PA S
TEGLUTIK 50 MG/10ML SUSPENSION	5	PA S
TIGLUTIK 50 MG/10ML SUSPENSION	5	PA S
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES		
<i>amphetamine sulfate tab 10 mg</i>	2	QL 90 / 30 days
<i>amphetamine sulfate tab 5 mg</i>	2	QL 90 / 30 days
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	1	QL 90 / 30 days
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	1	QL 90 / 30 days
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	1	QL 90 / 30 days
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	1	QL 60 / 30 days
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	1	QL 60 / 30 days
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	1	QL 90 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>amphetamine-dextroamphetamine tab 10 mg</i>	2	QL 90 / 30 days
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	2	QL 90 / 30 days
<i>amphetamine-dextroamphetamine tab 15 mg</i>	2	QL 90 / 30 days
<i>amphetamine-dextroamphetamine tab 20 mg</i>	2	QL 90 / 30 days
<i>amphetamine-dextroamphetamine tab 30 mg</i>	2	QL 60 / 30 days
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	QL 90 / 30 days
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	2	QL 90 / 30 days
<i>dextroamphetamine sulfate tab 10 mg</i>	2	QL 90 / 30 days
<i>dextroamphetamine sulfate tab 5 mg</i>	2	QL 90 / 30 days
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	2	QL 1800 / 30 days
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	2	QL 90 / 30 days
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	2	QL 90 / 30 days
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	2	QL 90 / 30 days
<i>lisdexamfetamine dimesylate cap 10 mg</i>	2	QL 90 / 30 days
<i>lisdexamfetamine dimesylate chew tab 10 mg</i>	2	QL 90 / 30 days
<i>lisdexamfetamine dimesylate cap 20 mg</i>	2	QL 90 / 30 days
<i>lisdexamfetamine dimesylate chew tab 20 mg</i>	2	QL 90 / 30 days
<i>lisdexamfetamine dimesylate cap 30 mg</i>	2	QL 60 / 30 days
<i>lisdexamfetamine dimesylate chew tab 30 mg</i>	2	QL 60 / 30 days
<i>lisdexamfetamine dimesylate cap 40 mg</i>	2	QL 30 / 30 days
<i>lisdexamfetamine dimesylate chew tab 40 mg</i>	2	QL 30 / 30 days
<i>lisdexamfetamine dimesylate cap 50 mg</i>	2	QL 30 / 30 days
<i>lisdexamfetamine dimesylate chew tab 50 mg</i>	2	QL 30 / 30 days
<i>lisdexamfetamine dimesylate cap 60 mg</i>	2	QL 30 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lisdexamfetamine dimesylate chew tab 60 mg</i>	2	QL 30 / 30 days
<i>lisdexamfetamine dimesylate cap 70 mg</i>	2	QL 30 / 30 days
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	2	QL 1800 / 30 days
<i>dextroamphetamine sulfate tab 10 mg</i>	2	QL 90 / 30 days
<i>dextroamphetamine sulfate tab 5 mg</i>	2	QL 90 / 30 days
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES		
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	2	QL 90 / 30 days
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	2	QL 30 / 30 days
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	2	QL 60 / 30 days
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	2	QL 90 / 30 days
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	2	QL 60 / 30 days
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	2	QL 30 / 30 days
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	2	QL 30 / 30 days
<i>clonidine hcl tab er 12hr 0.1 mg</i>	2	
<i>dexmethylphenidate hcl tab 10 mg</i>	2	QL 90 / 30 days
<i>dexmethylphenidate hcl tab 2.5 mg</i>	1	QL 90 / 30 days
<i>dexmethylphenidate hcl tab 5 mg</i>	1	QL 90 / 30 days
<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i>	2	QL 90 / 30 days
<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i>	2	QL 90 / 30 days
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i>	2	QL 60 / 30 days
<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i>	2	QL 60 / 30 days
<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i>	2	QL 30 / 30 days
<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i>	2	QL 30 / 30 days
<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i>	2	QL 30 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i>	2	QL 90 / 30 days
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	1	QL 90 / 30 days
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	1	QL 90 / 30 days
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	1	QL 60 / 30 days
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	1	QL 30 / 30 days
<i>methylphenidate hcl chew tab 10 mg</i>	2	QL 90 / 30 days
<i>methylphenidate hcl tab 10 mg</i>	1	QL 90 / 30 days
<i>methylphenidate hcl soln 10 mg/5ml</i>	2	QL 900 / 30 days
<i>methylphenidate hcl chew tab 2.5 mg</i>	2	QL 90 / 30 days
<i>methylphenidate hcl tab 20 mg</i>	1	QL 90 / 30 days
<i>methylphenidate hcl chew tab 5 mg</i>	2	QL 90 / 30 days
<i>methylphenidate hcl tab 5 mg</i>	1	QL 90 / 30 days
<i>methylphenidate hcl soln 5 mg/5ml</i>	2	QL 1800 / 30 days
<i>methylphenidate hcl cap er 10 mg (cd)</i>	2	QL 90 / 30 days
<i>methylphenidate hcl cap er 20 mg (cd)</i>	2	QL 90 / 30 days
<i>methylphenidate hcl cap er 30 mg (cd)</i>	2	QL 60 / 30 days
<i>methylphenidate hcl cap er 40 mg (cd)</i>	2	QL 30 / 30 days
<i>methylphenidate hcl cap er 50 mg (cd)</i>	2	QL 30 / 30 days
<i>methylphenidate hcl cap er 60 mg (cd)</i>	2	QL 30 / 30 days
<i>methylphenidate hcl cap er 24hr 10 mg (la)</i>	2	QL 90 / 30 days
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	2	QL 90 / 30 days
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	2	QL 60 / 30 days
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	2	QL 30 / 30 days
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	2	QL 90 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	2	QL 60 / 30 days
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	2	QL 60 / 30 days
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	2	QL 30 / 30 day(s)
<i>methylphenidate hcl tab er 10 mg</i>	2	QL 90 / 30 days
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	2	QL 90 / 30 days
<i>methylphenidate hcl tab er 20 mg</i>	2	QL 90 / 30 days
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	2	QL 60 / 30 days
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	2	QL 60 / 30 days
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	2	QL 30 / 30 day(s)
CENTRAL NERVOUS SYSTEM, OTHER		
AUSTEDO 12 MG TAB	5	PA S
AUSTEDO 6 MG TAB	5	PA S
AUSTEDO 9 MG TAB	5	PA S
AUSTEDO PATIENT TITRATION KIT 6 & 9 & 12 MG TAB THPK	5	PA S
<i>butalbital-acetaminophen-cafeine tab 50-325-40 mg</i>	2	QL 70 / 7 days
<i>butalbital-acetaminophen tab 50-325 mg</i>	2	QL 70 / 7 days
<i>butalbital-acetaminophen-cafeine tab 50-325-40 mg</i>	2	QL 70 / 7 days
FIRDAPSE 10 MG TAB	5	PA S
INGREZZA 40 & 80 MG CAP THPK	5	PA S
INGREZZA 40 MG CAP	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
INGREZZA 60 MG CAP	5	PA S
INGREZZA 80 MG CAP	5	PA S
<i>riluzole tab 50 mg</i>	5	S
<i>tetrabenazine tab 12.5 mg</i>	2	PA
<i>tetrabenazine tab 25 mg</i>	2	PA
FIBROMYALGIA AGENTS		
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	1	PV Preventive
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	1	PV Preventive
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	1	PV Preventive
<i>pregabalin cap 100 mg</i>	1	PV Preventive
<i>pregabalin cap 150 mg</i>	1	PV Preventive
<i>pregabalin soln 20 mg/ml</i>	2	PV Preventive
<i>pregabalin cap 200 mg</i>	1	PV Preventive
<i>pregabalin cap 225 mg</i>	1	PV Preventive
<i>pregabalin cap 25 mg</i>	1	PV Preventive
<i>pregabalin cap 300 mg</i>	1	PV Preventive
<i>pregabalin cap 50 mg</i>	1	PV Preventive
<i>pregabalin cap 75 mg</i>	1	PV Preventive
SAVELLA 100 MG TAB	3	
SAVELLA 12.5 MG TAB	3	
SAVELLA 25 MG TAB	3	
SAVELLA 50 MG TAB	3	
SAVELLA TITRATION PACK 12.5 & 25 & 50 MG MISC	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MULTIPLE SCLEROSIS AGENTS		
AUBAGIO 14 MG TAB	5	PA S
AUBAGIO 7 MG TAB	5	PA S
AVONEX PEN 30 MCG/0.5ML AUT-IJ KIT	5	PA S
AVONEX PREFILLED 30 MCG/0.5ML PREF SY KT	5	PA S
BETASERON 0.3 MG KIT	5	PA S
<i>dalfampridine tab er 12hr 10 mg</i>	5	S
<i>dimethyl fumarate capsule delayed release 120 mg</i>	5	PA S
<i>dimethyl fumarate capsule delayed release 240 mg</i>	5	PA S
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	5	PA S
<i>fingolimod hcl cap 0.5 mg (base equiv)</i>	5	PA S
GILENYA 0.25 MG CAP	5	QL 30 / 30 days PA S
GILENYA 0.5 MG CAP	5	PA S
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	5	PA S
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	5	PA S
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	5	PA S
KESIMPTA 20 MG/0.4ML SOLN A-INJ	5	PA S
MAVENCLAD (10 TABS) 10 MG TAB THPK	5	PA S
MAVENCLAD (4 TABS) 10 MG TAB THPK	5	PA S
MAVENCLAD (5 TABS) 10 MG TAB THPK	5	PA S
MAVENCLAD (6 TABS) 10 MG TAB THPK	5	PA S
MAVENCLAD (7 TABS) 10 MG TAB THPK	5	PA S
MAVENCLAD (8 TABS) 10 MG TAB THPK	5	PA S
MAVENCLAD (9 TABS) 10 MG TAB THPK	5	PA S
MAYZENT 0.25 MG TAB	5	PA S
MAYZENT 1 MG TAB	5	PA S
MAYZENT 2 MG TAB	5	PA S
MAYZENT STARTER PACK 12 X 0.25 MG TAB THPK	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MAYZENT STARTER PACK 7 X 0.25 MG TAB THPK	5	PA S
OCREVUS 300 MG/10ML SOLUTION	5	PA S
PLEGRIDY 125 MCG/0.5ML SOLN A-INJ	5	PA S
PLEGRIDY 125 MCG/0.5ML SOLN PRSYR	5	PA S
PLEGRIDY STARTER PACK 63 & 94 MCG/0.5ML SOLN A-INJ	5	PA S
PLEGRIDY STARTER PACK 63 & 94 MCG/0.5ML SOLN PRSYR	5	PA S
REBIF 22 MCG/0.5ML SOLN PRSYR	5	PA S
REBIF 44 MCG/0.5ML SOLN PRSYR	5	PA S
REBIF REBIDOSE 22 MCG/0.5ML SOLN A-INJ	5	PA S
REBIF REBIDOSE 44 MCG/0.5ML SOLN A-INJ	5	PA S
REBIF REBIDOSE TITRATION PACK 6X8.8 & 6X22 MCG SOLN A-INJ	5	PA S
REBIF TITRATION PACK 6X8.8 & 6X22 MCG SOLN PRSYR	5	PA S
TASCENSO ODT 0.25 MG TAB DISP	5	QL 30 / 30 days PA S
TASCENSO ODT 0.5 MG TAB DISP	5	QL 30 / 30 days PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>teriflunomide tab 14 mg</i>	5	PA S
<i>teriflunomide tab 7 mg</i>	5	PA S
VUMERITY 231 MG CAP DR	5	PA S
ZEPOSIA 0.92 MG CAP	5	PA S
ZEPOSIA 7-DAY STARTER PACK 4 X 0.23MG & 3 X 0.46MG CAP THPK	5	PA S
ZEPOSIA STARTER KIT 0.23MG & 0.46MG 0.92MG(21) CAP THPK	5	PA S
DENTAL AND ORAL AGENTS		
<i>cevimeline hcl cap 30 mg</i>	2	
<i>chlorhexidine gluconate soln 0.12%</i>	1	
<i>sodium fluoride paste 1.1%</i>	1	ACA Affordable Care Act Medications
<i>sodium fluoride cream 1.1%</i>	1	ACA Affordable Care Act Medications
DENTA 5000 PLUS SENSITIVE 1.1-5 % GEL	2	ACA Affordable Care Act Medications
<i>sodium fluoride gel 1.1% (0.5% f)</i>	1	ACA Affordable Care Act Medications
<i>stannous fluoride gel 0.4%</i>	2	ACA Affordable Care Act Medications
<i>sodium fluoride paste 1.1%</i>	1	ACA Affordable Care Act Medications
<i>stannous fluoride conc 0.63%</i>	2	ACA Affordable Care Act Medications
<i>sodium fluoride paste 1.1%</i>	1	ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FLUORIDEX SENSITIVITY RELIEF 1.1-5 % GEL	2	ACA Affordable Care Act Medications
<i>sodium fluoride paste 1.1%</i>	1	ACA Affordable Care Act Medications
FLUORIMAX 5000 SENSITIVE 1.1-5 % GEL	2	ACA Affordable Care Act Medications
<i>sodium fluoride gel 1.1% (0.5% f)</i>	1	ACA Affordable Care Act Medications
<i>stannous fluoride gel 0.4%</i>	2	ACA Affordable Care Act Medications
<i>sodium fluoride gel 1.1% (0.5% f)</i>	1	ACA Affordable Care Act Medications
<i>sodium fluoride paste 1.1%</i>	1	ACA Affordable Care Act Medications
<i>triamcinolone acetonide dental paste 0.1%</i>	2	
<i>triamcinolone acetonide dental paste 0.1%</i>	2	
PARODONTAX 0.454 % PASTE	4	ACA Affordable Care Act Medications
<i>chlorhexidine gluconate soln 0.12%</i>	1	
<i>stannous fluoride conc 0.63%</i>	2	ACA Affordable Care Act Medications
<i>pilocarpine hcl tab 5 mg</i>	2	
<i>pilocarpine hcl tab 7.5 mg</i>	2	
PREVIDENT 0.2 % SOLUTION	4	
PREVIDENT 5000 ENAMEL PROTECT 1.1-5 % GEL	2	ACA Affordable Care Act Medications
PREVIDENT 5000 SENSITIVE 1.1-5 % GEL	2	ACA Affordable Care Act Medications
SENSODYNE COMPLETE PROTECTION 0.454 % PASTE	4	ACA Affordable Care Act Medications
SENSODYNE RAPID RELIEF 0.454 % PASTE	4	ACA Affordable Care Act Medications
SENSODYNE REPAIR & PROTECT 0.454 % PASTE	4	ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sodium fluoride gel 1.1% (0.5% f)</i>	1	ACA Affordable Care Act Medications
<i>sodium fluoride cream 1.1%</i>	1	ACA Affordable Care Act Medications
SOD FLUORIDE-POTASSIUM NITRATE 1.1-5 % GEL	2	ACA Affordable Care Act Medications
<i>sodium fluoride rinse 0.2%</i>	1	ACA Affordable Care Act Medications
<i>sodium fluoride cream 1.1%</i>	1	ACA Affordable Care Act Medications
<i>sodium fluoride gel 1.1% (0.5% f)</i>	1	ACA Affordable Care Act Medications
SODIUM FLUORIDE 5000 ENAMEL 1.1-5 % GEL	2	ACA Affordable Care Act Medications
<i>sodium fluoride cream 1.1%</i>	1	ACA Affordable Care Act Medications
<i>sodium fluoride cream 1.1%</i>	1	ACA Affordable Care Act Medications
<i>sodium fluoride gel 1.1% (0.5% f)</i>	1	ACA Affordable Care Act Medications
<i>sodium fluoride paste 1.1%</i>	1	ACA Affordable Care Act Medications
SODIUM FLUORIDE 5000 SENSITIVE 1.1-5 % GEL	2	ACA Affordable Care Act Medications
<i>triamcinolone acetonide dental paste 0.1%</i>	2	
DERMATOLOGICAL AGENTS		
ACNE AND ROSACEA AGENTS		
<i>isotretinoin cap 10 mg</i>	2	
<i>isotretinoin cap 20 mg</i>	2	
<i>isotretinoin cap 30 mg</i>	2	
<i>isotretinoin cap 40 mg</i>	2	
<i>acitretin cap 10 mg</i>	2	
<i>acitretin cap 17.5 mg</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>acitretin cap 25 mg</i>	2	
<i>adapalene cream 0.1%</i>	2	
<i>isotretinoin cap 10 mg</i>	2	
<i>isotretinoin cap 20 mg</i>	2	
<i>isotretinoin cap 30 mg</i>	2	
<i>isotretinoin cap 40 mg</i>	2	
<i>tretinoin cream 0.025%</i>	2	
<i>azelaic acid gel 15%</i>	2	
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	2	
<i>brimonidine tartrate gel 0.33% (base equivalent)</i>	2	
<i>isotretinoin cap 10 mg</i>	2	
<i>isotretinoin cap 20 mg</i>	2	
<i>isotretinoin cap 30 mg</i>	2	
<i>isotretinoin cap 40 mg</i>	2	
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	2	
<i>isotretinoin cap 10 mg</i>	2	
<i>isotretinoin cap 20 mg</i>	2	
<i>isotretinoin cap 30 mg</i>	2	
<i>isotretinoin cap 40 mg</i>	2	
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	2	
RHOFADE 1 % CREAM	4	
<i>sulfacetamide sodium lotion 10% (acne)</i>	2	
<i>tazarotene cream 0.05%</i>	4	
<i>tazarotene gel 0.05%</i>	2	
<i>tazarotene cream 0.1%</i>	2	
<i>tazarotene gel 0.1%</i>	2	
<i>tretinoin gel 0.01%</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>tretinoin cream 0.025%</i>	2	
<i>tretinoin cream 0.05%</i>	2	
<i>tretinoin cream 0.1%</i>	2	
<i>isotretinoin cap 10 mg</i>	2	
<i>isotretinoin cap 20 mg</i>	2	
<i>isotretinoin cap 30 mg</i>	2	
<i>isotretinoin cap 40 mg</i>	2	
DERMATITIS AND PRURITUS AGENTS		
ADBRY 150 MG/ML SOLN PRSYR	5	PA S
<i>alclometasone dipropionate cream 0.05%</i>	2	
ALCLOMETASONE DIPROPIONATE 0.05 % OINTMENT	2	
<i>alclometasone dipropionate oint 0.05%</i>	2	
AMCINONIDE 0.1 % LOTION	4	
<i>lactic acid (ammonium lactate) cream 12%</i>	2	
<i>lactic acid (ammonium lactate) lotion 12%</i>	2	
<i>hydrocortisone acetate suppos 25 mg</i>	2	
<i>hydrocortisone acetate suppos 25 mg</i>	2	
<i>betamethasone dipropionate cream 0.05%</i>	2	
<i>betamethasone dipropionate lotion 0.05%</i>	2	
<i>betamethasone dipropionate oint 0.05%</i>	2	
<i>betamethasone dipropionate augmented cream 0.05%</i>	1	
BETAMETHASONE DIPROPIONATE AUG 0.05 % GEL	4	
<i>betamethasone dipropionate augmented lotion 0.05%</i>	2	
<i>betamethasone dipropionate augmented oint 0.05%</i>	2	
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	2	
BETAMETHASONE VALERATE 0.1 % LOTION	2	
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	2	
BYLVAY (PELLETS) 200 MCG CAP SPRINK	5	PA S
BYLVAY (PELLETS) 600 MCG CAP SPRINK	5	PA S
BYLVAY 1200 MCG CAP	5	PA S
BYLVAY 400 MCG CAP	5	PA S
<i>clobetasol propionate emollient base cream 0.05%</i>	2	
<i>clobetasol propionate cream 0.05%</i>	2	
<i>clobetasol propionate gel 0.05%</i>	2	
<i>clobetasol propionate oint 0.05%</i>	2	
<i>clobetasol propionate soln 0.05%</i>	2	
<i>clobetasol propionate emollient base cream 0.05%</i>	2	
<i>clocortolone pivalate cream 0.1%</i>	2	
<i>desonide cream 0.05%</i>	2	
<i>desonide oint 0.05%</i>	2	
<i>desoximetasone cream 0.25%</i>	2	
<i>desoximetasone oint 0.25%</i>	2	
<i>fluocinolone acetonide cream 0.01%</i>	2	
<i>fluocinolone acetonide soln 0.01%</i>	2	
<i>fluocinolone acetonide cream 0.025%</i>	2	
<i>fluocinolone acetonide oint 0.025%</i>	2	
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	2	
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	2	
<i>fluocinonide cream 0.05%</i>	2	
<i>fluocinonide gel 0.05%</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fluocinonide oint 0.05%</i>	2	
<i>fluocinonide soln 0.05%</i>	2	
<i>fluocinonide cream 0.1%</i>	2	
<i>fluticasone propionate oint 0.005%</i>	2	
<i>fluticasone propionate cream 0.05%</i>	1	
<i>halobetasol propionate cream 0.05%</i>	2	
<i>hydrocortisone acetate suppos 25 mg</i>	2	
HYDROCORTISONE (PERIANAL) 1 % CREAM	2	
<i>hydrocortisone perianal cream 2.5%</i>	2	
<i>hydrocortisone cream 2.5%</i>	1	
HYDROCORTISONE 2.5 % LOTION	1	
<i>hydrocortisone lotion 2.5%</i>	1	
<i>hydrocortisone oint 2.5%</i>	1	
<i>hydrocortisone acetate suppos 25 mg</i>	2	
<i>mometasone furoate cream 0.1%</i>	2	
<i>mometasone furoate oint 0.1%</i>	1	
<i>mometasone furoate solution 0.1% (lotion)</i>	2	
<i>hydrocortisone perianal cream 2.5%</i>	2	
PROCTOCORT 1 % CREAM	2	
<i>hydrocortisone perianal cream 2.5%</i>	2	
<i>hydrocortisone perianal cream 2.5%</i>	2	
<i>selenium sulfide lotion 2.5%</i>	1	
<i>tacrolimus oint 0.03%</i>	2	
<i>tacrolimus oint 0.1%</i>	2	
<i>triamcinolone acetonide cream 0.025%</i>	1	
<i>triamcinolone acetonide lotion 0.025%</i>	2	
<i>triamcinolone acetonide oint 0.025%</i>	1	
<i>triamcinolone acetonide cream 0.1%</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>triamcinolone acetonide lotion 0.1%</i>	2	
<i>triamcinolone acetonide oint 0.1%</i>	1	
<i>triamcinolone acetonide cream 0.5%</i>	1	
<i>triamcinolone acetonide oint 0.5%</i>	1	
<i>triamcinolone acetonide cream 0.5%</i>	1	
DERMATOLOGICAL AGENTS, OTHER		
ANALPRAM HC 2.5-1 % LOTION	4	
ANALPRAM-HC 2.5-1 % LOTION	4	
<i>calcipotriene cream 0.005%</i>	2	
CALCIPOTRIENE 0.005 % SOLUTION	2	
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	2	
CALCITRIOL 3 MCG/GM OINTMENT	4	
CIBINQO 100 MG TAB	5	QL 30 / 30 days PA S
CIBINQO 200 MG TAB	5	QL 30 / 30 days PA S
CIBINQO 50 MG TAB	5	QL 30 / 30 days PA S
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	1	
DRYSOL 20 % SOLUTION	4	
FLUOROURACIL 2 % SOLUTION	4	
<i>fluorouracil cream 5%</i>	2	
<i>fluorouracil soln 5%</i>	2	
HYFTOR 0.2 % GEL	5	PA S QLC 30 / 90 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>imiquimod cream 5%</i>	2	
METHOXSALEN RAPID 10 MG CAP	4	
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	2	
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	2	
OPZELURA 1.5 % CREAM	5	QL 60 / 30 days PA S
OTEZLA 20 MG TAB	5	PA S
OTEZLA 30 MG TAB	5	PA S
PODOFILOX 0.5 % SOLUTION	4	
PROCTOFOAM HC 1-1 % FOAM	4	
REGRANEX 0.01 % GEL	4	
SANTYL 250 UNIT/GM OINTMENT	4	
<i>silver sulfadiazine cream 1%</i>	1	
<i>silver sulfadiazine cream 1%</i>	1	
VALCHLOR 0.016 % GEL	5	PA S
VEREGEN 15 % OINTMENT	4	
ZORYVE 0.15 % CREAM	5	QL 60 / 30 day(s) PA S
ZORYVE 0.3 % CREAM	5	QL 60 / 30 day(s) PA S
ZORYVE 0.3 % FOAM	5	QL 60 / 30 day(s) PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PEDICULICIDES/SCABICIDES		
LINDANE 1 % SHAMPOO	4	
<i>malathion lotion 0.5%</i>	2	
NATROBA 0.9 % SUSPENSION	4	
<i>permethrin cream 5%</i>	2	
SOOLANTRA 1 % CREAM	2	
SPINOSAD 0.9 % SUSPENSION	4	
TOPICAL ANTI-INFECTIVES		
<i>acyclovir oint 5%</i>	2	
ALTABAX 1 % OINTMENT	4	
<i>ciclopirox solution 8%</i>	2	
<i>ciclopirox gel 0.77%</i>	2	
<i>ciclopirox shampoo 1%</i>	2	
<i>ciclopirox solution 8%</i>	2	
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	2	
<i>clindamycin phosphate swab 1%</i>	2	
<i>clindamycin phosphate swab 1%</i>	2	
<i>clindamycin phosphate gel 1% (once-daily)</i>	2	
<i>clindamycin phosphate gel 1% (twice-daily)</i>	2	
<i>clindamycin phosphate lotion 1%</i>	2	
<i>clindamycin phosphate soln 1%</i>	2	
<i>clindamycin phosphate swab 1%</i>	2	
ERY 2 % PAD	4	
<i>erythromycin gel 2%</i>	2	
<i>erythromycin soln 2%</i>	2	
<i>mupirocin oint 2%</i>	1	
<i>penciclovir cream 1%</i>	2	
SULFAMYLON 85 MG/GM CREAM	4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XEPI 1 % CREAM	4	
ELECTROLYTES/MINERALS/METALS/VITAMINS ELECTROLYTE/MINERAL REPLACEMENT		
<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i>	1	ACA Affordable Care Act Medications
<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i>	1	ACA Affordable Care Act Medications
<i>ferrous sulfate soln 220 mg/5ml (44 mg/5ml elemental fe)</i>	1	ACA Affordable Care Act Medications
<i>ferrous sulfate soln 300 mg/5ml (60 mg/5ml elemental fe)</i>	2	ACA Affordable Care Act Medications
<i>ferrous sulfate soln 220 mg/5ml (44 mg/5ml elemental fe)</i>	1	ACA Affordable Care Act Medications
<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i>	1	ACA Affordable Care Act Medications
FLORICAL 8.3-364 MG CAP	4	ACA Affordable Care Act Medications
FLORICAL 8.3-364 MG TAB	4	ACA Affordable Care Act Medications
FLORIVA 0.25-400 MG-UNIT/ML LIQUID	4	ACA Affordable Care Act Medications
GALZIN 25 MG CAP	4	
GALZIN 50 MG CAP	4	
<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i>	1	ACA Affordable Care Act Medications
<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i>	1	ACA Affordable Care Act Medications
<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i>	1	ACA Affordable Care Act Medications
<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i>	1	ACA Affordable Care Act Medications
<i>ferrous sulfate soln 220 mg/5ml (44 mg/5ml elemental fe)</i>	1	ACA Affordable Care Act Medications
<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i>	1	ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
IRON UP 15 MG/0.5ML LIQUID	3	ACA Affordable Care Act Medications
KLOR-CON 10 10 MEQ TAB ER	1	STC Trial and failure of 1 therapy: generic K-Tab
<i>potassium chloride tab er 10 meq</i>	1	
<i>potassium chloride powder packet 20 meq</i>	2	
KLOR-CON 8 MEQ TAB ER	1	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	1	
<i>potassium chloride microencapsulated crys er tab 15 meq</i>	2	
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	1	
MONOCAL 625-22.75 MG TAB	4	ACA Affordable Care Act Medications
NOVAFERRUM PEDIATRIC DROPS 15 MG/ML LIQUID	3	ACA Affordable Care Act Medications
<i>ferrous sulfate soln 220 mg/5ml (44 mg/5ml elemental fe)</i>	1	ACA Affordable Care Act Medications
<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i>	1	ACA Affordable Care Act Medications
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	2	
<i>potassium chloride powder packet 20 meq</i>	2	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	2	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	2	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	1	
<i>potassium chloride microencapsulated crys er tab 15 meq</i>	2	
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	1	
<i>potassium chloride cap er 10 meq</i>	1	
<i>potassium chloride tab er 10 meq</i>	1	
POTASSIUM CHLORIDE ER 15 MEQ TAB ER	2	
<i>potassium chloride tab er 20 meq (1500 mg)</i>	1	
<i>potassium chloride cap er 8 meq</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>potassium chloride tab er 8 meq (600 mg)</i>	1	
POTASSIUM CHLORIDE ER 8 MEQ TAB ER	4	
<i>potassium citrate tab er 10 meq (1080 mg)</i>	2	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	2	
<i>potassium citrate tab er 5 meq (540 mg)</i>	2	
PRENATAL 19 CHEW TAB	3	
PRENATAL 19 29-1 MG CHEW TAB	3	
PRENATAL 19 29-1 MG TAB	3	
PRENATAL PLUS 27-1 MG TAB	3	
PRENATAL-U 106.5-1 MG CAP	3	
SE-NATAL 19 29-1 MG CHEW TAB	3	
SE-NATAL 19 29-1 MG TAB	3	
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	1	ACA Affordable Care Act Medications
<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	1	ACA Affordable Care Act Medications
SODIUM FLUORIDE 1.1 (0.5 F) MG TAB	3	ACA Affordable Care Act Medications
SODIUM FLUORIDE 1.1 (0.5 F) MG/ML SOLUTION	1	ACA Affordable Care Act Medications
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>	1	ACA Affordable Care Act Medications
SODIUM FLUORIDE 2.2 (1 F) MG TAB	3	ACA Affordable Care Act Medications
TRINATE TAB	3	
VINATE II 29-1 MG TAB	3	
VINATE ONE 60-1 MG TAB	3	
<i>carbonyl iron susp 15 mg/1.25ml (elemental iron)</i>	2	ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ELECTROLYTE/MINERAL/METAL MODIFIERS		
CHEMET 100 MG CAP	3	
CUPRIMINE 250 MG CAP	5	PA ST S STC Trial and failure of 1 therapy: generic penicillamine
<i>deferiprone tab 1000 mg</i>	5	S
<i>deferiprone tab 500 mg</i>	5	S
EXJADE 125 MG TAB SOL	5	PA ST S STC Trial and failure of 1 therapy: generic deferasirox
EXJADE 250 MG TAB SOL	5	PA ST S STC Trial and failure of 1 therapy: generic deferasirox
EXJADE 500 MG TAB SOL	5	PA ST S STC Trial and failure of 1 therapy: generic deferasirox
FERRIPROX 100 MG/ML SOLUTION	5	PA S
JADENU 180 MG TAB	5	PA ST S STC Trial and failure of 1 therapy: generic deferasirox

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
JADENU 360 MG TAB	5	PA ST S STC Trial and failure of 1 therapy: generic deferasirox
JADENU 90 MG TAB	5	PA ST S STC Trial and failure of 1 therapy: generic deferasirox
JADENU SPRINKLE 180 MG PACKET	5	PA ST S STC Trial and failure of 1 therapy: generic deferasirox
JADENU SPRINKLE 360 MG PACKET	5	PA ST S STC Trial and failure of 1 therapy: generic deferasirox
JADENU SPRINKLE 90 MG PACKET	5	PA ST S STC Trial and failure of 1 therapy: generic deferasirox
JYNARQUE 15 MG TAB	5	QL 60 / 30 day(s) PA S
JYNARQUE 15 MG TAB THPK	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
JYNARQUE 30 & 15 MG TAB THPK	5	PA S
JYNARQUE 30 MG TAB	5	QL 60 / 30 day(s) PA S
JYNARQUE 45 & 15 MG TAB THPK	5	PA S
JYNARQUE 60 & 30 MG TAB THPK	5	PA S
JYNARQUE 90 & 30 MG TAB THPK	5	PA S
<i>penicillamine tab 250 mg</i>	5	S
SYPRINE 250 MG CAP	5	PA ST S STC Trial and failure of 1 therapy: generic Syprine
<i>tolvaptan tab 15 mg</i>	5	QL 60 / 30 days PA S
<i>tolvaptan tab therapy pack 15 mg</i>	5	PA S
<i>tolvaptan tab therapy pack 30 & 15 mg</i>	5	PA S
<i>tolvaptan tab 30 mg</i>	5	QL 60 / 30 days PA S
<i>tolvaptan tab therapy pack 45 & 15 mg</i>	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>tolvaptan tab therapy pack 60 & 30 mg</i>	5	PA S
<i>tolvaptan tab therapy pack 90 & 30 mg</i>	5	PA S
<i>trientine hcl cap 250 mg</i>	5	S
PHOSPHATE BINDERS		
AURYXIA 1 GM 210 MG(Fe) TAB	4	
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	2	
<i>calcium acetate (phosphate binder) tab 667 mg</i>	2	
<i>calcium acetate (phosphate binder) tab 667 mg</i>	2	
FERRIC CITRATE 1 GM 210 MG(Fe) TAB	4	
FOSRENOL 1000 MG PACKET	4	
FOSRENOL 750 MG PACKET	4	
<i>lanthanum carbonate chew tab 1000 mg (elemental)</i>	2	
<i>lanthanum carbonate chew tab 500 mg (elemental)</i>	2	
<i>lanthanum carbonate chew tab 750 mg (elemental)</i>	2	
<i>sevelamer carbonate packet 0.8 gm</i>	2	
<i>sevelamer carbonate packet 2.4 gm</i>	2	
<i>sevelamer carbonate tab 800 mg</i>	2	
<i>sevelamer hcl tab 400 mg</i>	2	
<i>sevelamer hcl tab 800 mg</i>	2	
VELPHORO 500 MG CHEW TAB	5	PA S
POTASSIUM BINDERS		
LOKELMA 10 GM PACKET	3	
LOKELMA 5 GM PACKET	3	
<i>*sodium polystyrene sulfonate powder**</i>	2	
<i>sodium polystyrene sulfonate susp 15 gm/60ml</i>	4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SPS (SODIUM POLYSTYRENE SULF) 30 GM/120ML SUSPENSION	4	
VELTASSA 1 GM PACKET	5	PA S
VELTASSA 16.8 GM PACKET	5	PA S
VELTASSA 25.2 GM PACKET	5	PA S
VELTASSA 8.4 GM PACKET	5	PA S
VITAMINS		
<i>folic acid tab 800 mcg</i>	1	ACA Affordable Care Act Medications
<i>cyanocobalamin inj 1000 mcg/ml</i>	1	
<i>cyanocobalamin inj 1000 mcg/ml</i>	1	
<i>folic acid cap 0.8 mg</i>	1	ACA Affordable Care Act Medications
<i>folic acid tab 400 mcg</i>	1	ACA Affordable Care Act Medications
<i>folic acid cap 0.8 mg</i>	1	ACA Affordable Care Act Medications
<i>folic acid tab 1 mg</i>	1	
<i>folic acid tab 400 mcg</i>	1	ACA Affordable Care Act Medications
<i>folic acid tab 800 mcg</i>	1	ACA Affordable Care Act Medications
<i>folic acid tab 400 mcg</i>	1	ACA Affordable Care Act Medications
<i>folic acid tab 800 mcg</i>	1	ACA Affordable Care Act Medications
<i>folic acid tab 400 mcg</i>	1	ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>folic acid tab 400 mcg</i>	1	ACA Affordable Care Act Medications
HYDROXOCOBALAMIN ACETATE 1000 MCG/ML SOLUTION	4	
<i>folic acid tab 1 mg</i>	1	
<i>folic acid tab 800 mcg</i>	1	ACA Affordable Care Act Medications
<i>folic acid tab 400 mcg</i>	1	ACA Affordable Care Act Medications
<i>folic acid tab 800 mcg</i>	1	ACA Affordable Care Act Medications
<i>folic acid tab 400 mcg</i>	1	ACA Affordable Care Act Medications
<i>folic acid tab 800 mcg</i>	1	ACA Affordable Care Act Medications
<i>folic acid tab 400 mcg</i>	1	ACA Affordable Care Act Medications
<i>folic acid tab 1 mg</i>	1	
<i>folic acid tab 400 mcg</i>	1	ACA Affordable Care Act Medications
<i>folic acid tab 400 mcg</i>	1	ACA Affordable Care Act Medications
GASTROINTESTINAL AGENTS ANTI-CONSTIPATION AGENTS		
<i>lactulose solution 10 gm/15ml</i>	2	
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	2	ACA Affordable Care Act Medications
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	1	
<i>lactulose solution 10 gm/15ml</i>	2	
<i>lactulose solution 10 gm/15ml</i>	2	
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	1	
LINZESS 145 MCG CAP	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LINZESS 290 MCG CAP	3	
LINZESS 72 MCG CAP	3	
<i>lubiprostone cap 24 mcg</i>	2	
<i>lubiprostone cap 8 mcg</i>	2	
MOVANTIK 12.5 MG TAB	3	
MOVANTIK 25 MG TAB	3	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	2	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	2	ACA Affordable Care Act Medications
PEG-PREP 5-210 MG-GM KIT	4	QLC 2 / 365 days
RELISTOR 12 MG/0.6ML SOLUTION	5	PA S
RELISTOR 150 MG TAB	5	PA S
RELISTOR 8 MG/0.4ML SOLUTION	5	PA S
SUTAB 1479-225-188 MG TAB	4	
SYMPROIC 0.2 MG TAB	3	
TRULANCE 3 MG TAB	3	
ANTI-DIARRHEAL AGENTS		
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	2	
DIPHENOXYLATE-ATROPINE 2.5-0.025 MG/5ML LIQUID	4	
VIBERZI 100 MG TAB	4	
VIBERZI 75 MG TAB	4	
XERMELO 250 MG TAB	5	PA S
ANTISPASMODICS, GASTROINTESTINAL		
<i>dicyclomine hcl cap 10 mg</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	2	
<i>dicyclomine hcl tab 20 mg</i>	1	
<i>glycopyrrolate tab 1 mg</i>	1	
<i>glycopyrrolate oral soln 1 mg/5ml</i>	2	
<i>glycopyrrolate tab 2 mg</i>	2	
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	2	
<i>hyoscyamine sulfate tab 0.125 mg</i>	2	
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	2	
<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i>	2	
<i>hyoscyamine sulfate soln 0.125 mg/ml</i>	2	
<i>hyoscyamine sulfate tab er 12hr 0.375 mg</i>	2	
<i>methscopolamine bromide tab 2.5 mg</i>	2	
<i>methscopolamine bromide tab 5 mg</i>	2	
GASTROINTESTINAL AGENTS, OTHER		
<i>cromolyn sodium oral conc 100 mg/5ml</i>	2	
GAVILYTE-C 240 GM RECON SOLN	4	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	ACA Affordable Care Act Medications
HUMATROPE 12 MG CARTRIDGE	5	PA S
HUMATROPE 24 MG CARTRIDGE	5	PA S
HUMATROPE 6 MG CARTRIDGE	5	PA S
LIVMARLI 10 MG TAB	5	PA S
LIVMARLI 15 MG TAB	5	PA S
LIVMARLI 19 MG/ML SOLUTION	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LIVMARLI 20 MG TAB	5	PA S
LIVMARLI 30 MG TAB	5	PA S
LIVMARLI 9.5 MG/ML SOLUTION	5	PA S
OCALIVA 10 MG TAB	5	PA S
OCALIVA 5 MG TAB	5	PA S
OMNITROPE 10 MG/1.5ML SOLN CART	5	PA S
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	ACA Affordable Care Act Medications
<i>ursodiol tab 250 mg</i>	2	
<i>ursodiol cap 300 mg</i>	2	
<i>ursodiol tab 500 mg</i>	2	
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS		
<i>cimetidine tab 200 mg</i>	2	
<i>cimetidine tab 300 mg</i>	2	
<i>cimetidine tab 400 mg</i>	2	
<i>cimetidine tab 800 mg</i>	2	
<i>cimetidine hcl soln 300 mg/5ml</i>	2	
<i>famotidine tab 20 mg</i>	1	
<i>famotidine tab 40 mg</i>	1	
<i>famotidine for susp 40 mg/5ml</i>	2	
<i>nizatidine cap 150 mg</i>	4	
NIZATIDINE 300 MG CAP	4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PROTECTANTS		
<i>misoprostol tab 100 mcg</i>	1	
<i>misoprostol tab 200 mcg</i>	1	
<i>sucralfate tab 1 gm</i>	2	
PROTON PUMP INHIBITORS		
<i>dexlansoprazole cap delayed release 30 mg</i>	4	ST STC Trial and failure of 3 therapies: omeprazole, lansoprazole and pantoprazole
<i>dexlansoprazole cap delayed release 60 mg</i>	4	ST STC Trial and failure of 3 therapies: omeprazole, lansoprazole and pantoprazole
<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	2	
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	2	
<i>esomeprazole magnesium for delayed release susp packet 20 mg</i>	2	
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	2	
<i>esomeprazole magnesium for delayed release susp packet 40 mg</i>	2	
<i>lansoprazole cap delayed release 15 mg</i>	2	
<i>lansoprazole cap delayed release 30 mg</i>	1	
<i>omeprazole cap delayed release 10 mg</i>	1	
<i>omeprazole cap delayed release 20 mg</i>	1	
<i>omeprazole cap delayed release 40 mg</i>	1	
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	1	
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	1	
<i>rabeprazole sodium ec tab 20 mg</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
<i>*betaine powder for oral solution***</i>	5	PA S
CARBAGLU 200 MG TAB SOL	5	PA S
<i>carglumic acid soluble tab 200 mg</i>	5	PA S
CERDELGA 84 MG CAP	5	PA S
CHOLBAM 250 MG CAP	5	PA S
CHOLBAM 50 MG CAP	5	PA S
CREON 12000-38000 UNIT CP DR PART	3	
CREON 24000-76000 UNIT CP DR PART	3	
CREON 3000-9500 UNIT CP DR PART	3	
CREON 36000-114000 UNIT CP DR PART	3	
CREON 6000-19000 UNIT CP DR PART	3	
CYSTADANE POWDER	5	PA S
CYSTADROPS 0.37 % SOLUTION	5	PA S
CYSTAGON 150 MG CAP	5	PA S
CYSTAGON 50 MG CAP	5	PA S
CYSTARAN 0.44 % SOLUTION	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DAYBUE 200 MG/ML SOLUTION	5	PA S
<i>dichlorphenamide tab 50 mg</i>	5	PA S
DROXIA 200 MG CAP	5	PA S
DROXIA 300 MG CAP	5	PA S
DROXIA 400 MG CAP	5	PA S
ENDARI 5 GM PACKET	5	PA S
EVRYSDI 0.75 MG/ML RECON SOLN	5	PA S
EVRYSDI 5 MG TAB	5	PA S
GALAFOLD 123 MG CAP	5	PA S
<i>sapropterin dihydrochloride powder packet 100 mg</i>	5	PA S
<i>sapropterin dihydrochloride tab 100 mg</i>	5	PA S
<i>sapropterin dihydrochloride powder packet 500 mg</i>	5	PA S
JOENJA 70 MG TAB	5	PA S
KEVEYIS 50 MG TAB	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KUVAN 100 MG PACKET	5	PA S
KUVAN 100 MG TAB	5	PA S
KUVAN 500 MG PACKET	5	PA S
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	2	
<i>levocarnitine tab 330 mg</i>	2	
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	2	
MYALEPT 11.3 MG RECON SOLN	5	PA S
<i>nitisinone cap 10 mg</i>	5	PA S
<i>nitisinone cap 2 mg</i>	5	PA S
<i>nitisinone cap 20 mg</i>	5	PA S
<i>nitisinone cap 5 mg</i>	5	PA S
NITYR 10 MG TAB	5	PA S
NITYR 2 MG TAB	5	PA S
NITYR 5 MG TAB	5	PA S
ORFADIN 10 MG CAP	5	PA S
ORFADIN 2 MG CAP	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ORFADIN 20 MG CAP	5	PA S
ORFADIN 4 MG/ML SUSPENSION	5	PA S
ORFADIN 5 MG CAP	5	PA S
<i>dichlorphenamide tab 50 mg</i>	5	PA S
PALYNZIQ 10 MG/0.5ML SOLN PRSYR	5	PA S
PALYNZIQ 2.5 MG/0.5ML SOLN PRSYR	5	PA S
PALYNZIQ 20 MG/ML SOLN PRSYR	5	PA S
PHEBURANE 483 MG/GM PELLET	5	PA S
PROCYSBI 25 MG CAP DR	5	PA S
PROCYSBI 75 MG CAP DR	5	PA S
PYRUKYND 20 MG TAB	5	PA S
PYRUKYND 5 MG TAB	5	PA S
PYRUKYND 50 MG TAB	5	PA S
RAVICTI 1.1 GM/ML LIQUID	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sapropterin dihydrochloride powder packet 100 mg</i>	5	PA S
<i>sapropterin dihydrochloride tab 100 mg</i>	5	PA S
<i>sapropterin dihydrochloride powder packet 500 mg</i>	5	PA S
SKYCLARYS 50 MG CAP	5	PA S
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	5	PA S
<i>sodium phenylbutyrate tab 500 mg</i>	5	PA S
SOHONOS 1 MG CAP	5	PA S
SOHONOS 1.5 MG CAP	5	PA S
SOHONOS 10 MG CAP	5	PA S
SOHONOS 2.5 MG CAP	5	PA S
SOHONOS 5 MG CAP	5	PA S
STRENSIQ 18 MG/0.45ML SOLUTION	5	PA S
STRENSIQ 28 MG/0.7ML SOLUTION	5	PA S
STRENSIQ 40 MG/ML SOLUTION	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
STRENSIQ 80 MG/0.8ML SOLUTION	5	PA S
SUCRAID 8500 UNIT/ML SOLUTION	5	PA S
VOXZOGO 0.4 MG RECON SOLN	5	PA S
VOXZOGO 0.56 MG RECON SOLN	5	PA S
VOXZOGO 1.2 MG RECON SOLN	5	PA S
VYNDAMAX 61 MG CAP	5	PA S
VYNDAQEL 20 MG CAP	5	PA S
XURIDEN 2 GM PACKET	5	PA S
ZENPEP 10000-32000 UNIT CP DR PART	3	
ZENPEP 15000-47000 UNIT CP DR PART	3	
ZENPEP 20000-63000 UNIT CP DR PART	3	
ZENPEP 25000-79000 UNIT CP DR PART	3	
ZENPEP 3000-10000 UNIT CP DR PART	3	
ZENPEP 40000-126000 UNIT CP DR PART	3	
ZENPEP 5000-24000 UNIT CP DR PART	3	
ZENPEP 60000-189600 UNIT CP DR PART	3	
ZOKINVY 50 MG CAP	5	PA S
ZOKINVY 75 MG CAP	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GENITOURINARY AGENTS		
ANTISPASMODICS, URINARY		
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	2	
<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	2	
<i>flavoxate hcl tab 100 mg</i>	2	
MYRBETRIQ 25 MG TAB ER 24H	3	
MYRBETRIQ 50 MG TAB ER 24H	3	
MYRBETRIQ 8 MG/ML SRER	3	
<i>oxybutynin chloride tab 5 mg</i>	1	
<i>oxybutynin chloride solution 5 mg/5ml</i>	1	
<i>oxybutynin chloride tab er 24hr 10 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 15 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 5 mg</i>	1	
<i>solifenacin succinate tab 10 mg</i>	1	
<i>solifenacin succinate tab 5 mg</i>	1	
<i>tolterodine tartrate tab 1 mg</i>	2	
<i>tolterodine tartrate tab 2 mg</i>	2	
<i>tolterodine tartrate cap er 24hr 2 mg</i>	2	
<i>tolterodine tartrate cap er 24hr 4 mg</i>	2	
<i>trospium chloride tab 20 mg</i>	2	
<i>trospium chloride cap er 24hr 60 mg</i>	2	
BENIGN PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin hcl tab er 24hr 10 mg</i>	1	
CARDURA XL 4 MG TAB ER 24H	4	
<i>dutasteride cap 0.5 mg</i>	1	
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	2	
<i>finasteride tab 5 mg</i>	1	
<i>silodosin cap 4 mg</i>	2	
<i>silodosin cap 8 mg</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>tamsulosin hcl cap 0.4 mg</i>	1	
GENITOURINARY AGENTS, OTHER		
ADDYI 100 MG TAB	4	
<i>bethanechol chloride tab 10 mg</i>	2	
<i>bethanechol chloride tab 25 mg</i>	2	
<i>bethanechol chloride tab 5 mg</i>	2	
<i>bethanechol chloride tab 50 mg</i>	2	
ELMIRON 100 MG CAP	4	
ENCARE 100 MG SUPPOS	3	PV Preventive ACA Affordable Care Act Medications
FILSPARI 200 MG TAB	5	QL 30 / 30 days PA S
FILSPARI 400 MG TAB	5	QL 30 / 30 days PA S
INTRAROSA 6.5 MG INSERT	4	
K-PHOS NO 2 305-700 MG TAB	3	
LITHOSTAT 250 MG TAB	4	
OPTIONS GYNOL II CONTRACEPTIVE 3 % GEL	3	PV Preventive ACA Affordable Care Act Medications
PHEXXI 1.8-1-0.4 % GEL	4	PV Preventive ACA Affordable Care Act Medications
<i>pot phos monobasic w/sod phos di & monobas tab 155-852-130mg</i>	2	
<i>pot phos monobasic w/sod phos di & monobas tab 155-852-130mg</i>	2	
<i>potassium phosphate monobasic tab 500 mg</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>pot phos monobasic w/sod phos di & monobas tab 155-852-130mg</i>	2	
<i>sodium citrate & citric acid soln 500-334 mg/5ml</i>	2	
<i>sodium citrate & citric acid soln 500-334 mg/5ml</i>	2	
<i>sodium citrate & citric acid soln 500-334 mg/5ml</i>	2	
TODAY SPONGE 1000 MG MISC	4	PV Preventive ACA Affordable Care Act Medications
VCF VAGINAL CONTRACEPTIVE 12.5 % FOAM	4	PV Preventive ACA Affordable Care Act Medications
VCF VAGINAL CONTRACEPTIVE 28 % FILM	4	PV Preventive ACA Affordable Care Act Medications
VCF VAGINAL CONTRACEPTIVE 4 % GEL	4	PV Preventive ACA Affordable Care Act Medications
<i>pot phos monobasic w/sod phos di & monobas tab 155-852-130mg</i>	2	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
<i>dexamethasone tab 0.5 mg</i>	2	
<i>dexamethasone elixir 0.5 mg/5ml</i>	2	
DEXAMETHASONE 0.5 MG/5ML SOLUTION	4	
<i>dexamethasone tab 0.75 mg</i>	2	
<i>dexamethasone tab 1 mg</i>	2	
<i>dexamethasone tab 1.5 mg</i>	1	
<i>dexamethasone tab 2 mg</i>	2	
<i>dexamethasone tab 4 mg</i>	1	
<i>dexamethasone tab 6 mg</i>	1	
DEXAMETHASONE INTENSOL 1 MG/ML CONC	4	
<i>fludrocortisone acetate tab 0.1 mg</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>methylprednisolone tab 16 mg</i>	1	
<i>methylprednisolone tab 32 mg</i>	1	
<i>methylprednisolone tab 4 mg</i>	1	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	1	
<i>methylprednisolone tab 8 mg</i>	2	
<i>prednisolone soln 15 mg/5ml</i>	2	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	1	
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	2	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	2	
<i>prednisone tab 1 mg</i>	1	
<i>prednisone tab therapy pack 10 mg (21)</i>	1	
<i>prednisone tab therapy pack 10 mg (48)</i>	2	
<i>prednisone tab 10 mg</i>	1	
<i>prednisone tab 2.5 mg</i>	1	
<i>prednisone tab 20 mg</i>	1	
<i>prednisone tab therapy pack 5 mg (21)</i>	1	
<i>prednisone tab therapy pack 5 mg (48)</i>	1	
<i>prednisone tab 5 mg</i>	1	
PREDNISONE 5 MG/5ML SOLUTION	3	
<i>prednisone tab 50 mg</i>	1	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	2	
<i>desmopressin acetate tab 0.1 mg</i>	2	
<i>desmopressin acetate tab 0.2 mg</i>	2	
DESMOPRESSIN ACETATE 1.5 MG/ML SOLUTION	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>desmopressin acetate inj 4 mcg/ml</i>	2	
<i>desmopressin acetate preservative free (pf) inj 4 mcg/ml</i>	2	
<i>desmopressin acetate nasal spray soln 0.01%</i>	2	
DESMOPRESSIN ACETATE SPRAY 0.01 % SOLUTION	2	
GENOTROPIN 12 MG CARTRIDGE	5	PA S
GENOTROPIN 5 MG CARTRIDGE	5	PA S
GENOTROPIN MINIQUEICK 0.2 MG PRSYR	5	PA S
GENOTROPIN MINIQUEICK 0.4 MG PRSYR	5	PA S
GENOTROPIN MINIQUEICK 0.6 MG PRSYR	5	PA S
GENOTROPIN MINIQUEICK 0.8 MG PRSYR	5	PA S
GENOTROPIN MINIQUEICK 1 MG PRSYR	5	PA S
GENOTROPIN MINIQUEICK 1.2 MG PRSYR	5	PA S
GENOTROPIN MINIQUEICK 1.4 MG PRSYR	5	PA S
GENOTROPIN MINIQUEICK 1.6 MG PRSYR	5	PA S
GENOTROPIN MINIQUEICK 1.8 MG PRSYR	5	PA S
GENOTROPIN MINIQUEICK 2 MG PRSYR	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
INCRELEX 40 MG/4ML SOLUTION	5	PA S
ISTURISA 1 MG TAB	5	PA S
ISTURISA 5 MG TAB	5	PA S
MYFEMBREE 40-1-0.5 MG TAB	5	PA S
NGENLA 24 MG/1.2ML SOLN PEN	5	PA S
NGENLA 60 MG/1.2ML SOLN PEN	5	PA S
NORDITROPIN FLEXPPO 10 MG/1.5ML SOLN PEN	5	PA S
NORDITROPIN FLEXPPO 15 MG/1.5ML SOLN PEN	5	PA S
NORDITROPIN FLEXPPO 30 MG/3ML SOLN PEN	5	PA S
NORDITROPIN FLEXPPO 5 MG/1.5ML SOLN PEN	5	PA S
NUTROPIN AQ NUSPIN 10 10 MG/2ML SOLN PEN	5	PA S
NUTROPIN AQ NUSPIN 20 20 MG/2ML SOLN PEN	5	PA S
NUTROPIN AQ NUSPIN 5 5 MG/2ML SOLN PEN	5	PA S
OMNITROPE 5 MG/1.5ML SOLN CART	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OMNITROPE 5.8 MG RECON SOLN	5	PA S
SAIZEN 5 MG RECON SOLN	5	PA S
SAIZEN 8.8 MG RECON SOLN	5	PA S
SEROSTIM 4 MG RECON SOLN	5	PA S
SEROSTIM 5 MG RECON SOLN	5	PA S
SEROSTIM 6 MG RECON SOLN	5	PA S
SKYTROFA 11 MG CARTRIDGE	5	PA S
SKYTROFA 13.3 MG CARTRIDGE	5	PA S
SKYTROFA 3 MG CARTRIDGE	5	PA S
SKYTROFA 3.6 MG CARTRIDGE	5	PA S
SKYTROFA 4.3 MG CARTRIDGE	5	PA S
SKYTROFA 5.2 MG CARTRIDGE	5	PA S
SKYTROFA 6.3 MG CARTRIDGE	5	PA S
SKYTROFA 7.6 MG CARTRIDGE	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SKYTROFA 9.1 MG CARTRIDGE	5	PA S
SOGROYA 10 MG/1.5ML SOLN PEN	5	PA S
SOGROYA 15 MG/1.5ML SOLN PEN	5	PA S
SOGROYA 5 MG/1.5ML SOLN PEN	5	PA S
ZOMACTON 10 MG RECON SOLN	5	PA S
ZOMACTON 5 MG RECON SOLN	5	PA S
ZORBTIVE 8.8 MG RECON SOLN	5	PA S
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS)		
CERVIDIL 10 MG INSERT	4	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
ANDROGENS		
<i>danazol cap 100 mg</i>	2	
<i>danazol cap 200 mg</i>	2	
<i>danazol cap 50 mg</i>	2	
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	1	QL 10 / 28 day(s) ST STC Trial and failure of 1 therapy: generic Depo-testosterone
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	2	QL 10 / 28 day(s) ST STC Trial and failure of 1 therapy: generic Depo-testosterone

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
METHITEST 10 MG TAB	4	
<i>testosterone td gel 20.25 mg/act (1.62%)</i>	2	QL 150 / 30 days
<i>testosterone td gel 12.5 mg/act (1%)</i>	2	QL 300 / 30 day(s)
<i>testosterone td gel 20.25 mg/act (1.62%)</i>	2	QL 150 / 30 days
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	2	QL 150 / 30 days
<i>testosterone td soln 30 mg/act</i>	2	QL 150 / 30 days
<i>testosterone td gel 50 mg/5gm (1%)</i>	2	QL 150 / 30 days
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	1	QL 10 / 28 day(s)
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	2	QL 10 / 28 day(s)
TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION	4	QL 10 / 30 days
VOGELXO 50 MG/5GM (1%) GEL	2	QL 150 / 30 days
VOGELXO PUMP 12.5 MG/ACT (1%) GEL	2	QL 300 / 30 day(s)
ESTROGENS		
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	2	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	2	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	2	
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	2	PV Preventive ACA Affordable Care Act Medications
ANGELIQ 0.25-0.5 MG TAB	4	
ANGELIQ 0.5-1 MG TAB	4	
ANNOVERA 0.013-0.15 MG/24HR RING	4	ST QLC 1 / 364 days STC Trial and failure of either Nuvaring or Eluryng PV Preventive ACA Affordable Care Act Medications
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	2	PV Preventive ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
CLIMARA PRO 0.045-0.015 MG/DAY PATCH WK	4	
COMBIPATCH 0.05-0.14 MG/DAY PATCH TW	4	
COMBIPATCH 0.05-0.25 MG/DAY PATCH TW	4	
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
DEPO-ESTRADIOL 5 MG/ML OIL	4	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	1	PV Preventive ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DIVIGEL 0.25 MG/0.25GM GEL	4	
DIVIGEL 0.5 MG/0.5GM GEL	4	
DIVIGEL 0.75 MG/0.75GM GEL	4	
DIVIGEL 1 MG/GM GEL	4	
DIVIGEL 1.25 MG/1.25GM GEL	4	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	2	
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	2	
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	2	
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	2	
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	2	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
ELESTRIN 0.52 MG/0.87 GM (0.06%) GEL	4	
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	2	PV Preventive ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	2	
<i>estradiol td patch weekly 0.025 mg/24hr</i>	2	
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	2	
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	2	
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	2	
<i>estradiol td patch weekly 0.05 mg/24hr</i>	2	
<i>estradiol td patch weekly 0.06 mg/24hr</i>	2	
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	2	
<i>estradiol td patch weekly 0.075 mg/24hr</i>	2	
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	2	
<i>estradiol td patch weekly 0.1 mg/24hr</i>	2	
<i>estradiol vaginal cream 0.1 mg/gm</i>	2	
<i>estradiol td gel 0.25 mg/0.25gm (0.1%)</i>	2	
<i>estradiol tab 0.5 mg</i>	1	
<i>estradiol td gel 0.5 mg/0.5gm (0.1%)</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>estradiol td gel 0.75 mg/0.75gm (0.1%)</i>	2	
<i>estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)</i>	4	
<i>estradiol tab 1 mg</i>	1	
<i>estradiol td gel 1 mg/gm (0.1%)</i>	2	
<i>estradiol td gel 1.25 mg/1.25gm (0.1%)</i>	2	
<i>estradiol vaginal tab 10 mcg</i>	2	
<i>estradiol tab 2 mg</i>	1	
<i>estradiol valerate im in oil 10 mg/ml</i>	2	
<i>estradiol valerate im in oil 20 mg/ml</i>	2	
<i>estradiol valerate im in oil 40 mg/ml</i>	2	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	2	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	2	
ESTRING 7.5 MCG/24HR RING	4	
ESTROGEL 0.75 MG/1.25 GM (0.06%) GEL	4	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	2	PV Preventive ACA Affordable Care Act Medications
EVAMIST 1.53 MG/SPRAY SOLUTION	4	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	2	ACA Affordable Care Act Medications
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	2	ACA Affordable Care Act Medications
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	2	PV Preventive ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	2	ACA Affordable Care Act Medications
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	2	PV Preventive ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
LO LOESTRIN FE 1 MG-10 MCG / 10 MCG TAB	4	PV Preventive ACA Affordable Care Act Medications
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	2	
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	2	
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	2	
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	2	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
MENEST 0.3 MG TAB	4	
MENEST 0.625 MG TAB	4	
MENEST 1.25 MG TAB	4	
MENEST 2.5 MG TAB	4	
MENOSTAR 14 MCG/24HR PATCH WK	4	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	2	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
NATAZIA 3/2-2/2-3/1 MG TAB	4	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	2	PV Preventive ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	2	ACA Affordable Care Act Medications
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	2	ACA Affordable Care Act Medications
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
NUVARING 0.12-0.015 MG/24HR RING	2	ST STC Trial and failure of 1 therapy: generic NuvaRing PV Preventive ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
PREMARIN 0.3 MG TAB	4	
PREMARIN 0.45 MG TAB	4	
PREMARIN 0.625 MG TAB	4	
PREMARIN 0.625 MG/GM CREAM	4	
PREMARIN 0.9 MG TAB	4	
PREMARIN 1.25 MG TAB	4	
PREMPHASE 0.625-5 MG TAB	4	
PREMPRO 0.3-1.5 MG TAB	4	
PREMPRO 0.45-1.5 MG TAB	4	
PREMPRO 0.625-2.5 MG TAB	4	
PREMPRO 0.625-5 MG TAB	4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	2	PV Preventive ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	1	PV Preventive ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
TYBLUME 0.1-20 MG-MCG CHEW TAB	4	PV Preventive ACA Affordable Care Act Medications
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	2	PV Preventive ACA Affordable Care Act Medications
VELIVET 0.1/0.125/0.15 -0.025 MG TAB	4	PV Preventive ACA Affordable Care Act Medications
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>estradiol vaginal tab 10 mcg</i>	2	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS), OTHER		
PREFEST 1/1-0.09 MG (15/15) TAB	4	
PROGESTINS		
<i>levonorgestrel tab 1.5 mg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>levonorgestrel tab 1.5 mg</i>	2	PV Preventive ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>norethindrone tab 0.35 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>levonorgestrel tab 1.5 mg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone tab 0.35 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
DEPO-SUBQ PROVERA 104 104 MG/0.65ML SUSP PRSYR	4	PV Preventive ACA Affordable Care Act Medications
<i>levonorgestrel tab 1.5 mg</i>	2	PV Preventive ACA Affordable Care Act Medications
ELLA 30 MG TAB	3	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone tab 0.35 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone tab 0.35 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone acetate tab 5 mg</i>	2	
<i>norethindrone tab 0.35 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>levonorgestrel tab 1.5 mg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone tab 0.35 mg</i>	1	PV Preventive ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>norethindrone tab 0.35 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>levonorgestrel tab 1.5 mg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone tab 0.35 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone tab 0.35 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>medroxyprogesterone acetate tab 10 mg</i>	1	
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>medroxyprogesterone acetate tab 2.5 mg</i>	1	
<i>medroxyprogesterone acetate tab 5 mg</i>	1	
<i>megestrol acetate tab 20 mg</i>	1	
<i>megestrol acetate tab 40 mg</i>	1	
<i>megestrol acetate susp 40 mg/ml</i>	2	
<i>megestrol acetate susp 40 mg/ml</i>	2	
<i>megestrol acetate susp 40 mg/ml</i>	2	
<i>norethindrone tab 0.35 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>levonorgestrel tab 1.5 mg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>levonorgestrel tab 1.5 mg</i>	2	PV Preventive ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>levonorgestrel tab 1.5 mg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone tab 0.35 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone tab 0.35 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone acetate tab 5 mg</i>	2	
<i>norethindrone tab 0.35 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>levonorgestrel tab 1.5 mg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>levonorgestrel tab 1.5 mg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone tab 0.35 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>progesterone cap 100 mg</i>	2	
<i>progesterone cap 200 mg</i>	2	
<i>progesterone im in oil 50 mg/ml</i>	2	
<i>levonorgestrel tab 1.5 mg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone tab 0.35 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>levonorgestrel tab 1.5 mg</i>	2	PV Preventive ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS		
DUAVEE 0.45-20 MG TAB	4	
OSPHENA 60 MG TAB	4	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
ADTHYZA 120 MG TAB	4	
ADTHYZA 130 MG TAB	4	
ADTHYZA 15 MG TAB	4	
ADTHYZA 16.25 MG TAB	4	
ADTHYZA 30 MG TAB	4	
ADTHYZA 32.5 MG TAB	4	
ADTHYZA 60 MG TAB	4	
ADTHYZA 65 MG TAB	4	
ADTHYZA 90 MG TAB	4	
ADTHYZA 97.5 MG TAB	4	
ARMOUR THYROID 120 MG TAB	4	
ARMOUR THYROID 15 MG TAB	4	
ARMOUR THYROID 180 MG TAB	4	
ARMOUR THYROID 240 MG TAB	4	
ARMOUR THYROID 30 MG TAB	4	
ARMOUR THYROID 300 MG TAB	4	
ARMOUR THYROID 60 MG TAB	4	
ARMOUR THYROID 90 MG TAB	4	
ERMEZA 150 MCG/5ML SOLUTION	4	
<i>levothyroxine sodium tab 100 mcg</i>	1	
<i>levothyroxine sodium tab 112 mcg</i>	1	
<i>levothyroxine sodium tab 125 mcg</i>	1	
<i>levothyroxine sodium tab 137 mcg</i>	1	
<i>levothyroxine sodium tab 150 mcg</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>levothyroxine sodium tab 175 mcg</i>	1	
<i>levothyroxine sodium tab 200 mcg</i>	1	
<i>levothyroxine sodium tab 25 mcg</i>	1	
<i>levothyroxine sodium tab 50 mcg</i>	1	
<i>levothyroxine sodium tab 75 mcg</i>	1	
<i>levothyroxine sodium tab 88 mcg</i>	1	
<i>levothyroxine sodium tab 100 mcg</i>	1	
<i>levothyroxine sodium tab 112 mcg</i>	1	
<i>levothyroxine sodium tab 125 mcg</i>	1	
<i>levothyroxine sodium tab 137 mcg</i>	1	
<i>levothyroxine sodium tab 150 mcg</i>	1	
<i>levothyroxine sodium tab 175 mcg</i>	1	
<i>levothyroxine sodium tab 200 mcg</i>	1	
<i>levothyroxine sodium tab 25 mcg</i>	1	
<i>levothyroxine sodium tab 300 mcg</i>	1	
<i>levothyroxine sodium tab 50 mcg</i>	1	
<i>levothyroxine sodium tab 75 mcg</i>	1	
<i>levothyroxine sodium tab 88 mcg</i>	1	
LEVOTHYROXINE SODIUM 100 MCG CAP	4	
<i>levothyroxine sodium tab 100 mcg</i>	1	
LEVOTHYROXINE SODIUM 112 MCG CAP	4	
<i>levothyroxine sodium tab 112 mcg</i>	1	
LEVOTHYROXINE SODIUM 125 MCG CAP	4	
<i>levothyroxine sodium tab 125 mcg</i>	1	
LEVOTHYROXINE SODIUM 13 MCG CAP	4	
LEVOTHYROXINE SODIUM 137 MCG CAP	4	
<i>levothyroxine sodium tab 137 mcg</i>	1	
LEVOTHYROXINE SODIUM 150 MCG CAP	4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>levothyroxine sodium tab 150 mcg</i>	1	
LEVOTHYROXINE SODIUM 175 MCG CAP	4	
<i>levothyroxine sodium tab 175 mcg</i>	1	
LEVOTHYROXINE SODIUM 200 MCG CAP	4	
<i>levothyroxine sodium tab 200 mcg</i>	1	
LEVOTHYROXINE SODIUM 25 MCG CAP	4	
<i>levothyroxine sodium tab 25 mcg</i>	1	
<i>levothyroxine sodium tab 300 mcg</i>	1	
LEVOTHYROXINE SODIUM 50 MCG CAP	4	
<i>levothyroxine sodium tab 50 mcg</i>	1	
LEVOTHYROXINE SODIUM 75 MCG CAP	4	
<i>levothyroxine sodium tab 75 mcg</i>	1	
LEVOTHYROXINE SODIUM 88 MCG CAP	4	
<i>levothyroxine sodium tab 88 mcg</i>	1	
<i>levothyroxine sodium tab 100 mcg</i>	1	
<i>levothyroxine sodium tab 112 mcg</i>	1	
<i>levothyroxine sodium tab 125 mcg</i>	1	
<i>levothyroxine sodium tab 137 mcg</i>	1	
<i>levothyroxine sodium tab 150 mcg</i>	1	
<i>levothyroxine sodium tab 175 mcg</i>	1	
<i>levothyroxine sodium tab 200 mcg</i>	1	
<i>levothyroxine sodium tab 25 mcg</i>	1	
<i>levothyroxine sodium tab 50 mcg</i>	1	
<i>levothyroxine sodium tab 75 mcg</i>	1	
<i>levothyroxine sodium tab 88 mcg</i>	1	
<i>liothyronine sodium tab 25 mcg</i>	2	
<i>liothyronine sodium tab 5 mcg</i>	2	
<i>liothyronine sodium tab 50 mcg</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>liothyronine sodium tab 25 mcg</i>	2	
<i>liothyronine sodium tab 5 mcg</i>	2	
<i>liothyronine sodium tab 50 mcg</i>	2	
NIVA THYROID 120 MG TAB	4	
NIVA THYROID 15 MG TAB	4	
NIVA THYROID 30 MG TAB	4	
NIVA THYROID 60 MG TAB	4	
NIVA THYROID 90 MG TAB	4	
NP THYROID 120 MG TAB	4	
NP THYROID 15 MG TAB	4	
NP THYROID 30 MG TAB	4	
NP THYROID 60 MG TAB	4	
NP THYROID 90 MG TAB	4	
RENTHYROID 120 MG TAB	4	
RENTHYROID 15 MG TAB	4	
RENTHYROID 30 MG TAB	4	
RENTHYROID 60 MG TAB	4	
RENTHYROID 90 MG TAB	4	
REZDIFFRA 100 MG TAB	5	QL 30 / 30 day(s) PA S
REZDIFFRA 60 MG TAB	5	QL 30 / 30 day(s) PA S
REZDIFFRA 80 MG TAB	5	QL 30 / 30 day(s) PA S
SYNTHROID 100 MCG TAB	3	
SYNTHROID 112 MCG TAB	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
THYQUIDITY 100 MCG/5ML SOLUTION	4	
THYROID 120 MG TAB	4	
THYROID 15 MG TAB	4	
THYROID 30 MG TAB	4	
THYROID 60 MG TAB	4	
THYROID 90 MG TAB	4	
TIROSINT 100 MCG CAP	4	
TIROSINT 112 MCG CAP	4	
TIROSINT 125 MCG CAP	4	
TIROSINT 13 MCG CAP	4	
TIROSINT 137 MCG CAP	4	
TIROSINT 150 MCG CAP	4	
TIROSINT 175 MCG CAP	4	
TIROSINT 200 MCG CAP	4	
TIROSINT 25 MCG CAP	4	
TIROSINT 37.5 MCG CAP	4	
TIROSINT 44 MCG CAP	4	
TIROSINT 50 MCG CAP	4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TIROSINT 62.5 MCG CAP	4	
TIROSINT 75 MCG CAP	4	
TIROSINT 88 MCG CAP	4	
TIROSINT-SOL 100 MCG/ML SOLUTION	4	
TIROSINT-SOL 112 MCG/ML SOLUTION	4	
TIROSINT-SOL 125 MCG/ML SOLUTION	4	
TIROSINT-SOL 13 MCG/ML SOLUTION	4	
TIROSINT-SOL 137 MCG/ML SOLUTION	4	
TIROSINT-SOL 150 MCG/ML SOLUTION	4	
TIROSINT-SOL 175 MCG/ML SOLUTION	4	
TIROSINT-SOL 200 MCG/ML SOLUTION	4	
TIROSINT-SOL 25 MCG/ML SOLUTION	4	
TIROSINT-SOL 37.5 MCG/ML SOLUTION	4	
TIROSINT-SOL 44 MCG/ML SOLUTION	4	
TIROSINT-SOL 50 MCG/ML SOLUTION	4	
TIROSINT-SOL 62.5 MCG/ML SOLUTION	4	
TIROSINT-SOL 75 MCG/ML SOLUTION	4	
TIROSINT-SOL 88 MCG/ML SOLUTION	4	
<i>levothyroxine sodium tab 100 mcg</i>	3	
<i>levothyroxine sodium tab 112 mcg</i>	3	
<i>levothyroxine sodium tab 125 mcg</i>	3	
<i>levothyroxine sodium tab 137 mcg</i>	3	
<i>levothyroxine sodium tab 150 mcg</i>	3	
<i>levothyroxine sodium tab 175 mcg</i>	3	
<i>levothyroxine sodium tab 200 mcg</i>	3	
<i>levothyroxine sodium tab 25 mcg</i>	3	
<i>levothyroxine sodium tab 300 mcg</i>	3	
<i>levothyroxine sodium tab 50 mcg</i>	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>levothyroxine sodium tab 75 mcg</i>	3	
<i>levothyroxine sodium tab 88 mcg</i>	3	
YORVIPATH 168 MCG/0.56ML SOLN PEN	5	PA S
YORVIPATH 294 MCG/0.98ML SOLN PEN	5	PA S
YORVIPATH 420 MCG/1.4ML SOLN PEN	5	PA S
HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
<i>cabergoline tab 0.5 mg</i>	2	
ELIGARD 22.5 MG KIT	5	PA S
ELIGARD 30 MG KIT	5	PA S
ELIGARD 45 MG KIT	5	PA S
ELIGARD 7.5 MG KIT	5	PA S
KORLYM 300 MG TAB	5	PA S
LANREOTIDE ACETATE 120 MG/0.5ML SOLUTION	5	PA S
<i>lanreotide acetate extended release inj 120 mg/0.5ml</i>	5	PA S
LEUPROLIDE ACETATE (3 MONTH) 22.5 MG INJECTABLE	5	PA S
<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>leuprolide acetate inj kit 5 mg/ml</i>	5	PA S
LUPRON DEPOT (1-MONTH) 3.75 MG KIT	5	PA S
LUPRON DEPOT (1-MONTH) 7.5 MG KIT	5	PA S
LUPRON DEPOT (3-MONTH) 11.25 MG KIT	5	PA S
LUPRON DEPOT (3-MONTH) 22.5 MG KIT	5	PA S
LUPRON DEPOT (4-MONTH) 30 MG KIT	5	PA S
LUPRON DEPOT (6-MONTH) 45 MG KIT	5	PA S
LUPRON DEPOT-PED (1-MONTH) 11.25 MG KIT	5	PA S
LUPRON DEPOT-PED (1-MONTH) 15 MG KIT	5	PA S
LUPRON DEPOT-PED (1-MONTH) 7.5 MG KIT	5	PA S
LUPRON DEPOT-PED (3-MONTH) 11.25 MG (PED) KIT	5	PA S
LUPRON DEPOT-PED (3-MONTH) 30 MG KIT	5	PA S
LUPRON DEPOT-PED (6-MONTH) 45 MG KIT	5	PA S
LUTRATE DEPOT 22.5 MG INJECTABLE	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>mifepristone tab 300 mg</i>	5	PA S
MYCAPSSA 20 MG CAP DR	5	PA S
<i>octreotide acetate for im inj kit 10 mg</i>	5	PA S
OCTREOTIDE ACETATE 100 MCG/ML SOLN PRSYR	5	PA S
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	5	PA S
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	5	PA S
<i>octreotide acetate for im inj kit 20 mg</i>	5	PA S
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	5	PA S
<i>octreotide acetate for im inj kit 30 mg</i>	5	PA S
OCTREOTIDE ACETATE 50 MCG/ML SOLN PRSYR	5	PA S
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	5	PA S
OCTREOTIDE ACETATE 500 MCG/ML SOLN PRSYR	5	PA S
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	5	PA S
ORGOVYX 120 MG TAB	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ORIAHNN 300-1-0.5 & 300 MG CAP THPK	5	PA S
ORILISSA 150 MG TAB	5	PA S
ORILISSA 200 MG TAB	5	PA S
SANDOSTATIN 100 MCG/ML SOLUTION	5	PA S
SANDOSTATIN 50 MCG/ML SOLUTION	5	PA S
SANDOSTATIN 500 MCG/ML SOLUTION	5	PA S
SANDOSTATIN LAR DEPOT 10 MG KIT	5	PA S
SANDOSTATIN LAR DEPOT 20 MG KIT	5	PA S
SANDOSTATIN LAR DEPOT 30 MG KIT	5	PA S
SIGNIFOR 0.3 MG/ML SOLUTION	5	PA S
SIGNIFOR 0.6 MG/ML SOLUTION	5	PA S
SIGNIFOR 0.9 MG/ML SOLUTION	5	PA S
SOMATULINE DEPOT 120 MG/0.5ML SOLUTION	5	PA S
SOMATULINE DEPOT 60 MG/0.2ML SOLUTION	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SOMATULINE DEPOT 90 MG/0.3ML SOLUTION	5	PA S
SOMAVERT 10 MG RECON SOLN	5	PA S
SOMAVERT 15 MG RECON SOLN	5	PA S
SOMAVERT 20 MG RECON SOLN	5	PA S
SOMAVERT 25 MG RECON SOLN	5	PA S
SOMAVERT 30 MG RECON SOLN	5	PA S
SYNAREL 2 MG/ML SOLUTION	5	PA S
ZOLADEX 10.8 MG IMPLANT	5	PA S
ZOLADEX 3.6 MG IMPLANT	5	PA S
HORMONAL AGENTS, SUPPRESSANT (THYROID) ANTITHYROID AGENTS		
<i>methimazole tab 10 mg</i>	1	
<i>methimazole tab 5 mg</i>	1	
<i>propylthiouracil tab 50 mg</i>	2	
IMMUNOLOGICAL AGENTS ANGIOEDEMA AGENTS		
HAEGARDA 2000 UNIT RECON SOLN	5	PA S
HAEGARDA 3000 UNIT RECON SOLN	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	5	QL 9 / 30 days PA S
ORLADEYO 110 MG CAP	5	PA S
ORLADEYO 150 MG CAP	5	PA S
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	5	QL 9 / 30 days PA S
TAKHZYRO 150 MG/ML SOLN PRSYR	5	PA S
TAKHZYRO 300 MG/2ML SOLN PRSYR	5	PA S
TAKHZYRO 300 MG/2ML SOLUTION	5	PA S
IMMUNOLOGICAL AGENTS, OTHER		
ACTEMRA 162 MG/0.9ML SOLN PRSYR	5	PA S
ACTEMRA 200 MG/10ML SOLUTION	5	PA S
ACTEMRA 400 MG/20ML SOLUTION	5	PA S
ACTEMRA 80 MG/4ML SOLUTION	5	PA S
ACTEMRA ACTPEN 162 MG/0.9ML SOLN A-INJ	5	PA S
ARCALYST 220 MG RECON SOLN	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AURANOFIN 3 MG CAP	4	
BENLYSTA 120 MG RECON SOLN	5	PA S
BENLYSTA 200 MG/ML SOLN A-INJ	5	PA S
BENLYSTA 200 MG/ML SOLN PRSYR	5	PA S
BENLYSTA 400 MG RECON SOLN	5	PA S
BIMZELX 160 MG/ML SOLN A-INJ	5	PA S
BIMZELX 160 MG/ML SOLN PRSYR	5	PA S
BIMZELX 320 MG/2ML SOLN A-INJ	5	PA S
BIMZELX 320 MG/2ML SOLN PRSYR	5	PA S
COSENTYX (300 MG DOSE) 150 MG/ML SOLN PRSYR	5	PA S
COSENTYX 150 MG/ML SOLN PRSYR	5	PA S
COSENTYX 75 MG/0.5ML SOLN PRSYR	5	PA S
COSENTYX SENSOREADY (300 MG) 150 MG/ML SOLN A-INJ	5	PA S
COSENTYX SENSOREADY PEN 150 MG/ML SOLN A-INJ	5	PA S
COSENTYX UNOREADY 300 MG/2ML SOLN A-INJ	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DUPIXENT 100 MG/0.67ML SOLN PRSYR	5	PA S
DUPIXENT 200 MG/1.14ML SOLN A-INJ	5	PA S
DUPIXENT 200 MG/1.14ML SOLN PRSYR	5	PA S
DUPIXENT 300 MG/2ML SOLN A-INJ	5	PA S
DUPIXENT 300 MG/2ML SOLN PRSYR	5	PA S
ENSPRYNG 120 MG/ML SOLN PRSYR	5	PA S
ENTYVIO 300 MG RECON SOLN	5	PA S
ENTYVIO PEN 108 MG/0.68ML SOLN A-INJ	5	PA S
GRASTEK 2800 BAU SL TAB	4	
ILUMYA 100 MG/ML SOLN PRSYR	5	PA S
KEVZARA 150 MG/1.14ML SOLN A-INJ	5	PA S
KEVZARA 150 MG/1.14ML SOLN PRSYR	5	PA S
KEVZARA 200 MG/1.14ML SOLN A-INJ	5	PA S
KEVZARA 200 MG/1.14ML SOLN PRSYR	5	PA S
KINERET 100 MG/0.67ML SOLN PRSYR	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NEMLUVIO 30 MG A-INJ	5	PA S
ODACTRA 12 SQ-HDM SL TAB	4	
OLUMIANT 1 MG TAB	5	PA S
OLUMIANT 2 MG TAB	5	PA S
OLUMIANT 4 MG TAB	5	PA S
ORENCIA 125 MG/ML SOLN PRSYR	5	PA S
ORENCIA 50 MG/0.4ML SOLN PRSYR	5	PA S
ORENCIA 87.5 MG/0.7ML SOLN PRSYR	5	PA S
ORENCIA CLICKJECT 125 MG/ML SOLN A-INJ	5	PA S
OTEZLA 10 & 20 & 30 MG TAB THPK	5	PA S
OTEZLA 4 X 10 & 51 X20 MG TAB THPK	5	PA S
OTULFI 45 MG/0.5ML SOLN PRSYR	5	PA S QLC 0.5 / 84 days
OTULFI 90 MG/ML SOLN PRSYR	5	PA S QLC 1 / 56 days
PALFORZIA (1 MG DAILY DOSE) 1 X 1 MG CSPK	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PALFORZIA (12 MG DAILY DOSE) 2 X 1 MG & 10 MG CSPK	5	PA S
PALFORZIA (120 MG DAILY DOSE) 20 MG & 100 MG CSPK	5	PA S
PALFORZIA (160 MG DAILY DOSE) 3 X 20 MG & 100 MG CSPK	5	PA S
PALFORZIA (20 MG DAILY DOSE) 20 MG CSPK	5	PA S
PALFORZIA (200 MG DAILY DOSE) 2 X 100 MG CSPK	5	PA S
PALFORZIA (240 MG DAILY DOSE) 2 X 20 MG & 2 X 100 MG CSPK	5	PA S
PALFORZIA (3 MG DAILY DOSE) 3 X 1 MG CSPK	5	PA S
PALFORZIA (300 MG MAINTENANCE) 300 MG PACKET	5	PA S
PALFORZIA (300 MG TITRATION) 300 MG PACKET	5	PA S
PALFORZIA (40 MG DAILY DOSE) 2 X 20 MG CSPK	5	PA S
PALFORZIA (6 MG DAILY DOSE) 6 X 1 MG CSPK	5	PA S
PALFORZIA (80 MG DAILY DOSE) 4 X 20 MG CSPK	5	PA S
PALFORZIA INITIAL DOSE 1-3YRS 0.5 & 1 & 1.5 & 3 MG CSPK	5	PA S
PALFORZIA INITIAL DOSE 4-17YRS 0.5 & 1 & 1.5 & 3 & 6 MG CSPK	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PALFORZIA INITIAL ESCALATION 0.5 & 1 & 1.5 & 3 & 6 MG CSPK	5	PA S
RAGWITEK 12 AMB A 1-U SL TAB	4	
REZUROCK 200 MG TAB	5	PA S
RIDAURA 3 MG CAP	4	
RINVOQ 15 MG TAB ER 24H	5	PA S
RINVOQ 30 MG TAB ER 24H	5	PA S
RINVOQ 45 MG TAB ER 24H	5	PA S
SAPHNELO 300 MG/2ML SOLUTION	5	PA S
SELARSDI 45 MG/0.5ML SOLN PRSYR	5	QL 0.5 / 84 day(s) PA S
SELARSDI 90 MG/ML SOLN PRSYR	5	QL 1 / 56 day(s) PA S
SKYRIZI 150 MG/ML SOLN PRSYR	5	PA S
SKYRIZI 180 MG/1.2ML SOLN CART	5	PA S
SKYRIZI 360 MG/2.4ML SOLN CART	5	PA S
SKYRIZI 600 MG/10ML SOLUTION	5	PA S
SKYRIZI PEN 150 MG/ML SOLN A-INJ	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SOTYKTU 6 MG TAB	5	QL 30 / 30 days PA S
TALTZ 80 MG/ML SOLN A-INJ	5	PA S
TALTZ 80 MG/ML SOLN PRSYR	5	PA S
TAVNEOS 10 MG CAP	5	QL 60 / 30 days PA S
TREMFYA 100 MG/ML SOLN PRSYR	5	PA S
TREMFYA 200 MG/2ML SOLN PRSYR	5	PA S
TREMFYA CROHNS INDUCTION 200 MG/2ML SOLN A-INJ	5	PA S
TREMFYA ONE-PRESS 100 MG/ML SOLN A-INJ	5	PA S
TREMFYA PEN 100 MG/ML SOLN A-INJ	5	PA S
TREMFYA PEN 200 MG/2ML SOLN A-INJ	5	PA S
TYENNE 162 MG/0.9ML SOLN A-INJ	5	PA S
TYENNE 162 MG/0.9ML SOLN PRSYR	5	PA S
USTEKINUMAB 45 MG/0.5ML SOLUTION	5	PA S
VELSIPITY 2 MG TAB	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XELJANZ 1 MG/ML SOLUTION	5	PA S
XELJANZ 10 MG TAB	5	PA S
XELJANZ 5 MG TAB	5	PA S
XELJANZ XR 11 MG TAB ER 24H	5	PA S
XELJANZ XR 22 MG TAB ER 24H	5	PA S
XOLAIR 150 MG RECON SOLN	5	PA S
XOLAIR 150 MG/ML SOLN A-INJ	5	PA S
XOLAIR 150 MG/ML SOLN PRSYR	5	PA S
XOLAIR 300 MG/2ML SOLN A-INJ	5	PA S
XOLAIR 300 MG/2ML SOLN PRSYR	5	PA S
XOLAIR 75 MG/0.5ML SOLN A-INJ	5	PA S
XOLAIR 75 MG/0.5ML SOLN PRSYR	5	PA S
IMMUNOSTIMULANTS		
ACTIMMUNE 100 MCG/0.5ML SOLUTION	5	PA S
BESREMI 500 MCG/ML SOLN PRSYR	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PEGASYS 180 MCG/0.5ML SOLN PRSYR	5	PA S
PEGASYS 180 MCG/ML SOLUTION	5	PA S
IMMUNOSUPPRESSANTS		
ADALIMUMAB-AACF (2 PEN) 40 MG/0.8ML AUT-IJ KIT	5	PA S
ADALIMUMAB-AACF (2 SYRINGE) 40 MG/0.8ML PREF SY KT	5	PA S
ADALIMUMAB-AACF(CD/UC/HS STRT) 40 MG/0.8ML AUT-IJ KIT	5	PA S
ADALIMUMAB-AACF(PS/UV STARTER) 40 MG/0.8ML AUT-IJ KIT	5	PA S
ASTAGRAF XL 0.5 MG CAP ER 24H	4	
ASTAGRAF XL 1 MG CAP ER 24H	4	
ASTAGRAF XL 5 MG CAP ER 24H	4	
<i>azathioprine tab 50 mg</i>	2	
CIMZIA (2 SYRINGE) 200 MG/ML PREF SY KT	5	PA S
CIMZIA 2 X 200 MG KIT	5	PA S
CIMZIA-STARTER 200 MG/ML PREF SY KT	5	PA S
<i>cyclosporine cap 100 mg</i>	2	
<i>cyclosporine cap 25 mg</i>	2	
<i>cyclosporine modified cap 100 mg</i>	2	
<i>cyclosporine modified oral soln 100 mg/ml</i>	2	
<i>cyclosporine modified cap 25 mg</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>cyclosporine modified cap 50 mg</i>	2	
ENBREL 25 MG/0.5ML SOLN PRSYR	5	PA S
ENBREL 25 MG/0.5ML SOLUTION	5	PA S
ENBREL 50 MG/ML SOLN PRSYR	5	PA S
ENBREL MINI 50 MG/ML SOLN CART	5	PA S
ENBREL SURECLICK 50 MG/ML SOLN A-INJ	5	PA S
ENVARUSUS XR 0.75 MG TAB ER 24H	4	ST STC Trial and failure of 1 therapy: generic Envarsus
ENVARUSUS XR 1 MG TAB ER 24H	4	ST STC Trial and failure of 1 therapy: generic Envarsus
ENVARUSUS XR 4 MG TAB ER 24H	4	ST STC Trial and failure of 1 therapy: generic Envarsus
<i>everolimus tab 0.25 mg</i>	2	PA
<i>everolimus tab 0.5 mg</i>	2	PA
<i>everolimus tab 0.75 mg</i>	2	PA
<i>everolimus tab 1 mg</i>	2	PA
<i>cyclosporine modified cap 100 mg</i>	2	
<i>cyclosporine modified oral soln 100 mg/ml</i>	2	
<i>cyclosporine modified cap 25 mg</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HADLIMA 40 MG/0.4ML SOLN PRSYR	5	PA S
HADLIMA 40 MG/0.8ML SOLN PRSYR	5	PA S
HADLIMA PUSHTOUCH 40 MG/0.4ML SOLN A-INJ	5	PA S
HADLIMA PUSHTOUCH 40 MG/0.8ML SOLN A-INJ	5	PA S
INFLIXIMAB 100 MG RECON SOLN	5	PA S
<i>leflunomide tab 10 mg</i>	2	
<i>leflunomide tab 20 mg</i>	2	
LUPKYNIS 7.9 MG CAP	5	PA S
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	2	
METHOTREXATE SODIUM (PF) 1 GM/40ML SOLUTION	2	
METHOTREXATE SODIUM (PF) 1000 MG/40ML SOLUTION	2	
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	1	
<i>methotrexate sodium for inj 1 gm</i>	2	
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	1	
METHOTREXATE SODIUM 250 MG/10ML SOLUTION	4	
METHOTREXATE SODIUM 50 MG/2ML SOLUTION	1	
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	2	
<i>mycophenolate mofetil cap 250 mg</i>	2	
<i>mycophenolate mofetil tab 500 mg</i>	2	
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	2	
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	2	
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	2	
NEORAL 100 MG CAP	4	
NEORAL 100 MG/ML SOLUTION	4	
NEORAL 25 MG CAP	4	
ORENCIA 250 MG RECON SOLN	5	PA S
OTREXUP 10 MG/0.4ML SOLN A-INJ	3	
OTREXUP 12.5 MG/0.4ML SOLN A-INJ	3	
OTREXUP 15 MG/0.4ML SOLN A-INJ	3	
OTREXUP 17.5 MG/0.4ML SOLN A-INJ	3	
OTREXUP 20 MG/0.4ML SOLN A-INJ	3	ST STC Trial and failure of 1 therapy: methotrexate tablets or methotrexate IM injection
OTREXUP 22.5 MG/0.4ML SOLN A-INJ	3	
OTREXUP 25 MG/0.4ML SOLN A-INJ	3	
PROGRAF 0.5 MG CAP	4	
PROGRAF 1 MG CAP	4	
PROGRAF 5 MG CAP	4	
RAPAMUNE 0.5 MG TAB	4	
RAPAMUNE 1 MG TAB	4	
RAPAMUNE 1 MG/ML SOLUTION	4	
RAPAMUNE 2 MG TAB	4	
REDITREX 12.5 MG/0.5ML SOLN PRSYR	3	
REDITREX 15 MG/0.6ML SOLN PRSYR	3	
REDITREX 17.5 MG/0.7ML SOLN PRSYR	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
REDITREX 20 MG/0.8ML SOLN PRSYR	3	
REDITREX 22.5 MG/0.9ML SOLN PRSYR	3	
REDITREX 25 MG/ML SOLN PRSYR	3	
REDITREX 7.5 MG/0.3ML SOLN PRSYR	3	
REMICADE 100 MG RECON SOLN	5	PA S
RENFLEXIS 100 MG RECON SOLN	5	PA S
SANDIMMUNE 100 MG CAP	4	
SANDIMMUNE 100 MG/ML SOLUTION	4	
SANDIMMUNE 25 MG CAP	4	
SIMLANDI (1 PEN) 40 MG/0.4ML AUT-IJ KIT	5	PA S
SIMLANDI (1 PEN) 80 MG/0.8ML AUT-IJ KIT	5	PA S
SIMLANDI (1 SYRINGE) 80 MG/0.8ML PREF SY KT	5	PA S
SIMLANDI (2 PEN) 40 MG/0.4ML AUT-IJ KIT	5	PA S
SIMLANDI (2 SYRINGE) 20 MG/0.2ML PREF SY KT	5	PA S
SIMLANDI (2 SYRINGE) 40 MG/0.4ML PREF SY KT	5	PA S
SIMPONI 100 MG/ML SOLN A-INJ	5	PA S
SIMPONI 100 MG/ML SOLN PRSYR	5	PA S
SIMPONI 50 MG/0.5ML SOLN A-INJ	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SIMPONI 50 MG/0.5ML SOLN PRSYR	5	PA S
<i>sirolimus tab 0.5 mg</i>	2	
<i>sirolimus tab 1 mg</i>	2	
<i>sirolimus oral soln 1 mg/ml</i>	2	
<i>sirolimus tab 2 mg</i>	2	
<i>tacrolimus cap 0.5 mg</i>	2	
<i>tacrolimus cap 1 mg</i>	2	
<i>tacrolimus cap 5 mg</i>	2	
ZORTRESS 0.25 MG TAB	5	PA ST S STC Trial and failure of 1 therapy: generic Zortress
ZORTRESS 0.5 MG TAB	5	PA ST S STC Trial and failure of 1 therapy: generic Zortress
ZORTRESS 0.75 MG TAB	5	PA ST S STC Trial and failure of 1 therapy: generic Zortress
ZORTRESS 1 MG TAB	5	PA ST S STC Trial and failure of 1 therapy: generic Zortress

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VACCINES		
ABRYSVO 120 MCG/0.5ML RECON SOLN	3	ACA Affordable Care Act Medications
ACTHIB RECON SOLN	3	ACA Affordable Care Act Medications
ADACEL 5-2-15.5 LF-MCG/0.5 SUSPENSION	3	ACA Affordable Care Act Medications
AFLURIA SUSPENSION	3	ACA Affordable Care Act Medications
AFLURIA PRESERVATIVE FREE 0.5 ML SUSP PRSYR	3	ACA Affordable Care Act Medications
AFLURIA QUADRIVALENT SUSPENSION	3	ACA Affordable Care Act Medications
AFLURIA QUADRIVALENT 0.5 ML SUSP PRSYR	3	ACA Affordable Care Act Medications
AREXVY 120 MCG/0.5ML RECON SUSP	3	AL1 At least 60 yrs old ACA Affordable Care Act Medications
BEXSERO SUSP PRSYR	3	ACA Affordable Care Act Medications
BOOSTRIX 5-2.5-18.5 LF-MCG/0.5 SUSP PRSYR	3	ACA Affordable Care Act Medications
BOOSTRIX 5-2.5-18.5 LF-MCG/0.5 SUSPENSION	3	ACA Affordable Care Act Medications
CAPVAXIVE 0.5 ML SOLN PRSYR	3	ACA Affordable Care Act Medications
COMIRNATY 30 MCG/0.3ML SUSP PRSYR	3	
COMIRNATY 30 MCG/0.3ML SUSPENSION	3	
COMIRNATY 5-11 YEARS 10 MCG/0.3ML SUSPENSION	3	
DAPTACEL 23-15-5 SUSPENSION	3	ACA Affordable Care Act Medications
ENGRIX-B 10 MCG/0.5ML SUSP PRSYR	3	ACA Affordable Care Act Medications
ENGRIX-B 20 MCG/ML SUSP PRSYR	3	ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ENGERIX-B 20 MCG/ML SUSPENSION	3	ACA Affordable Care Act Medications
FLUAD 0.5 ML SUSP PRSYR	3	ACA Affordable Care Act Medications
FLUAD QUADRIVALENT 0.5 ML PRSYR	3	ACA Affordable Care Act Medications
FLUARIX 0.5 ML SUSP PRSYR	3	ACA Affordable Care Act Medications
FLUARIX QUADRIVALENT 0.5 ML SUSP PRSYR	3	ACA Affordable Care Act Medications
FLUBLOK 0.5 ML SOLN PRSYR	3	ACA Affordable Care Act Medications
FLUBLOK QUADRIVALENT 0.5 ML SOLN PRSYR	3	ACA Affordable Care Act Medications
FLUCELVAX SUSPENSION	3	ACA Affordable Care Act Medications
FLUCELVAX 0.5 ML SUSP PRSYR	3	ACA Affordable Care Act Medications
FLUCELVAX QUADRIVALENT SUSPENSION	3	ACA Affordable Care Act Medications
FLUCELVAX QUADRIVALENT 0.5 ML SUSP PRSYR	3	ACA Affordable Care Act Medications
FLULAVAL 0.5 ML SUSP PRSYR	3	ACA Affordable Care Act Medications
FLULAVAL QUADRIVALENT 0.5 ML SUSP PRSYR	3	ACA Affordable Care Act Medications
FLUMIST LIQUID	3	ACA Affordable Care Act Medications
FLUMIST QUADRIVALENT SUSPENSION	3	ACA Affordable Care Act Medications
FLUZONE SUSPENSION	3	ACA Affordable Care Act Medications
FLUZONE 0.5 ML SUSP PRSYR	3	ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FLUZONE HIGH-DOSE 0.5 ML SUSP PRSYR	3	ACA Affordable Care Act Medications
FLUZONE HIGH-DOSE QUADRIVALENT 0.7 ML SUSP PRSYR	3	ACA Affordable Care Act Medications
FLUZONE QUADRIVALENT SUSPENSION	3	ACA Affordable Care Act Medications
FLUZONE QUADRIVALENT 0.5 ML SUSP PRSYR	3	ACA Affordable Care Act Medications
GARDASIL 9 SUSP PRSYR	3	ACA Affordable Care Act Medications
GARDASIL 9 SUSPENSION	3	ACA Affordable Care Act Medications
HAVRIX 1440 EL U/ML SUSPENSION	3	ACA Affordable Care Act Medications
HAVRIX 720 EL U/0.5ML SUSP PRSYR	3	ACA Affordable Care Act Medications
HAVRIX 720 EL U/0.5ML SUSPENSION	3	ACA Affordable Care Act Medications
HEPLISAV-B 20 MCG/0.5ML SOLN PRSYR	3	ACA Affordable Care Act Medications
HIBERIX 10 MCG RECON SOLN	3	ACA Affordable Care Act Medications
IMOVAX RABIES 2.5 UNIT/ML RECON SUSP	3	
INFANRIX 25-58-10 SUSPENSION	3	ACA Affordable Care Act Medications
IPOL INJECTABLE	3	ACA Affordable Care Act Medications
KINRIX 0.5 ML SUSP PRSYR	3	ACA Affordable Care Act Medications
M-M-R II RECON SOLN	3	ACA Affordable Care Act Medications
MENACTRA SOLUTION	3	ACA Affordable Care Act Medications
MENQUADFI SOLUTION	3	ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MENVEO RECON SOLN	3	ACA Affordable Care Act Medications
MENVEO SOLUTION	3	ACA Affordable Care Act Medications
MODERNA COVID-19 BIVAL 6M-5Y 10 MCG/0.2ML SUSPENSION	3	ACA Affordable Care Act Medications
MODERNA COVID-19 BIVALENT 50 MCG/0.5ML SUSPENSION	3	ACA Affordable Care Act Medications
MODERNA COVID-19 VAC 6M-11Y 25 MCG/0.25ML SUSP PRSYR	3	
MODERNA COVID-19 VAC 6M-11Y 25 MCG/0.25ML SUSPENSION	3	
NOVAVAX COVID-19 VACCINE 5 MCG/0.5ML SUSPENSION	3	ACA Affordable Care Act Medications
PEDIARIX SUSP PRSYR	4	ACA Affordable Care Act Medications
PEDVAX HIB 7.5 MCG/0.5ML SUSPENSION	4	ACA Affordable Care Act Medications
PENTACEL RECON SUSP	4	ACA Affordable Care Act Medications
PFIZER COVID-19 BIVAL 6MO-4YR 3 MCG/0.2ML SUSPENSION	3	ACA Affordable Care Act Medications
PFIZER COVID-19 VAC BIVAL 5-11 10 MCG/0.2ML SUSPENSION	3	ACA Affordable Care Act Medications
PFIZER COVID-19 VAC BIVALENT 30 MCG/0.3ML SUSPENSION	3	ACA Affordable Care Act Medications
PFIZER COVID-19 VAC-TRIS 5-11Y 10 MCG/0.3ML SUSPENSION	3	
PFIZER COVID-19 VAC-TRIS 6M-4Y 3 MCG/0.3ML SUSPENSION	3	
PNEUMOVAX 23 25 MCG/0.5ML SOLN PRSYR	4	ACA Affordable Care Act Medications
PNEUMOVAX 23 25 MCG/0.5ML SOLUTION	4	ACA Affordable Care Act Medications
PREHEVBRIO 10 MCG/ML SUSPENSION	3	ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PREVNAR 13 SUSPENSION	4	ACA Affordable Care Act Medications
PREVNAR 20 0.5 ML SUSP PRSYR	3	ACA Affordable Care Act Medications
PRIORIX RECON SUSP	3	ACA Affordable Care Act Medications
PROQUAD RECON SUSP	4	ACA Affordable Care Act Medications
QUADRACEL SUSPENSION	4	ACA Affordable Care Act Medications
QUADRACEL 0.5 ML SUSP PRSYR	4	ACA Affordable Care Act Medications
RABAVERT RECON SUSP	4	
RECOMBIVAX HB 10 MCG/ML SUSP PRSYR	4	ACA Affordable Care Act Medications
RECOMBIVAX HB 10 MCG/ML SUSPENSION	4	ACA Affordable Care Act Medications
RECOMBIVAX HB 40 MCG/ML SUSPENSION	4	ACA Affordable Care Act Medications
RECOMBIVAX HB 5 MCG/0.5ML SUSP PRSYR	4	ACA Affordable Care Act Medications
RECOMBIVAX HB 5 MCG/0.5ML SUSPENSION	4	ACA Affordable Care Act Medications
ROTARIX RECON SUSP	4	ACA Affordable Care Act Medications
ROTARIX SUSPENSION	4	ACA Affordable Care Act Medications
ROTATEQ SOLUTION	4	ACA Affordable Care Act Medications
SHINGRIX 50 MCG/0.5ML RECON SUSP	3	ACA Affordable Care Act Medications
SPIKEVAX 50 MCG/0.5ML SUSP PRSYR	3	
SPIKEVAX 50 MCG/0.5ML SUSPENSION	3	
TDVAX 2-2 LF/0.5ML SUSPENSION	4	ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TENIVAC 5-2 LFU INJECTABLE	4	ACA Affordable Care Act Medications
TETANUS-DIPHTHERIA TOXOIDS TD 2-2 LF/0.5ML SUSPENSION	4	ACA Affordable Care Act Medications
TRUMENBA SUSP PRSYR	4	ACA Affordable Care Act Medications
TWINRIX 720-20 ELU-MCG/ML SUSP PRSYR	4	ACA Affordable Care Act Medications
VAQTA 25 UNIT/0.5ML SUSPENSION	4	ACA Affordable Care Act Medications
VAQTA 50 UNIT/ML SUSPENSION	4	ACA Affordable Care Act Medications
VARIVAX 1350 PFU/0.5ML RECON SUSP	4	ACA Affordable Care Act Medications
VAXELIS SUSP PRSYR	3	ACA Affordable Care Act Medications
VAXELIS SUSPENSION	3	ACA Affordable Care Act Medications
VAXNEUVANCE 0.5 ML SUSP PRSYR	3	ACA Affordable Care Act Medications
INFLAMMATORY BOWEL DISEASE AGENTS		
AMINOSALICYLATES		
<i>balsalazide disodium cap 750 mg</i>	2	
DIPENTUM 250 MG CAP	4	
<i>mesalamine tab delayed release 1.2 gm</i>	2	
<i>mesalamine suppos 1000 mg</i>	2	
<i>mesalamine enema 4 gm</i>	2	
<i>mesalamine cap dr 400 mg</i>	2	
<i>mesalamine tab delayed release 800 mg</i>	2	
<i>mesalamine cap er 24hr 0.375 gm</i>	2	
<i>sulfasalazine tab 500 mg</i>	2	
<i>sulfasalazine tab delayed release 500 mg</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GLUCOCORTICOIDS		
<i>budesonide delayed release particles cap 3 mg</i>	2	
CORTIFOAM 10 % FOAM	4	
<i>hydrocortisone tab 10 mg</i>	2	
<i>hydrocortisone enema 100 mg/60ml</i>	2	
<i>hydrocortisone tab 20 mg</i>	2	
<i>hydrocortisone tab 5 mg</i>	2	
UCERIS 2 MG/ACT FOAM	5	PA S
METABOLIC BONE DISEASE AGENTS		
<i>alendronate sodium tab 10 mg</i>	1	PV Preventive
<i>alendronate sodium tab 35 mg</i>	1	PV Preventive
<i>alendronate sodium tab 70 mg</i>	1	PV Preventive
<i>alendronate sodium oral soln 70 mg/75ml</i>	2	PV Preventive
BONSITY 560 MCG/2.24ML SOLN PEN	5	PA S
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	2	PV Preventive
<i>calcitonin (salmon) inj 200 unit/ml</i>	2	PV Preventive
<i>calcitriol cap 0.25 mcg</i>	1	
<i>calcitriol cap 0.5 mcg</i>	2	
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	5	S
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	5	S
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	5	S
<i>cholecalciferol cap 1.25 mg (50000 unit)</i>	1	
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	1	
EVENITY 105 MG/1.17ML SOLN PRSYR	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FORTEO 560 MCG/2.24ML SOLN PEN	5	PA S
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	1	PV Preventive
<i>paricalcitol cap 1 mcg</i>	2	
<i>paricalcitol cap 2 mcg</i>	2	
<i>paricalcitol cap 4 mcg</i>	2	
PROLIA 60 MG/ML SOLN PRSYR	5	PA S
<i>raloxifene hcl tab 60 mg</i>	2	ACA Affordable Care Act Medications
<i>risedronate sodium tab 150 mg</i>	2	PV Preventive
<i>risedronate sodium tab 30 mg</i>	2	PV Preventive
<i>risedronate sodium tab 35 mg</i>	2	PV Preventive
<i>risedronate sodium tab 5 mg</i>	2	PV Preventive
TERIPARATIDE 560 MCG/2.24ML SOLN PEN	5	PA S
<i>teriparatide soln pen-inj 560 mcg/2.24ml</i>	5	PA S
TYMLOS 3120 MCG/1.56ML SOLN PEN	5	PA S
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	1	
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	1	
<i>cholecalciferol cap 1.25 mg (50000 unit)</i>	1	
<i>cholecalciferol cap 1.25 mg (50000 unit)</i>	1	
MISCELLANEOUS THERAPEUTIC AGENTS		
1ST TIER UNIFINE PENTIPS 29G X 12MM MISC	3	PV Preventive
1ST TIER UNIFINE PENTIPS 31G X 5 MM MISC	3	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
1ST TIER UNIFINE PENTIPS 31G X 6 MM MISC	3	PV Preventive
1ST TIER UNIFINE PENTIPS 31G X 8 MM MISC	3	PV Preventive
1ST TIER UNIFINE PENTIPS 32G X 4 MM MISC	3	PV Preventive
1ST TIER UNIFINE PENTIPS 32G X 6 MM MISC	3	PV Preventive
1ST TIER UNIFINE PENTIPS 33G X 4 MM MISC	3	PV Preventive
1ST TIER UNIFINE PENTIPS PLUS 29G X 12MM MISC	3	PV Preventive
1ST TIER UNIFINE PENTIPS PLUS 31G X 5 MM MISC	3	PV Preventive
1ST TIER UNIFINE PENTIPS PLUS 31G X 6 MM MISC	3	PV Preventive
1ST TIER UNIFINE PENTIPS PLUS 31G X 8 MM MISC	3	PV Preventive
1ST TIER UNIFINE PENTIPS PLUS 32G X 4 MM MISC	3	PV Preventive
1ST TIER UNIFINE PENTIPS PLUS 33G X 4 MM MISC	3	PV Preventive
ABOUTTIME PEN NEEDLE 30G X 8 MM MISC	3	PV Preventive
ABOUTTIME PEN NEEDLE 31G X 5 MM MISC	3	PV Preventive
ABOUTTIME PEN NEEDLE 31G X 8 MM MISC	3	PV Preventive
ABOUTTIME PEN NEEDLE 32G X 4 MM MISC	3	PV Preventive
ACCU-CHEK FASTCLIX LANCET KIT	3	QL 120 / 30 days PV Preventive
ACCU-CHEK FASTCLIX LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
ACCU-CHEK SAFE-T PRO LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
ACCU-CHEK SOFTCLIX LANCET DEV KIT	3	QL 120 / 30 days PV Preventive
ACCU-CHEK SOFTCLIX LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ACTI-LANCE 28G MISC	3	QL 120 / 30 day(s) PV Preventive
ACTI-LANCE LITE LANCETS 28G MISC	3	QL 120 / 30 day(s) PV Preventive
ACTI-LANCE SPECIAL LANCETS 17G MISC	3	QL 120 / 30 day(s) PV Preventive
ACTI-LANCE UNIVERSAL 23G MISC	3	QL 120 / 30 day(s) PV Preventive
ADJUSTABLE LANCING DEVICE MISC	3	QL 120 / 30 days PV Preventive
ADVANCED MOBILE LANCET MISC	3	QL 120 / 30 day(s) PV Preventive
ADVOCATE INSULIN PEN NEEDLE 32G X 4 MM MISC	3	PV Preventive
ADVOCATE INSULIN PEN NEEDLES 29G X 12.7MM MISC	3	PV Preventive
ADVOCATE INSULIN PEN NEEDLES 31G X 5 MM MISC	3	PV Preventive
ADVOCATE INSULIN PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
ADVOCATE INSULIN PEN NEEDLES 33G X 4 MM MISC	3	PV Preventive
ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
ADVOCATE INSULIN SYRINGE 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
ADVOCATE INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
ADVOCATE INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ADVOCATE INSULIN SYRINGE 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
ADVOCATE INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
ADVOCATE INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
ADVOCATE INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
ADVOCATE LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
ADVOCATE LANCETS 30G MISC	3	QL 120 / 30 day(s) PV Preventive
ADVOCATE LANCING DEVICE MISC	3	QL 120 / 30 days PV Preventive
ADVOCATE RAPID-SAFE LANCING MISC	3	QL 120 / 30 days PV Preventive
ADVOCATE SAFETY LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
ADVOCATE SAFETY LANCETS 21G MISC	3	QL 120 / 30 day(s) PV Preventive
ADVOCATE SAFETY LANCETS 23G MISC	3	QL 120 / 30 day(s) PV Preventive
ADVOCATE SAFETY LANCETS 26G MISC	3	QL 120 / 30 day(s) PV Preventive
ADVOCATE SAFETY LANCETS 28G MISC	3	QL 120 / 30 day(s) PV Preventive
AGAMATRIX ULTRA-THIN LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AIMSCO TWIST LANCETS 32G MISC	3	QL 120 / 30 day(s) PV Preventive
AIMSCO TWIST LANCETS 33G MISC	3	QL 120 / 30 day(s) PV Preventive
AQ INSULIN SYRINGE 29G X 1/2" 1 ML MISC	3	QL 120 / 30 days PV Preventive
AQ INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
AQ INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
AQINJECT PEN NEEDLE 31G X 5 MM MISC	3	PV Preventive
AQINJECT PEN NEEDLE 32G X 4 MM MISC	3	PV Preventive
AQUALANCE LANCETS 30G MISC	3	QL 120 / 30 day(s) PV Preventive
ASSURE COMFORT LANCETS 28G MISC	3	QL 120 / 30 day(s) PV Preventive
ASSURE HAEMOLANCE PLUS HIGH MISC	3	QL 120 / 30 day(s) PV Preventive
ASSURE HAEMOLANCE PLUS LOW MISC	3	QL 120 / 30 day(s) PV Preventive
ASSURE HAEMOLANCE PLUS MICRO MISC	3	QL 120 / 30 day(s) PV Preventive
ASSURE HAEMOLANCE PLUS NORMAL MISC	3	QL 120 / 30 day(s) PV Preventive
ASSURE HAEMOLANCE PLUS PED MISC	3	QL 120 / 30 day(s) PV Preventive
ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM MISC	3	PV Preventive
ASSURE ID INSULIN SAFETY SYR 31G X 15/64" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ASSURE ID INSULIN SAFETY SYR 31G X 15/64" 1 ML MISC	3	QL 120 / 30 days PV Preventive
ASSURE ID PRO PEN NEEDLES 30G X 5 MM MISC	3	PV Preventive
ASSURE ID SAFETY PEN NEEDLES 30G X 8 MM MISC	3	PV Preventive
ASSURE LANCE LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
ASSURE LANCE LANCETS 21G MISC	3	QL 120 / 30 day(s) PV Preventive
ASSURE LANCE PLUS SAFETY 25G MISC	3	QL 120 / 30 day(s) PV Preventive
ASSURE LANCE PLUS SAFETY 30G MISC	3	QL 120 / 30 day(s) PV Preventive
ASSURE LANCE SAFETY LANCET 28G MISC	3	QL 120 / 30 day(s) PV Preventive
AUM INSULIN SAFETY PEN NEEDLE 31G X 4 MM MISC	3	PV Preventive
AUM INSULIN SAFETY PEN NEEDLE 31G X 5 MM MISC	3	PV Preventive
AUM MINI INSULIN PEN NEEDLE 32G X 4 MM MISC	3	PV Preventive
AUM MINI INSULIN PEN NEEDLE 32G X 5 MM MISC	3	PV Preventive
AUM MINI INSULIN PEN NEEDLE 32G X 6 MM MISC	3	PV Preventive
AUM MINI INSULIN PEN NEEDLE 32G X 8 MM MISC	3	PV Preventive
AUM MINI INSULIN PEN NEEDLE 33G X 4 MM MISC	3	PV Preventive
AUM MINI INSULIN PEN NEEDLE 33G X 5 MM MISC	3	PV Preventive
AUM MINI INSULIN PEN NEEDLE 33G X 6 MM MISC	3	PV Preventive
AUM PEN NEEDLE 32G X 4 MM MISC	3	PV Preventive
AUM PEN NEEDLE 32G X 5 MM MISC	3	PV Preventive
AUM PEN NEEDLE 32G X 6 MM MISC	3	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AUM PEN NEEDLE 33G X 4 MM MISC	3	PV Preventive
AUM PEN NEEDLE 33G X 5 MM MISC	3	PV Preventive
AUM PEN NEEDLE 33G X 6 MM MISC	3	PV Preventive
AUM READYGARD DUO PEN NEEDLE 32G X 4 MM MISC	3	PV Preventive
AUM SAFETY PEN NEEDLE 31G X 4 MM MISC	3	PV Preventive
AUM SAFETY PEN NEEDLE 31G X 5 MM MISC	3	PV Preventive
AURORA LANCET SUPER THIN 30G MISC	3	QL 120 / 30 day(s) PV Preventive
AURORA LANCET THIN 23G MISC	3	QL 120 / 30 day(s) PV Preventive
AURORA PEN NEEDLES 29G X 12MM MISC	3	PV Preventive
AURORA PEN NEEDLES 31G X 6 MM MISC	3	PV Preventive
AURORA PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
AUTO-LANCET MISC	3	QL 120 / 30 days PV Preventive
AUTO-LANCET MINI MISC	3	QL 120 / 30 days PV Preventive
AUTOLET II CLINISAFE KIT	3	QL 120 / 30 days PV Preventive
AUTOLET LANCING DEVICE MISC	3	QL 120 / 30 days PV Preventive
AUTOLET LITE CLINISAFE KIT	3	QL 120 / 30 days PV Preventive
AUTOLET LITE LANCING DEVICE MISC	3	QL 120 / 30 days PV Preventive
AUTOLET LITE STARTER PACK KIT	3	QL 120 / 30 days PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AUTOLET MINI MISC	3	QL 120 / 30 days PV Preventive
AUTOLET PLATFORMS MISC	3	QL 120 / 30 days PV Preventive
AUTOLET PLUS MISC	3	QL 120 / 30 days PV Preventive
AUTOPEN DEVICE	3	PV Preventive
BARDIA BULB IRRIGATION SYRINGE 60 ML MISC	3	QL 120 / 30 days
BARDIA PISTON IRRIGATION SYR 60 ML MISC	3	QL 120 / 30 days
BD ALLERGIST TRAY 27G X 1/2" 1 ML KIT	3	QL 120 / 30 days
BD ALLERGY SYRINGE 27G X 1/2" 0.5 ML MISC	3	QL 120 / 30 days
BD ALLERGY SYRINGE 27G X 3/8" 0.5 ML MISC	3	QL 120 / 30 days
BD ALLERGY SYRINGE 27G X 3/8" 1 ML MISC	3	QL 120 / 30 days
BD ALLERGY SYRINGE 28G X 1/2" 1 ML MISC	3	QL 120 / 30 days
BD AUTOSHIELD DUO 30G X 5 MM MISC	3	PV Preventive
BD BLUNT FILL NEEDLE 18G X 1-1/2" MISC	3	QL 120 / 30 days
BD BLUNT FILL NEEDLE W/FILTER 18G X 1-1/2" MISC	3	QL 120 / 30 days
BD CONTROL SYRING LUER-LOK 10 ML MISC	3	QL 120 / 30 day(s)
BD DISP NEEDLE 23G X 1" MISC	3	QL 120 / 30 days
BD DISP NEEDLE 25G X 1" MISC	3	QL 120 / 30 days
BD DISP NEEDLES 16G X 1-1/2" MISC	3	QL 120 / 30 days
BD DISP NEEDLES 18G X 1-1/2" MISC	3	QL 120 / 30 days
BD DISP NEEDLES 19G X 1" MISC	3	QL 120 / 30 days
BD DISP NEEDLES 20G X 1" MISC	3	QL 120 / 30 days
BD DISP NEEDLES 20G X 1-1/2" MISC	3	QL 120 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BD DISP NEEDLES 21G X 1-1/2" MISC	3	QL 120 / 30 days
BD DISP NEEDLES 22G X 1-1/2" MISC	3	QL 120 / 30 days
BD DISP NEEDLES 25G X 5/8" MISC	3	QL 120 / 30 days
BD DISP NEEDLES 25G X 7/8" MISC	3	QL 120 / 30 days
BD DISP NEEDLES 27G X 1/2" MISC	3	QL 120 / 30 days
BD DISP NEEDLES 30G X 1/2" MISC	3	QL 120 / 30 days
BD ECLIPSE LUER-LOK NEEDLE 30G X 1/2" MISC	3	QL 120 / 30 days
BD ECLIPSE NEEDLE 18G X 1-1/2" MISC	3	QL 120 / 30 days
BD ECLIPSE NEEDLE 21G X 1" MISC	3	QL 120 / 30 days
BD ECLIPSE NEEDLE 21G X 1-1/2" MISC	3	QL 120 / 30 days
BD ECLIPSE NEEDLE 23G X 1" MISC	3	QL 120 / 30 days
BD ECLIPSE NEEDLE 25G X 1" MISC	3	QL 120 / 30 days
BD ECLIPSE NEEDLE 25G X 1-1/2" MISC	3	QL 120 / 30 days
BD ECLIPSE NEEDLE 25G X 5/8" MISC	3	QL 120 / 30 days
BD ECLIPSE NEEDLE 27G X 1/2" MISC	3	QL 120 / 30 days
BD ECLIPSE SHIELDED NEEDLE 18G X 1-1/2" MISC	3	QL 120 / 30 days
BD ECLIPSE SYRINGE 21G X 1" 3 ML MISC	3	QL 120 / 30 days
BD ECLIPSE SYRINGE 25G X 1" 3 ML MISC	3	QL 120 / 30 days
BD ECLIPSE SYRINGE 27G X 1/2" 1 ML MISC	3	QL 120 / 30 days
BD ECLIPSE SYRINGE 30G X 1/2" 1 ML MISC	3	QL 120 / 30 days
BD ECLIPSE SYRINGE/NEEDLE 22G X 1" 3 ML MISC	3	QL 120 / 30 days
BD ECLIPSE SYRINGE/NEEDLE 23G X 1" 3 ML MISC	3	QL 120 / 30 days
BD ECLIPSE SYRINGE/NEEDLE 23G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
BD ECLIPSE SYRINGE/NEEDLE 25G X 5/8" 3 ML MISC	3	QL 120 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BD FILTER NEEDLE/5 MICRON MISC	3	QL 120 / 30 days
BD HYPODERMIC NEEDLE 16G X 1" MISC	3	QL 120 / 30 days
BD HYPODERMIC NEEDLE 18G X 1" MISC	3	QL 120 / 30 days
BD HYPODERMIC NEEDLE 18G X 1-1/2" MISC	3	QL 120 / 30 days
BD HYPODERMIC NEEDLE 19G X 1" MISC	3	QL 120 / 30 days
BD HYPODERMIC NEEDLE 19G X 1-1/2" MISC	3	QL 120 / 30 days
BD HYPODERMIC NEEDLE 21G X 1" MISC	3	QL 120 / 30 days
BD HYPODERMIC NEEDLE 21G X 2" MISC	3	QL 120 / 30 days
BD HYPODERMIC NEEDLE 22G X 1" MISC	3	QL 120 / 30 days
BD HYPODERMIC NEEDLE 22G X 1-1/2" MISC	3	QL 120 / 30 days
BD HYPODERMIC NEEDLE 23G X 1" MISC	3	QL 120 / 30 days
BD HYPODERMIC NEEDLE 23G X 3/4" MISC	3	QL 120 / 30 days
BD HYPODERMIC NEEDLE 25G X 1-1/2" MISC	3	QL 120 / 30 days
BD HYPODERMIC NEEDLE 26G X 1/2" MISC	3	QL 120 / 30 days
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
BD INSULIN SYRINGE 27.5G X 5/8" 2 ML MISC	3	PV Preventive
BD INSULIN SYRINGE 27G X 1/2" 1 ML MISC	3	QL 120 / 30 days PV Preventive
BD INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
BD INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BD INSULIN SYRINGE 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
BD INSULIN SYRINGE HALF-UNIT 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML MISC	3	QL 120 / 30 days PV Preventive
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
BD INSULIN SYRINGE U-100 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
BD INSULIN SYRINGE U/F 1/2UNIT 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
BD INSULIN SYRINGE U/F 30G X 1/2" 1 ML MISC	3	QL 120 / 30 days PV Preventive
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 1 ML MISC	3	QL 120 / 30 days PV Preventive
BD INSULIN SYRINGE ULTRAFINE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BD INSULIN SYRINGE ULTRAFINE 31G X 5/16" 0.5 ML MISC	3	QL PV 120 / 30 days Preventive
BD INSULIN SYRINGE ULTRAFINE 31G X 5/16" 1 ML MISC	3	QL PV 120 / 30 days Preventive
BD INTEGRA NEEDLE 23G X 1" MISC	3	QL 120 / 30 days
BD INTEGRA SYRINGE 21G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
BD INTEGRA SYRINGE 22G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
BD INTEGRA SYRINGE 23G X 1" 3 ML MISC	3	QL 120 / 30 days
BD INTEGRA SYRINGE 25G X 1" 3 ML MISC	3	QL 120 / 30 days
BD INTEGRA SYRINGE 25G X 5/8" 3 ML MISC	3	QL 120 / 30 days
BD LUER-LOK SYRINGE 10 ML MISC	3	QL 120 / 30 day(s)
BD LUER-LOK SYRINGE 18G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
BD LUER-LOK SYRINGE 20G X 1" 1 ML MISC	3	QL 120 / 30 days
BD LUER-LOK SYRINGE 20G X 1" 10 ML MISC	3	QL 120 / 30 days
BD LUER-LOK SYRINGE 20G X 1" 3 ML MISC	3	QL 120 / 30 days
BD LUER-LOK SYRINGE 20G X 1" 5 ML MISC	3	QL 120 / 30 days
BD LUER-LOK SYRINGE 20G X 1-1/2" 10 ML MISC	3	QL 120 / 30 days
BD LUER-LOK SYRINGE 20G X 1-1/2" 5 ML MISC	3	QL 120 / 30 days
BD LUER-LOK SYRINGE 21G X 1" 10 ML MISC	3	QL 120 / 30 days
BD LUER-LOK SYRINGE 21G X 1" 3 ML MISC	3	QL 120 / 30 days
BD LUER-LOK SYRINGE 21G X 1" 5 ML MISC	3	QL 120 / 30 days
BD LUER-LOK SYRINGE 21G X 1-1/2" 10 ML MISC	3	QL 120 / 30 days
BD LUER-LOK SYRINGE 21G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
BD LUER-LOK SYRINGE 21G X 1-1/2" 5 ML MISC	3	QL 120 / 30 days
BD LUER-LOK SYRINGE 22G X 1" 10 ML MISC	3	QL 120 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BD LUER-LOK SYRINGE 22G X 1" 3 ML MISC	3	QL 120 / 30 days
BD LUER-LOK SYRINGE 22G X 1" 5 ML MISC	3	QL 120 / 30 days
BD LUER-LOK SYRINGE 22G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
BD LUER-LOK SYRINGE 22G X 1-1/2" 5 ML MISC	3	QL 120 / 30 days
BD LUER-LOK SYRINGE 23G X 1" 3 ML MISC	3	QL 120 / 30 days
BD LUER-LOK SYRINGE 23G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
BD LUER-LOK SYRINGE 25G X 1" 3 ML MISC	3	QL 120 / 30 days
BD LUER-LOK SYRINGE 25G X 1-1/2" 3 ML MISC	3	QL 120 / 30 day(s)
BD LUER-LOK SYRINGE 25G X 5/8" 1 ML MISC	3	QL 120 / 30 days
BD LUER-LOK SYRINGE 25G X 5/8" 3 ML MISC	3	QL 120 / 30 days
BD LUER-LOK SYRINGE 26G X 5/8" 3 ML MISC	3	QL 120 / 30 days
BD MICROTAINER LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
BD PEN MISC	3	PV Preventive
BD PEN MINI MISC	3	PV Preventive
BD PEN NEEDLE MICRO ULTRAFINE 32G X 6 MM MISC	3	PV Preventive
BD PEN NEEDLE MINI ULTRAFINE 31G X 5 MM MISC	3	PV Preventive
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM MISC	3	PV Preventive
BD PEN NEEDLE NANO ULTRAFINE 32G X 4 MM MISC	3	PV Preventive
BD PEN NEEDLE ORIG ULTRAFINE 29G X 12.7MM MISC	3	PV Preventive
BD PEN NEEDLE SHORT ULTRAFINE 31G X 8 MM MISC	3	PV Preventive
BD PLASTIPAK SYRINGE 21G X 1" 3 ML MISC	3	QL 120 / 30 days
BD PLASTIPAK SYRINGE 3 ML MISC	3	QL 120 / 30 day(s)
BD PRECISIONGLIDE NEEDLE 23G X 1-1/2" MISC	3	QL 120 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BD PRECISIONGLIDE NEEDLE 27G X 1-1/2" MISC	3	QL 120 / 30 days
BD SAFETYGLIDE ALLERGY SYRINGE 27G X 1/2" 1 ML MISC	3	QL 120 / 30 days
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
BD SAFETYGLIDE INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 1 ML MISC	3	QL 120 / 30 days PV Preventive
BD SAFETYGLIDE INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
BD SAFETYGLIDE NEEDLE 18G X 1-1/2" MISC	3	QL 120 / 30 days
BD SAFETYGLIDE NEEDLE 21G X 1" MISC	3	QL 120 / 30 days
BD SAFETYGLIDE NEEDLE 21G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
BD SAFETYGLIDE NEEDLE 23G X 1-1/2" MISC	3	QL 120 / 30 days
BD SAFETYGLIDE NEEDLE 25G X 1" MISC	3	QL 120 / 30 days
BD SAFETYGLIDE NEEDLE 25G X 5/8" MISC	3	QL 120 / 30 days
BD SAFETYGLIDE NEEDLE 27G X 5/8" MISC	3	
BD SAFETYGLIDE SHIELDED NEEDLE 21G X 1-1/2" MISC	3	QL 120 / 30 days
BD SAFETYGLIDE SHIELDED NEEDLE 22G X 1-1/2" MISC	3	QL 120 / 30 days
BD SAFETYGLIDE SHIELDED NEEDLE 22G X 1-1/2" 5 ML MISC	3	QL 120 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BD SAFETYGLIDE SHIELDED NEEDLE 23G X 1" MISC	3	QL 120 / 30 days
BD SAFETYGLIDE SYRINGE/NEEDLE 25G X 1" 3 ML MISC	3	QL 120 / 30 days
BD SAFETYGLIDE SYRINGE/NEEDLE 27G X 3/8" 1 ML MISC	3	QL 120 / 30 days
BD SAFETYGLIDE SYRINGE/NEEDLE 27G X 5/8" 1 ML MISC	3	QL 120 / 30 days
BD SYRINGE 50 ML MISC	3	
BD SYRINGE BLUNT CANNULA 17G 10 ML MISC	3	QL 120 / 30 day(s)
BD SYRINGE DISPOSABLE 50 ML MISC	3	
BD SYRINGE DUAL CANNULA 10 ML MISC	3	QL 120 / 30 day(s)
BD SYRINGE LUER SLIP TIP 5 ML MISC	3	QL 120 / 30 day(s)
BD SYRINGE LUER SLIP TIP 50 ML MISC	3	
BD SYRINGE LUER-LOK 1 ML MISC	3	QL 120 / 30 day(s)
BD SYRINGE LUER-LOK 10 ML MISC	3	QL 120 / 30 day(s)
BD SYRINGE LUER-LOK 20 ML MISC	3	QL 120 / 30 days
BD SYRINGE LUER-LOK 3 ML MISC	3	QL 120 / 30 day(s)
BD SYRINGE LUER-LOK 30 ML MISC	3	QL 120 / 30 days
BD SYRINGE LUER-LOK 5 ML MISC	3	QL 120 / 30 day(s)
BD SYRINGE SLIP TIP 1 ML MISC	3	QL 120 / 30 day(s)
BD SYRINGE SLIP TIP 10 ML MISC	3	QL 120 / 30 day(s)
BD SYRINGE SLIP TIP 25G X 5/8" 1 ML MISC	3	QL 120 / 30 days
BD SYRINGE SLIP TIP 26G X 3/8" 1 ML MISC	3	QL 120 / 30 days
BD SYRINGE SLIP TIP 26G X 5/8" 1 ML MISC	3	QL 120 / 30 days
BD SYRINGE SLIP TIP 3 ML MISC	3	QL 120 / 30 day(s)
BD SYRINGE/NEEDLE 22G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
BD SYRINGE/NEEDLE 23G X 1" 3 ML MISC	3	QL 120 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BD SYRINGE/NEEDLE 25G X 5/8" 1 ML MISC	3	QL 120 / 30 days
BD SYRINGE/NEEDLE 25G X 5/8" 3 ML MISC	3	QL 120 / 30 days
BD TB SYRINGE 21G X 1" 1 ML MISC	3	QL 120 / 30 days
BD TB SYRINGE 26G X 3/8" 1 ML MISC	3	QL 120 / 30 days
BD TB SYRINGE 27G X 1/2" 0.5 ML MISC	3	QL 120 / 30 days
BD TB SYRINGE 27G X 1/2" 1 ML MISC	3	QL 120 / 30 days
BD TB SYRINGE 27G X 3/8" 1 ML MISC	3	QL 120 / 30 days
BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 1 ML MISC	3	QL 120 / 30 days PV Preventive
CARDIOCOM LANCING DEVICE MISC	3	QL 120 / 30 days PV Preventive
CAREFINE PEN NEEDLES 29G X 12MM MISC	3	PV Preventive
CAREFINE PEN NEEDLES 30G X 8 MM MISC	3	PV Preventive
CAREFINE PEN NEEDLES 31G X 6 MM MISC	3	PV Preventive
CAREFINE PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
CAREFINE PEN NEEDLES 32G X 4 MM MISC	3	PV Preventive
CAREFINE PEN NEEDLES 32G X 5 MM MISC	3	PV Preventive
CAREFINE PEN NEEDLES 32G X 6 MM MISC	3	PV Preventive
CAREONE ADVANCED LANCING DEV MISC	3	QL 120 / 30 days PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CAREONE INSULIN SYRINGE 30G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
CAREONE INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
CAREONE INSULIN SYRINGE 30G X 1/2" 1 ML MISC	3	QL 120 / 30 days PV Preventive
CAREONE INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
CAREONE INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
CAREONE INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
CAREONE LANCET SUPER THIN 30G MISC	3	QL 120 / 30 day(s) PV Preventive
CAREONE LANCET THIN 23G MISC	3	QL 120 / 30 day(s) PV Preventive
CAREONE UNIFINE PENTIPS PLUS 29G X 12MM MISC	3	PV Preventive
CAREONE UNIFINE PENTIPS PLUS 31G X 5 MM MISC	3	PV Preventive
CAREONE UNIFINE PENTIPS PLUS 31G X 6 MM MISC	3	PV Preventive
CAREONE UNIFINE PENTIPS PLUS 31G X 8 MM MISC	3	PV Preventive
CAREONE UNIFINE PENTIPS PLUS 32G X 4 MM MISC	3	PV Preventive
CAREONE UNIFINE PENTIPS PLUS 33G X 4 MM MISC	3	PV Preventive
CAREPOINT POLY HUB NEEDLE 18G X 1" MISC	3	QL 120 / 30 days
CAREPOINT POLY HUB NEEDLE 18G X 1-1/2" MISC	3	QL 120 / 30 days
CAREPOINT POLY HUB NEEDLE 20G X 1" MISC	3	QL 120 / 30 days
CAREPOINT POLY HUB NEEDLE 21G X 1" MISC	3	QL 120 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CAREPOINT POLY HUB NEEDLE 21G X 1-1/2" MISC	3	QL 120 / 30 days
CAREPOINT POLY HUB NEEDLE 22G X 1" MISC	3	QL 120 / 30 days
CAREPOINT POLY HUB NEEDLE 22G X 1-1/2" MISC	3	QL 120 / 30 days
CAREPOINT POLY HUB NEEDLE 23G X 1" MISC	3	QL 120 / 30 days
CAREPOINT POLY HUB NEEDLE 23G X 1-1/2" MISC	3	QL 120 / 30 days
CAREPOINT POLY HUB NEEDLE 25G X 1" MISC	3	QL 120 / 30 days
CAREPOINT POLY HUB NEEDLE 25G X 1-1/2" MISC	3	QL 120 / 30 days
CAREPOINT POLY HUB NEEDLE 25G X 5/8" MISC	3	QL 120 / 30 days
CAREPOINT POLY HUB NEEDLE 27G X 1/2" MISC	3	QL 120 / 30 days
CAREPOINT POLY HUB NEEDLE 30G X 1/2" MISC	3	QL 120 / 30 days
CAREPOINT SAFETY 1ST NEEDLE 23G X 1" MISC	3	QL 120 / 30 days
CAREPOINT SAFETY 1ST NEEDLE 23G X 1-1/2" MISC	3	QL 120 / 30 days
CAREPOINT SAFETY 1ST NEEDLE 25G X 1" MISC	3	QL 120 / 30 days
CAREPOINT SAFETY 1ST NEEDLE 25G X 1-1/2" MISC	3	QL 120 / 30 days
CAREPOINT SAFETY 1ST NEEDLE 25G X 5/8" MISC	3	QL 120 / 30 days
CAREPOINT SAFETY1ST SYR/NEEDLE 23G X 1" 1 ML MISC	3	QL 120 / 30 days
CAREPOINT SAFETY1ST SYR/NEEDLE 23G X 1" 3 ML MISC	3	QL 120 / 30 days
CAREPOINT SAFETY1ST SYR/NEEDLE 25G X 1" 1 ML MISC	3	QL 120 / 30 days
CAREPOINT SAFETY1ST SYR/NEEDLE 25G X 1" 3 ML MISC	3	QL 120 / 30 days
CAREPOINT SAFETY1ST SYR/NEEDLE 25G X 5/8" 3 ML MISC	3	QL 120 / 30 days
CAREPOINT SYRINGE CATHETER TIP 60 ML MISC	3	QL 120 / 30 days
CAREPOINT SYRINGE LUER LOCK 1 ML MISC	3	QL 120 / 30 day(s)
CAREPOINT SYRINGE LUER LOCK 10 ML MISC	3	QL 120 / 30 day(s)
CAREPOINT SYRINGE LUER LOCK 20 ML MISC	3	QL 120 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CAREPOINT SYRINGE LUER LOCK 20G X 1" 3 ML MISC	3	QL 120 / 30 days
CAREPOINT SYRINGE LUER LOCK 20G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
CAREPOINT SYRINGE LUER LOCK 22G X 1" 3 ML MISC	3	QL 120 / 30 days
CAREPOINT SYRINGE LUER LOCK 22G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
CAREPOINT SYRINGE LUER LOCK 23G X 1" 3 ML MISC	3	QL 120 / 30 days
CAREPOINT SYRINGE LUER LOCK 23G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
CAREPOINT SYRINGE LUER LOCK 25G X 1" 3 ML MISC	3	QL 120 / 30 days
CAREPOINT SYRINGE LUER LOCK 25G X 1-1/2" 3 ML MISC	3	QL 120 / 30 day(s)
CAREPOINT SYRINGE LUER LOCK 3 ML MISC	3	QL 120 / 30 day(s)
CAREPOINT SYRINGE LUER LOCK 30 ML MISC	3	QL 120 / 30 days
CAREPOINT SYRINGE LUER LOCK 5 ML MISC	3	QL 120 / 30 day(s)
CAREPOINT SYRINGE LUER LOCK 60 ML MISC	3	QL 120 / 30 days
CAREPOINT SYRINGE LUER SLIP 1 ML MISC	3	QL 120 / 30 day(s)
CAREPOINT SYRINGE LUER SLIP 60 ML MISC	3	QL 120 / 30 days
CAREPOINT TUBERCLN SYR/LUER SL 25G X 5/8" 1 ML MISC	3	QL 120 / 30 days
CARESENS LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
CARESENS LANCETS 30G MISC	3	QL 120 / 30 day(s) PV Preventive
CARETOUCH CATHETER TIP SYRINGE 60 ML MISC	3	QL 120 / 30 days
CARETOUCH HYPODERMIC NEEDLE 18G X 1-1/2" MISC	3	QL 120 / 30 days
CARETOUCH HYPODERMIC NEEDLE 20G X 1" MISC	3	QL 120 / 30 days
CARETOUCH HYPODERMIC NEEDLE 22G X 1" MISC	3	QL 120 / 30 days
CARETOUCH HYPODERMIC NEEDLE 23G X 1" MISC	3	QL 120 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CARETOUCH HYPODERMIC NEEDLE 23G X 1-1/2" MISC	3	QL 120 / 30 days
CARETOUCH HYPODERMIC NEEDLE 25G X 1" MISC	3	QL 120 / 30 days
CARETOUCH HYPODERMIC NEEDLE 25G X 1-1/2" MISC	3	QL 120 / 30 days
CARETOUCH HYPODERMIC NEEDLE 25G X 5/8" MISC	3	QL 120 / 30 days
CARETOUCH HYPODERMIC NEEDLE 26G X 1" MISC	3	QL 120 / 30 days
CARETOUCH HYPODERMIC NEEDLE 27G X 1-1/2" MISC	3	QL 120 / 30 days
CARETOUCH INSULIN SYRINGE 28G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
CARETOUCH INSULIN SYRINGE 29G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
CARETOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
CARETOUCH INSULIN SYRINGE 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
CARETOUCH INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
CARETOUCH INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
CARETOUCH INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
CARETOUCH LANCING/EJECTOR MISC	3	QL 120 / 30 days PV Preventive
CARETOUCH LUER LOCK 1 ML MISC	3	QL 120 / 30 day(s)
CARETOUCH LUER LOCK 10 ML MISC	3	QL 120 / 30 day(s)
CARETOUCH LUER LOCK 23G X 1" 3 ML MISC	3	QL 120 / 30 days
CARETOUCH LUER LOCK 3 ML MISC	3	QL 120 / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CARETOUCH LUER LOCK 5 ML MISC	3	QL 120 / 30 day(s)
CARETOUCH LUER LOCK SYR/NEEDLE 22G X 1" 3 ML MISC	3	QL 120 / 30 days
CARETOUCH LUER LOCK SYR/NEEDLE 22G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
CARETOUCH LUER LOCK SYR/NEEDLE 23G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
CARETOUCH LUER LOCK SYR/NEEDLE 25G X 1" 3 ML MISC	3	QL 120 / 30 days
CARETOUCH LUER LOCK SYR/NEEDLE 25G X 1-1/2" 3 ML MISC	3	QL 120 / 30 day(s)
CARETOUCH LUER LOCK SYR/NEEDLE 25G X 5/8" 3 ML MISC	3	QL 120 / 30 days
CARETOUCH LUER SLIP 1 ML MISC	3	QL 120 / 30 day(s)
CARETOUCH LUER SLIP 10 ML MISC	3	QL 120 / 30 day(s)
CARETOUCH LUER SLIP 3 ML MISC	3	QL 120 / 30 day(s)
CARETOUCH LUER SLIP 5 ML MISC	3	QL 120 / 30 day(s)
CARETOUCH PEN NEEDLES 29G X 12MM MISC	3	PV Preventive
CARETOUCH PEN NEEDLES 31G X 5 MM MISC	3	PV Preventive
CARETOUCH PEN NEEDLES 31G X 6 MM MISC	3	PV Preventive
CARETOUCH PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
CARETOUCH PEN NEEDLES 32G X 4 MM MISC	3	PV Preventive
CARETOUCH PEN NEEDLES 32G X 5 MM MISC	3	PV Preventive
CARETOUCH PEN NEEDLES 33G X 4 MM MISC	3	PV Preventive
CARETOUCH SAFETY LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
CARETOUCH SAFETY LANCETS 26G MISC	3	QL 120 / 30 day(s) PV Preventive
CARETOUCH TWIST LANCETS 28G MISC	3	QL 120 / 30 day(s) PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CARETOUCH TWIST LANCETS 30G MISC	3	QL 120 / 30 day(s) PV Preventive
CARETOUCH TWIST LANCETS 33G MISC	3	QL 120 / 30 day(s) PV Preventive
CARETOUCH TWIST MC LANCETS 30G MISC	3	QL 120 / 30 day(s) PV Preventive
CAYA DIAPHRAGM	3	PV Preventive ACA Affordable Care Act Medications
CEQUR SIMPLICITY 2U DEVICE	3	PV Preventive
CHOSEN LANCETS 30G MISC	3	QL 120 / 30 day(s) PV Preventive
CHOSEN LANCING DEVICE MISC	3	QL 120 / 30 days PV Preventive
CHOSEN SAFETY LANCETS 28G MISC	3	QL 120 / 30 day(s) PV Preventive
CLEANLET LANCETS 28G MISC	3	QL 120 / 30 day(s) PV Preventive
CLEVER CHEK LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
CLEVER CHOICE COMFORT EZ MISC	3	QL 120 / 30 day(s) PV Preventive
CLEVER CHOICE COMFORT EZ 29G X 12MM MISC	3	PV Preventive
CLEVER CHOICE COMFORT EZ 33G X 4 MM MISC	3	PV Preventive
CLEVER CHOICE LANCETS 21G MISC	3	QL 120 / 30 day(s) PV Preventive
CLEVER CHOICE LANCETS 23G MISC	3	QL 120 / 30 day(s) PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CLEVER CHOICE LANCETS 28G MISC	3	QL 120 / 30 day(s) PV Preventive
CLICKFINE PEN NEEDLES 31G X 5 MM MISC	3	PV Preventive
CLICKFINE PEN NEEDLES 31G X 6 MM MISC	3	PV Preventive
CLICKFINE PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
CLICKFINE PEN NEEDLES 32G X 4 MM MISC	3	PV Preventive
COAGUCHEK LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
COMFORT ASSIST INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
COMFORT ASSURED LANCETS 28G MISC	3	QL 120 / 30 day(s) PV Preventive
COMFORT ASSURED LANCETS 33G MISC	3	QL 120 / 30 day(s) PV Preventive
COMFORT EZ INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
COMFORT EZ INSULIN SYRINGE 28G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
COMFORT EZ INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
COMFORT EZ INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
COMFORT EZ INSULIN SYRINGE 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
COMFORT EZ INSULIN SYRINGE 30G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
COMFORT EZ INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
COMFORT EZ INSULIN SYRINGE 30G X 1/2" 1 ML MISC	3	QL 120 / 30 days PV Preventive
COMFORT EZ INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
COMFORT EZ INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
COMFORT EZ INSULIN SYRINGE 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
COMFORT EZ INSULIN SYRINGE 31G X 15/64" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
COMFORT EZ INSULIN SYRINGE 31G X 15/64" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
COMFORT EZ INSULIN SYRINGE 31G X 15/64" 1 ML MISC	3	QL 120 / 30 days PV Preventive
COMFORT EZ INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
COMFORT EZ INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
COMFORT EZ INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
COMFORT EZ MICRO PEN NEEDLES 32G X 4 MM MISC	3	PV Preventive
COMFORT EZ PEN NEEDLES 31G X 5 MM MISC	3	PV Preventive
COMFORT EZ PEN NEEDLES 31G X 6 MM MISC	3	PV Preventive
COMFORT EZ PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
COMFORT EZ PEN NEEDLES 32G X 4 MM MISC	3	PV Preventive
COMFORT EZ PEN NEEDLES 32G X 5 MM MISC	3	PV Preventive
COMFORT EZ PEN NEEDLES 32G X 6 MM MISC	3	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
COMFORT EZ PEN NEEDLES 32G X 8 MM MISC	3	PV Preventive
COMFORT EZ PEN NEEDLES 33G X 4 MM MISC	3	PV Preventive
COMFORT EZ PEN NEEDLES 33G X 5 MM MISC	3	PV Preventive
COMFORT EZ PEN NEEDLES 33G X 6 MM MISC	3	PV Preventive
COMFORT EZ PEN NEEDLES 33G X 8 MM MISC	3	PV Preventive
COMFORT EZ PRO PEN NEEDLES 30G X 8 MM MISC	3	PV Preventive
COMFORT EZ PRO PEN NEEDLES 31G X 4 MM MISC	3	PV Preventive
COMFORT EZ PRO PEN NEEDLES 31G X 5 MM MISC	3	PV Preventive
COMFORT EZ SHORT PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
COMFORT TOUCH INSULIN PEN NEED 31G X 4 MM MISC	3	PV Preventive
COMFORT TOUCH INSULIN PEN NEED 31G X 5 MM MISC	3	PV Preventive
COMFORT TOUCH INSULIN PEN NEED 31G X 6 MM MISC	3	PV Preventive
COMFORT TOUCH INSULIN PEN NEED 31G X 8 MM MISC	3	PV Preventive
COMFORT TOUCH INSULIN PEN NEED 32G X 4 MM MISC	3	PV Preventive
COMFORT TOUCH INSULIN PEN NEED 32G X 5 MM MISC	3	PV Preventive
COMFORT TOUCH INSULIN PEN NEED 32G X 6 MM MISC	3	PV Preventive
COMFORT TOUCH INSULIN PEN NEED 32G X 8 MM MISC	3	PV Preventive
COMFORT TOUCH INSULIN PEN NEED 33G X 4 MM MISC	3	PV Preventive
COMFORT TOUCH INSULIN PEN NEED 33G X 5 MM MISC	3	PV Preventive
COMFORT TOUCH INSULIN PEN NEED 33G X 6 MM MISC	3	PV Preventive
COMFORT TOUCH LANCETS 31G MISC	3	QL 120 / 30 day(s) PV Preventive
COMFORT TOUCH PLUS LANCETS 28G MISC	3	QL 120 / 30 day(s) PV Preventive
COMFORT TOUCH PLUS LANCETS 30G MISC	3	QL 120 / 30 day(s) PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
COMFORT TOUCH TWIST LANCET 30G MISC	3	QL 120 / 30 day(s) PV Preventive
CONDOMS MISC	3	PV Preventive ACA Affordable Care Act Medications
CONTOUR CONTROL HIGH LIQUID	3	PV Preventive
CONTOUR CONTROL LOW LIQUID	3	PV Preventive
CONTOUR CONTROL NORMAL LIQUID	3	PV Preventive
CONTOUR NEXT CONTROL LOW SOLUTION	3	PV Preventive
CONTOUR NEXT CONTROL NORMAL SOLUTION	3	PV Preventive
CONTOUR NEXT EZ W/DEVICE KIT	3	QLC 1 / 365 days PV Preventive
CONTOUR NEXT GEN MONITOR W/DEVICE KIT	3	QLC 1 / 365 days PV Preventive
CONTOUR NEXT MONITOR W/DEVICE KIT	3	QLC 1 / 365 days PV Preventive
CONTOUR NEXT ONE DEVICE	3	QLC 1 / 365 days PV Preventive
CONTOUR NEXT ONE KIT	3	PV Preventive
CONTOUR NEXT TEST STRIP	3	QL 400 / 100 days PV Preventive
CONTOUR TEST STRIP	3	QL 400 / 100 days PV Preventive
CRONO SYRINGE 19G X 1-1/2" 10 ML MISC	3	
CRONO SYRINGE 19G X 1-1/2" 20 ML MISC	3	
CVS LANCETS 21G MISC	3	QL 120 / 30 day(s) PV Preventive
CVS LANCETS MICRO THIN 33G MISC	3	QL 120 / 30 day(s) PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CVS LANCETS ORIGINAL MISC	3	QL 120 / 30 day(s) PV Preventive
CVS LANCETS THIN 26G MISC	3	QL 120 / 30 day(s) PV Preventive
CVS LANCETS ULTRA THIN 30G MISC	3	QL 120 / 30 day(s) PV Preventive
CVS LANCETS ULTRA-THIN 30G MISC	3	QL 120 / 30 day(s) PV Preventive
CVS LANCING DEVICE MISC	3	QL 120 / 30 days PV Preventive
CVS ULTRA THIN LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
DEXCOM G6 RECEIVER DEVICE	3	ST QLC 1 / 365 days STC Must also be on any insulin PV Preventive
DEXCOM G6 SENSOR MISC	3	QL 3 / 30 day(s) ST STC Must also be on any insulin PV Preventive
DEXCOM G6 TRANSMITTER MISC	3	ST QLC 1 / 90 days STC Must also be on any insulin PV Preventive
DEXCOM G7 RECEIVER DEVICE	3	ST QLC 1 / 365 days STC Must also be on any insulin PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DEXCOM G7 SENSOR MISC	3	QL 3 / 30 day(s) ST STC Must also be on any insulin PV Preventive
DIATHRIVE LANCET ULTRA THIN 30 MISC	3	QL 120 / 30 day(s) PV Preventive
DIATHRIVE LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
DIATHRIVE LANCING DEVICE MISC	3	QL 120 / 30 days PV Preventive
DIATHRIVE PEN NEEDLE 31G X 5 MM MISC	3	PV Preventive
DIATHRIVE PEN NEEDLE 31G X 6 MM MISC	3	PV Preventive
DIATHRIVE PEN NEEDLE 31G X 8 MM MISC	3	PV Preventive
DIATHRIVE PEN NEEDLE 32G X 4 MM MISC	3	PV Preventive
DROPLET GENTEEL LANCING DEVICE MISC	3	QL 120 / 30 days PV Preventive
DROPLET INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
DROPLET INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
DROPLET INSULIN SYRINGE 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
DROPLET INSULIN SYRINGE 30G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
DROPLET INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
DROPLET INSULIN SYRINGE 30G X 1/2" 1 ML MISC	3	QL 120 / 30 days PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DROPLET INSULIN SYRINGE 30G X 15/64" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
DROPLET INSULIN SYRINGE 30G X 15/64" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
DROPLET INSULIN SYRINGE 30G X 15/64" 1 ML MISC	3	QL 120 / 30 days PV Preventive
DROPLET INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
DROPLET INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
DROPLET INSULIN SYRINGE 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
DROPLET INSULIN SYRINGE 31G X 1/4" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
DROPLET INSULIN SYRINGE 31G X 1/4" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
DROPLET INSULIN SYRINGE 31G X 1/4" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
DROPLET INSULIN SYRINGE 31G X 15/64" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
DROPLET INSULIN SYRINGE 31G X 15/64" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
DROPLET INSULIN SYRINGE 31G X 15/64" 1 ML MISC	3	QL 120 / 30 days PV Preventive
DROPLET INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
DROPLET INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DROPLET INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
DROPLET LANCETS ULTRA THIN 30G MISC	3	QL 120 / 30 day(s) PV Preventive
DROPLET LANCING DEVICE MISC	3	QL 120 / 30 days PV Preventive
DROPLET MICRON 34G X 3.5 MM MISC	3	PV Preventive
DROPLET PEN NEEDLES 29G X 10MM MISC	3	PV Preventive
DROPLET PEN NEEDLES 29G X 12MM MISC	3	PV Preventive
DROPLET PEN NEEDLES 30G X 8 MM MISC	3	PV Preventive
DROPLET PEN NEEDLES 31G X 5 MM MISC	3	PV Preventive
DROPLET PEN NEEDLES 31G X 6 MM MISC	3	PV Preventive
DROPLET PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
DROPLET PEN NEEDLES 32G X 4 MM MISC	3	PV Preventive
DROPLET PEN NEEDLES 32G X 5 MM MISC	3	PV Preventive
DROPLET PEN NEEDLES 32G X 6 MM MISC	3	PV Preventive
DROPLET PEN NEEDLES 32G X 8 MM MISC	3	PV Preventive
DROPLET PERSONAL LANCETS 30G MISC	3	QL 120 / 30 day(s) PV Preventive
DROPSAFE ACTI-LANCE 23G MISC	3	QL 120 / 30 day(s) PV Preventive
DROPSAFE SAFETY PEN NEEDLES 31G X 5 MM MISC	3	PV Preventive
DROPSAFE SAFETY PEN NEEDLES 31G X 6 MM MISC	3	PV Preventive
DROPSAFE SAFETY PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
DROPSAFE SAFETY SYRINGE/NEEDLE 29G X 1/2" 1 ML MISC	3	QL 120 / 30 days PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 1 ML MISC	3	QL 120 / 30 days PV Preventive
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
DROPSAFE SICURA 25G X 1" MISC	3	QL 120 / 30 days
DRUG MART LANCETS THIN 26G MISC	3	QL 120 / 30 day(s) PV Preventive
DRUG MART LANCING DEVICE MISC	3	QL 120 / 30 days PV Preventive
DRUG MART ON-THE-GO LANCET 30G MISC	3	QL 120 / 30 day(s) PV Preventive
DRUG MART UNIFINE PENTIPS 29G X 12MM MISC	3	PV Preventive
DRUG MART UNIFINE PENTIPS 31G X 6 MM MISC	3	PV Preventive
DRUG MART UNIFINE PENTIPS 31G X 8 MM MISC	3	PV Preventive
DRUG MART UNIFINE PENTIPS 32G X 4 MM MISC	3	PV Preventive
DRUG MART UNIFINE PENTIPS PLUS 32G X 4 MM MISC	3	PV Preventive
DRUG MART UNILET LANCETS 28G MISC	3	QL 120 / 30 day(s) PV Preventive
DRUG MART UNILET LANCETS 30G MISC	3	QL 120 / 30 day(s) PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DRUG MART UNILET LANCETS 33G MISC	3	QL 120 / 30 day(s) PV Preventive
DUREX EXTRA SENSITIVE THIN DEVICE	3	PV Preventive ACA Affordable Care Act Medications
DUREX EXTRA SENSITIVE THIN MISC	3	PV Preventive ACA Affordable Care Act Medications
DUREX REALFEEL DEVICE	3	PV Preventive ACA Affordable Care Act Medications
DUREX TROPICAL MISC	3	PV Preventive ACA Affordable Care Act Medications
E-Z JECT LANCET MICRO-THIN 33G MISC	3	QL 120 / 30 day(s) PV Preventive
E-Z JECT LANCET SUPER THIN 30G MISC	3	QL 120 / 30 day(s) PV Preventive
E-Z JECT LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
E-Z JECT LANCETS 21G MISC	3	QL 120 / 30 day(s) PV Preventive
E-Z JECT LANCETS THIN 26G MISC	3	QL 120 / 30 day(s) PV Preventive
EASY COMFORT INSULIN SYRINGE 29G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
EASY COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
EASY COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML MISC	3	QL 120 / 30 days PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EASY COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
EASY COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
EASY COMFORT INSULIN SYRINGE 31G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
EASY COMFORT INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
EASY COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
EASY COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
EASY COMFORT INSULIN SYRINGE 32G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
EASY COMFORT INSULIN SYRINGE 32G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
EASY COMFORT LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
EASY COMFORT LANCETS TWIST TOP MISC	3	QL 120 / 30 day(s) PV Preventive
EASY COMFORT PEN NEEDLES 29G X 5MM MISC	3	PV Preventive
EASY COMFORT PEN NEEDLES 31G X 5 MM MISC	3	PV Preventive
EASY COMFORT PEN NEEDLES 31G X 6 MM MISC	3	PV Preventive
EASY COMFORT PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
EASY COMFORT PEN NEEDLES 32G X 4 MM MISC	3	PV Preventive
EASY COMFORT PEN NEEDLES 33G X 4 MM MISC	3	PV Preventive
EASY COMFORT PEN NEEDLES 33G X 5 MM MISC	3	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EASY COMFORT PEN NEEDLES 33G X 6 MM MISC	3	PV Preventive
EASY GLIDE CATH TIP SYRINGE 60 ML MISC	3	QL 120 / 30 days
EASY GLIDE LUER LOCK SYRINGE 1 ML MISC	3	QL 120 / 30 day(s)
EASY GLIDE LUER LOCK SYRINGE 10 ML MISC	3	QL 120 / 30 day(s)
EASY GLIDE LUER LOCK SYRINGE 20 ML MISC	3	QL 120 / 30 days
EASY GLIDE LUER LOCK SYRINGE 3 ML MISC	3	QL 120 / 30 day(s)
EASY GLIDE LUER LOCK SYRINGE 30 ML MISC	3	QL 120 / 30 days
EASY GLIDE LUER LOCK SYRINGE 5 ML MISC	3	QL 120 / 30 day(s)
EASY GLIDE LUER LOCK SYRINGE 60 ML MISC	3	QL 120 / 30 days
EASY GLIDE PEN NEEDLES 33G X 4 MM MISC	3	PV Preventive
EASY GLIDE SLIP LOCK SYRINGE 1 ML MISC	3	QL 120 / 30 day(s)
EASY MINI EJECT LANCING DEVICE MISC	3	QL 120 / 30 days PV Preventive
EASY MINI LANCING DEVICE MISC	3	QL 120 / 30 days PV Preventive
EASY TOUCH ALLERGY SYRINGE 26G X 3/8" 1 ML MISC	3	QL 120 / 30 days
EASY TOUCH ALLERGY SYRINGE 27G X 1/2" 1 ML MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK INSULIN SY 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
EASY TOUCH FLIPLOCK INSULIN SY 30G X 1/2" 1 ML MISC	3	QL 120 / 30 days PV Preventive
EASY TOUCH FLIPLOCK INSULIN SY 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
EASY TOUCH FLIPLOCK INSULIN SY 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
EASY TOUCH FLIPLOCK NEEDLES 18G X 1" MISC	3	QL 120 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EASY TOUCH FLIPLOCK NEEDLES 18G X 1-1/2" MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK NEEDLES 19G X 1" MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK NEEDLES 19G X 1-1/2" MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK NEEDLES 20G X 1" MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK NEEDLES 20G X 1-1/2" MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK NEEDLES 21G X 1" MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK NEEDLES 21G X 1-1/2" MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK NEEDLES 22G X 1" MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK NEEDLES 22G X 1-1/2" MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK NEEDLES 22G X 3/4" MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK NEEDLES 23G X 1" MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK NEEDLES 23G X 1-1/2" MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK NEEDLES 23G X 5/8" MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK NEEDLES 25G X 1" MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK NEEDLES 25G X 1-1/2" MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK NEEDLES 25G X 5/8" MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK NEEDLES 26G X 1/2" MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK NEEDLES 27G X 1" MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK NEEDLES 27G X 1/2" MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK NEEDLES 28G X 1/2" MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK NEEDLES 29G X 1/2" MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK NEEDLES 30G X 1/2" MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK NEEDLES 30G X 5/16" MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK NEEDLES 31G X 5/16" MISC	3	QL 120 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EASY TOUCH FLIPLOCK SAFETY SYR 18G X 1" 10 ML MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK SAFETY SYR 18G X 1" 3 ML MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK SAFETY SYR 18G X 1" 5 ML MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK SAFETY SYR 18G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK SAFETY SYR 18G X 1.5" 10 ML MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK SAFETY SYR 19G X 1" 3 ML MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK SAFETY SYR 19G X 1.5" 3 ML MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK SAFETY SYR 20G X 1" 10 ML MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK SAFETY SYR 20G X 1" 3 ML MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK SAFETY SYR 20G X 1" 5 ML MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK SAFETY SYR 20G X 1-1/2" 10 ML MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK SAFETY SYR 20G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK SAFETY SYR 20G X 1-1/2" 5 ML MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK SAFETY SYR 21G X 1" 10 ML MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK SAFETY SYR 21G X 1" 3 ML MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK SAFETY SYR 21G X 1" 5 ML MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK SAFETY SYR 21G X 1-1/2" 10 ML MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK SAFETY SYR 21G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK SAFETY SYR 21G X 1-1/2" 5 ML MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK SAFETY SYR 22G X 1" 3 ML MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK SAFETY SYR 22G X 1-1/2" 10 ML MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK SAFETY SYR 22G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EASY TOUCH FLIPLOCK SAFETY SYR 22G X 1-1/2" 5 ML MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK SAFETY SYR 23G X 1" 3 ML MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK SAFETY SYR 23G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK SAFETY SYR 25G X 1" 1 ML MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK SAFETY SYR 25G X 1" 10 ML MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK SAFETY SYR 25G X 1" 3 ML MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK SAFETY SYR 25G X 1" 5 ML MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK SAFETY SYR 25G X 5/8" 3 ML MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK SAFETY SYR 25G X 5/8" 5 ML MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK SAFETY SYR 26G X 3/8" 1 ML MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK SAFETY SYR 27G X 1/2" 1 ML MISC	3	QL 120 / 30 days
EASY TOUCH FLURINGE 25G X 1" 1 ML MISC	3	QL 120 / 30 days
EASY TOUCH FLURINGE 25G X 5/8" 1 ML MISC	3	QL 120 / 30 days
EASY TOUCH FLURINGE FLIPLOCK 25G X 1" 1 ML MISC	3	QL 120 / 30 days
EASY TOUCH FLURINGE FLIPLOCK 25G X 5/8" 1 ML MISC	3	QL 120 / 30 days
EASY TOUCH FLURINGE SHEATHLOCK 25G X 1" 1 ML MISC	3	QL 120 / 30 days
EASY TOUCH FLURINGE SHEATHLOCK 25G X 5/8" 1 ML MISC	3	QL 120 / 30 days
EASY TOUCH HEALTHPRO HIGH/LOW LIQUID	3	PV Preventive
EASY TOUCH HYPODERMIC NEEDLE 16G X 1" MISC	3	QL 120 / 30 days
EASY TOUCH HYPODERMIC NEEDLE 16G X 1-1/2" MISC	3	QL 120 / 30 days
EASY TOUCH HYPODERMIC NEEDLE 18G X 1" MISC	3	QL 120 / 30 days
EASY TOUCH HYPODERMIC NEEDLE 18G X 1-1/2" MISC	3	QL 120 / 30 days
EASY TOUCH HYPODERMIC NEEDLE 18G X 1.25" MISC	3	QL 120 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EASY TOUCH HYPODERMIC NEEDLE 19G X 1" MISC	3	QL 120 / 30 days
EASY TOUCH HYPODERMIC NEEDLE 19G X 1-1/2" MISC	3	QL 120 / 30 days
EASY TOUCH HYPODERMIC NEEDLE 20G X 1" MISC	3	QL 120 / 30 days
EASY TOUCH HYPODERMIC NEEDLE 20G X 1-1/2" MISC	3	QL 120 / 30 days
EASY TOUCH HYPODERMIC NEEDLE 21G X 1" MISC	3	QL 120 / 30 days
EASY TOUCH HYPODERMIC NEEDLE 21G X 1-1/2" MISC	3	QL 120 / 30 days
EASY TOUCH HYPODERMIC NEEDLE 22G X 1" MISC	3	QL 120 / 30 days
EASY TOUCH HYPODERMIC NEEDLE 22G X 1-1/2" MISC	3	QL 120 / 30 days
EASY TOUCH HYPODERMIC NEEDLE 23G X 1" MISC	3	QL 120 / 30 days
EASY TOUCH HYPODERMIC NEEDLE 23G X 1-1/2" MISC	3	QL 120 / 30 days
EASY TOUCH HYPODERMIC NEEDLE 23G X 1-1/4" MISC	3	QL 120 / 30 days
EASY TOUCH HYPODERMIC NEEDLE 23G X 3/4" MISC	3	QL 120 / 30 days
EASY TOUCH HYPODERMIC NEEDLE 24G X 1" MISC	3	QL 120 / 30 days
EASY TOUCH HYPODERMIC NEEDLE 24G X 1.25" MISC	3	QL 120 / 30 days
EASY TOUCH HYPODERMIC NEEDLE 25G X 1" MISC	3	QL 120 / 30 days
EASY TOUCH HYPODERMIC NEEDLE 25G X 1-1/2" MISC	3	QL 120 / 30 days
EASY TOUCH HYPODERMIC NEEDLE 25G X 5/8" MISC	3	QL 120 / 30 days
EASY TOUCH HYPODERMIC NEEDLE 26G X 1/2" MISC	3	QL 120 / 30 days
EASY TOUCH HYPODERMIC NEEDLE 26G X 3/8" MISC	3	QL 120 / 30 days
EASY TOUCH HYPODERMIC NEEDLE 26G X 5/8" MISC	3	QL 120 / 30 days
EASY TOUCH HYPODERMIC NEEDLE 27G X 1-1/2" MISC	3	QL 120 / 30 days
EASY TOUCH HYPODERMIC NEEDLE 27G X 1-1/4" MISC	3	QL 120 / 30 days
EASY TOUCH HYPODERMIC NEEDLE 27G X 1/2" MISC	3	QL 120 / 30 days
EASY TOUCH HYPODERMIC NEEDLE 30G X 1" MISC	3	QL 120 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EASY TOUCH HYPODERMIC NEEDLE 30G X 1/2" MISC	3	QL 120 / 30 days
EASY TOUCH HYPODERMIC NEEDLE 31G X 5/16" MISC	3	QL 120 / 30 days
EASY TOUCH HYPODERMIC NEEDLE 32G X 5/16" MISC	3	QL 120 / 30 days
EASY TOUCH INSULIN BARRELS U-100 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
EASY TOUCH INSULIN SAFETY SYR 30G X 1/2" 1 ML MISC	3	QL 120 / 30 days PV Preventive
EASY TOUCH INSULIN SAFETY SYR 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
EASY TOUCH INSULIN SYRINGE 27G X 1/2" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
EASY TOUCH INSULIN SYRINGE 27G X 1/2" 1 ML MISC	3	QL 120 / 30 days PV Preventive
EASY TOUCH INSULIN SYRINGE 27G X 5/8" 1 ML MISC	3	QL 120 / 30 days PV Preventive
EASY TOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
EASY TOUCH INSULIN SYRINGE 28G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
EASY TOUCH INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
EASY TOUCH INSULIN SYRINGE 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
EASY TOUCH INSULIN SYRINGE 30G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EASY TOUCH INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
EASY TOUCH INSULIN SYRINGE 30G X 1/2" 1 ML MISC	3	QL 120 / 30 days PV Preventive
EASY TOUCH INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
EASY TOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
EASY TOUCH INSULIN SYRINGE 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
EASY TOUCH INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
EASY TOUCH INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
EASY TOUCH INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
EASY TOUCH LANCETS 21G MISC	3	QL 120 / 30 day(s) PV Preventive
EASY TOUCH LANCETS 23G MISC	3	QL 120 / 30 day(s) PV Preventive
EASY TOUCH LANCETS 26G MISC	3	QL 120 / 30 day(s) PV Preventive
EASY TOUCH LANCETS 28G MISC	3	QL 120 / 30 day(s) PV Preventive
EASY TOUCH LANCETS 28G/TWIST MISC	3	QL 120 / 30 day(s) PV Preventive
EASY TOUCH LANCETS 30G MISC	3	QL 120 / 30 day(s) PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EASY TOUCH LANCETS 30G/TWIST MISC	3	QL 120 / 30 day(s) PV Preventive
EASY TOUCH LANCETS 32G MISC	3	QL 120 / 30 day(s) PV Preventive
EASY TOUCH LANCETS 32G/TWIST MISC	3	QL 120 / 30 day(s) PV Preventive
EASY TOUCH LANCETS 33G/TWIST MISC	3	QL 120 / 30 day(s) PV Preventive
EASY TOUCH LANCING DEVICE MISC	3	QL 120 / 30 days PV Preventive
EASY TOUCH PEN NEEDLES 29G X 12MM MISC	3	PV Preventive
EASY TOUCH PEN NEEDLES 30G X 5 MM MISC	3	PV Preventive
EASY TOUCH PEN NEEDLES 30G X 6 MM MISC	3	PV Preventive
EASY TOUCH PEN NEEDLES 30G X 8 MM MISC	3	PV Preventive
EASY TOUCH PEN NEEDLES 31G X 5 MM MISC	3	PV Preventive
EASY TOUCH PEN NEEDLES 31G X 6 MM MISC	3	PV Preventive
EASY TOUCH PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
EASY TOUCH PEN NEEDLES 32G X 4 MM MISC	3	PV Preventive
EASY TOUCH PEN NEEDLES 32G X 5 MM MISC	3	PV Preventive
EASY TOUCH PEN NEEDLES 32G X 6 MM MISC	3	PV Preventive
EASY TOUCH SAFETY LANCETS 21G MISC	3	QL 120 / 30 day(s) PV Preventive
EASY TOUCH SAFETY LANCETS 23G MISC	3	QL 120 / 30 day(s) PV Preventive
EASY TOUCH SAFETY LANCETS 26G MISC	3	QL 120 / 30 day(s) PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EASY TOUCH SAFETY LANCETS 28G MISC	3	QL 120 / 30 day(s) PV Preventive
EASY TOUCH SAFETY PEN NEEDLES 29G X 5MM MISC	3	PV Preventive
EASY TOUCH SAFETY PEN NEEDLES 29G X 8MM MISC	3	PV Preventive
EASY TOUCH SAFETY PEN NEEDLES 30G X 8 MM MISC	3	PV Preventive
EASY TOUCH SAFETY SYRINGE 20G X 1" 3 ML MISC	3	QL 120 / 30 days
EASY TOUCH SAFETY SYRINGE 21G X 1" 3 ML MISC	3	QL 120 / 30 days
EASY TOUCH SAFETY SYRINGE 22G X 1" 3 ML MISC	3	QL 120 / 30 days
EASY TOUCH SAFETY SYRINGE 22G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
EASY TOUCH SAFETY SYRINGE 23G X 1" 3 ML MISC	3	QL 120 / 30 days
EASY TOUCH SAFETY SYRINGE 25G X 1" 1 ML MISC	3	QL 120 / 30 days
EASY TOUCH SAFETY SYRINGE 25G X 1" 3 ML MISC	3	QL 120 / 30 days
EASY TOUCH SAFETY SYRINGE 25G X 5/8" 1 ML MISC	3	QL 120 / 30 days
EASY TOUCH SAFETY SYRINGE 25G X 5/8" 3 ML MISC	3	QL 120 / 30 days
EASY TOUCH SHEATHLOCK SYRINGE 21G X 1" 3 ML MISC	3	QL 120 / 30 days
EASY TOUCH SHEATHLOCK SYRINGE 21G X 1-1/2" 10 ML MISC	3	QL 120 / 30 days
EASY TOUCH SHEATHLOCK SYRINGE 21G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
EASY TOUCH SHEATHLOCK SYRINGE 21G X 1-1/2" 5 ML MISC	3	QL 120 / 30 days
EASY TOUCH SHEATHLOCK SYRINGE 22G X 1" 3 ML MISC	3	QL 120 / 30 days
EASY TOUCH SHEATHLOCK SYRINGE 22G X 1-1/2" 10 ML MISC	3	QL 120 / 30 days
EASY TOUCH SHEATHLOCK SYRINGE 22G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
EASY TOUCH SHEATHLOCK SYRINGE 22G X 1-1/2" 5 ML MISC	3	QL 120 / 30 days
EASY TOUCH SHEATHLOCK SYRINGE 23G X 1" 3 ML MISC	3	QL 120 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EASY TOUCH SHEATHLOCK SYRINGE 25G X 1" 10 ML MISC	3	QL 120 / 30 days
EASY TOUCH SHEATHLOCK SYRINGE 25G X 1" 3 ML MISC	3	QL 120 / 30 days
EASY TOUCH SHEATHLOCK SYRINGE 25G X 1" 5 ML MISC	3	QL 120 / 30 days
EASY TOUCH SHEATHLOCK SYRINGE 25G X 5/8" 3 ML MISC	3	QL 120 / 30 days
EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
EASY TOUCH SHEATHLOCK SYRINGE 30G X 1/2" 1 ML MISC	3	QL 120 / 30 days PV Preventive
EASY TOUCH SHEATHLOCK SYRINGE 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
EASY TOUCH SHEATHLOCK SYRINGE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
EASY TOUCH SYRINGE BARREL 1 ML MISC	3	QL 120 / 30 day(s)
EASY TOUCH SYRINGE BARREL 10 ML MISC	3	QL 120 / 30 day(s)
EASY TOUCH SYRINGE BARREL 20 ML MISC	3	QL 120 / 30 days
EASY TOUCH SYRINGE BARREL 3 ML MISC	3	QL 120 / 30 day(s)
EASY TOUCH SYRINGE BARREL 5 ML MISC	3	QL 120 / 30 day(s)
EASY TOUCH SYRINGE BARREL 60 ML MISC	3	QL 120 / 30 days
EASY TOUCH TB FLIPLOCK SYRINGE 26G X 5/8" 1 ML MISC	3	QL 120 / 30 days
EASY TOUCH TB FLIPLOCK SYRINGE 27G X 1/2" 1 ML MISC	3	QL 120 / 30 days
EASY TOUCH TB FLIPLOCK SYRINGE 28G X 1/2" 1 ML MISC	3	QL 120 / 30 days
EASY TOUCH TB SHEATHLOCK SYR 25G X 5/8" 1 ML MISC	3	QL 120 / 30 days
EASY TOUCH TB SHEATHLOCK SYR 26G X 5/8" 1 ML MISC	3	QL 120 / 30 days
EASY TOUCH TB SHEATHLOCK SYR 27G X 1/2" 1 ML MISC	3	QL 120 / 30 days
EASY TOUCH TB SHEATHLOCK SYR 28G X 1/2" 1 ML MISC	3	QL 120 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EASYPOINT NEEDLE 18G X 1" MISC	3	QL 120 / 30 days
EASYPOINT NEEDLE 18G X 1-1/2" MISC	3	QL 120 / 30 days
EASYPOINT NEEDLE 20G X 1" MISC	3	QL 120 / 30 days
EASYPOINT NEEDLE 20G X 1-1/2" MISC	3	QL 120 / 30 days
EASYPOINT NEEDLE 21G X 1" MISC	3	QL 120 / 30 days
EASYPOINT NEEDLE 21G X 1-1/2" MISC	3	QL 120 / 30 days
EASYPOINT NEEDLE 22G X 1" MISC	3	QL 120 / 30 days
EASYPOINT NEEDLE 22G X 1-1/2" MISC	3	QL 120 / 30 days
EASYPOINT NEEDLE 23G X 1" MISC	3	QL 120 / 30 days
EASYPOINT NEEDLE 25G X 1" MISC	3	QL 120 / 30 days
EASYPOINT NEEDLE 25G X 1-1/2" MISC	3	QL 120 / 30 days
EASYPOINT NEEDLE 25G X 5/8" MISC	3	QL 120 / 30 days
EASYPOINT NEEDLE/SYRINGE 18G X 1" 3 ML MISC	3	QL 120 / 30 days
EASYPOINT NEEDLE/SYRINGE 18G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
EASYPOINT NEEDLE/SYRINGE 23G X 1" 3 ML MISC	3	QL 120 / 30 days
EASYPOINT NEEDLE/SYRINGE 25G X 1" 3 ML MISC	3	QL 120 / 30 days
EASYPOINT NEEDLE/SYRINGE 25G X 5/8" 3 ML MISC	3	QL 120 / 30 days
EMBECTA AUTOSHIELD DUO 30G X 5 MM MISC	3	PV Preventive
EMBECTA INS SYR U/F 1/2 UNIT 31G X 15/64" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
EMBECTA INS SYR U/F 1/2 UNIT 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
EMBECTA INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
EMBECTA INSULIN SYRINGE 28G X 1/2" 1 ML MISC	3	QL 120 / 30 days PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EMBECTA INSULIN SYRINGE U-100 27G X 5/8" 1 ML MISC	3	QL 120 / 30 days PV Preventive
EMBECTA INSULIN SYRINGE U-100 28G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
EMBECTA INSULIN SYRINGE U-500 31G X 6MM 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
EMBECTA INSULIN SYRINGE U/F 30G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
EMBECTA INSULIN SYRINGE U/F 30G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
EMBECTA INSULIN SYRINGE U/F 30G X 1/2" 1 ML MISC	3	QL 120 / 30 days PV Preventive
EMBECTA INSULIN SYRINGE U/F 31G X 15/64" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
EMBECTA INSULIN SYRINGE U/F 31G X 15/64" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
EMBECTA INSULIN SYRINGE U/F 31G X 15/64" 1 ML MISC	3	QL 120 / 30 days PV Preventive
EMBECTA INSULIN SYRINGE U/F 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
EMBECTA INSULIN SYRINGE U/F 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
EMBECTA INSULIN SYRINGE U/F 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
EMBECTA PEN NEEDLE NANO 2 GEN 32G X 4 MM MISC	3	PV Preventive
EMBECTA PEN NEEDLE NANO 32G X 4 MM MISC	3	PV Preventive
EMBECTA PEN NEEDLE U/F 29G X 12.7MM MISC	3	PV Preventive
EMBECTA PEN NEEDLE U/F 31G X 5 MM MISC	3	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EMBECTA PEN NEEDLE U/F 31G X 8 MM MISC	3	PV Preventive
EMBECTA PEN NEEDLE U/F 32G X 6 MM MISC	3	PV Preventive
EMBRACE LANCETS ULTRA THIN 30G MISC	3	QL 120 / 30 day(s) PV Preventive
EMBRACE LANCING DEVICE/EJECTOR MISC	3	QL 120 / 30 days PV Preventive
EMBRACE PEN NEEDLES 29G X 12MM MISC	3	PV Preventive
EMBRACE PEN NEEDLES 30G X 5 MM MISC	3	PV Preventive
EMBRACE PEN NEEDLES 30G X 8 MM MISC	3	PV Preventive
EMBRACE PEN NEEDLES 31G X 5 MM MISC	3	PV Preventive
EMBRACE PEN NEEDLES 31G X 6 MM MISC	3	PV Preventive
EMBRACE PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
EMBRACE PEN NEEDLES 32G X 4 MM MISC	3	PV Preventive
EMBRACE PRESSURE ACTIVATED 21G MISC	3	QL 120 / 30 day(s) PV Preventive
EMBRACE PRESSURE ACTIVATED 28G MISC	3	QL 120 / 30 day(s) PV Preventive
EQL COLOR LANCETS 21G MISC	3	QL 120 / 30 day(s) PV Preventive
EQL COLOR LANCETS MICRO 33G MISC	3	QL 120 / 30 day(s) PV Preventive
EQL INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
EQL INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
EQL INSULIN SYRINGE 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EQL INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
EQL INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
EQL INSULIN SYRINGE 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
EQL INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
EQL INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
EQL INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
EQL SUPER THIN LANCETS 30G MISC	3	QL 120 / 30 day(s) PV Preventive
EQL THIN LANCETS 26G MISC	3	QL 120 / 30 day(s) PV Preventive
EZ-LETS LANCETS 21G MISC	3	QL 120 / 30 day(s) PV Preventive
EZ-LETS LANCETS 26G MISC	3	QL 120 / 30 day(s) PV Preventive
EZ-LETS LANCETS 28G MISC	3	QL 120 / 30 day(s) PV Preventive
EZ-LETS LANCETS 30G MISC	3	QL 120 / 30 day(s) PV Preventive
FANTASY LUBRICATED MISC	3	PV Preventive ACA Affordable Care Act Medications
FANTASY LUBRICATED/SPERMICIDE MISC	3	PV Preventive ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FC2 FEMALE CONDOM MISC	3	PV Preventive ACA Affordable Care Act Medications
FEMCAP 22 MM DEVICE	3	PV Preventive ACA Affordable Care Act Medications
FEMCAP 26 MM DEVICE	3	PV Preventive ACA Affordable Care Act Medications
FEMCAP 30 MM DEVICE	3	PV Preventive ACA Affordable Care Act Medications
FIFTY50 PEN NEEDLES 31G X 5 MM MISC	3	PV Preventive
FIFTY50 PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
FIFTY50 PEN NEEDLES 32G X 4 MM MISC	3	PV Preventive
FIFTY50 PEN NEEDLES 32G X 6 MM MISC	3	PV Preventive
FIFTY50 SAFETY SEAL LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
FIFTY50 SUPERIOR COMFORT SYR 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
FIFTY50 SUPERIOR COMFORT SYR 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
FIFTY50 SUPERIOR COMFORT SYR 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
FIFTY50 UNILET LANCETS 33G MISC	3	QL 120 / 30 day(s) PV Preventive
FINE 30 MISC	3	QL 120 / 30 day(s) PV Preventive
FINGERSTIX LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FLOW-EZE VENTED NEEDLE MISC	3	QL 120 / 30 days
FORA LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
FORA LANCING DEVICE MISC	3	QL 120 / 30 days PV Preventive
FREESTYLE LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
FREESTYLE LIBRE 14 DAY READER DEVICE	3	ST QLC 1 / 365 days STC Must also be on any insulin PV Preventive
FREESTYLE LIBRE 14 DAY SENSOR MISC	3	QL 2 / 28 day(s) ST STC Must also be on any insulin PV Preventive
FREESTYLE LIBRE 2 PLUS SENSOR MISC	3	QL 2 / 28 day(s) ST STC Must also be on any insulin PV Preventive
FREESTYLE LIBRE 2 READER DEVICE	3	ST QLC 1 / 365 days STC Must also be on any insulin PV Preventive
FREESTYLE LIBRE 2 SENSOR MISC	3	QL 2 / 28 day(s) ST STC Must also be on any insulin PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FREESTYLE LIBRE 3 READER DEVICE	3	ST QLC 1 / 365 days STC Must also be on any insulin PV Preventive
FREESTYLE LIBRE 3 SENSOR MISC	3	QL 2 / 28 day(s) ST STC Must also be on any insulin PV Preventive
FREESTYLE LIBRE READER DEVICE	3	ST QLC 1 / 365 days STC Must also be on any insulin PV Preventive
FREESTYLE UNISTICK II LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
GENTEEL BUTTERFLY TOUCH LANCET MISC	3	QL 120 / 30 day(s) PV Preventive
GENTEEL CONTACT TIPS (BLUE) MISC	3	QL 120 / 30 days PV Preventive
GENTEEL CONTACT TIPS (CLEAR) MISC	3	QL 120 / 30 days PV Preventive
GENTEEL CONTACT TIPS (GREEN) MISC	3	QL 120 / 30 days PV Preventive
GENTEEL CONTACT TIPS (ORANGE) MISC	3	QL 120 / 30 days PV Preventive
GENTEEL CONTACT TIPS (RAINBOW) MISC	3	QL 120 / 30 days PV Preventive
GENTEEL CONTACT TIPS (VIOLET) MISC	3	QL 120 / 30 days PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GENTEEL CONTACT TIPS (YELLOW) MISC	3	QL 120 / 30 days PV Preventive
GENTEEL LANCING KIT (BLUE) KIT	3	QL 120 / 30 days PV Preventive
GENTEEL NOZZLES MISC	3	QL 120 / 30 days PV Preventive
GENTEEL PLUS LANCING (BLACK) MISC	3	QL 120 / 30 days PV Preventive
GENTEEL PLUS LANCING (PURPLE) MISC	3	QL 120 / 30 days PV Preventive
GENTEEL PLUS LANCING (WHITE) MISC	3	QL 120 / 30 days PV Preventive
GENTEEL PLUS LANCING DEV(BLUE) MISC	3	QL 120 / 30 days PV Preventive
GENTEEL PLUS LANCING DEV(PINK) MISC	3	QL 120 / 30 days PV Preventive
GENTLE-LET GP LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
GENTLE-LET LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
GENTLE-LET PLATFORMS MISC	3	QL 120 / 30 days PV Preventive
GLOBAL EASE INJECT PEN NEEDLES 29G X 12MM MISC	3	PV Preventive
GLOBAL EASE INJECT PEN NEEDLES 31G X 5 MM MISC	3	PV Preventive
GLOBAL EASE INJECT PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
GLOBAL EASE INJECT PEN NEEDLES 32G X 4 MM MISC	3	PV Preventive
GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 1 ML MISC	3	QL 120 / 30 days PV Preventive
GLOBAL EASY GLIDE INSULIN SYR 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
GLOBAL EASY GLIDE PEN NEEDLES 32G X 4 MM MISC	3	PV Preventive
GLOBAL INJECT EASE INSULIN SYR 28G X 1/2" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
GLOBAL INJECT EASE INSULIN SYR 28G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
GLOBAL INJECT EASE INSULIN SYR 29G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
GLOBAL INJECT EASE INSULIN SYR 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
GLOBAL INJECT EASE INSULIN SYR 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
GLOBAL INJECT EASE INSULIN SYR 30G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
GLOBAL INJECT EASE INSULIN SYR 30G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
GLOBAL INJECT EASE INSULIN SYR 30G X 1/2" 1 ML MISC	3	QL 120 / 30 days PV Preventive
GLOBAL INJECT EASE INSULIN SYR 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
GLOBAL INJECT EASE INSULIN SYR 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
GLOBAL INJECT EASE INSULIN SYR 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GLOBAL INJECT EASE INSULIN SYR 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
GLOBAL INJECT EASE INSULIN SYR 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
GLOBAL INJECT EASE INSULIN SYR 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
GLOBAL INJECT EASE LANCETS 28G MISC	3	QL 120 / 30 day(s) PV Preventive
GLOBAL INJECT EASE LANCETS 30G MISC	3	QL 120 / 30 day(s) PV Preventive
GLOBAL INSULIN SYRINGES 30G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
GLOBAL INSULIN SYRINGES 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
GLOBAL LANCING DEVICE MISC	3	QL 120 / 30 days PV Preventive
GLUCOCOM LANCETS 28G MISC	3	QL 120 / 30 day(s) PV Preventive
GLUCOCOM LANCETS 30G MISC	3	QL 120 / 30 day(s) PV Preventive
GLUCOCOM LANCETS 33G MISC	3	QL 120 / 30 day(s) PV Preventive
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 1 ML MISC	3	QL 120 / 30 days PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GLUCOPRO INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
GLUCOPRO INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
GLUCOPRO INSULIN SYRINGE 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
GLUCOPRO INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
GLUCOPRO INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
GLUCOPRO INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
GNP CLICKFINE PEN NEEDLES 31G X 6 MM MISC	3	PV Preventive
GNP CLICKFINE PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
GNP INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
GNP INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
GNP INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
GNP INSULIN SYRINGE 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
GNP INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
GNP INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
GNP INSULIN SYRINGE 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GNP INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	3	QL PV 120 / 30 day(s) Preventive
GNP INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	3	QL PV 120 / 30 days Preventive
GNP INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	QL PV 120 / 30 days Preventive
GNP INSULIN SYRINGES 28GX1/2" 28G X 1/2" 1 ML MISC	3	QL PV 120 / 30 day(s) Preventive
GNP INSULIN SYRINGES 29GX1/2" 29G X 1/2" 0.5 ML MISC	3	QL PV 120 / 30 day(s) Preventive
GNP INSULIN SYRINGES 29GX1/2" 29G X 1/2" 1 ML MISC	3	QL PV 120 / 30 day(s) Preventive
GNP INSULIN SYRINGES 30G X 5/16" 1 ML MISC	3	QL PV 120 / 30 day(s) Preventive
GNP INSULIN SYRINGES 30GX5/16" 30G X 5/16" 0.3 ML MISC	3	QL PV 120 / 30 day(s) Preventive
GNP INSULIN SYRINGES 31GX5/16" 31G X 5/16" 0.3 ML MISC	3	QL PV 120 / 30 day(s) Preventive
GNP LANCETS 21G MISC	3	QL PV 120 / 30 day(s) Preventive
GNP LANCETS THIN 26G MISC	3	QL PV 120 / 30 day(s) Preventive
GNP LANCING SYSTEM DEVICE MISC	3	QL PV 120 / 30 days Preventive
GNP PEN NEEDLES 31G X 5 MM MISC	3	PV Preventive
GNP PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
GNP PEN NEEDLES 32G X 4 MM MISC	3	PV Preventive
GNP PEN NEEDLES 32G X 6 MM MISC	3	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GNP STERILE LANCETS 28G MISC	3	QL 120 / 30 day(s) PV Preventive
GNP STERILE LANCETS 30G MISC	3	QL 120 / 30 day(s) PV Preventive
GNP STERILE LANCETS 33G MISC	3	QL 120 / 30 day(s) PV Preventive
GNP ULTICARE PEN NEEDLES 31G X 5 MM MISC	3	PV Preventive
GNP ULTICARE PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
GNP ULTICARE PEN NEEDLES 32G X 4 MM MISC	3	PV Preventive
GNP ULTICARE PEN NEEDLES 32G X 6 MM MISC	3	PV Preventive
GNP ULTIGUARD SAFEPAK NEEDLE 31G X 5 MM MISC	3	PV Preventive
GNP ULTIGUARD SAFEPAK NEEDLE 31G X 8 MM MISC	3	PV Preventive
GNP ULTIGUARD SAFEPAK NEEDLE 32G X 4 MM MISC	3	PV Preventive
GNP ULTIGUARD SAFEPAK NEEDLE 32G X 6 MM MISC	3	PV Preventive
GNP ULTRA COM INSULIN SYRINGE 28G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
GOJJI LANCING DEVICE/CLEAR CAP MISC	3	QL 120 / 30 days PV Preventive
GOJJI STERILE LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
GOODSENSE CLICKFINE PEN NEEDLE 31G X 5 MM MISC	3	PV Preventive
GOODSENSE COLOR LANCETS 33G MISC	3	QL 120 / 30 day(s) PV Preventive
GOODSENSE LANCETS 26G UNIV MISC	3	QL 120 / 30 day(s) PV Preventive
GOODSENSE LANCETS 30G MISC	3	QL 120 / 30 day(s) PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GOODSENSE LANCETS 30G UNIV MISC	3	QL 120 / 30 day(s) PV Preventive
GOODSENSE LANCETS 33G MISC	3	QL 120 / 30 day(s) PV Preventive
GOODSENSE LANCETS 33G UNIV MISC	3	QL 120 / 30 day(s) PV Preventive
GOODSENSE LANCING DEVICE MISC	3	QL 120 / 30 days PV Preventive
GOODSENSE PEN NEEDLE PENFINE 31G X 5 MM MISC	3	PV Preventive
GOODSENSE PEN NEEDLE PENFINE 31G X 8 MM MISC	3	PV Preventive
GOODSENSE PEN NEEDLE PENFINE 32G X 4 MM MISC	3	PV Preventive
GOODSENSE PEN NEEDLE PENFINE 32G X 6 MM MISC	3	PV Preventive
H-E-B INCONTROL ADV LANCING MISC	3	QL 120 / 30 days PV Preventive
H-E-B INCONTROL LANCETS 28G MISC	3	QL 120 / 30 day(s) PV Preventive
H-E-B INCONTROL LANCETS 30G MISC	3	QL 120 / 30 day(s) PV Preventive
H-E-B INCONTROL LANCETS 33G MISC	3	QL 120 / 30 day(s) PV Preventive
H-E-B INCONTROL PEN NEEDLES 29G X 12MM MISC	3	PV Preventive
H-E-B INCONTROL PEN NEEDLES 31G X 5 MM MISC	3	PV Preventive
H-E-B INCONTROL PEN NEEDLES 31G X 6 MM MISC	3	PV Preventive
H-E-B INCONTROL PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
H-E-B INCONTROL PEN NEEDLES 32G X 4 MM MISC	3	PV Preventive
H-E-B INCONTROL UNIFINE PENTIP 31G X 5 MM MISC	3	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
H-E-B INCONTROL UNIFINE PENTIP 31G X 6 MM MISC	3	PV Preventive
H-E-B INCONTROL UNIFINE PENTIP 31G X 8 MM MISC	3	PV Preventive
H-E-B INCONTROL UNIFINE PENTIP 32G X 4 MM MISC	3	PV Preventive
H-E-B INCONTROL UNIFINE PENTIP 33G X 4 MM MISC	3	PV Preventive
HAEMOLANCE MISC	3	QL 120 / 30 day(s) PV Preventive
HAEMOLANCE LOW FLOW LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
HAEMOLANCE PLUS MISC	3	QL 120 / 30 day(s) PV Preventive
HAEMOLANCE PLUS HIGH FLOW MISC	3	QL 120 / 30 day(s) PV Preventive
HAEMOLANCE PLUS LOW FLOW MISC	3	QL 120 / 30 day(s) PV Preventive
HAEMOLANCE PLUS MAX FLOW MISC	3	QL 120 / 30 day(s) PV Preventive
HAEMOLANCE PLUS PEDIATRIC FLOW MISC	3	QL 120 / 30 day(s) PV Preventive
HEALTH CARE LANCING DEVICE MISC	3	QL 120 / 30 days PV Preventive
HEALTHWISE INSULIN SYR/NEEDLE 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
HEALTHWISE INSULIN SYR/NEEDLE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
HEALTHWISE INSULIN SYR/NEEDLE 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
HEALTHWISE INSULIN SYR/NEEDLE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HEALTHWISE INSULIN SYR/NEEDLE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
HEALTHWISE INSULIN SYR/NEEDLE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
HEALTHWISE MICRON PEN NEEDLES 32G X 4 MM MISC	3	PV Preventive
HEALTHWISE SHORT PEN NEEDLES 31G X 5 MM MISC	3	PV Preventive
HEALTHWISE SHORT PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
HM ULTICARE INSULIN SYRINGE 30G X 1/2" 1 ML MISC	3	QL 120 / 30 days PV Preventive
HM ULTICARE INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
HM ULTICARE MINI PEN NEEDLES 31G X 5 MM MISC	3	PV Preventive
HM ULTICARE SHORT PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
HY-VEE LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
HY-VEE THIN LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
HYPODERMIC NEEDLE 18G X 1" MISC	3	QL 120 / 30 days
HYPODERMIC NEEDLE 18G X 1-1/2" MISC	3	QL 120 / 30 days
HYPODERMIC NEEDLE 20G X 1" MISC	3	QL 120 / 30 days
HYPODERMIC NEEDLE 20G X 1-1/2" MISC	3	QL 120 / 30 days
HYPODERMIC NEEDLE 21G X 1" MISC	3	QL 120 / 30 days
HYPODERMIC NEEDLE 21G X 1-1/2" MISC	3	QL 120 / 30 days
HYPODERMIC NEEDLE 22G X 1" MISC	3	QL 120 / 30 days
HYPODERMIC NEEDLE 22G X 1-1/2" MISC	3	QL 120 / 30 days
HYPODERMIC NEEDLE 23G X 1" MISC	3	QL 120 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HYPODERMIC NEEDLE 23G X 1-1/2" MISC	3	QL 120 / 30 days
HYPODERMIC NEEDLE 25G X 1-1/2" MISC	3	QL 120 / 30 days
HYPODERMIC NEEDLE 25G X 5/8" MISC	3	QL 120 / 30 days
HYPODERMIC NEEDLE 26G X 1/2" MISC	3	QL 120 / 30 days
HYPODERMIC NEEDLE 27G X 1-1/2" MISC	3	QL 120 / 30 days
HYPODERMIC NEEDLE 27G X 1/2" MISC	3	QL 120 / 30 days
HYPOLANCE AST LANCING KIT	3	QL 120 / 30 days PV Preventive
IHEALTH CONTROL SOLUTION LIQUID	3	PV Preventive
IHEALTH LANCING DEVICE MISC	3	QL 120 / 30 days PV Preventive
IN TOUCH LANCING DEVICE MISC	3	QL 120 / 30 days PV Preventive
IN TOUCH STERILE LANCETS 30G MISC	3	QL 120 / 30 day(s) PV Preventive
INCONTROL ULTICARE PEN NEEDLES 31G X 6 MM MISC	3	PV Preventive
INCONTROL ULTICARE PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
INCONTROL ULTICARE PEN NEEDLES 32G X 4 MM MISC	3	PV Preventive
INPEN 100-BLUE-LILLY-HUMALOG DEVICE	3	PV Preventive
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE	3	PV Preventive
INPEN 100-GREY-LILLY-HUMALOG DEVICE	3	PV Preventive
INPEN 100-GREY-NOVOLOG-FIASP DEVICE	3	PV Preventive
INPEN 100-PINK-LILLY-HUMALOG DEVICE	3	PV Preventive
INPEN 100-PINK-NOVOLOG-FIASP DEVICE	3	PV Preventive
INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
INSULIN SYRINGE 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
INSULIN SYRINGE 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
INSULIN SYRINGE-NEEDLE U-100 27G X 1/2" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
INSULIN SYRINGE-NEEDLE U-100 27G X 1/2" 1 ML MISC	3	QL 120 / 30 days PV Preventive
INSULIN SYRINGE-NEEDLE U-100 28G X 1/2" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
INSULIN SYRINGE-NEEDLE U-100 28G X 1/2" 1 ML MISC	3	QL 120 / 30 days PV Preventive
INSULIN SYRINGE-NEEDLE U-100 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
INSULIN SYRINGE-NEEDLE U-100 29G X 1/2" 1 ML MISC	3	QL 120 / 30 days PV Preventive
INSULIN SYRINGE-NEEDLE U-100 30G X 1/2" 1 ML MISC	3	QL 120 / 30 days PV Preventive
INSULIN SYRINGE-NEEDLE U-100 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
INSULIN SYRINGE-NEEDLE U-100 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
INSULIN SYRINGE-NEEDLE U-100 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
INSULIN SYRINGE-NEEDLE U-100 31G X 1/4" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
INSULIN SYRINGE-NEEDLE U-100 31G X 1/4" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
INSULIN SYRINGE-NEEDLE U-100 31G X 1/4" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
INSULIN SYRINGE-NEEDLE U-100 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
INSULIN SYRINGE-NEEDLE U-100 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
INSULIN SYRINGE-NEEDLE U-100 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
INSUPEN PEN NEEDLES 29G X 12MM MISC	3	PV Preventive
INSUPEN PEN NEEDLES 31G X 5 MM MISC	3	PV Preventive
INSUPEN PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
INSUPEN PEN NEEDLES 32G X 4 MM MISC	3	PV Preventive
INSUPEN PEN NEEDLES 33G X 4 MM MISC	3	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
INSUPEN SENSITIVE 32G X 6 MM MISC	3	PV Preventive
INSUPEN SENSITIVE 32G X 8 MM MISC	3	PV Preventive
INSUPEN ULTRAFIN 30G X 8 MM MISC	3	PV Preventive
INSUPEN ULTRAFIN 31G X 6 MM MISC	3	PV Preventive
INSUPEN ULTRAFIN 31G X 8 MM MISC	3	PV Preventive
INSUPEN32G EXTR3ME 32G X 6 MM MISC	3	PV Preventive
IQIRVO 80 MG TAB	5	QL 30 / 30 days
		PA
		S
K-Y ME & YOU EXTRA LUBRICATED DEVICE	3	PV Preventive
		ACA Affordable Care Act Medications
K-Y ME & YOU INTENSE DEVICE	3	PV Preventive
		ACA Affordable Care Act Medications
KAMELEON LUBRICATED MISC	3	PV Preventive
		ACA Affordable Care Act Medications
KIMONO MISC	3	PV Preventive
		ACA Affordable Care Act Medications
KIMONO COLORS DEVICE	3	PV Preventive
		ACA Affordable Care Act Medications
KIMONO MAXX-LARGE FLARE MISC	3	PV Preventive
		ACA Affordable Care Act Medications
KIMONO MICRO THIN MISC	3	PV Preventive
		ACA Affordable Care Act Medications
KIMONO MICRO THIN PLUS MISC	3	PV Preventive
		ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KIMONO PLUS MISC	3	PV Preventive ACA Affordable Care Act Medications
KIMONO PS MISC	3	PV Preventive ACA Affordable Care Act Medications
KIMONO PS PLUS MISC	3	PV Preventive ACA Affordable Care Act Medications
KIMONO SENSATION MISC	3	PV Preventive ACA Affordable Care Act Medications
KIMONO SENSATION PLUS MISC	3	PV Preventive ACA Affordable Care Act Medications
KIMONO SPECIAL DEVICE	3	PV Preventive ACA Affordable Care Act Medications
KINNEY LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
KINNEY THIN LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
KINRAY INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
KINRAY INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
KINRAY INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
KINRAY INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
KMART VALU INSULIN SYRINGE 29G U-100 0.5 ML MISC	3	QL 120 / 30 days PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KMART VALU INSULIN SYRINGE 29G U-100 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
KMART VALU INSULIN SYRINGE 30G U-100 0.3 ML MISC	3	PV Preventive
KMART VALU INSULIN SYRINGE 30G U-100 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
KMART VALU INSULIN SYRINGE 30G U-100 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
KROGER AUTOLET LANCING DEVICE MISC	3	QL 120 / 30 days PV Preventive
KROGER HEALTHPRO LANCET 26G MISC	3	QL 120 / 30 day(s) PV Preventive
KROGER INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
KROGER INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
KROGER INSULIN SYRINGE 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
KROGER INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
KROGER INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
KROGER INSULIN SYRINGE 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
KROGER INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
KROGER INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
KROGER INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KROGER LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
KROGER LANCETS 21G MISC	3	QL 120 / 30 day(s) PV Preventive
KROGER LANCETS MICRO THIN 33G MISC	3	QL 120 / 30 day(s) PV Preventive
KROGER LANCETS SUPER THIN MISC	3	QL 120 / 30 day(s) PV Preventive
KROGER LANCETS THIN MISC	3	QL 120 / 30 day(s) PV Preventive
KROGER LANCETS THIN 26G MISC	3	QL 120 / 30 day(s) PV Preventive
KROGER LANCETS ULTRATHIN 30G MISC	3	QL 120 / 30 day(s) PV Preventive
KROGER LANCING DEVICE MISC	3	QL 120 / 30 days PV Preventive
KROGER PEN NEEDLES 29G X 12MM MISC	3	PV Preventive
KROGER PEN NEEDLES 31G X 5 MM MISC	3	PV Preventive
KROGER PEN NEEDLES 31G X 6 MM MISC	3	PV Preventive
KROGER PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
KROGER PEN NEEDLES 32G X 4 MM MISC	3	PV Preventive
KROGER PEN NEEDLES 33G X 4 MM MISC	3	PV Preventive
LANCET DEVICE MISC	3	QL 120 / 30 days PV Preventive
LANCET DEVICE WITH EJECTOR MISC	3	QL 120 / 30 days PV Preventive
LANCET TRANSPORTER CASE MISC	3	QL 120 / 30 days PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
LANCETS 28G THIN MISC	3	QL 120 / 30 day(s) PV Preventive
LANCETS 30G MISC	3	QL 120 / 30 day(s) PV Preventive
LANCETS 33G MISC	3	QL 120 / 30 day(s) PV Preventive
LANCETS MICRO THIN 33G MISC	3	QL 120 / 30 day(s) PV Preventive
LANCETS SUPER THIN MISC	3	QL 120 / 30 day(s) PV Preventive
LANCETS SUPER THIN 28G MISC	3	QL 120 / 30 day(s) PV Preventive
LANCETS THIN MISC	3	QL 120 / 30 day(s) PV Preventive
LANCETS ULTRA THIN MISC	3	QL 120 / 30 day(s) PV Preventive
LANCETS ULTRA THIN 30G MISC	3	QL 120 / 30 day(s) PV Preventive
LANCING DEVICE MISC	3	QL 120 / 30 days PV Preventive
LANZO MISC	3	QL 120 / 30 days PV Preventive
LEADER ADVANCED LANCING DEVICE MISC	3	QL 120 / 30 days PV Preventive
LEADER INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LEADER INSULIN SYRINGE 28G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
LEADER INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
LEADER INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
LEADER INSULIN SYRINGE 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
LEADER INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
LEADER INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
LEADER INSULIN SYRINGE 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
LEADER INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
LEADER INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
LEADER INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
LEADER UNIFINE PENTIPS 31G X 5 MM MISC	3	PV Preventive
LEADER UNIFINE PENTIPS 32G X 4 MM MISC	3	PV Preventive
LEADER UNIFINE PENTIPS PLUS 31G X 5 MM MISC	3	PV Preventive
LEADER UNIFINE PENTIPS PLUS 31G X 8 MM MISC	3	PV Preventive
LEADER UNIFINE PENTIPS PLUS 32G X 4 MM MISC	3	PV Preventive
LIBERTY MEDICAL LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LIBERTY MINI LANCING DEVICE MISC	3	QL 120 / 30 days PV Preventive
LITE TOUCH LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
LITE TOUCH LANCING PEN MISC	3	QL 120 / 30 days PV Preventive
LITETOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
LITETOUCH INSULIN SYRINGE 28G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
LITETOUCH INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
LITETOUCH INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
LITETOUCH INSULIN SYRINGE 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
LITETOUCH INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
LITETOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
LITETOUCH INSULIN SYRINGE 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
LITETOUCH INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
LITETOUCH INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
LITETOUCH INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LITETOUCH LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
LITETOUCH PEN NEEDLES 29G X 12.7MM MISC	3	PV Preventive
LITETOUCH PEN NEEDLES 31G X 5 MM MISC	3	PV Preventive
LITETOUCH PEN NEEDLES 31G X 6 MM MISC	3	PV Preventive
LITETOUCH PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
LITETOUCH PEN NEEDLES 32G X 4 MM MISC	3	PV Preventive
LIVE BETTER LANCET SUPER THIN MISC	3	QL 120 / 30 day(s) PV Preventive
LONGS INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
LONGS LANCETS STANDARD MISC	3	QL 120 / 30 day(s) PV Preventive
LONGS LANCETS THIN MISC	3	QL 120 / 30 day(s) PV Preventive
LONGS LANCETS ULTRA THIN MISC	3	QL 120 / 30 day(s) PV Preventive
LUER LOCK SAFETY SYRINGES 21G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
LUER LOCK SAFETY SYRINGES 22G X 1" 3 ML MISC	3	QL 120 / 30 days
LUER LOCK SAFETY SYRINGES 22G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
LUER LOCK SAFETY SYRINGES 23G X 1" 3 ML MISC	3	QL 120 / 30 days
LUER LOCK SAFETY SYRINGES 25G X 1" 3 ML MISC	3	QL 120 / 30 days
LUER LOCK SAFETY SYRINGES 25G X 5/8" 3 ML MISC	3	QL 120 / 30 days
LUER LOCK SAFETY SYRINGES 3 ML MISC	3	QL 120 / 30 day(s)
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 1 ML MISC	3	QL 120 / 30 days PV Preventive
MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
MAGELLAN SYRINGE-SAFETY NEEDLE 23G X 1" 1 ML MISC	3	QL 120 / 30 days
MAGELLAN TUBERCULIN SYRINGE 27G X 1/2" 1 ML MISC	3	QL 120 / 30 days
MAGELLAN TUBERCULIN SYRINGE 28G X 1/2" 1 ML MISC	3	QL 120 / 30 days
MARATHON MEDICAL PENTIPS 29G X 12MM MISC	3	PV Preventive
MARATHON MEDICAL PENTIPS 31G X 5 MM MISC	3	PV Preventive
MARATHON MEDICAL PENTIPS 31G X 8 MM MISC	3	PV Preventive
MARATHON MEDICAL PENTIPS 32G X 4 MM MISC	3	PV Preventive
MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
MAXI-COMFORT SAFETY PEN NEEDLE 29G X 5MM MISC	3	PV Preventive
MAXI-COMFORT SAFETY PEN NEEDLE 29G X 8MM MISC	3	PV Preventive
MAXICOMFORT II PEN NEEDLE 31G X 6 MM MISC	3	PV Preventive
MAXICOMFORT SYR 27G X 1/2" 27G X 1/2" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MAXICOMFORT SYR 27G X 1/2" 27G X 1/2" 1 ML MISC	3	QL 120 / 30 days PV Preventive
MAXX MISC	3	PV Preventive ACA Affordable Care Act Medications
MAXX PLUS MISC	3	PV Preventive ACA Affordable Care Act Medications
MEDIC INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
MEDIC INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
MEDICHOICE SAFETY LANCET MISC	3	QL 120 / 30 day(s) PV Preventive
MEDICHOICE SAFETY LANCET EXTRA MISC	3	QL 120 / 30 day(s) PV Preventive
MEDICHOICE SAFETY LANCET NORM MISC	3	QL 120 / 30 day(s) PV Preventive
MEDICINE SHOPPE PEN NEEDLES 29G X 12MM MISC	3	PV Preventive
MEDICINE SHOPPE PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
MEDLANCE EXTRA 21G MISC	3	QL 120 / 30 day(s) PV Preventive
MEDLANCE LITE 25G MISC	3	QL 120 / 30 day(s) PV Preventive
MEDLANCE PLUS EXTRA 21G MISC	3	QL 120 / 30 day(s) PV Preventive
MEDLANCE PLUS LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
MEDLANCE PLUS LITE 25G MISC	3	QL 120 / 30 day(s) PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MEDLANCE PLUS SPECIAL 0.8MM MISC	3	QL 120 / 30 day(s) PV Preventive
MEDLANCE PLUS SUPERLITE 30G MISC	3	QL 120 / 30 day(s) PV Preventive
MEDLANCE PLUS UNIVERSAL 21G MISC	3	QL 120 / 30 day(s) PV Preventive
MEDLANCE UNIVERSAL 21G MISC	3	QL 120 / 30 day(s) PV Preventive
MEIJER LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
MEIJER LANCETS THIN MISC	3	QL 120 / 30 day(s) PV Preventive
MEIJER LANCETS UNIVERSAL 21G MISC	3	QL 120 / 30 day(s) PV Preventive
MEIJER LANCETS UNIVERSAL 30G MISC	3	QL 120 / 30 day(s) PV Preventive
MEIJER LANCETS UNIVERSAL 33G MISC	3	QL 120 / 30 day(s) PV Preventive
MEIJER PEN NEEDLES 29G X 12MM MISC	3	PV Preventive
MEIJER PEN NEEDLES 31G X 6 MM MISC	3	PV Preventive
MEIJER PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
MEIJER SUPER THIN LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
<i>methylergonovine maleate tab 0.2 mg</i>	4	
<i>methylergonovine maleate tab 0.2 mg</i>	2	
MICRODOT PEN NEEDLE 31G X 6 MM MISC	3	PV Preventive
MICRODOT PEN NEEDLE 32G X 4 MM MISC	3	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MICRODOT PEN NEEDLE 33G X 4 MM MISC	3	PV Preventive
MICROLET LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
MICROLET NEXT LANCING DEVICE MISC	3	QL 120 / 30 days PV Preventive
MINI LANCING DEVICE MISC	3	QL 120 / 30 days PV Preventive
MM INSULIN SYRINGE/NEEDLE 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
MM INSULIN SYRINGE/NEEDLE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
MM INSULIN SYRINGE/NEEDLE 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
MM INSULIN SYRINGE/NEEDLE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
MM INSULIN SYRINGE/NEEDLE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
MM INSULIN SYRINGE/NEEDLE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
MM LANCING DEVICE MISC	3	QL 120 / 30 days PV Preventive
MM PEN NEEDLES 31G X 5 MM MISC	3	PV Preventive
MM PEN NEEDLES 31G X 6 MM MISC	3	PV Preventive
MM PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
MM PEN NEEDLES 32G X 4 MM MISC	3	PV Preventive
MM TWIST LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MOBILE LANCETS 30G MISC	3	QL PV 120 / 30 day(s) Preventive
MONOJECT ALLERGIST TRAY 27G X 1/2" 1 ML KIT	3	QL 120 / 30 days
MONOJECT ALLERGIST TRAY 28G X 1/2" 0.5 ML KIT	3	QL 120 / 30 days
MONOJECT ALLERGIST TRAY 28G X 1/2" 1 ML KIT	3	QL 120 / 30 days
MONOJECT BLUNTIP CANNULA 20G X 1-1/2" MISC	3	QL 120 / 30 days
MONOJECT BLUNTIP CANNULA 21G X 1" MISC	3	QL 120 / 30 days
MONOJECT BLUNTIP SYR/CANNULA 3 ML MISC	3	QL 120 / 30 day(s)
MONOJECT BLUNTIP SYR/CANNULA 6 ML MISC	3	QL 120 / 30 days
MONOJECT CONTROL SYRINGE 12 ML MISC	3	QL 120 / 30 days
MONOJECT CONTROL SYRINGE 20 ML MISC	3	QL 120 / 30 days
MONOJECT FILTER ASPIRATOR MISC	3	QL 120 / 30 days
MONOJECT FILTER NEEDLE 18G X 1-1/2" MISC	3	QL 120 / 30 days
MONOJECT FILTER NEEDLE 20G X 1-1/2" MISC	3	QL 120 / 30 days
MONOJECT HYPODERMIC NEEDLE 14G X 1" MISC	3	QL 120 / 30 days
MONOJECT HYPODERMIC NEEDLE 14G X 1-1/2" MISC	3	QL 120 / 30 days
MONOJECT HYPODERMIC NEEDLE 14G X 2" MISC	3	QL 120 / 30 days
MONOJECT HYPODERMIC NEEDLE 16G X 1" MISC	3	QL 120 / 30 days
MONOJECT HYPODERMIC NEEDLE 16G X 1-1/2" MISC	3	QL 120 / 30 days
MONOJECT HYPODERMIC NEEDLE 16G X 3/4" MISC	3	QL 120 / 30 days
MONOJECT HYPODERMIC NEEDLE 16G X 5/8" MISC	3	QL 120 / 30 days
MONOJECT HYPODERMIC NEEDLE 18G X 1" MISC	3	QL 120 / 30 days
MONOJECT HYPODERMIC NEEDLE 18G X 1-1/2" MISC	3	QL 120 / 30 days
MONOJECT HYPODERMIC NEEDLE 19G X 1" MISC	3	QL 120 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MONOJECT HYPODERMIC NEEDLE 19G X 1-1/2" MISC	3	QL 120 / 30 days
MONOJECT HYPODERMIC NEEDLE 20G X 1" MISC	3	QL 120 / 30 days
MONOJECT HYPODERMIC NEEDLE 20G X 1-1/2" MISC	3	QL 120 / 30 days
MONOJECT HYPODERMIC NEEDLE 21G X 1" MISC	3	QL 120 / 30 days
MONOJECT HYPODERMIC NEEDLE 21G X 1-1/2" MISC	3	QL 120 / 30 days
MONOJECT HYPODERMIC NEEDLE 21G X 2" MISC	3	QL 120 / 30 days
MONOJECT HYPODERMIC NEEDLE 22G X 1" MISC	3	QL 120 / 30 days
MONOJECT HYPODERMIC NEEDLE 22G X 1-1/2" MISC	3	QL 120 / 30 days
MONOJECT HYPODERMIC NEEDLE 23G X 1" MISC	3	QL 120 / 30 days
MONOJECT HYPODERMIC NEEDLE 23G X 3/4" MISC	3	QL 120 / 30 days
MONOJECT HYPODERMIC NEEDLE 25G X 1" MISC	3	QL 120 / 30 days
MONOJECT HYPODERMIC NEEDLE 25G X 1-1/2" MISC	3	QL 120 / 30 days
MONOJECT HYPODERMIC NEEDLE 25G X 1-1/4" MISC	3	QL 120 / 30 days
MONOJECT HYPODERMIC NEEDLE 25G X 2" MISC	3	QL 120 / 30 days
MONOJECT HYPODERMIC NEEDLE 25G X 5/8" MISC	3	QL 120 / 30 days
MONOJECT HYPODERMIC NEEDLE 26G X 1-1/2" MISC	3	QL 120 / 30 days
MONOJECT HYPODERMIC NEEDLE 26G X 1/2" MISC	3	QL 120 / 30 days
MONOJECT HYPODERMIC NEEDLE 27G X 1-1/2" MISC	3	QL 120 / 30 days
MONOJECT HYPODERMIC NEEDLE 27G X 1-1/4" MISC	3	QL 120 / 30 days
MONOJECT HYPODERMIC NEEDLE 27G X 1/2" MISC	3	QL 120 / 30 days
MONOJECT HYPODERMIC NEEDLE 30G X 3/4" MISC	3	QL 120 / 30 days
MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML MISC	3	QL 120 / 30 days PV Preventive
MONOJECT INSULIN SYRINGE 27G X 1/2" 1 ML MISC	3	QL 120 / 30 days PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MONOJECT INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
MONOJECT INSULIN SYRINGE 28G X 1/2" 1 ML MISC	3	QL 120 / 30 days PV Preventive
MONOJECT INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
MONOJECT INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
MONOJECT INSULIN SYRINGE 29G X 1/2" 1 ML MISC	3	QL 120 / 30 days PV Preventive
MONOJECT INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
MONOJECT INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
MONOJECT INSULIN SYRINGE 30G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
MONOJECT INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
MONOJECT INSULIN SYRINGE U-100 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
MONOJECT INTRODUCER NEEDLE 18G X 1-1/4" MISC	3	
MONOJECT LIFESHIELD SYRINGE 18G X 1" 12 ML MISC	3	QL 120 / 30 days
MONOJECT LIFESHIELD SYRINGE 18G X 1" 3 ML MISC	3	QL 120 / 30 days
MONOJECT MAGELLAN SAFETY NDL 18G X 1" MISC	3	QL 120 / 30 days
MONOJECT MAGELLAN SAFETY NDL 18G X 1-1/2" MISC	3	QL 120 / 30 days
MONOJECT MAGELLAN SAFETY NDL 19G X 1" MISC	3	QL 120 / 30 days
MONOJECT MAGELLAN SAFETY NDL 19G X 1-1/2" MISC	3	QL 120 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MONOJECT MAGELLAN SAFETY NDL 20G X 1" MISC	3	QL 120 / 30 days
MONOJECT MAGELLAN SAFETY NDL 20G X 1-1/2" MISC	3	QL 120 / 30 days
MONOJECT MAGELLAN SAFETY NDL 21G X 1" MISC	3	QL 120 / 30 days
MONOJECT MAGELLAN SAFETY NDL 21G X 1-1/2" MISC	3	QL 120 / 30 days
MONOJECT MAGELLAN SAFETY NDL 21G X 5/8" MISC	3	
MONOJECT MAGELLAN SAFETY NDL 22G X 1" MISC	3	QL 120 / 30 days
MONOJECT MAGELLAN SAFETY NDL 22G X 1-1/2" MISC	3	QL 120 / 30 days
MONOJECT MAGELLAN SAFETY NDL 23G X 1" MISC	3	QL 120 / 30 days
MONOJECT MAGELLAN SAFETY NDL 23G X 5/8" MISC	3	QL 120 / 30 days
MONOJECT MAGELLAN SAFETY NDL 25G X 1" MISC	3	QL 120 / 30 days
MONOJECT MAGELLAN SAFETY NDL 25G X 5/8" MISC	3	QL 120 / 30 days
MONOJECT MAGELLAN SYRINGE 18G X 1" 12 ML MISC	3	QL 120 / 30 days
MONOJECT MAGELLAN SYRINGE 18G X 1" 6 ML MISC	3	
MONOJECT MAGELLAN SYRINGE 20G X 1" 3 ML MISC	3	QL 120 / 30 days
MONOJECT MAGELLAN SYRINGE 20G X 1-1/2" 12 ML MISC	3	QL 120 / 30 days
MONOJECT MAGELLAN SYRINGE 20G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
MONOJECT MAGELLAN SYRINGE 20G X 1-1/2" 6 ML MISC	3	QL 120 / 30 days
MONOJECT MAGELLAN SYRINGE 21G X 1" 12 ML MISC	3	
MONOJECT MAGELLAN SYRINGE 21G X 1" 3 ML MISC	3	QL 120 / 30 days
MONOJECT MAGELLAN SYRINGE 21G X 1" 6 ML MISC	3	QL 120 / 30 days
MONOJECT MAGELLAN SYRINGE 21G X 1-1/2" 12 ML MISC	3	
MONOJECT MAGELLAN SYRINGE 21G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
MONOJECT MAGELLAN SYRINGE 21G X 1-1/2" 6 ML MISC	3	QL 120 / 30 days
MONOJECT MAGELLAN SYRINGE 22G X 1" 3 ML MISC	3	QL 120 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MONOJECT MAGELLAN SYRINGE 22G X 1-1/2" 12 ML MISC	3	
MONOJECT MAGELLAN SYRINGE 22G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
MONOJECT MAGELLAN SYRINGE 22G X 1-1/2" 6 ML MISC	3	QL 120 / 30 days
MONOJECT MAGELLAN SYRINGE 23G X 1" 1 ML MISC	3	QL 120 / 30 days
MONOJECT MAGELLAN SYRINGE 23G X 1" 3 ML MISC	3	QL 120 / 30 days
MONOJECT MAGELLAN SYRINGE 25G X 1" 1 ML MISC	3	QL 120 / 30 days
MONOJECT MAGELLAN SYRINGE 25G X 1" 3 ML MISC	3	QL 120 / 30 days
MONOJECT MAGELLAN SYRINGE 25G X 5/8" 1 ML MISC	3	QL 120 / 30 days
MONOJECT MAGELLAN SYRINGE 25G X 5/8" 3 ML MISC	3	QL 120 / 30 days
MONOJECT MEDICATION TRANSF NDL MISC	3	QL 120 / 30 days
MONOJECT PHARMACY TRAY 1 ML MISC	3	QL 120 / 30 day(s)
MONOJECT PHARMACY TRAY 12 ML MISC	3	QL 120 / 30 days
MONOJECT PHARMACY TRAY 20 ML MISC	3	QL 120 / 30 days
MONOJECT PHARMACY TRAY 3 ML MISC	3	QL 120 / 30 day(s)
MONOJECT PHARMACY TRAY 35 ML MISC	3	QL 120 / 30 days
MONOJECT PHARMACY TRAY 6 ML MISC	3	QL 120 / 30 days
MONOJECT PHARMACY TRAY 60 ML MISC	3	QL 120 / 30 days
MONOJECT PISTON SYRINGE 140 ML MISC	3	QL 120 / 30 days
MONOJECT SOFTPACK/CATHTIP 35 ML MISC	3	QL 120 / 30 days
MONOJECT SOFTPACK/LLOCK 20 ML MISC	3	QL 120 / 30 days
MONOJECT SOFTPACK/LLOCK 35 ML MISC	3	QL 120 / 30 days
MONOJECT SOFTPACK/LLOCK 60 ML MISC	3	QL 120 / 30 days
MONOJECT SOFTPACK/LTIP 20 ML MISC	3	QL 120 / 30 days
MONOJECT SOFTPACK/RG LOCK 35 ML MISC	3	QL 120 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MONOJECT SOFTPACK/RG LUER 60 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE 12 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE 18G X 1" 12 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE 20G X 1" 3 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE 20G X 1-1/2" 12 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE 20G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE 20G X 1-1/2" 6 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE 20G X 3/4" 3 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE 21G X 1" 3 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE 21G X 1" 6 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE 21G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE 21G X 1-1/2" 6 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE 22G X 1" 3 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE 22G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE 22G X 1-1/2" 6 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE 23G X 1" 3 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE 25G X 1" 3 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE 25G X 1-1/4" 3 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE 25G X 5/8" 3 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE 27G X 1-1/4" 3 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE 27G X 1/2" 1 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE 3 ML MISC	3	QL 120 / 30 day(s)
MONOJECT SYRINGE 6 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE CATH TIP 35 ML MISC	3	QL 120 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MONOJECT SYRINGE CATH TIP 60 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE ECC LUER 20 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE ECC LUER 35 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE ECCENTRIC TIP 60 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE LUER LOCK 20 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE LUER LOCK 35 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE LUER LOCK 6 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE LUER LOCK 60 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE LUER-LOCK TIP 140 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE LUER-LOCK TIP 60 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE PHARMACY TRAY 1 ML MISC	3	QL 120 / 30 day(s)
MONOJECT SYRINGE REG LUER 12 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE REG LUER 20 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE REG LUER 3 ML MISC	3	QL 120 / 30 day(s)
MONOJECT SYRINGE REG LUER 35 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE REG LUER 6 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE REGULAR TIP 20 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE REGULAR TIP 3 ML MISC	3	QL 120 / 30 day(s)
MONOJECT SYRINGE REGULAR TIP 6 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE REGULAR TIP 60 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE TOOMEY TYPE 60 ML MISC	3	QL 120 / 30 days
MONOJECT TB SAFETY SYRINGE 25G X 5/8" 1 ML MISC	3	QL 120 / 30 days
MONOJECT TB SAFETY SYRINGE 28G X 1/2" 1 ML MISC	3	QL 120 / 30 days
MONOJECT TB SYRINGE 1 ML MISC	3	QL 120 / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MONOJECT TB SYRINGE 25G X 5/8" 1 ML MISC	3	QL 120 / 30 days
MONOJECT TB SYRINGE 26G X 3/8" 1 ML MISC	3	QL 120 / 30 days
MONOJECT TB SYRINGE 27G X 1/2" 1 ML MISC	3	QL 120 / 30 days
MONOJECT TB SYRINGE 28G X 1/2" 0.5 ML MISC	3	QL 120 / 30 days
MONOJECT TB SYRINGE 28G X 1/2" 1 ML MISC	3	QL 120 / 30 days
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 1 ML MISC	3	QL 120 / 30 days PV Preventive
MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
MONOJECT ULTRA COMFORT SYRINGE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
MONOJECT ULTRA COMFORT SYRINGE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
MONOLET LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
MONOLET OPD LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MONOLETTOR SAFETY LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
MPD SAFETY LANCET 21G MISC	3	QL 120 / 30 day(s) PV Preventive
MPD SAFETY LANCET 23G MISC	3	QL 120 / 30 day(s) PV Preventive
MPD SAFETY LANCET 28G MISC	3	QL 120 / 30 day(s) PV Preventive
MPD SAFETY LANCET 30G MISC	3	QL 120 / 30 day(s) PV Preventive
MS INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
MS INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
MS INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
MULTI-LANCET DEVICE MISC	3	QL 120 / 30 days PV Preventive
MULTI-LANCET DEVICE 2 KIT	3	QL 120 / 30 days PV Preventive
MYGLUCOHEALTH LANCETS 30G MISC	3	QL 120 / 30 day(s) PV Preventive
NORM-JECT LUER LOCK SYRINGE 10 ML MISC	3	QL 120 / 30 day(s)
NORM-JECT LUER LOCK SYRINGE 20 ML MISC	3	QL 120 / 30 days
NORM-JECT LUER SLIP SYRINGE 1 ML MISC	3	QL 120 / 30 day(s)
NOVA SAFETY LANCETS 23G MISC	3	QL 120 / 30 day(s) PV Preventive
NOVA SAFETY LANCETS 28G MISC	3	QL 120 / 30 day(s) PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NOVA SUREFLEX LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
NOVA SUREFLEX LANCING DEVICE MISC	3	QL 120 / 30 days PV Preventive
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM MISC	3	PV Preventive
NOVOFINE PEN NEEDLE 32G X 6 MM MISC	3	PV Preventive
NOVOFINE PLUS PEN NEEDLE 32G X 4 MM MISC	3	PV Preventive
NOVOPEN ECHO DEVICE	3	PV Preventive
OMNIFLEX DIAPHRAGM DIAPHRAGM	3	PV Preventive ACA Affordable Care Act Medications
OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC	4	QL 10 / 30 day(s) PA PV Preventive
OMNIPOD 5 G6 INTRO (GEN 5) KIT	4	PA PV Preventive
OMNIPOD 5 G6 PODS (GEN 5) MISC	4	QL 15 / 30 day(s) PA PV Preventive
OMNIPOD 5 G7 INTRO (GEN 5) KIT	4	PA PV Preventive
OMNIPOD 5 G7 PODS (GEN 5) MISC	4	QL 15 / 30 day(s) PA PV Preventive
OMNIPOD CLASSIC PODS (GEN 3) MISC	3	QL 15 / 30 day(s) PA PV Preventive
OMNIPOD DASH INTRO (GEN 4) KIT	4	PA PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OMNIPOD DASH PDM (GEN 4) KIT	3	PA PV Preventive
OMNIPOD DASH PODS (GEN 4) MISC	4	QL 15 / 30 day(s) PA PV Preventive
ONETOUCH DELICA PLUS LANCET30G MISC	3	QL 120 / 30 day(s) PV Preventive
ONETOUCH DELICA PLUS LANCET33G MISC	3	QL 120 / 30 day(s) PV Preventive
ONETOUCH DELICA PLUS LANCING MISC	3	QL 120 / 30 days PV Preventive
ONETOUCH DELICA SAFETY LANCING MISC	3	QL 120 / 30 day(s) PV Preventive
ONETOUCH ULTRA STRIP	3	QL 400 / 100 days PV Preventive
ONETOUCH ULTRA BLUE TEST STRIP	3	QL 400 / 100 days PV Preventive
ONETOUCH ULTRA CONTROL LIQUID	3	PV Preventive
ONETOUCH ULTRA TEST STRIP	3	QL 400 / 100 days PV Preventive
ONETOUCH ULTRASOFT 2 LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
ONETOUCH VERIO LIQUID	3	PV Preventive
ONETOUCH VERIO STRIP	3	QL 400 / 100 days PV Preventive
ONETOUCH VERIO HIGH LIQUID	3	PV Preventive
PC UNIFINE PENTIPS 31G X 5 MM MISC	3	PV Preventive
PC UNIFINE PENTIPS 31G X 6 MM MISC	3	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PC UNIFINE PENTIPS 31G X 8 MM MISC	3	PV Preventive
PEN NEEDLE/5-BEVEL TIP 31G X 8 MM MISC	3	PV Preventive
PEN NEEDLE/5-BEVEL TIP 32G X 4 MM MISC	3	PV Preventive
PEN NEEDLES 29G X 12MM MISC	3	PV Preventive
PEN NEEDLES 30G X 5 MM MISC	3	PV Preventive
PEN NEEDLES 30G X 8 MM MISC	3	PV Preventive
PEN NEEDLES 31G X 5 MM MISC	3	PV Preventive
PEN NEEDLES 31G X 6 MM MISC	3	PV Preventive
PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
PEN NEEDLES 32G X 4 MM MISC	3	PV Preventive
PEN NEEDLES 32G X 5 MM MISC	3	PV Preventive
PEN NEEDLES 32G X 6 MM MISC	3	PV Preventive
PEN NEEDLES 33G X 4 MM MISC	3	PV Preventive
PEN NEEDLES 5/16" 31G X 8 MM MISC	3	PV Preventive
PENTIPS 29G X 12MM MISC	3	PV Preventive
PENTIPS 31G X 5 MM MISC	3	PV Preventive
PENTIPS 31G X 6 MM MISC	3	PV Preventive
PENTIPS 31G X 8 MM MISC	3	PV Preventive
PENTIPS 32G X 4 MM MISC	3	PV Preventive
PENTIPS 32G X 6 MM MISC	3	PV Preventive
PENTIPS GENERIC PEN NEEDLES 29G X 12MM MISC	3	PV Preventive
PENTIPS GENERIC PEN NEEDLES 31G X 5 MM MISC	3	PV Preventive
PENTIPS GENERIC PEN NEEDLES 31G X 6 MM MISC	3	PV Preventive
PENTIPS GENERIC PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PENTIPS GENERIC PEN NEEDLES 32G X 4 MM MISC	3	PV Preventive
PENTIPS GENERIC PEN NEEDLES 32G X 6 MM MISC	3	PV Preventive
PERFECT LANCETS 28G MISC	3	QL 120 / 30 day(s) PV Preventive
PERFECT LANCETS 30G MISC	3	QL 120 / 30 day(s) PV Preventive
PERFECT POINT SAFETY LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
PERFECT POINT SAFETY NEEDLE 25G X 1" MISC	3	QL 120 / 30 days
PHARMACIST CHOICE LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
PHARMACY COUNTER LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
PIP LANCETS 28G MISC	3	QL 120 / 30 day(s) PV Preventive
PIP LANCETS 30G MISC	3	QL 120 / 30 day(s) PV Preventive
PIP PEN NEEDLES 31G X 5MM 31G X 5 MM MISC	3	PV Preventive
PIP PEN NEEDLES 32G X 4MM 32G X 4 MM MISC	3	PV Preventive
POLY HUB NEEDLE 18G X 1" MISC	3	QL 120 / 30 days
POLY HUB NEEDLE 18G X 1-1/2" MISC	3	QL 120 / 30 days
POLY HUB NEEDLE 21G X 1" MISC	3	QL 120 / 30 days
POLY HUB NEEDLE 21G X 1-1/2" MISC	3	QL 120 / 30 days
POLY HUB NEEDLE 22G X 1" MISC	3	QL 120 / 30 days
POLY HUB NEEDLE 22G X 1-1/2" MISC	3	QL 120 / 30 days
POLY HUB NEEDLE 23G X 1" MISC	3	QL 120 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
POLY HUB NEEDLE 23G X 1-1/2" MISC	3	QL 120 / 30 days
POLY HUB NEEDLE 25G X 1" MISC	3	QL 120 / 30 days
POLY HUB NEEDLE 25G X 1-1/2" MISC	3	QL 120 / 30 days
POLY HUB NEEDLE 25G X 5/8" MISC	3	QL 120 / 30 days
POLY HUB NEEDLE 27G X 1-1/4" MISC	3	QL 120 / 30 days
POLY HUB NEEDLE 27G X 1/2" MISC	3	QL 120 / 30 days
POLY HUB NEEDLE 30G X 1/2" MISC	3	QL 120 / 30 days
PRECISION SURE-DOSE SYRINGE 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
PRECISION THINS GP LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
PREFERRED PLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
PREFERRED PLUS INSULIN SYRINGE 28G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
PREFERRED PLUS INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
PREFERRED PLUS INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
PREFERRED PLUS INSULIN SYRINGE 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
PREFERRED PLUS INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
PREFERRED PLUS INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
PREFERRED PLUS INSULIN SYRINGE 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PREFERRED PLUS LANCETS COLORED MISC	3	QL 120 / 30 day(s) PV Preventive
PREFERRED PLUS LANCETS THIN MISC	3	QL 120 / 30 day(s) PV Preventive
PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM MISC	3	PV Preventive
PREVENT DROPSAFE PEN NEEDLES 31G X 6 MM MISC	3	PV Preventive
PREVENT DROPSAFE PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
PREVENT SAFETY PEN NEEDLES 31G X 6 MM MISC	3	PV Preventive
PREVENT SAFETY PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
PRO COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
PRO COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML MISC	3	QL 120 / 30 days PV Preventive
PRO COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
PRO COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
PRO COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
PRO COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
PRO COMFORT LANCETS 30G MISC	3	QL 120 / 30 day(s) PV Preventive
PRO COMFORT LANCETS 31G MISC	3	QL 120 / 30 day(s) PV Preventive
PRO COMFORT PEN NEEDLES 32G X 4 MM MISC	3	PV Preventive
PRO COMFORT PEN NEEDLES 32G X 5 MM MISC	3	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PRO COMFORT PEN NEEDLES 32G X 6 MM MISC	3	PV Preventive
PRO COMFORT PEN NEEDLES 32G X 8 MM MISC	3	PV Preventive
PRO COMFORT SAFETY LANCETS 30G MISC	3	QL 120 / 30 day(s) PV Preventive
PRODIGY INSULIN SYRINGE 28G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
PRODIGY INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
PRODIGY INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
PRODIGY LANCETS 28G MISC	3	QL 120 / 30 day(s) PV Preventive
PRODIGY LANCING DEVICE MISC	3	QL 120 / 30 days PV Preventive
PRODIGY SAFETY LANCETS 26G MISC	3	QL 120 / 30 day(s) PV Preventive
PRODIGY TWIST TOP LANCETS 28G MISC	3	QL 120 / 30 day(s) PV Preventive
PSS SELECT GP LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
PSS SELECT PLATFORMS MISC	3	QL 120 / 30 days PV Preventive
PSS SELECT SAFETY LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
PURE COMFORT LANCETS 30G MISC	3	QL 120 / 30 day(s) PV Preventive
PURE COMFORT PEN NEEDLE 32G X 4 MM MISC	3	PV Preventive
PURE COMFORT PEN NEEDLE 32G X 5 MM MISC	3	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PURE COMFORT PEN NEEDLE 32G X 6 MM MISC	3	PV Preventive
PURE COMFORT PEN NEEDLE 32G X 8 MM MISC	3	PV Preventive
PURE COMFORT SAFETY PEN NEEDLE 31G X 5 MM MISC	3	PV Preventive
PURE COMFORT SAFETY PEN NEEDLE 31G X 6 MM MISC	3	PV Preventive
PURE COMFORT SAFETY PEN NEEDLE 32G X 4 MM MISC	3	PV Preventive
PX ADVANCED LANCING DEVICE MISC	3	QL 120 / 30 days PV Preventive
PX EXTRA SHORT PEN NEEDLES 31G X 6 MM MISC	3	PV Preventive
PX INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
PX LANCET AUTO INJECTOR MISC	3	QL 120 / 30 days PV Preventive
PX LANCETS MICROTHIN 33G MISC	3	QL 120 / 30 day(s) PV Preventive
PX LANCETS ULTRA THIN 28G MISC	3	QL 120 / 30 day(s) PV Preventive
PX MINI PEN NEEDLES 31G X 5 MM MISC	3	PV Preventive
PX PEN NEEDLE 29G X 12MM MISC	3	PV Preventive
PX PEN NEEDLE 31G X 8 MM MISC	3	PV Preventive
PX SHORTLENGTH PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
QC ADVANCED LANCING DEVICE MISC	3	QL 120 / 30 days PV Preventive
QC LANCETS SUPER THIN 30G MISC	3	QL 120 / 30 day(s) PV Preventive
QC LANCETS ULTRA THIN MISC	3	QL 120 / 30 day(s) PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
QC PEN NEEDLES 29G X 12MM MISC	3	PV Preventive
QC PEN NEEDLES 31G X 6 MM MISC	3	PV Preventive
QC PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
QC UNIFINE PENTIPS 32G X 4 MM MISC	3	PV Preventive
QC UNILET LANCETS 28G MISC	3	QL 120 / 30 day(s) PV Preventive
QC UNILET LANCETS MICRO THIN MISC	3	QL 120 / 30 day(s) PV Preventive
QUICK TOUCH INSULIN PEN NEEDLE 29G X 12.7MM MISC	3	PV Preventive
QUICK TOUCH INSULIN PEN NEEDLE 31G X 4 MM MISC	3	PV Preventive
QUICK TOUCH INSULIN PEN NEEDLE 31G X 5 MM MISC	3	PV Preventive
QUICK TOUCH INSULIN PEN NEEDLE 31G X 6 MM MISC	3	PV Preventive
QUICK TOUCH INSULIN PEN NEEDLE 31G X 8 MM MISC	3	PV Preventive
QUICK TOUCH INSULIN PEN NEEDLE 32G X 4 MM MISC	3	PV Preventive
QUICK TOUCH INSULIN PEN NEEDLE 32G X 5 MM MISC	3	PV Preventive
QUICK TOUCH INSULIN PEN NEEDLE 32G X 6 MM MISC	3	PV Preventive
QUICK TOUCH INSULIN PEN NEEDLE 32G X 8 MM MISC	3	PV Preventive
QUICK TOUCH INSULIN PEN NEEDLE 33G X 4 MM MISC	3	PV Preventive
QUICK TOUCH INSULIN PEN NEEDLE 33G X 5 MM MISC	3	PV Preventive
QUICK TOUCH INSULIN PEN NEEDLE 33G X 6 MM MISC	3	PV Preventive
QUICK TOUCH INSULIN PEN NEEDLE 33G X 8 MM MISC	3	PV Preventive
RA E-ZJECT LANCETS 28G MISC	3	QL 120 / 30 day(s) PV Preventive
RA E-ZJECT LANCETS THIN 26G MISC	3	QL 120 / 30 day(s) PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RA E-ZJECT LANCETS THIN 28G MISC	3	QL 120 / 30 day(s) PV Preventive
RA E-ZJECT LANCETS ULTRA THIN MISC	3	QL 120 / 30 day(s) PV Preventive
RA INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
RA INSULIN SYRINGE 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
RA INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
RA INSULIN SYRINGE 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
RA PEN NEEDLES 31G X 5 MM MISC	3	PV Preventive
RA PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
RAYA SURE PEN NEEDLE 29G X 12MM MISC	3	PV Preventive
RAYA SURE PEN NEEDLE 31G X 4 MM MISC	3	PV Preventive
RAYA SURE PEN NEEDLE 31G X 5 MM MISC	3	PV Preventive
RAYA SURE PEN NEEDLE 31G X 6 MM MISC	3	PV Preventive
RAYA SURE PEN NEEDLE 31G X 8 MM MISC	3	PV Preventive
READYLANCE SAFETY LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
REALITY INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
REALITY INSULIN SYRINGE 28G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
REALITY INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
REALITY INSULIN SYRINGE 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
REALITY LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
REALITY LATEX CONDOMS MISC	3	PV Preventive ACA Affordable Care Act Medications
REALITY LATEX/ULTRA TEXTURED DEVICE	3	PV Preventive ACA Affordable Care Act Medications
REALITY LATEX/ULTRA THIN DEVICE	3	PV Preventive ACA Affordable Care Act Medications
REALITY TRIGGER LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
RELION INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
RELION INSULIN SYRINGE 31G X 15/64" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
RELION INSULIN SYRINGE 31G X 15/64" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
RELION INSULIN SYRINGE 31G X 15/64" 1 ML MISC	3	QL 120 / 30 days PV Preventive
RELION INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
RELION INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
RELION INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
RELION LANCET DEVICES 30G MISC	3	QL 120 / 30 day(s) PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RELION LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
RELION LANCETS MICRO-THIN 33G MISC	3	QL 120 / 30 day(s) PV Preventive
RELION LANCETS THIN 26G MISC	3	QL 120 / 30 day(s) PV Preventive
RELION LANCETS ULTRA-THIN 30G MISC	3	QL 120 / 30 day(s) PV Preventive
RELION LANCING DEVICE KIT	3	QL 120 / 30 days PV Preventive
RELION LANCING DEVICE MISC	3	QL 120 / 30 days PV Preventive
RELION MINI PEN NEEDLES 31G X 6 MM MISC	3	PV Preventive
RELION PEN NEEDLES 29G X 12MM MISC	3	PV Preventive
RELION PEN NEEDLES 31G X 6 MM MISC	3	PV Preventive
RELION PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
RELION PEN NEEDLES 32G X 4 MM MISC	3	PV Preventive
RELION SHORT PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
RELION ULTRA THIN LANCETS 30G MISC	3	QL 120 / 30 day(s) PV Preventive
RELION ULTRA THIN PLUS LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
REXALL LANCETS ULTRA THIN 30G MISC	3	QL 120 / 30 day(s) PV Preventive
RIGHTEST ALTERNATE SITE ADAPT MISC	3	QL 120 / 30 days PV Preventive
RIGHTEST GD500 LANCING DEVICE MISC	3	QL 120 / 30 days PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RIGHTEST GL300 LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
SAFE-T-LANCE MISC	3	QL 120 / 30 day(s) PV Preventive
SAFE-T-LANCE PLUS MISC	3	QL 120 / 30 day(s) PV Preventive
SAFETY LANCET 30G/PRESSURE ACT MISC	3	QL 120 / 30 day(s) PV Preventive
SAFETY LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
SAFETY LANCETS 21G MISC	3	QL 120 / 30 day(s) PV Preventive
SAFETY LANCETS 23G MISC	3	QL 120 / 30 day(s) PV Preventive
SAFETY LANCETS 28G MISC	3	QL 120 / 30 day(s) PV Preventive
SAFETY PEN NEEDLES 30G X 5 MM MISC	3	PV Preventive
SAFETY PEN NEEDLES 30G X 8 MM MISC	3	PV Preventive
SAPS HEALTH PLUS LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
SAPS HEALTH TWIST TOP LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
SAPS TWIST TOP LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
SAPSCARE TWIST TOP LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
SB INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SB INSULIN SYRINGE 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
SB INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
SB INSULIN SYRINGE 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
SB INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
SB LANCETS THIN MISC	3	QL 120 / 30 day(s) PV Preventive
SB LANCETS ULTRA THIN MISC	3	QL 120 / 30 day(s) PV Preventive
SECURESAFE HYPODERMIC NEEDLE 19G X 1" MISC	3	QL 120 / 30 days
SECURESAFE HYPODERMIC NEEDLE 19G X 1-1/2" MISC	3	QL 120 / 30 days
SECURESAFE HYPODERMIC NEEDLE 21G X 1-1/2" MISC	3	QL 120 / 30 days
SECURESAFE HYPODERMIC NEEDLE 22G X 1" MISC	3	QL 120 / 30 days
SECURESAFE HYPODERMIC NEEDLE 25G X 1-1/2" MISC	3	QL 120 / 30 days
SECURESAFE HYPODERMIC NEEDLE 26G X 1/2" MISC	3	QL 120 / 30 days
SECURESAFE HYPODERMIC NEEDLE 27G X 1/2" MISC	3	QL 120 / 30 days
SECURESAFE INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
SECURESAFE INSULIN SYRINGE 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
SECURESAFE SAFETY PEN NEEDLES 30G X 8 MM MISC	3	PV Preventive
SECURESAFE SYRINGE/NEEDLE 20G X 1" 3 ML MISC	3	QL 120 / 30 days
SECURESAFE SYRINGE/NEEDLE 20G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SECURESAFE SYRINGE/NEEDLE 21G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
SECURESAFE SYRINGE/NEEDLE 22G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
SECURESAFE SYRINGE/NEEDLE 25G X 1-1/2" 1 ML MISC	3	
SECURESAFE SYRINGE/NEEDLE 25G X 5/8" 3 ML MISC	3	QL 120 / 30 days
SECURESAFE SYRINGE/NEEDLE 27G X 1/2" 1 ML MISC	3	QL 120 / 30 days
SELECT-LITE DEVICE/LANCETS KIT	3	QL 120 / 30 days PV Preventive
SELECT-LITE LANCING DEVICE MISC	3	QL 120 / 30 days PV Preventive
SIMPLE DIAGNOSTICS LANCING DEV MISC	3	QL 120 / 30 days PV Preventive
SINGLE-LET MISC	3	QL 120 / 30 day(s) PV Preventive
SM LANCETS 33G MISC	3	QL 120 / 30 day(s) PV Preventive
SM TRUEDRAW LANCING DEVICE MISC	3	QL 120 / 30 days PV Preventive
SMART DIABETES VANTAGE LANCING MISC	3	QL 120 / 30 days PV Preventive
SMART SENSE COLOR LANCETS 33G MISC	3	QL 120 / 30 day(s) PV Preventive
SMART SENSE STANDARD LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
SMART SENSE SUPER THIN LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
SMART SENSE THIN LANCETS 26G MISC	3	QL 120 / 30 day(s) PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SMARTEST LANCETS 28G MISC	3	QL 120 / 30 day(s) PV Preventive
SODIUM PHENYLBUTYRATE POWDER	5	PA S
SOLUS V2 LANCETS 28G MISC	3	QL 120 / 30 day(s) PV Preventive
SOLUS V2 LANCING DEVICE MISC	3	QL 120 / 30 days PV Preventive
SOLUS V2 TWIST LANCETS 30G MISC	3	QL 120 / 30 day(s) PV Preventive
STERILANCE PA MISC	3	QL 120 / 30 days PV Preventive
STERILANCE TL MISC	3	QL 120 / 30 day(s) PV Preventive
SUPER THIN LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
SURE COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
SURE COMFORT INSULIN SYRINGE 28G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
SURE COMFORT INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
SURE COMFORT INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
SURE COMFORT INSULIN SYRINGE 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
SURE COMFORT INSULIN SYRINGE 30G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SURE COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
SURE COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML MISC	3	QL 120 / 30 days PV Preventive
SURE COMFORT INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
SURE COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
SURE COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
SURE COMFORT INSULIN SYRINGE 31G X 1/4" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
SURE COMFORT INSULIN SYRINGE 31G X 1/4" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
SURE COMFORT INSULIN SYRINGE 31G X 1/4" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
SURE COMFORT INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
SURE COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
SURE COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
SURE COMFORT LANCETS 18G MISC	3	QL 120 / 30 day(s) PV Preventive
SURE COMFORT LANCETS 21G MISC	3	QL 120 / 30 day(s) PV Preventive
SURE COMFORT LANCETS 23G MISC	3	QL 120 / 30 day(s) PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SURE COMFORT LANCETS 28G MISC	3	QL 120 / 30 day(s) PV Preventive
SURE COMFORT LANCETS 30G MISC	3	QL 120 / 30 day(s) PV Preventive
SURE COMFORT LANCING PEN MISC	3	QL 120 / 30 days PV Preventive
SURE COMFORT PEN NEEDLES 29G X 12.7MM MISC	3	PV Preventive
SURE COMFORT PEN NEEDLES 30G X 8 MM MISC	3	PV Preventive
SURE COMFORT PEN NEEDLES 31G X 5 MM MISC	3	PV Preventive
SURE COMFORT PEN NEEDLES 31G X 6 MM MISC	3	PV Preventive
SURE COMFORT PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
SURE COMFORT PEN NEEDLES 32G X 4 MM MISC	3	PV Preventive
SURE COMFORT PEN NEEDLES 32G X 6 MM MISC	3	PV Preventive
SURELITE LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
SYRINGE DISPOSABLE 10 ML MISC	3	QL 120 / 30 day(s)
SYRINGE ECCENTRIC TIP 10 ML MISC	3	QL 120 / 30 day(s)
SYRINGE LUER LOCK 10 ML MISC	3	QL 120 / 30 day(s)
SYRINGE LUER LOCK 20 ML MISC	3	QL 120 / 30 days
SYRINGE LUER LOCK 20G X 1" 10 ML MISC	3	QL 120 / 30 days
SYRINGE LUER LOCK 20G X 1" 3 ML MISC	3	QL 120 / 30 days
SYRINGE LUER LOCK 20G X 1" 5 ML MISC	3	QL 120 / 30 days
SYRINGE LUER LOCK 20G X 1-1/2" 10 ML MISC	3	QL 120 / 30 days
SYRINGE LUER LOCK 20G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
SYRINGE LUER LOCK 20G X 1-1/2" 5 ML MISC	3	QL 120 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SYRINGE LUER LOCK 21G X 1" 10 ML MISC	3	QL 120 / 30 days
SYRINGE LUER LOCK 21G X 1" 3 ML MISC	3	QL 120 / 30 days
SYRINGE LUER LOCK 21G X 1" 5 ML MISC	3	QL 120 / 30 days
SYRINGE LUER LOCK 21G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
SYRINGE LUER LOCK 21G X 1-1/2" 5 ML MISC	3	QL 120 / 30 days
SYRINGE LUER LOCK 22G X 1" 10 ML MISC	3	QL 120 / 30 days
SYRINGE LUER LOCK 22G X 1" 3 ML MISC	3	QL 120 / 30 days
SYRINGE LUER LOCK 22G X 1-1/2" 10 ML MISC	3	QL 120 / 30 days
SYRINGE LUER LOCK 22G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
SYRINGE LUER LOCK 22G X 1-1/2" 5 ML MISC	3	QL 120 / 30 days
SYRINGE LUER LOCK 23G X 1" 3 ML MISC	3	QL 120 / 30 days
SYRINGE LUER LOCK 23G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
SYRINGE LUER LOCK 25G X 1" 3 ML MISC	3	QL 120 / 30 days
SYRINGE LUER LOCK 25G X 1-1/2" 3 ML MISC	3	QL 120 / 30 day(s)
SYRINGE LUER LOCK 25G X 5/8" 3 ML MISC	3	QL 120 / 30 days
SYRINGE LUER LOCK 3 ML MISC	3	QL 120 / 30 day(s)
SYRINGE LUER LOCK 30 ML MISC	3	QL 120 / 30 days
SYRINGE LUER LOCK 5 ML MISC	3	QL 120 / 30 day(s)
SYRINGE LUER LOCK 60 ML MISC	3	QL 120 / 30 days
SYRINGE LUER SLIP 1 ML MISC	3	QL 120 / 30 day(s)
SYRINGE LUER SLIP 10 ML MISC	3	QL 120 / 30 day(s)
SYRINGE LUER SLIP 25G X 5/8" 1 ML MISC	3	QL 120 / 30 days
SYRINGE LUER SLIP 26G X 3/8" 1 ML MISC	3	QL 120 / 30 days
SYRINGE LUER SLIP 27G X 1/2" 1 ML MISC	3	QL 120 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SYRINGE LUER SLIP 3 ML MISC	3	QL 120 / 30 day(s)
SYRINGE LUER SLIP 35 ML MISC	3	QL 120 / 30 days
SYRINGE LUER SLIP 5 ML MISC	3	QL 120 / 30 day(s)
SYRINGE LUER SLIP 60 ML MISC	3	QL 120 / 30 days
SYRINGE/HYPODERMIC SAFETY 18G X 1" 12 ML MISC	3	QL 120 / 30 days
TECHLITE AST LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
TECHLITE INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
TECHLITE INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
TECHLITE INSULIN SYRINGE 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
TECHLITE INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
TECHLITE INSULIN SYRINGE 30G X 1/2" 1 ML MISC	3	QL 120 / 30 days PV Preventive
TECHLITE INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
TECHLITE INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
TECHLITE INSULIN SYRINGE 31G X 15/64" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
TECHLITE INSULIN SYRINGE 31G X 15/64" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
TECHLITE INSULIN SYRINGE 31G X 15/64" 1 ML MISC	3	QL 120 / 30 days PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TECHLITE INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	3	QL PV 120 / 30 day(s) Preventive
TECHLITE INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	3	QL PV 120 / 30 days Preventive
TECHLITE INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	QL PV 120 / 30 days Preventive
TECHLITE LANCETS MISC	3	QL PV 120 / 30 day(s) Preventive
TECHLITE LANCETS 26G MISC	3	QL PV 120 / 30 day(s) Preventive
TECHLITE LANCETS 30G MISC	3	QL PV 120 / 30 day(s) Preventive
TECHLITE PEN NEEDLES 29G X 10MM MISC	3	PV Preventive
TECHLITE PEN NEEDLES 29G X 12MM MISC	3	PV Preventive
TECHLITE PEN NEEDLES 31G X 5 MM MISC	3	PV Preventive
TECHLITE PEN NEEDLES 31G X 6 MM MISC	3	PV Preventive
TECHLITE PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
TECHLITE PEN NEEDLES 32G X 4 MM MISC	3	PV Preventive
TECHLITE PEN NEEDLES 32G X 6 MM MISC	3	PV Preventive
TECHLITE PEN NEEDLES 32G X 8 MM MISC	3	PV Preventive
TECHLITE PLUS PEN NEEDLES 32G X 4 MM MISC	3	PV Preventive
TGT LANCET MICRO THIN 33G MISC	3	QL PV 120 / 30 day(s) Preventive
TGT LANCET THIN 26G MISC	3	QL PV 120 / 30 day(s) Preventive
TGT LANCET ULTRA THIN 30G MISC	3	QL PV 120 / 30 day(s) Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TGT LANCING DEVICE MISC	3	QL 120 / 30 days PV Preventive
THINLETS GP LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
TODAYS HEALTH LANCING DEVICE MISC	3	QL 120 / 30 days PV Preventive
TODAYS HEALTH PEN NEEDLES 29G X 12MM MISC	3	PV Preventive
TODAYS HEALTH SHORT PEN NEEDLE 31G X 8 MM MISC	3	PV Preventive
TODAYS HEALTH THIN LANCETS 28G MISC	3	QL 120 / 30 day(s) PV Preventive
TODAYS HEALTH THIN LANCETS 30G MISC	3	QL 120 / 30 day(s) PV Preventive
TOOMEY SYRINGE 70 ML MISC	3	QL 120 / 30 days
TOPCARE CLICKFINE PEN NEEDLES 31G X 6 MM MISC	3	PV Preventive
TOPCARE CLICKFINE PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
TOPCARE LANCETS MICRO-THIN 33G MISC	3	QL 120 / 30 day(s) PV Preventive
TOPCARE ULTRA COMFORT INS SYR 29G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
TOPCARE ULTRA COMFORT INS SYR 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
TOPCARE ULTRA COMFORT INS SYR 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
TOPCARE ULTRA COMFORT INS SYR 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
TOPCARE ULTRA COMFORT INS SYR 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TOPCARE ULTRA COMFORT INS SYR 30G X 5/16" 1 ML MISC	3	QL PV 120 / 30 day(s) Preventive
TOPCARE ULTRA COMFORT INS SYR 31G X 5/16" 0.3 ML MISC	3	QL PV 120 / 30 day(s) Preventive
TOPCARE ULTRA COMFORT INS SYR 31G X 5/16" 0.5 ML MISC	3	QL PV 120 / 30 days Preventive
TOPCARE ULTRA COMFORT INS SYR 31G X 5/16" 1 ML MISC	3	QL PV 120 / 30 days Preventive
TRAVEL LANCETS ADVANCED 28G MISC	3	QL PV 120 / 30 day(s) Preventive
TROJAN ENZ MISC	3	PV ACA Preventive Affordable Care Act Medications
TROJAN MAGNUM MISC	3	PV ACA Preventive Affordable Care Act Medications
TROJAN ULTRA RIBBED LUBRICATED DEVICE	3	PV ACA Preventive Affordable Care Act Medications
TROJAN ULTRA THIN MISC	3	PV ACA Preventive Affordable Care Act Medications
TROJAN ULTRA THIN/SPERMICIDAL MISC	3	PV ACA Preventive Affordable Care Act Medications
TROJAN-ENZ LUBRICATED MISC	3	PV ACA Preventive Affordable Care Act Medications
TROJAN-ENZ/SPERMICIDAL MISC	3	PV ACA Preventive Affordable Care Act Medications
TRUE COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC	3	QL PV 120 / 30 day(s) Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRUE COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML MISC	3	QL 120 / 30 days PV Preventive
TRUE COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
TRUE COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
TRUE COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
TRUE COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
TRUE COMFORT INSULIN SYRINGE 32G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
TRUE COMFORT PEN NEEDLES 31G X 5 MM MISC	3	PV Preventive
TRUE COMFORT PEN NEEDLES 31G X 6 MM MISC	3	PV Preventive
TRUE COMFORT PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
TRUE COMFORT PEN NEEDLES 32G X 4 MM MISC	3	PV Preventive
TRUE COMFORT PEN NEEDLES 32G X 5 MM MISC	3	PV Preventive
TRUE COMFORT PEN NEEDLES 32G X 6 MM MISC	3	PV Preventive
TRUE COMFORT PEN NEEDLES 33G X 4 MM MISC	3	PV Preventive
TRUE COMFORT PEN NEEDLES 33G X 5 MM MISC	3	PV Preventive
TRUE COMFORT PEN NEEDLES 33G X 6 MM MISC	3	PV Preventive
TRUE COMFORT PRO INSULIN SYR 30G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
TRUE COMFORT PRO INSULIN SYR 30G X 1/2" 1 ML MISC	3	QL 120 / 30 days PV Preventive
TRUE COMFORT PRO INSULIN SYR 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRUE COMFORT PRO INSULIN SYR 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
TRUE COMFORT PRO INSULIN SYR 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
TRUE COMFORT PRO INSULIN SYR 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
TRUE COMFORT PRO INSULIN SYR 32G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
TRUE COMFORT PRO INSULIN SYR 32G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
TRUE COMFORT PRO PEN NEEDLES 31G X 5 MM MISC	3	PV Preventive
TRUE COMFORT PRO PEN NEEDLES 31G X 6 MM MISC	3	PV Preventive
TRUE COMFORT PRO PEN NEEDLES 32G X 4 MM MISC	3	PV Preventive
TRUE COMFORT SAFETY LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
TRUE COMFORT SAFETY PEN NEEDLE 31G X 5 MM MISC	3	PV Preventive
TRUE COMFORT SAFETY PEN NEEDLE 31G X 6 MM MISC	3	PV Preventive
TRUE COMFORT SAFETY PEN NEEDLE 32G X 4 MM MISC	3	PV Preventive
TRUE COMFORT TWIST TOP LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
TRUE COVER DEVICE	3	PV Preventive ACA Affordable Care Act Medications
TRUEDRAW LANCING DEVICE MISC	3	QL 120 / 30 days PV Preventive
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM MISC	3	PV Preventive
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 5 MM MISC	3	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 6 MM MISC	3	PV Preventive
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
TRUEPLUS 5-BEVEL PEN NEEDLES 32G X 4 MM MISC	3	PV Preventive
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
TRUEPLUS LANCETS 26G MISC	3	QL 120 / 30 day(s) PV Preventive
TRUEPLUS LANCETS 28G MISC	3	QL 120 / 30 day(s) PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRUEPLUS LANCETS 30G MISC	3	QL 120 / 30 day(s) PV Preventive
TRUEPLUS LANCETS 33G MISC	3	QL 120 / 30 day(s) PV Preventive
TRUEPLUS PEN NEEDLES 29G X 12MM MISC	3	PV Preventive
TRUEPLUS PEN NEEDLES 31G X 5 MM MISC	3	PV Preventive
TRUEPLUS PEN NEEDLES 31G X 6 MM MISC	3	PV Preventive
TRUEPLUS PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
TRUEPLUS PEN NEEDLES 32G X 4 MM MISC	3	PV Preventive
TRUEPLUS SAFETY LANCETS 28G MISC	3	QL 120 / 30 day(s) PV Preventive
TRUSTEX COLOR CONDOMS + LUBE MISC	3	PV Preventive ACA Affordable Care Act Medications
TRUSTEX LUB/RIBBED/STUDDERED MISC	3	PV Preventive ACA Affordable Care Act Medications
TRUSTEX LUB/SPERMICIDE EX ST MISC	3	PV Preventive ACA Affordable Care Act Medications
TRUSTEX LUB/SPERMICIDE XL MISC	3	PV Preventive ACA Affordable Care Act Medications
TRUSTEX LUBRICATED MISC	3	PV Preventive ACA Affordable Care Act Medications
TRUSTEX LUBRICATED EX LARGE MISC	3	PV Preventive ACA Affordable Care Act Medications
TRUSTEX LUBRICATED EXTRA ST MISC	3	PV Preventive ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRUSTEX LUBRICATED/SPERMICIDE MISC	3	PV Preventive ACA Affordable Care Act Medications
TRUSTEX NATURAL CONDOMS + LUBE MISC	3	PV Preventive ACA Affordable Care Act Medications
TRUSTEX NON-LUBRICATED MISC	3	PV Preventive ACA Affordable Care Act Medications
TRUSTEX RIA LUB/SPERMICIDE MISC	3	PV Preventive ACA Affordable Care Act Medications
TRUSTEX RIA LUBRICATED MISC	3	PV Preventive ACA Affordable Care Act Medications
TRUSTEX RIA NON-LUBRICATED MISC	3	PV Preventive ACA Affordable Care Act Medications
TRUSTEX-NONOXYNOL-9/RIB/STUD MISC	3	PV Preventive ACA Affordable Care Act Medications
TWIST TOP LANCETS 30G MISC	3	QL 120 / 30 day(s) PV Preventive
ULTI-LANCE AUTOMATIC MISC	3	QL 120 / 30 days PV Preventive
ULTICARE INSULIN SAFETY SYR 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
ULTICARE INSULIN SAFETY SYR 29G X 1/2" 1 ML MISC	3	QL 120 / 30 days PV Preventive
ULTICARE INSULIN SYR 1/2 UNIT 31G X 1/4" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
ULTICARE INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ULTICARE INSULIN SYRINGE 28G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
ULTICARE INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
ULTICARE INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
ULTICARE INSULIN SYRINGE 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
ULTICARE INSULIN SYRINGE 30G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
ULTICARE INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
ULTICARE INSULIN SYRINGE 30G X 1/2" 1 ML MISC	3	QL 120 / 30 days PV Preventive
ULTICARE INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
ULTICARE INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
ULTICARE INSULIN SYRINGE 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
ULTICARE INSULIN SYRINGE 31G X 1/4" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
ULTICARE INSULIN SYRINGE 31G X 1/4" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
ULTICARE INSULIN SYRINGE 31G X 1/4" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
ULTICARE INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ULTICARE INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	3	QL PV 120 / 30 days Preventive
ULTICARE INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	QL PV 120 / 30 days Preventive
ULTICARE MICRO PEN NEEDLES 31G X 6 MM MISC	3	PV Preventive
ULTICARE MICRO PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
ULTICARE MICRO PEN NEEDLES 32G X 4 MM MISC	3	PV Preventive
ULTICARE MINI PEN NEEDLES 30G X 5 MM MISC	3	PV Preventive
ULTICARE MINI PEN NEEDLES 31G X 6 MM MISC	3	PV Preventive
ULTICARE MINI PEN NEEDLES 32G X 6 MM MISC	3	PV Preventive
ULTICARE PEN NEEDLES 29G X 12.7MM MISC	3	PV Preventive
ULTICARE PEN NEEDLES 31G X 5 MM MISC	3	PV Preventive
ULTICARE SHORT PEN NEEDLES 30G X 8 MM MISC	3	PV Preventive
ULTICARE SHORT PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
ULTICARE SYRINGE 22G X 1-1/2" 1 ML MISC	3	QL 120 / 30 days
ULTICARE SYRINGE 22G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
ULTICARE TUBERCULIN SAFETY SYR 25G X 1" 1 ML MISC	3	QL 120 / 30 days
ULTICARE TUBERCULIN SAFETY SYR 25G X 5/8" 1 ML MISC	3	QL 120 / 30 days
ULTICARE TUBERCULIN SAFETY SYR 27G X 1/2" 1 ML MISC	3	QL 120 / 30 days
ULTICARE TUBERCULIN SAFETY SYR 27G X 5/8" 1 ML MISC	3	QL 120 / 30 days
ULTICARE TUBERCULIN SAFETY SYR 28G X 1/2" 1 ML MISC	3	QL 120 / 30 days
ULTIGUARD SAFEPAK PEN NEEDLE 29G X 12.7MM MISC	3	PV Preventive
ULTIGUARD SAFEPAK PEN NEEDLE 31G X 5 MM MISC	3	PV Preventive
ULTIGUARD SAFEPAK PEN NEEDLE 31G X 6 MM MISC	3	PV Preventive
ULTIGUARD SAFEPAK PEN NEEDLE 31G X 8 MM MISC	3	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ULTIGUARD SAFEPAK PEN NEEDLE 32G X 4 MM MISC	3	PV Preventive
ULTIGUARD SAFEPAK PEN NEEDLE 32G X 6 MM MISC	3	PV Preventive
ULTIGUARD SAFEPAK SYR/NEEDLE 30G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
ULTIGUARD SAFEPAK SYR/NEEDLE 30G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
ULTIGUARD SAFEPAK SYR/NEEDLE 30G X 1/2" 1 ML MISC	3	QL 120 / 30 days PV Preventive
ULTIGUARD SAFEPAK SYR/NEEDLE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
ULTIGUARD SAFEPAK SYR/NEEDLE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
ULTIGUARD SAFEPAK SYR/NEEDLE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
ULTILET CLASSIC LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
ULTILET LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
ULTILET PEN NEEDLE 29G X 12.7MM MISC	3	PV Preventive
ULTILET PEN NEEDLE 31G X 5 MM MISC	3	PV Preventive
ULTILET PEN NEEDLE 31G X 8 MM MISC	3	PV Preventive
ULTILET PEN NEEDLE 32G X 4 MM MISC	3	PV Preventive
ULTILET SAFETY LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
ULTILET SAFETY LANCETS 23G MISC	3	QL 120 / 30 day(s) PV Preventive
ULTRA COMFORT INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ULTRA FLO INSULIN PEN NEEDLES 29G X 12MM MISC	3	PV Preventive
ULTRA FLO INSULIN PEN NEEDLES 31G X 5 MM MISC	3	PV Preventive
ULTRA FLO INSULIN PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
ULTRA FLO INSULIN PEN NEEDLES 32G X 4 MM MISC	3	PV Preventive
ULTRA FLO INSULIN PEN NEEDLES 33G X 4 MM MISC	3	PV Preventive
ULTRA FLO INSULIN SYR 1/2 UNIT 30G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
ULTRA FLO INSULIN SYR 1/2 UNIT 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
ULTRA FLO INSULIN SYR 1/2 UNIT 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
ULTRA FLO INSULIN SYRINGE 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
ULTRA FLO INSULIN SYRINGE 30G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
ULTRA FLO INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
ULTRA FLO INSULIN SYRINGE 30G X 1/2" 1 ML MISC	3	QL 120 / 30 days PV Preventive
ULTRA FLO INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
ULTRA FLO INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ULTRA FLO INSULIN SYRINGE 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
ULTRA FLO INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
ULTRA FLO INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
ULTRA FLO INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
ULTRA THIN LANCETS 31G MISC	3	QL 120 / 30 day(s) PV Preventive
ULTRA THIN PEN NEEDLES 32G X 4 MM MISC	3	PV Preventive
ULTRA-CARE LANCETS 30G MISC	3	QL 120 / 30 day(s) PV Preventive
ULTRA-THIN II AUTO LANCET MISC	3	QL 120 / 30 day(s) PV Preventive
ULTRA-THIN II INS SYR SHORT 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
ULTRA-THIN II INS SYR SHORT 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
ULTRA-THIN II INS SYR SHORT 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
ULTRA-THIN II INS SYR SHORT 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
ULTRA-THIN II INS SYR SHORT 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
ULTRA-THIN II INS SYR SHORT 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
ULTRA-THIN II LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
ULTRA-THIN II MINI PEN NEEDLE 31G X 5 MM MISC	3	PV Preventive
ULTRA-THIN II PEN NEEDLE SHORT 31G X 8 MM MISC	3	PV Preventive
ULTRA-THIN II PEN NEEDLES 29G X 12.7MM MISC	3	PV Preventive
ULTRACARE INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
ULTRACARE INSULIN SYRINGE 30G X 1/2" 1 ML MISC	3	QL 120 / 30 days PV Preventive
ULTRACARE INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
ULTRACARE INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
ULTRACARE INSULIN SYRINGE 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
ULTRACARE INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
ULTRACARE INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
ULTRACARE INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
ULTRACARE PEN NEEDLES 31G X 5 MM MISC	3	PV Preventive
ULTRACARE PEN NEEDLES 31G X 6 MM MISC	3	PV Preventive
ULTRACARE PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
ULTRACARE PEN NEEDLES 32G X 4 MM MISC	3	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ULTRACARE PEN NEEDLES 32G X 5 MM MISC	3	PV Preventive
ULTRACARE PEN NEEDLES 32G X 6 MM MISC	3	PV Preventive
ULTRACARE PEN NEEDLES 33G X 4 MM MISC	3	PV Preventive
UNIFINE OTC PEN NEEDLES 31G X 5 MM MISC	3	PV Preventive
UNIFINE OTC PEN NEEDLES 32G X 4 MM MISC	3	PV Preventive
UNIFINE PENTIPS 29G X 12MM MISC	3	PV Preventive
UNIFINE PENTIPS 30G X 5 MM MISC	3	PV Preventive
UNIFINE PENTIPS 31G X 5 MM MISC	3	PV Preventive
UNIFINE PENTIPS 31G X 6 MM MISC	3	PV Preventive
UNIFINE PENTIPS 31G X 8 MM MISC	3	PV Preventive
UNIFINE PENTIPS 32G X 4 MM MISC	3	PV Preventive
UNIFINE PENTIPS 32G X 6 MM MISC	3	PV Preventive
UNIFINE PENTIPS 33G X 4 MM MISC	3	PV Preventive
UNIFINE PENTIPS PLUS 29G X 12MM MISC	3	PV Preventive
UNIFINE PENTIPS PLUS 30G X 5 MM MISC	3	PV Preventive
UNIFINE PENTIPS PLUS 31G X 5 MM MISC	3	PV Preventive
UNIFINE PENTIPS PLUS 31G X 6 MM MISC	3	PV Preventive
UNIFINE PENTIPS PLUS 31G X 8 MM MISC	3	PV Preventive
UNIFINE PENTIPS PLUS 32G X 4 MM MISC	3	PV Preventive
UNIFINE PENTIPS PLUS 33G X 4 MM MISC	3	PV Preventive
UNIFINE PROTECT PEN NEEDLE 30G X 5 MM MISC	3	PV Preventive
UNIFINE PROTECT PEN NEEDLE 30G X 8 MM MISC	3	PV Preventive
UNIFINE PROTECT PEN NEEDLE 32G X 4 MM MISC	3	PV Preventive
UNIFINE SAFECONTROL PEN NEEDLE 30G X 5 MM MISC	3	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
UNIFINE SAFECONTROL PEN NEEDLE 30G X 8 MM MISC	3	PV Preventive
UNIFINE SAFECONTROL PEN NEEDLE 31G X 5 MM MISC	3	PV Preventive
UNIFINE SAFECONTROL PEN NEEDLE 31G X 6 MM MISC	3	PV Preventive
UNIFINE SAFECONTROL PEN NEEDLE 31G X 8 MM MISC	3	PV Preventive
UNIFINE SAFECONTROL PEN NEEDLE 32G X 4 MM MISC	3	PV Preventive
UNIFINE ULTRA PEN NEEDLE 31G X 5 MM MISC	3	PV Preventive
UNIFINE ULTRA PEN NEEDLE 31G X 6 MM MISC	3	PV Preventive
UNIFINE ULTRA PEN NEEDLE 31G X 8 MM MISC	3	PV Preventive
UNIFINE ULTRA PEN NEEDLE 32G X 4 MM MISC	3	PV Preventive
UNILET COMFORTOUCH LANCET MISC	3	QL 120 / 30 day(s) PV Preventive
UNILET EXCELITE MISC	3	QL 120 / 30 day(s) PV Preventive
UNILET EXCELITE II MISC	3	QL 120 / 30 day(s) PV Preventive
UNILET G.P. LANCET MISC	3	QL 120 / 30 day(s) PV Preventive
UNILET G.P. SUPERLITE LANCET MISC	3	QL 120 / 30 day(s) PV Preventive
UNILET GP 28 ULTRA THIN MISC	3	QL 120 / 30 day(s) PV Preventive
UNILET LANCET MISC	3	QL 120 / 30 day(s) PV Preventive
UNILET MICRO-THIN 33G MISC	3	QL 120 / 30 day(s) PV Preventive
UNILET SUPER-THIN 30G MISC	3	QL 120 / 30 day(s) PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
UNILET SUPERLITE LANCET MISC	3	QL 120 / 30 day(s) PV Preventive
UNILET ULTRA-THIN 28G MISC	3	QL 120 / 30 day(s) PV Preventive
UNISTIK 1 MISC	3	QL 120 / 30 day(s) PV Preventive
UNISTIK 2 MISC	3	QL 120 / 30 day(s) PV Preventive
UNISTIK 2 COMFORT MISC	3	QL 120 / 30 day(s) PV Preventive
UNISTIK 2 EXTRA MISC	3	QL 120 / 30 day(s) PV Preventive
UNISTIK 2 NEONATAL MISC	3	QL 120 / 30 day(s) PV Preventive
UNISTIK 2 NORMAL MISC	3	QL 120 / 30 day(s) PV Preventive
UNISTIK 2 SUPER MISC	3	QL 120 / 30 day(s) PV Preventive
UNISTIK 3 MISC	3	QL 120 / 30 day(s) PV Preventive
UNISTIK 3 COMFORT MISC	3	QL 120 / 30 day(s) PV Preventive
UNISTIK 3 EXTRA MISC	3	QL 120 / 30 day(s) PV Preventive
UNISTIK 3 GENTLE MISC	3	QL 120 / 30 day(s) PV Preventive
UNISTIK 3 NEONATAL MISC	3	QL 120 / 30 day(s) PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
UNISTIK 3 NORMAL MISC	3	QL 120 / 30 day(s) PV Preventive
UNISTIK CZT COMFORT MISC	3	QL 120 / 30 day(s) PV Preventive
UNISTIK CZT NORMAL MISC	3	QL 120 / 30 day(s) PV Preventive
UNISTIK NORMAL MISC	3	QL 120 / 30 day(s) PV Preventive
UNISTIK PRO SAFETY LANCET MISC	3	QL 120 / 30 day(s) PV Preventive
UNISTIK SAFETY LANCETS 28G MISC	3	QL 120 / 30 day(s) PV Preventive
UNISTIK SAFETY LANCETS 30G MISC	3	QL 120 / 30 day(s) PV Preventive
UNISTIK TOUCH SAFETY LANC 21G MISC	3	QL 120 / 30 day(s) PV Preventive
UNISTIK TOUCH SAFETY LANC 23G MISC	3	QL 120 / 30 day(s) PV Preventive
UNISTIK TOUCH SAFETY LANC 28G MISC	3	QL 120 / 30 day(s) PV Preventive
UNISTIK TOUCH SAFETY LANC 30G MISC	3	QL 120 / 30 day(s) PV Preventive
UNIVERSAL 1 LANCETS THIN 26G MISC	3	QL 120 / 30 day(s) PV Preventive
UNIVERSAL 1 LANCETS THIN 33G MISC	3	QL 120 / 30 day(s) PV Preventive
UNIVERSAL 1 LANCETS ULTRA THIN MISC	3	QL 120 / 30 day(s) PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VALUE HEALTH INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
VALUE HEALTH INSULIN SYRINGE 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
VALUE PLUS LANCET STANDARD 21G MISC	3	QL 120 / 30 day(s) PV Preventive
VALUE PLUS LANCETS SUPER THIN MISC	3	QL 120 / 30 day(s) PV Preventive
VALUE PLUS LANCETS THIN 26G MISC	3	QL 120 / 30 day(s) PV Preventive
VALUE PLUS LANCING DEVICE MISC	3	QL 120 / 30 days PV Preventive
VANISHPOINT ALLERGY TRAY 27G X 1/2" 1 ML KIT	3	QL 120 / 30 days
VANISHPOINT INSULIN SYRINGE 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
VANISHPOINT INSULIN SYRINGE 29G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
VANISHPOINT INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
VANISHPOINT INSULIN SYRINGE 30G X 3/16" 0.5 ML MISC	3	PV Preventive
VANISHPOINT INSULIN SYRINGE 30G X 3/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
VANISHPOINT INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
VANISHPOINT INSULIN SYRINGE 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
VANISHPOINT SAFETY SYRINGE 20G X 1" 3 ML MISC	3	QL 120 / 30 days
VANISHPOINT SAFETY SYRINGE 20G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VANISHPOINT SAFETY SYRINGE 21G X 1" 3 ML MISC	3	QL 120 / 30 days
VANISHPOINT SAFETY SYRINGE 21G X 1" 5 ML MISC	3	QL 120 / 30 days
VANISHPOINT SAFETY SYRINGE 21G X 1-1/2" 10 ML MISC	3	QL 120 / 30 days
VANISHPOINT SAFETY SYRINGE 21G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
VANISHPOINT SAFETY SYRINGE 21G X 1-1/2" 5 ML MISC	3	QL 120 / 30 days
VANISHPOINT SAFETY SYRINGE 22G X 1" 3 ML MISC	3	QL 120 / 30 days
VANISHPOINT SAFETY SYRINGE 22G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
VANISHPOINT SAFETY SYRINGE 22G X 1-1/2" 5 ML MISC	3	QL 120 / 30 days
VANISHPOINT SAFETY SYRINGE 23G X 1" 3 ML MISC	3	QL 120 / 30 days
VANISHPOINT SAFETY SYRINGE 23G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
VANISHPOINT SAFETY SYRINGE 25G X 1" 3 ML MISC	3	QL 120 / 30 days
VANISHPOINT SAFETY SYRINGE 25G X 1-1/2" 3 ML MISC	3	QL 120 / 30 day(s)
VANISHPOINT SAFETY SYRINGE 25G X 5/8" 3 ML MISC	3	QL 120 / 30 days
VANISHPOINT SYRINGE 20G X 1" 3 ML MISC	3	QL 120 / 30 days
VANISHPOINT SYRINGE 20G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
VANISHPOINT SYRINGE 21G X 1" 3 ML MISC	3	QL 120 / 30 days
VANISHPOINT SYRINGE 21G X 1-1/2" 10 ML MISC	3	QL 120 / 30 days
VANISHPOINT SYRINGE 21G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
VANISHPOINT SYRINGE 21G X 1-1/2" 5 ML MISC	3	QL 120 / 30 days
VANISHPOINT SYRINGE 22G X 1" 3 ML MISC	3	QL 120 / 30 days
VANISHPOINT SYRINGE 22G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
VANISHPOINT SYRINGE 23G X 1" 3 ML MISC	3	QL 120 / 30 days
VANISHPOINT SYRINGE 23G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
VANISHPOINT SYRINGE 25G X 1" 1 ML MISC	3	QL 120 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VANISHPOINT SYRINGE 25G X 1" 3 ML MISC	3	QL 120 / 30 days
VANISHPOINT SYRINGE 25G X 1-1/2" 3 ML MISC	3	QL 120 / 30 day(s)
VANISHPOINT SYRINGE 25G X 5/8" 3 ML MISC	3	QL 120 / 30 days
VANISHPOINT TUBERCULIN SYRINGE 25G X 1" 1 ML MISC	3	QL 120 / 30 days
VANISHPOINT TUBERCULIN SYRINGE 25G X 5/8" 1 ML MISC	3	QL 120 / 30 days
VANISHPOINT TUBERCULIN SYRINGE 27G X 1/2" 1 ML MISC	3	QL 120 / 30 days
VERIFINE INSULIN PEN NEEDLE 29G X 12MM MISC	3	PV Preventive
VERIFINE INSULIN PEN NEEDLE 31G X 5 MM MISC	3	PV Preventive
VERIFINE INSULIN PEN NEEDLE 31G X 8 MM MISC	3	PV Preventive
VERIFINE INSULIN PEN NEEDLE 32G X 4 MM MISC	3	PV Preventive
VERIFINE INSULIN PEN NEEDLE 32G X 6 MM MISC	3	PV Preventive
VERIFINE INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
VERIFINE INSULIN SYRINGE 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
VERIFINE INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
VERIFINE INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
VERIFINE INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
VERIFINE PLUS PEN NEEDLE 31G X 5 MM MISC	3	PV Preventive
VERIFINE PLUS PEN NEEDLE 31G X 8 MM MISC	3	PV Preventive
VERIFINE PLUS PEN NEEDLE 32G X 4 MM MISC	3	PV Preventive
VERIFINE SAFE LANCET MINI 21G MISC	3	QL 120 / 30 day(s) PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VERIFINE SAFE LANCET MINI 23G MISC	3	QL 120 / 30 day(s) PV Preventive
VERIFINE SAFE LANCET MINI 28G MISC	3	QL 120 / 30 day(s) PV Preventive
VERIFINE SAFE LANCET MINI 30G MISC	3	QL 120 / 30 day(s) PV Preventive
VERIFINE UNIVERSAL LANCETS 28G MISC	3	QL 120 / 30 day(s) PV Preventive
VERIFINE UNIVERSAL LANCETS 30G MISC	3	QL 120 / 30 day(s) PV Preventive
VERIFINE UNIVERSAL LANCETS 33G MISC	3	QL 120 / 30 day(s) PV Preventive
VERISAFE SAFE STERILE SYRINGE 25G X 1" 1 ML MISC	3	QL 120 / 30 days
VERISAFE SAFETY STERILE NEEDLE 23G X 1-1/2" MISC	3	QL 120 / 30 days
VERISAFE SAFETY STERILE NEEDLE 25G X 1" MISC	3	QL 120 / 30 days
VISTOGARD 10 GM PACKET	5	S
VIVAGUARD INO CONTROL SOLUTION LIQUID	3	PV Preventive
VIVAGUARD LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
VIVAGUARD LANCETS 30G MISC	3	QL 120 / 30 day(s) PV Preventive
VIVAGUARD LANCING DEVICE MISC	3	QL 120 / 30 days PV Preventive
VIVAGUARD SAFETY LANCETS 28G MISC	3	QL 120 / 30 day(s) PV Preventive
VOWST CAP	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VP INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
WAINUA 45 MG/0.8ML SOLN A-INJ	5	QL 0.8 / 30 days PA S
WALGREENS LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
WALGREENS LANCETS MICRO THIN MISC	3	QL 120 / 30 day(s) PV Preventive
WALGREENS LANCETS SUPER THIN MISC	3	QL 120 / 30 day(s) PV Preventive
WALGREENS THIN LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
WALGREENS ULTRA THIN LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
WEGMANS UNIFINE PENTIPS PLUS 31G X 5 MM MISC	3	PV Preventive
WEGMANS UNIFINE PENTIPS PLUS 31G X 6 MM MISC	3	PV Preventive
WEGMANS UNIFINE PENTIPS PLUS 31G X 8 MM MISC	3	PV Preventive
WEGMANS UNIFINE PENTIPS PLUS 32G X 4 MM MISC	3	PV Preventive
WIDE-SEAL DIAPHRAGM 60 2 % DIAPHRAGM	3	PV Preventive ACA Affordable Care Act Medications
WIDE-SEAL DIAPHRAGM 65 2 % DIAPHRAGM	3	PV Preventive ACA Affordable Care Act Medications
WIDE-SEAL DIAPHRAGM 70 2 % DIAPHRAGM	3	PV Preventive ACA Affordable Care Act Medications
WIDE-SEAL DIAPHRAGM 75 2 % DIAPHRAGM	3	PV Preventive ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
WIDE-SEAL DIAPHRAGM 80 2 % DIAPHRAGM	3	PV Preventive ACA Affordable Care Act Medications
WIDE-SEAL DIAPHRAGM 85 2 % DIAPHRAGM	3	PV Preventive ACA Affordable Care Act Medications
WIDE-SEAL DIAPHRAGM 90 2 % DIAPHRAGM	3	PV Preventive ACA Affordable Care Act Medications
WIDE-SEAL DIAPHRAGM 95 2 % DIAPHRAGM	3	PV Preventive ACA Affordable Care Act Medications
YALE DISP NEEDLES 21G X 1-1/4" MISC	3	QL 120 / 30 days
ZEVRX INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
ZEVRX INSULIN SYRINGE 30G X 1/2" 1 ML MISC	3	QL 120 / 30 days PV Preventive
ZEVRX INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
ZEVRX INSULIN SYRINGE 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
ZEVRX PEN NEEDLES 31G X 5 MM MISC	3	PV Preventive
ZEVRX PEN NEEDLES 31G X 6 MM MISC	3	PV Preventive
ZEVRX PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
ZEVRX PEN NEEDLES 32G X 4 MM MISC	3	PV Preventive
ZEVRX TWIST TOP LANCETS 30G MISC	3	QL 120 / 30 day(s) PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OPHTHALMIC AGENTS		
OPHTHALMIC AGENTS, OTHER		
<i>tetracaine hcl ophth soln 0.5%</i>	2	
<i>tetracaine hcl ophth soln 0.5%</i>	2	
ATROPINE SULFATE 1 % SOLUTION	4	
ATROPINE SULFATE 1 % SOLUTION	4	
<i>atropine sulfate ophth soln 1%</i>	2	
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	2	
<i>bacitracin-polymyxin b ophth oint</i>	1	
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	2	
<i>cyclopentolate hcl ophth soln 1%</i>	1	
<i>cyclosporine (ophth) emulsion 0.05%</i>	2	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	1	
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	1	
ISOPTO ATROPINE 1 % SOLUTION	4	
LACRISERT 5 MG INSERT	4	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	2	
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	2	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	2	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	2	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	
NEOMYCIN-POLYMYXIN-GRAMICIDIN 1.75-10000-.025 SOLUTION	4	
OXERVATE 0.002 % SOLUTION	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>phenylephrine hcl ophth soln 10%</i>	2	
<i>phenylephrine hcl ophth soln 2.5%</i>	2	
<i>bacitracin-polymyxin b ophth oint</i>	1	
SULFACETAMIDE-PREDNISOLONE 10-0.23 % SOLUTION	4	
<i>tetracaine hcl ophth soln 0.5%</i>	2	
TOBRADEX 0.3-0.1 % OINTMENT	4	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	2	
TYRVAYA 0.03 MG/ACT SOLUTION	4	ST STC Trial and Failure of generic cyclosporine eye drops
XIIDRA 5 % SOLUTION	4	ST STC Trial and failure of 1 therapy: generic cyclosporine eye drops
ZYLET 0.5-0.3 % SUSPENSION	4	
OPHTHALMIC ANTI-ALLERGY AGENTS		
ALOCRI 2 % SOLUTION	4	
ALOMIDE 0.1 % SOLUTION	4	
<i>azelastine hcl ophth soln 0.05%</i>	1	
<i>bepotastine besilate ophth soln 1.5%</i>	2	
CROMOLYN SODIUM 4 % SOLUTION	4	
<i>epinastine hcl ophth soln 0.05%</i>	2	
LASTACFT 0.25 % SOLUTION	4	
OPHTHALMIC ANTI-INFECTIVES		
AZASITE 1 % SOLUTION	4	
BACITRACIN 500 UNIT/GM OINTMENT	3	
<i>erythromycin ophth oint 5 mg/gm</i>	1	ACA Affordable Care Act Medications
<i>gatifloxacin ophth soln 0.5%</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>gentamicin sulfate ophth soln 0.3%</i>	1	
LEVOFLOXACIN 0.5 % SOLUTION	4	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	2	
NATACYN 5 % SUSPENSION	3	
<i>ofloxacin ophth soln 0.3%</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
SULFACETAMIDE SODIUM 10 % OINTMENT	4	
SULFACETAMIDE SODIUM 10 % SOLUTION	2	
<i>sulfacetamide sodium ophth soln 10%</i>	2	
<i>tobramycin ophth soln 0.3%</i>	1	
TRIFLURIDINE 1 % SOLUTION	3	
ZIRGAN 0.15 % GEL	4	
OPHTHALMIC ANTI-INFLAMMATORIES		
ALREX 0.2 % SUSPENSION	4	
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	2	
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	4	
<i>diclofenac sodium ophth soln 0.1%</i>	1	
<i>difluprednate ophth emulsion 0.05%</i>	2	
FLAREX 0.1 % SUSPENSION	4	
<i>fluorometholone ophth susp 0.1%</i>	2	
FLURBIPROFEN SODIUM 0.03 % SOLUTION	4	
ILEVRO 0.3 % SUSPENSION	4	
<i>ketorolac tromethamine ophth soln 0.4%</i>	2	
<i>ketorolac tromethamine ophth soln 0.5%</i>	1	
LOTEMAX 0.5 % OINTMENT	4	
LOTEMAX SM 0.38 % GEL	4	
<i>loteprednol etabonate ophth susp 0.2%</i>	4	
<i>loteprednol etabonate ophth gel 0.5%</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>loteprednol etabonate ophth susp 0.5%</i>	2	
MAXIDEX 0.1 % SUSPENSION	4	
<i>prednisolone acetate ophth susp 1%</i>	2	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	4	
OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS		
BETAXOLOL HCL 0.5 % SOLUTION	4	
CARTEOLOL HCL 1 % SOLUTION	4	
LEVOBUNOLOL HCL 0.5 % SOLUTION	4	
<i>timolol maleate ophth soln 0.25%</i>	1	
<i>timolol maleate ophth soln 0.5%</i>	1	
OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER		
<i>acetazolamide cap er 12hr 500 mg</i>	2	PV Preventive
APRACLONIDINE HCL 0.5 % SOLUTION	4	
<i>brimonidine tartrate ophth soln 0.2%</i>	1	
<i>brinzolamide ophth susp 1%</i>	2	
<i>dorzolamide hcl ophth soln 2%</i>	1	
<i>methazolamide tab 25 mg</i>	2	PV Preventive
<i>methazolamide tab 50 mg</i>	2	PV Preventive
<i>pilocarpine hcl ophth soln 1%</i>	2	
<i>pilocarpine hcl ophth soln 2%</i>	2	
<i>pilocarpine hcl ophth soln 4%</i>	2	
RHOPRESSA 0.02 % SOLUTION	4	ST STC Trial and failure of 1 therapy: latanoprost solution 0.005%
SIMBRINZA 1-0.2 % SUSPENSION	4	
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS		
<i>bimatoprost ophth soln 0.03%</i>	2	
<i>latanoprost ophth soln 0.005%</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>tafluprost preservative free (pf) ophth soln 0.0015%</i>	2	
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	2	
OTIC AGENTS		
<i>acetic acid otic soln 2%</i>	2	
<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	2	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	2	
CIPROFLOXACIN-FLUOCINOLONE PF 0.3-0.025 % SOLUTION	4	
CORTISPORIN-TC 3.3-3-10-0.5 MG/ML SUSPENSION	4	
<i>fluocinolone acetonide (otic) oil 0.01%</i>	2	
<i>fluocinolone acetonide (otic) oil 0.01%</i>	2	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	2	
<i>neomycin-polymyxin-hc otic soln 1%</i>	2	
<i>neomycin-polymyxin-hc otic soln 1%</i>	2	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	2	
<i>ofloxacin otic soln 0.3%</i>	2	
RESPIRATORY TRACT/PULMONARY AGENTS		
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
ARNUITY ELLIPTA 100 MCG/ACT AER POW BA	3	PV Preventive
ARNUITY ELLIPTA 200 MCG/ACT AER POW BA	3	PV Preventive
ARNUITY ELLIPTA 50 MCG/ACT AER POW BA	3	PV Preventive
ASMANEX (120 METERED DOSES) 220 MCG/ACT AER POW BA	3	PV Preventive
ASMANEX (14 METERED DOSES) 220 MCG/ACT AER POW BA	3	PV Preventive
ASMANEX (30 METERED DOSES) 110 MCG/ACT AER POW BA	3	PV Preventive
ASMANEX (30 METERED DOSES) 220 MCG/ACT AER POW BA	3	PV Preventive
ASMANEX (60 METERED DOSES) 220 MCG/ACT AER POW BA	3	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ASMANEX HFA 100 MCG/ACT AEROSOL	3	PV Preventive
ASMANEX HFA 200 MCG/ACT AEROSOL	3	PV Preventive
ASMANEX HFA 50 MCG/ACT AEROSOL	3	PV Preventive
<i>budesonide inhalation susp 0.25 mg/2ml</i>	2	PV Preventive
<i>budesonide inhalation susp 0.5 mg/2ml</i>	2	PV Preventive
<i>budesonide inhalation susp 1 mg/2ml</i>	2	PV Preventive
FLUTICASONE FUROATE ELLIPTA 100 MCG/ACT AER POW BA	3	PV Preventive
FLUTICASONE FUROATE ELLIPTA 200 MCG/ACT AER POW BA	3	PV Preventive
FLUTICASONE FUROATE ELLIPTA 50 MCG/ACT AER POW BA	3	PV Preventive
FLUTICASONE PROPIONATE DISKUS 100 MCG/ACT AER POW BA	3	PV Preventive
FLUTICASONE PROPIONATE DISKUS 250 MCG/ACT AER POW BA	3	PV Preventive
FLUTICASONE PROPIONATE DISKUS 50 MCG/ACT AER POW BA	3	PV Preventive
FLUTICASONE PROPIONATE HFA 110 MCG/ACT AEROSOL	3	PV Preventive
FLUTICASONE PROPIONATE HFA 220 MCG/ACT AEROSOL	3	PV Preventive
FLUTICASONE PROPIONATE HFA 44 MCG/ACT AEROSOL	3	PV Preventive
QNASL 80 MCG/ACT AERO SOLN	4	ST STC Trial and failure of 3 qualifying therapies: fluticasone nasal spray, triamcinolone nasal spray and mometasone nasal spray
QNASL CHILDRENS 40 MCG/ACT AERO SOLN	4	ST STC Trial and failure of 3 qualifying therapies: fluticasone nasal spray, triamcinolone nasal spray and mometasone nasal spray

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
QVAR REDHALER 40 MCG/ACT AERO BA	3	PV Preventive
QVAR REDHALER 80 MCG/ACT AERO BA	3	PV Preventive
ANTIHISTAMINES		
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	1	
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	1	
<i>carbinoxamine maleate tab 4 mg</i>	2	
CARBINOXAMINE MALEATE 4 MG/5ML SOLUTION	4	
CLEMASTINE FUMARATE 2.68 MG TAB	4	
CLEMASZ 2.68 MG TAB	4	
CLEMSZA 2.68 MG TAB	4	
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	1	
<i>cyproheptadine hcl tab 4 mg</i>	1	
<i>desloratadine tab 5 mg</i>	1	
<i>levocetirizine dihydrochloride tab 5 mg</i>	1	
<i>olopatadine hcl nasal soln 0.6%</i>	2	
<i>promethazine hcl oral soln 6.25 mg/5ml</i>	1	
<i>promethazine hcl oral soln 6.25 mg/5ml</i>	1	
PROMETHAZINE HCL 6.25 MG/5ML SYRUP	1	
RYCLORA 2 MG/5ML SOLUTION	4	
ANTILEUKOTRIENES		
<i>montelukast sodium tab 10 mg (base equiv)</i>	1	PV Preventive
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	1	PV Preventive
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	1	PV Preventive
<i>zafirlukast tab 10 mg</i>	2	PV Preventive
<i>zafirlukast tab 20 mg</i>	2	PV Preventive
BRONCHODILATORS, ANTICHOLINERGIC		
ATROVENT HFA 17 MCG/ACT AERO SOLN	4	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
INCRUSE ELLIPTA 62.5 MCG/ACT AER POW BA	3	PV Preventive
<i>ipratropium bromide inhal soln 0.02%</i>	1	PV Preventive
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	2	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	2	
SPIRIVA HANDIHALER 18 MCG CAP	3	PV Preventive
SPIRIVA RESPIMAT 1.25 MCG/ACT AERO SOLN	3	PV Preventive
SPIRIVA RESPIMAT 2.5 MCG/ACT AERO SOLN	3	PV Preventive
<i>tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)</i>	3	PV Preventive
YUPELRI 175 MCG/3ML SOLUTION	4	PA PV Preventive
BRONCHODILATORS, SYMPATHOMIMETIC		
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	1	PV Preventive
ALBUTEROL SULFATE (5 MG/ML) 0.5% NEBU SOLN	2	PV Preventive
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	2	PV Preventive
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	2	PV Preventive
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	2	PV Preventive
<i>albuterol sulfate tab 2 mg</i>	2	PV Preventive
<i>albuterol sulfate syrup 2 mg/5ml</i>	1	PV Preventive
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	2	PV Preventive
<i>albuterol sulfate tab 4 mg</i>	2	PV Preventive
<i>albuterol sulfate syrup 2 mg/5ml</i>	1	PV Preventive
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	1	PV Preventive
<i>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)</i>	2	PV Preventive
EPINEPHRINE 0.15 MG/0.15ML SOLN A-INJ	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	2	
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	2	
EPINEPHRINE 0.3 MG/0.3ML SOLN PRSYR	3	
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	2	PV Preventive
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	2	PV Preventive
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	2	PV Preventive
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	2	PV Preventive
NEFFY 1 MG/0.1ML SOLUTION	4	ST STC Trial and failure of generic epinephrine auto-injector
NEFFY 2 MG/0.1ML SOLUTION	4	ST STC Trial and failure of generic epinephrine auto-injector
SEREVENT DISKUS 50 MCG/ACT AER POW BA	3	PV Preventive
STRIVERDI RESPIMAT 2.5 MCG/ACT AERO SOLN	3	PV Preventive
SYMJEPI 0.15 MG/0.3ML SOLN PRSYR	3	
SYMJEPI 0.3 MG/0.3ML SOLN PRSYR	3	
<i>terbutaline sulfate tab 2.5 mg</i>	2	PV Preventive
<i>terbutaline sulfate tab 5 mg</i>	2	PV Preventive
VENTOLIN HFA 108 (90 BASE) MCG/ACT AERO SOLN	2	PV Preventive
CYSTIC FIBROSIS AGENTS		
ALYFTREK 10-50-125 MG TAB	5	PA S
ALYFTREK 4-20-50 MG TAB	5	PA S
BETHKIS 300 MG/4ML NEBU SOLN	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KALYDECO 13.4 MG PACKET	5	PA S
KALYDECO 150 MG TAB	5	PA S
KALYDECO 25 MG PACKET	5	PA S
KALYDECO 5.8 MG PACKET	5	PA S
KALYDECO 50 MG PACKET	5	PA S
KALYDECO 75 MG PACKET	5	PA S
KITABIS PAK 300 MG/5ML NEBU SOLN	5	PA S
ORKAMBI 100-125 MG PACKET	5	PA S
ORKAMBI 100-125 MG TAB	5	PA S
ORKAMBI 150-188 MG PACKET	5	PA S
ORKAMBI 200-125 MG TAB	5	PA S
ORKAMBI 75-94 MG PACKET	5	PA S
PULMOZYME 2.5 MG/2.5ML SOLUTION	5	PA S
SYMDEKO 100-150 & 150 MG TAB THPK	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SYMDEKO 50-75 & 75 MG TAB THPK	5	PA S
TOBI 300 MG/5ML NEBU SOLN	5	PA S
TOBI PODHALER 28 MG CAP	5	PA S
<i>tobramycin nebu soln 300 mg/4ml</i>	5	PA S
TOBRAMYCIN 300 MG/5ML NEBU SOLN	5	PA S
<i>tobramycin nebu soln 300 mg/5ml</i>	5	PA S
TRIKAFTA 100-50-75 & 150 MG TAB THPK	5	PA S
TRIKAFTA 100-50-75 & 75 MG THER PACK	5	PA S
TRIKAFTA 50-25-37.5 & 75 MG TAB THPK	5	PA S
TRIKAFTA 80-40-60 & 59.5 MG THER PACK	5	PA S
MAST CELL STABILIZERS		
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	2	PV Preventive
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE		
<i>theophylline elixir 80 mg/15ml</i>	2	PV Preventive
OHTUVAYRE 3 MG/2.5ML SUSPENSION	5	PA S
<i>roflumilast tab 250 mcg</i>	2	PV Preventive
<i>roflumilast tab 500 mcg</i>	2	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
THEO-24 100 MG CAP ER 24H	4	PV Preventive
THEO-24 200 MG CAP ER 24H	4	PV Preventive
THEO-24 300 MG CAP ER 24H	4	PV Preventive
THEO-24 400 MG CAP ER 24H	4	PV Preventive
<i>theophylline elixir 80 mg/15ml</i>	2	PV Preventive
<i>theophylline soln 80 mg/15ml</i>	2	PV Preventive
<i>theophylline tab er 12hr 300 mg</i>	2	PV Preventive
<i>theophylline tab er 24hr 400 mg</i>	2	PV Preventive
<i>theophylline tab er 12hr 450 mg</i>	2	PV Preventive
<i>theophylline tab er 24hr 600 mg</i>	2	PV Preventive
PULMONARY ANTIHYPERTENSIVES		
ADEMPAS 0.5 MG TAB	5	PA S
ADEMPAS 1 MG TAB	5	PA S
ADEMPAS 1.5 MG TAB	5	PA S
ADEMPAS 2 MG TAB	5	PA S
ADEMPAS 2.5 MG TAB	5	PA S
<i>tadalafil tab 20 mg (pah)</i>	2	QL 60 / 30 day(s)
<i>ambrisentan tab 10 mg</i>	5	QL 30 / 30 days PA S
<i>ambrisentan tab 5 mg</i>	5	QL 30 / 30 days PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>bosentan tab 125 mg</i>	5	QL 60 / 30 days PA S
<i>bosentan tab for oral susp 32 mg</i>	5	QL 120 / 30 day(s) PA S
<i>bosentan tab 62.5 mg</i>	5	QL 60 / 30 days PA S
<i>epoprostenol sodium for inj 0.5 mg</i>	5	PA S
<i>epoprostenol sodium for inj 1.5 mg</i>	5	PA S
OPSUMIT 10 MG TAB	5	PA S
OPSYNVI 10-20 MG TAB	5	QL 30 / 30 day(s) PA S
OPSYNVI 10-40 MG TAB	5	QL 30 / 30 day(s) PA S
ORENITRAM 0.125 MG TAB ER	5	PA S
ORENITRAM 0.25 MG TAB ER	5	PA S
ORENITRAM 1 MG TAB ER	5	PA S
ORENITRAM 2.5 MG TAB ER	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ORENITRAM 5 MG TAB ER	5	PA S
ORENITRAM MONTH 1 0.125 & 0.25 MG TBER THPK	5	PA S
ORENITRAM MONTH 2 0.125 & 0.25 MG TBER THPK	5	PA S
ORENITRAM MONTH 3 0.125 & 0.25 & 1 MG TBER THPK	5	PA S
<i>sildenafil citrate for suspension 10 mg/ml</i>	5	QL 225 / 30 days PA S
<i>sildenafil citrate tab 20 mg</i>	5	QL 90 / 30 day(s) S
<i>tadalafil tab 20 mg (pah)</i>	2	QL 60 / 30 day(s)
TRACLEER 32 MG TAB SOL	5	PA S
<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>	5	PA S
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	5	PA S
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	5	PA S
<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	5	PA S
TYVASO 0.6 MG/ML SOLUTION	5	PA S
TYVASO REFILL 0.6 MG/ML SOLUTION	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TYVASO STARTER 0.6 MG/ML SOLUTION	5	PA S
UPTRAVI 1000 MCG TAB	5	PA S
UPTRAVI 1200 MCG TAB	5	PA S
UPTRAVI 1400 MCG TAB	5	PA S
UPTRAVI 1600 MCG TAB	5	PA S
UPTRAVI 200 & 800 MCG TAB THPK	5	PA S
UPTRAVI 200 MCG TAB	5	PA S
UPTRAVI 400 MCG TAB	5	PA S
UPTRAVI 600 MCG TAB	5	PA S
UPTRAVI 800 MCG TAB	5	PA S
VENTAVIS 10 MCG/ML SOLUTION	5	PA S
VENTAVIS 20 MCG/ML SOLUTION	5	PA S
PULMONARY FIBROSIS AGENTS		
ESBRIET 267 MG CAP	5	QL 90 / 30 days
		PA
		ST
		S
		STC Trial and failure of 1 therapy: generic Esbriet

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ESBRIET 267 MG TAB	5	QL PA ST S STC Trial and failure of 1 therapy: generic Esbriet
ESBRIET 801 MG TAB	5	QL PA ST S STC Trial and failure of 1 therapy: generic Esbriet
OFEV 100 MG CAP	5	PA S
OFEV 150 MG CAP	5	PA S
<i>pirfenidone cap 267 mg</i>	5	QL PA S
<i>pirfenidone tab 267 mg</i>	5	QL PA S
PIRFENIDONE 534 MG TAB	5	QL PA S
<i>pirfenidone tab 801 mg</i>	5	QL PA S
RESPIRATORY TRACT AGENTS, OTHER		
<i>acetylcysteine inhal soln 10%</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>acetylcysteine inhal soln 20%</i>	2	
ADVAIR HFA 115-21 MCG/ACT AEROSOL	3	PV Preventive
ADVAIR HFA 230-21 MCG/ACT AEROSOL	3	PV Preventive
ADVAIR HFA 45-21 MCG/ACT AEROSOL	3	PV Preventive
ANORO ELLIPTA 62.5-25 MCG/ACT AER POW BA	3	PV Preventive
BREO ELLIPTA 100-25 MCG/ACT AER POW BA	3	PV Preventive
BREO ELLIPTA 200-25 MCG/ACT AER POW BA	3	PV Preventive
BREO ELLIPTA 50-25 MCG/INH AER POW BA	3	PV Preventive
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	3	PV Preventive
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	3	PV Preventive
BREZTRI AEROSPHERE 160-9-4.8 MCG/ACT AEROSOL	3	PV Preventive
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	3	PV Preventive
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	3	PV Preventive
COMBIVENT RESPIMAT 20-100 MCG/ACT AERO SOLN	3	PV Preventive
CUROSURF 120 MG/1.5ML SUSPENSION	4	
CUROSURF 240 MG/3ML SUSPENSION	4	
DULERA 100-5 MCG/ACT AEROSOL	4	PV Preventive
DULERA 200-5 MCG/ACT AEROSOL	4	PV Preventive
DULERA 50-5 MCG/ACT AEROSOL	4	PV Preventive
FASENRA PEN 30 MG/ML SOLN A-INJ	5	PA S
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	3	
FLUTICASONE FUROATE-VILANTEROL 100-25 MCG/ACT AER POW BA	3	PV Preventive
FLUTICASONE FUROATE-VILANTEROL 200-25 MCG/ACT AER POW BA	3	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fluticasone propionate nasal susp 50 mcg/act</i>	1	
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	2	PV Preventive
FLUTICASONE-SALMETEROL 113-14 MCG/ACT AER POW BA	2	PV Preventive
FLUTICASONE-SALMETEROL 115-21 MCG/ACT AEROSOL	3	PV Preventive
FLUTICASONE-SALMETEROL 230-21 MCG/ACT AEROSOL	3	PV Preventive
FLUTICASONE-SALMETEROL 232-14 MCG/ACT AER POW BA	2	PV Preventive
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	2	PV Preventive
FLUTICASONE-SALMETEROL 45-21 MCG/ACT AEROSOL	3	PV Preventive
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	2	PV Preventive
FLUTICASONE-SALMETEROL 55-14 MCG/ACT AER POW BA	2	PV Preventive
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	2	QL 1800 / 30 days
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	2	QL 1800 / 30 days
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	2	QL 1800 / 30 days
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	2	QL 1800 / 30 days
HYDROCOD POLI-CHLORPHE POLI ER 10-8 MG/5ML SUSP	2	QL 300 / 30 days
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	2	QL 300 / 30 days
INFASURF 35-0.9 MG/ML-% SUSPENSION	4	
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	2	PV Preventive
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	2	QL 1800 / 30 days
<i>mometasone furoate nasal susp 50 mcg/act</i>	2	
<i>sodium chloride soln nebu 3%</i>	1	
NUCALA 100 MG/ML SOLN A-INJ	5	PA S
NUCALA 100 MG/ML SOLN PRSYR	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NUCALA 40 MG/0.4ML SOLN PRSYR	5	PA S
<i>sodium chloride soln nebu 7%</i>	1	
<i>sodium chloride soln nebu 0.9%</i>	2	
<i>sodium chloride soln nebu 10%</i>	2	
<i>sodium chloride soln nebu 3%</i>	1	
<i>sodium chloride soln nebu 7%</i>	1	
STIOLTO RESPIMAT 2.5-2.5 MCG/ACT AERO SOLN	3	PV Preventive
SURVANTA 25-0.9 MG/ML-% SUSPENSION	4	
SYMBICORT 160-4.5 MCG/ACT AEROSOL	3	PV Preventive
SYMBICORT 80-4.5 MCG/ACT AEROSOL	3	PV Preventive
TEZSPIRE 210 MG/1.91ML SOLN A-INJ	5	PA S
TRELEGY ELLIPTA 100-62.5-25 MCG/ACT AER POW BA	3	PV Preventive
TRELEGY ELLIPTA 200-62.5-25 MCG/ACT AER POW BA	3	PV Preventive
UMECLIDINIUM-VILANTEROL 62.5-25 MCG/ACT AER POW BA	3	PV Preventive
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	2	PV Preventive
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	2	PV Preventive
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	2	PV Preventive
SKELETAL MUSCLE RELAXANTS		
<i>carisoprodol tab 250 mg</i>	2	QL 120 / 30 days
<i>carisoprodol tab 350 mg</i>	1	QL 120 / 30 days
<i>chlorzoxazone tab 500 mg</i>	2	
<i>cyclobenzaprine hcl tab 10 mg</i>	1	
<i>cyclobenzaprine hcl tab 5 mg</i>	1	
<i>metaxalone tab 400 mg</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>metaxalone tab 800 mg</i>	2	
<i>methocarbamol tab 500 mg</i>	1	
<i>methocarbamol tab 750 mg</i>	1	
<i>orphenadrine citrate tab er 12hr 100 mg</i>	2	
ORPHENADRINE-ASPIRIN-CAFFEINE 25-385-30 MG TAB	2	
SLEEP DISORDER AGENTS		
SLEEP PROMOTING AGENTS		
BELSOMRA 10 MG TAB	3	ST STC Trial And Failure Of 2 Therapies: Any Two Different Generic Agents For Insomnia
BELSOMRA 15 MG TAB	3	ST STC Trial And Failure Of 2 Therapies: Any Two Different Generic Agents For Insomnia
BELSOMRA 20 MG TAB	3	ST STC Trial And Failure Of 2 Therapies: Any Two Different Generic Agents For Insomnia
BELSOMRA 5 MG TAB	3	ST STC Trial And Failure Of 2 Therapies: Any Two Different Generic Agents For Insomnia
DAYVIGO 10 MG TAB	3	ST STC Trial And Failure Of 2 Therapies: Any Two Different Generic Agents For Insomnia
DAYVIGO 5 MG TAB	3	ST STC Trial And Failure Of 2 Therapies: Any Two Different Generic Agents For Insomnia

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>estazolam tab 1 mg</i>	2	QL 30 / 30 days
<i>estazolam tab 2 mg</i>	2	QL 30 / 30 days
<i>eszopiclone tab 1 mg</i>	1	QL 30 / 30 days
<i>eszopiclone tab 2 mg</i>	1	QL 30 / 30 days
<i>eszopiclone tab 3 mg</i>	1	QL 30 / 30 days
FLURAZEPAM HCL 15 MG CAP	4	QL 30 / 30 days
FLURAZEPAM HCL 30 MG CAP	4	QL 30 / 30 days
HETLIOZ 20 MG CAP	5	PA S
QUVIVIQ 25 MG TAB	3	ST STC Trial And Failure Of 2 Therapies: Any Two Different Generic Agents For Insomnia
QUVIVIQ 50 MG TAB	3	ST STC Trial And Failure Of 2 Therapies: Any Two Different Generic Agents For Insomnia
<i>ramelteon tab 8 mg</i>	2	QL 30 / 30 days
<i>tasimelteon capsule 20 mg</i>	5	PA S
<i>temazepam cap 15 mg</i>	1	QL 30 / 30 days
<i>temazepam cap 30 mg</i>	1	QL 30 / 30 days
<i>triazolam tab 0.125 mg</i>	2	QL 60 / 30 days
<i>triazolam tab 0.25 mg</i>	2	QL 60 / 30 days
<i>zaleplon cap 10 mg</i>	1	QL 30 / 30 days
<i>zaleplon cap 5 mg</i>	1	QL 30 / 30 days
<i>zolpidem tartrate tab 10 mg</i>	1	QL 30 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>zolpidem tartrate tab 5 mg</i>	1	QL 30 / 30 days
<i>zolpidem tartrate tab er 12.5 mg</i>	2	QL 30 / 30 days
<i>zolpidem tartrate tab er 6.25 mg</i>	2	QL 30 / 30 days
WAKEFULNESS PROMOTING AGENTS		
<i>armodafinil tab 150 mg</i>	2	QL 30 / 30 days
<i>armodafinil tab 200 mg</i>	2	QL 30 / 30 days
<i>armodafinil tab 250 mg</i>	2	QL 30 / 30 days
<i>armodafinil tab 50 mg</i>	1	QL 30 / 30 days
LUMRYZ 4.5 GM PACKET	5	PA S
LUMRYZ 6 GM PACKET	5	PA S
LUMRYZ 7.5 GM PACKET	5	PA S
LUMRYZ 9 GM PACKET	5	PA S
LUMRYZ STARTER PACK 4.5 & 6 & 7.5 GM THER PACK	5	PA S
<i>modafinil tab 100 mg</i>	2	QL 30 / 30 days
<i>modafinil tab 200 mg</i>	2	QL 30 / 30 days
SODIUM OXYBATE 500 MG/ML SOLUTION	5	PA S
SUNOSI 150 MG TAB	5	QL 30 / 30 days PA S
SUNOSI 75 MG TAB	5	QL 30 / 30 days PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
WAKIX 17.8 MG TAB	5	PA S
WAKIX 4.45 MG TAB	5	PA S
XYREM 500 MG/ML SOLUTION	5	PA S
XYWAV 500 MG/ML SOLUTION	5	PA S
WEIGHT LOSS AGENTS		
WEGOVY 0.25 MG/0.5ML SOLN A-INJ	4	PA WL Weight loss medications are not covered on your plan. This medication may be covered for other FDA approved indications.
WEGOVY 0.5 MG/0.5ML SOLN A-INJ	4	PA WL Weight loss medications are not covered on your plan. This medication may be covered for other FDA approved indications.
WEGOVY 1 MG/0.5ML SOLN A-INJ	4	PA WL Weight loss medications are not covered on your plan. This medication may be covered for other FDA approved indications.
WEGOVY 1.7 MG/0.75ML SOLN A-INJ	4	PA WL Weight loss medications are not covered on your plan. This medication may be covered for other FDA approved indications.

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
WEGOVY 2.4 MG/0.75ML SOLN A-INJ	4	PA WL Weight loss medications are not covered on your plan. This medication may be covered for other FDA approved indications.
ZEPBOUND 10 MG/0.5ML SOLN A-INJ	4	PA WL Weight loss medications are not covered on your plan. This medication may be covered for other FDA approved indications.
ZEPBOUND 10 MG/0.5ML SOLUTION	4	PA WL Weight loss medications are not covered on your plan. This medication may be covered for other FDA approved indications.
ZEPBOUND 12.5 MG/0.5ML SOLN A-INJ	4	PA WL Weight loss medications are not covered on your plan. This medication may be covered for other FDA approved indications.
ZEPBOUND 12.5 MG/0.5ML SOLUTION	4	PA
ZEPBOUND 15 MG/0.5ML SOLN A-INJ	4	PA WL Weight loss medications are not covered on your plan. This medication may be covered for other FDA approved indications.
ZEPBOUND 15 MG/0.5ML SOLUTION	4	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZEPBOUND 2.5 MG/0.5ML SOLN A-INJ	4	PA WL Weight loss medications are not covered on your plan. This medication may be covered for other FDA approved indications.
ZEPBOUND 2.5 MG/0.5ML SOLUTION	4	PA WL Weight loss medications are not covered on your plan. This medication may be covered for other FDA approved indications.
ZEPBOUND 5 MG/0.5ML SOLN A-INJ	4	PA WL Weight loss medications are not covered on your plan. This medication may be covered for other FDA approved indications.
ZEPBOUND 5 MG/0.5ML SOLUTION	4	PA WL Weight loss medications are not covered on your plan. This medication may be covered for other FDA approved indications.
ZEPBOUND 7.5 MG/0.5ML SOLN A-INJ	4	PA WL Weight loss medications are not covered on your plan. This medication may be covered for other FDA approved indications.
ZEPBOUND 7.5 MG/0.5ML SOLUTION	4	PA WL Weight loss medications are not covered on your plan. This medication may be covered for other FDA approved indications.

Index of Covered Drugs

1		
1ST TIER UNIFINE PENTIPS	250,251	
1ST TIER UNIFINE PENTIPS PLUS	251	
A		
abacavir sulfate	97	
abacavir sulfate-lamivudine	97	
ABILIFY ASIMTUFI	82	
ABILIFY MAINTENA	82	
abiraterone acetate	52	
ABOUTTIME PEN NEEDLE	251	
ABRYSVO	243	
acamprosate calcium	10	
acarbose	104	
ACCU-CHEK FASTCLIX LANCET	251	
ACCU-CHEK FASTCLIX LANCETS	251	
ACCU-CHEK SAFE-T PRO LANCETS	251	
ACCU-CHEK SOFTCLIX LANCET DEV	251	
ACCU-CHEK SOFTCLIX LANCETS	251	
acebutolol hcl	132	
acetaminophen w/ codeine	6	
ACETAMINOPHEN-CODEINE	6	
acetazolamide	137,380	
acetic acid (otic)	381	
acetylcysteine	392,393	
acitretin	160,161	
ACTEMRA	229	
ACTEMRA ACTPEN	229	
ACTHIB	243	
ACTI-LANCE 28G	252	
ACTI-LANCE LITE LANCETS 28G	252	
ACTI-LANCE SPECIAL LANCETS 17G	252	
ACTI-LANCE UNIVERSAL 23G	252	
ACTIMMUNE	236	
acyclovir	101	
acyclovir topical	167	
ADACEL	243	
ADALIMUMAB-AACF (2 PEN)	237	
ADALIMUMAB-AACF (2 SYRINGE)	237	
ADALIMUMAB-AACF(CD/UC/HS STRT)	237	
ADALIMUMAB-AACF(PS/UV STARTER)	237	
adapalene	161	
ADBRY	162	
ADDYI	188	
adefovir dipivoxil	94	
ADEMPAS	388	
ADJUSTABLE LANCING DEVICE	252	
ADTHYZA	218	
ADVAIR HFA	393	
ADVANCED MOBILE LANCET	252	
ADVOCATE INSULIN PEN NEEDLE	252	
ADVOCATE INSULIN PEN NEEDLES	252	
ADVOCATE INSULIN SYRINGE	252,253	
ADVOCATE LANCETS	253	
ADVOCATE LANCETS 30G	253	
ADVOCATE LANCING DEVICE	253	
ADVOCATE RAPID-SAFE LANCING	253	
ADVOCATE SAFETY LANCETS	253	
ADVOCATE SAFETY LANCETS 21G	253	
ADVOCATE SAFETY LANCETS 23G	253	
ADVOCATE SAFETY LANCETS 26G	253	
ADVOCATE SAFETY LANCETS 28G	253	
AFLURIA	243	
AFLURIA PRESERVATIVE FREE	243	
AFLURIA QUADRIVALENT	243	
AGAMATRIX ULTRA-THIN LANCETS	253	
AIMOVIG	46	
AIMSCO TWIST LANCETS 32G	254	
AIMSCO TWIST LANCETS 33G	254	
AJOVY	47	
albendazole	75	
albuterol sulfate	384	
ALBUTEROL SULFATE	384,385	
alclometasone dipropionate	162	
ALCLOMETASONE DIPROPIONATE	162	
ALECENSA	57	
alendronate sodium	249	
alfuzosin hcl	187	
ALINIA	76	
allopurinol	46	
almotriptan malate	48	

ALOCRIL.....	378	APTIVUS.....	99
ALOMIDE.....	378	AQ INSULIN SYRINGE.....	254
alprazolam.....	102	AQINJECT PEN NEEDLE.....	254
ALREX.....	379	AQUALANCE LANCETS 30G.....	254
ALTABAX.....	167	ARCALYST.....	229
ALUNBRIG.....	57,58	AREXVY.....	243
ALYFTREK.....	385	arformoterol tartrate.....	384
amantadine hcl.....	77	ARIKAYCE.....	17
ambrisentan.....	388	aripiprazole.....	82,83
AMCINONIDE.....	162	ARISTADA.....	83
amiloride hcl.....	142	ARISTADA INITIO.....	83
AMILORIDE-HYDROCHLOROTHIAZIDE.....	137	armodafinil.....	398
amiodarone hcl.....	131,132	ARMOUR THYROID.....	218
amitriptyline hcl.....	40,41	ARNUITY ELLIPTA.....	381
amlodipine besylate.....	134	asenapine maleate.....	83
amlodipine besylate-benazepril hcl.....	137	ASMANEX (120 METERED DOSES).....	381
amlodipine besylate-olmesartan medoxomil..	138	ASMANEX (14 METERED DOSES).....	381
amlodipine besylate-valsartan.....	137,138	ASMANEX (30 METERED DOSES).....	381
amlodipine-valsartan-hydrochlorothiazide...	138	ASMANEX (60 METERED DOSES).....	381
amoxapine.....	41	ASMANEX HFA.....	382
AMOXICILLIN.....	20	aspirin.....	1,2,3,120,121,122,123,124,125,126
amoxicillin.....	20	aspirin 81 mg chew tab.....	121
amoxicillin & pot clavulanate.....	20	aspirin adult low dose 81 mg tab dr.....	121
AMOXICILLIN-POT CLAVULANATE.....	20	aspirin low dose 81 mg chew tab.....	122
AMOXICILLIN-POT CLAVULANATE ER.....	20	aspirin-dipyridamole.....	122
amphetamine sulfate.....	149	ASSURE COMFORT LANCETS 28G.....	254
amphetamine-dextroamphetamine.....	149,150	ASSURE HAEMOLANCE PLUS HIGH.....	254
ampicillin.....	20	ASSURE HAEMOLANCE PLUS LOW.....	254
anagrelide hcl.....	117	ASSURE HAEMOLANCE PLUS MICRO.....	254
ANALPRAM HC.....	165	ASSURE HAEMOLANCE PLUS NORMAL.....	254
ANALPRAM-HC.....	165	ASSURE HAEMOLANCE PLUS PED.....	254
anastrozole.....	57	ASSURE ID DUO PRO PEN NEEDLES.....	254
ANGELIQ.....	196	ASSURE ID INSULIN SAFETY SYR.....	254,255
ANNOVERA.....	196	ASSURE ID PRO PEN NEEDLES.....	255
ANORO ELLIPTA.....	393	ASSURE ID SAFETY PEN NEEDLES.....	255
APADAZ.....	6	ASSURE LANCE LANCETS.....	255
APAP-CAFF-DIHYDROCODEINE.....	6	ASSURE LANCE LANCETS 21G.....	255
APOKYN.....	77	ASSURE LANCE PLUS SAFETY 25G.....	255
apomorphine hydrochloride.....	78	ASSURE LANCE PLUS SAFETY 30G.....	255
APRACLONIDINE HCL.....	380	ASSURE LANCE SAFETY LANCET 28G.....	255
aprepitant.....	43	ASTAGRAF XL.....	237

atazanavir sulfate	99	azelaic acid	161
atenolol	132	azelastine hcl	383
atenolol & chlorthalidone	138	azelastine hcl (ophth)	378
atomoxetine hcl	151	azithromycin	21
atorvastatin calcium	144		
atovaquone	76	B	
atovaquone-proguanil hcl	76	BACITRACIN	378
ATROPINE SULFATE	377	bacitracin-poly-neomycin-hc	377
atropine sulfate (ophthalmic)	377	bacitracin-polymyxin b (ophth)	377,378
ATROVENT HFA	383	baclofen	93
AUBAGIO	155	balsalazide disodium	248
AUGTYRO	56	BALVERSA	58
AUM INSULIN SAFETY PEN NEEDLE	255	BAQSIMI ONE PACK	110
AUM MINI INSULIN PEN NEEDLE	255	BAQSIMI TWO PACK	110
AUM PEN NEEDLE	255,256	BARACLUDE	94
AUM READYGARD DUO PEN NEEDLE	256	BARDIA BULB IRRIGATION SYRINGE	257
AUM SAFETY PEN NEEDLE	256	BARDIA PISTON IRRIGATION SYR	257
AURANOFIN	230,234	BAXDELA	22
AURORA LANCET SUPER THIN 30G	256	BD ALLERGIST TRAY	257
AURORA LANCET THIN 23G	256	BD ALLERGY SYRINGE	257
AURORA PEN NEEDLES	256	BD AUTOSHIELD DUO	257
AURYXIA	174	BD BLUNT FILL NEEDLE	257
AUSTEDO	153	BD BLUNT FILL NEEDLE W/FILTER	257
AUSTEDO PATIENT TITRATION KIT	153	BD CONTROL SYRING LUER-LOK	257
AUTO-LANCET	256	BD DISP NEEDLE	257
AUTO-LANCET MINI	256	BD DISP NEEDLES	257,258
AUTOLET II CLINISAFE	256	BD ECLIPSE LUER-LOK NEEDLE	258
AUTOLET LANCING DEVICE	256	BD ECLIPSE NEEDLE	258
AUTOLET LITE CLINISAFE	256	BD ECLIPSE SHIELDED NEEDLE	258
AUTOLET LITE LANCING DEVICE	256	BD ECLIPSE SYRINGE	258
AUTOLET LITE STARTER PACK	256	BD ECLIPSE SYRINGE/NEEDLE	258
AUTOLET MINI	257	BD FILTER NEEDLE/5 MICRON	259
AUTOLET PLATFORMS	257	BD HYPODERMIC NEEDLE	259
AUTOLET PLUS	257	BD INSULIN SYR ULTRAFINE II	259
AUTOPEN	257	BD INSULIN SYRINGE	259,260
AUVELITY	35	BD INSULIN SYRINGE HALF-UNIT	260
AVONEX PEN	155	BD INSULIN SYRINGE MICROFINE	260
AVONEX PREFILLED	155	BD INSULIN SYRINGE U-500	260
AYVAKIT	58	BD INSULIN SYRINGE U/F	260
AZASITE	378	BD INSULIN SYRINGE U/F 1/2UNIT	260
azathioprine	237	BD INSULIN SYRINGE ULTRAFINE	260,261

BD INTEGRA NEEDLE.....	261	BESREMI.....	236
BD INTEGRA SYRINGE.....	261	betaine.....	181
BD LUER-LOK SYRINGE.....	261,262	betamethasone dipropionate (topical).....	162
BD MICROTAINER LANCETS.....	262	BETAMETHASONE DIPROPIONATE AUG.....	162
BD PEN.....	262	betamethasone dipropionate augmented.....	162
BD PEN MINI.....	262	betamethasone valerate.....	162,163
BD PEN NEEDLE MICRO ULTRAFINE.....	262	BETAMETHASONE VALERATE.....	162,163
BD PEN NEEDLE MINI ULTRAFINE.....	262	BETASERON.....	155
BD PEN NEEDLE NANO 2ND GEN.....	262	betaxolol hcl.....	132,133
BD PEN NEEDLE NANO ULTRAFINE.....	262	BETAXOLOL HCL.....	380
BD PEN NEEDLE ORIG ULTRAFINE.....	262	bethanechol chloride.....	188
BD PEN NEEDLE SHORT ULTRAFINE.....	262	BETHKIS.....	385
BD PLASTIPAK SYRINGE.....	262	bexarotene.....	75
BD PRECISIONGLIDE NEEDLE.....	262,263	bexarotene (topical).....	75
BD SAFETYGLIDE ALLERGY SYRINGE.....	263	BEXSERO.....	243
BD SAFETYGLIDE INSULIN SYRINGE.....	263	bicalutamide.....	52
BD SAFETYGLIDE NEEDLE.....	263	BIKTARVY.....	96
BD SAFETYGLIDE SHIELDED NEEDLE.....	263,264	bimatoprost.....	380
BD SAFETYGLIDE SYRINGE/NEEDLE.....	264	BIMZELX.....	230
BD SYRINGE.....	264	bisoprolol & hydrochlorothiazide.....	138
BD SYRINGE BLUNT CANNULA 17G.....	264	bisoprolol fumarate.....	133
BD SYRINGE DISPOSABLE.....	264	BISOPROLOL FUMARATE.....	133
BD SYRINGE DUAL CANNULA.....	264	BONSITY.....	249
BD SYRINGE LUER SLIP TIP.....	264	BOOSTRIX.....	243
BD SYRINGE LUER-LOK.....	264	bosentan.....	389
BD SYRINGE SLIP TIP.....	264	BOSULIF.....	58,59
BD SYRINGE/NEEDLE.....	264,265	BRAFTOVI.....	59
BD TB SYRINGE.....	265	BREO ELLIPTA.....	393
BD VEO INSULIN SYR U/F 1/2UNIT.....	265	BREZTRI AEROSPHERE.....	393
BD VEO INSULIN SYR ULTRAFINE.....	265	BRILINTA.....	122
BELBUCA.....	10	brimonidine tartrate.....	380
BELSOMRA.....	396	brimonidine tartrate (topical).....	161
benazepril & hydrochlorothiazide.....	138	brimonidine tartrate-timolol maleate.....	377
benazepril hcl.....	129	brinzolamide.....	380
BENLYSTA.....	230	BRIVIACT.....	24
BENZHYDROCODONE-ACETAMINOPHEN.....	6	bromfenac sodium (ophth).....	379
BENZNIDAZOLE.....	76	bromocriptine mesylate.....	78
benzoyl peroxide-erythromycin.....	161	BRUKINSA.....	59
benztropine mesylate.....	77	budesonide.....	249
bepotastine besilate.....	378	budesonide (inhalation).....	382
BESIVANCE.....	22	budesonide-formoterol fumarate dihydrate.....	393

bumetanide	142	carbinoxamine maleate	383
buprenorphine hcl	10	CARBINOXAMINE MALEATE	383
buprenorphine hcl-naloxone hcl dihydrate	10,11	carbonyl iron	170
bupropion hcl	35,36	CARDIOCOM LANCING DEVICE	265
bupropion hcl (smoking deterrent)	11	CARDURA XL	187
buspirone hcl	101	CAREFINE PEN NEEDLES	265
butalbital-acetaminophen	153	CAREONE ADVANCED LANCING DEV	265
butalbital-acetaminophen-caffeine	153	CAREONE INSULIN SYRINGE	266
butalbital-acetaminophen-caffeine w/ codeine	6	CAREONE LANCET SUPER THIN 30G	266
butalbital-aspirin-caffeine	1	CAREONE LANCET THIN 23G	266
butalbital-aspirin-caffeine w/cod	6	CAREONE UNIFINE PENTIPS PLUS	266
butorphanol tartrate	7	CAREPOINT POLY HUB NEEDLE	266,267
BYLVAY	163	CAREPOINT SAFETY 1ST NEEDLE	267
BYLVAY (PELLETS)	163	CAREPOINT SAFETY1ST SYR/NEEDLE	267
C		CAREPOINT SYRINGE CATHETER TIP	267
cabergoline	224	CAREPOINT SYRINGE LUER LOCK	267,268
CABLIVI	122	CAREPOINT SYRINGE LUER SLIP	268
CABOMETYX	59	CAREPOINT TUBERCLN SYR/LUER SL	268
calcipotriene	165	CARESENS LANCETS	268
CALCIPOTRIENE	165	CARESENS LANCETS 30G	268
calcitonin (salmon)	249	CARETOUCH CATHETER TIP SYRINGE	268
CALCITRIOL	165,249	CARETOUCH HYPODERMIC NEEDLE	268,269
calcitriol	249	CARETOUCH INSULIN SYRINGE	269
calcium acetate (phosphate binder)	174	CARETOUCH LANCING/EJECTOR	269
CALQUENCE	59	CARETOUCH LUER LOCK	269,270
CAMZYOS	138,139	CARETOUCH LUER LOCK SYR/NEEDLE	270
candesartan cilexetil	128	CARETOUCH LUER SLIP	270
candesartan cilexetil-hydrochlorothiazide	139	CARETOUCH PEN NEEDLES	270
capecitabine	55	CARETOUCH SAFETY LANCETS	270
CAPRELSA	59	CARETOUCH SAFETY LANCETS 26G	270
captopril	129	CARETOUCH TWIST LANCETS 28G	270
CAPVAXIVE	243	CARETOUCH TWIST LANCETS 30G	271
CARBAGLU	181	CARETOUCH TWIST LANCETS 33G	271
carbamazepine	31,32	CARETOUCH TWIST MC LANCETS 30G	271
CARBAMAZEPINE	31,32,33,34	carglumic acid	181
CARBATROL	31,32	carisoprodol	395
carbidopa	79	CARTEOLOL HCL	380
carbidopa-levodopa	79	carvedilol	133
CARBIDOPA-LEVODOPA	79,80	CAYA	271
carbidopa-levodopa-entacapone	77	CAYSTON	17
		CEFACLOL	19

CEFADROXIL.....	19	CIPROFLOXACIN HCL.....	22
cefadroxil.....	19	ciprofloxacin hcl.....	22
cefdinir.....	19	ciprofloxacin hcl (ophth).....	22
cefixime.....	19	ciprofloxacin hcl (otic).....	381
cefpodoxime proxetil.....	19	ciprofloxacin-dexamethasone.....	381
CEFPODOXIME PROXETIL.....	19	CIPROFLOXACIN-FLUOCINOLONE PF.....	381
cefprozil.....	19	citalopram hydrobromide.....	37
cefuroxime axetil.....	19	CLARITHROMYCIN.....	21
celecoxib.....	1	clarithromycin.....	21
cephalexin.....	19,20	CLEANLET LANCETS 28G.....	271
CEQUR SIMPLICITY 2U.....	271	CLEMASTINE FUMARATE.....	383
CERDELGA.....	181	CLEMASZ.....	383
CERVIDIL.....	194	CLEMSZA.....	383
cevimeline hcl.....	158	CLEVER CHEK LANCETS.....	271
CHEMET.....	171	CLEVER CHOICE COMFORT EZ.....	271
chlordiazepoxide hcl.....	102	CLEVER CHOICE LANCETS 21G.....	271
CHLORDIAZEPOXIDE-AMITRIPTYLINE.....	36	CLEVER CHOICE LANCETS 23G.....	271
chlorhexidine gluconate (mouth-throat).....	158,159	CLEVER CHOICE LANCETS 28G.....	272
CHLOROQUINE PHOSPHATE.....	76	CLICKFINE PEN NEEDLES.....	272
chloroquine phosphate.....	76	CLIMARA PRO.....	198
chlorpromazine hcl.....	80	clindamycin hcl.....	17
chlorthalidone.....	143	clindamycin palmitate hydrochloride.....	17
chlorzoxazone.....	395	clindamycin phosphate (topical).....	167
CHOLBAM.....	181	clindamycin phosphate vaginal.....	18
cholecalciferol.....	249,250	clindamycin phosphate-benzoyl peroxide (refrigerate).....	161
cholestyramine.....	145	CLINDESSE.....	18
cholestyramine light.....	145,146	clobazam.....	28
CHOSEN LANCETS 30G.....	271	clobetasol propionate.....	163
CHOSEN LANCING DEVICE.....	271	clobetasol propionate emollient base.....	163
CHOSEN SAFETY LANCETS 28G.....	271	clocortolone pivalate.....	163
CIBINQO.....	165	clomipramine hcl.....	41
ciclopirox.....	167	clonazepam.....	102,103
ciclopirox olamine.....	167	clonidine.....	127
cilostazol.....	122,123	clonidine hcl.....	127
CIMDUO.....	97	clonidine hcl (adhd).....	151
cimetidine.....	179	clopidogrel bisulfate.....	123
cimetidine hcl.....	179	clorazepate dipotassium.....	103
CIMZIA.....	237	clotrimazole.....	44
CIMZIA (2 SYRINGE).....	237	clotrimazole w/ betamethasone.....	165
CIMZIA-STARTER.....	237	clozapine.....	92,93
cinacalcet hcl.....	249		

CLOZAPINE	93	COPIKTRA	59,60
COAGUCHEK LANCETS	272	CORLANOR	139
COARTEM	76	CORTIFOAM	249
COBENFY	92	CORTISPORIN-TC	381
COBENFY STARTER PACK	92	COSENTYX	230
CODEINE SULFATE	7	COSENTYX (300 MG DOSE)	230
codeine sulfate	7	COSENTYX SENSOREADY (300 MG)	230
colchicine	46	COSENTYX SENSOREADY PEN	230
colchicine w/ probenecid	46	COSENTYX UNOREADY	230
colesevelam hcl	145	COTELLIC	60
colestipol hcl	145	CREON	181
COMBIPATCH	198	CRESEMBA	44
COMBIVENT RESPIMAT	393	CREXONT	79
COMETRIQ (100 MG DAILY DOSE)	59	CROMOLYN SODIUM	378,387
COMETRIQ (140 MG DAILY DOSE)	59	cromolyn sodium	387
COMETRIQ (60 MG DAILY DOSE)	59	cromolyn sodium (mastocytosis)	178
COMFORT ASSIST INSULIN SYRINGE	272	CRONO SYRINGE	275
COMFORT ASSURED LANCETS 28G	272	CUPRIMINE	171
COMFORT ASSURED LANCETS 33G	272	CUROSURF	393
COMFORT EZ INSULIN SYRINGE	272,273	CVS LANCETS 21G	275
COMFORT EZ MICRO PEN NEEDLES	273	CVS LANCETS MICRO THIN 33G	275
COMFORT EZ PEN NEEDLES	273,274	CVS LANCETS ORIGINAL	276
COMFORT EZ PRO PEN NEEDLES	274	CVS LANCETS THIN 26G	276
COMFORT EZ SHORT PEN NEEDLES	274	CVS LANCETS ULTRA THIN 30G	276
COMFORT TOUCH INSULIN PEN NEED	274	CVS LANCETS ULTRA-THIN 30G	276
COMFORT TOUCH LANCETS 31G	274	CVS LANCING DEVICE	276
COMFORT TOUCH PLUS LANCETS 28G	274	CVS ULTRA THIN LANCETS	276
COMFORT TOUCH PLUS LANCETS 30G	274	cyanocobalamin	175
COMFORT TOUCH TWIST LANCET 30G	275	cyclobenzaprine hcl	395
COMIRNATY	243	cyclopentolate hcl	377
COMIRNATY 5-11 YEARS	243	cyclophosphamide	51
COMPLERA	96	CYCLOPHOSPHAMIDE	51
CONDOMS	275	CYCLOSERINE	50
CONTOUR CONTROL	275	cyclosporine	237
CONTOUR NEXT CONTROL	275	cyclosporine (ophth)	377
CONTOUR NEXT EZ	275	cyclosporine modified (for microemulsion)	237,238
CONTOUR NEXT GEN MONITOR	275	cyproheptadine hcl	383
CONTOUR NEXT MONITOR	275	CYSTADANE	181
CONTOUR NEXT ONE	275	CYSTADROPS	181
CONTOUR NEXT TEST	275	CYSTAGON	181
CONTOUR TEST	275		

CYSTARAN..... 181

D

dabigatran etexilate mesylate..... 114

dalfampridine..... 155

danazol..... 194

dantrolene sodium..... 93

DAPAGLIFLOZIN PRO-METFORMIN ER..... 104

DAPAGLIFLOZIN PROPANEDIOL..... 147

dapsone..... 50

DAPTACEL..... 243

darifenacin hydrobromide..... 187

darunavir..... 99,100

dasatinib..... 60

DAURISMO..... 60

DAYBUE..... 182

DAYVIGO..... 396

deferiprone..... 171

DELSTRIGO..... 96

demeclocycline hcl..... 23

DENTA 5000 PLUS SENSITIVE..... 158

DEPO-ESTRADIOL..... 198

DEPO-SUBQ PROVERA 104..... 215

DESCOVY..... 97

desipramine hcl..... 41

desloratadine..... 383

desmopressin acetate..... 190,191

DESMOPRESSIN ACETATE..... 190,191

desmopressin acetate spray..... 191

DESMOPRESSIN ACETATE SPRAY..... 191

desmopressin acetate spray refrigerated..... 190

desogestrel & ethinyl

estradiol..... 196,198,200,203,204,211

desogestrel-ethinyl estradiol

(biphasic)..... 197,198,204,210,211,213

desonide..... 163

desoximetasone..... 163

desvenlafaxine succinate..... 37

dexamethasone..... 189

DEXAMETHASONE..... 189

DEXAMETHASONE INTENSOL..... 189

DEXAMETHASONE SODIUM PHOSPHATE..... 379

DEXCOM G6 RECEIVER..... 276

DEXCOM G6 SENSOR..... 276

DEXCOM G6 TRANSMITTER..... 276

DEXCOM G7 RECEIVER..... 276

DEXCOM G7 SENSOR..... 277

dexlansoprazole..... 180

dexmethylphenidate hcl..... 151,152

dextroamphetamine sulfate..... 150,151

DIACOMIT..... 24

DIATHRIVE LANCET ULTRA THIN 30..... 277

DIATHRIVE LANCETS..... 277

DIATHRIVE LANCING DEVICE..... 277

DIATHRIVE PEN NEEDLE..... 277

DIAZEPAM..... 28,103

diazepam..... 103

diazepam (anticonvulsant)..... 28

diazoxide..... 110

dichlorphenamide..... 182,184

diclofenac potassium..... 1

diclofenac sodium..... 1

diclofenac sodium (ophth)..... 379

diclofenac sodium (topical)..... 1

diclofenac w/ misoprostol..... 1

dicloxacin sodium..... 20,21

dicyclomine hcl..... 177,178

DIFICID..... 21

diflunisal..... 1

difluprednate..... 379

DIGOXIN..... 131

digoxin..... 131

dihydroergotamine mesylate..... 48

DILANTIN..... 32

DILANTIN INFATABS..... 32

DILANTIN-125..... 32

diltiazem hcl..... 135,136

diltiazem hcl coated beads..... 135,136

diltiazem hcl extended release beads..... 136,137

dimethyl fumarate..... 155

DIPENTUM..... 248

diphenoxylate w/ atropine..... 177

DIPHENOXYLATE-ATROPINE.....	177	DRUG MART UNILET LANCETS 33G.....	281
dipyridamole.....	123	DRYSOL.....	165
disopyramide phosphate.....	131	DUAVEE.....	218
disulfiram.....	10	DULERA.....	393
DIURIL.....	143	duloxetine hcl.....	154
divalproex sodium.....	24,25	DUPIXENT.....	231
DIVIGEL.....	199	DUREX EXTRA SENSITIVE THIN.....	281
dofetilide.....	131	DUREX REALFEEL.....	281
donepezil hydrochloride.....	34,35	DUREX TROPICAL.....	281
DOPTelet.....	123	dutasteride.....	187
dorzolamide hcl.....	380	dutasteride-tamsulosin hcl.....	187
dorzolamide hcl-timolol maleate.....	377		
DOVATO.....	96	E	
doxazosin mesylate.....	127,128	E-Z JECT LANCET MICRO-THIN 33G.....	281
doxepin hcl.....	41	E-Z JECT LANCET SUPER THIN 30G.....	281
doxycycline (monohydrate).....	23,24	E-Z JECT LANCETS.....	281
doxycycline hyclate.....	23	E-Z JECT LANCETS 21G.....	281
dronabinol.....	43	E-Z JECT LANCETS THIN 26G.....	281
DROPLET GENTEEL LANCING DEVICE.....	277	E.E.S. 400.....	21
DROPLET INSULIN SYRINGE.....	277,278,279	EASY COMFORT INSULIN SYRINGE.....	281,282
DROPLET LANCETS ULTRA THIN 30G.....	279	EASY COMFORT LANCETS.....	282
DROPLET LANCING DEVICE.....	279	EASY COMFORT LANCETS TWIST TOP.....	282
DROPLET MICRON.....	279	EASY COMFORT PEN NEEDLES.....	282,283
DROPLET PEN NEEDLES.....	279	EASY GLIDE CATH TIP SYRINGE.....	283
DROPLET PERSONAL LANCETS 30G.....	279	EASY GLIDE LUER LOCK SYRINGE.....	283
DROPSAFE ACTI-LANCE 23G.....	279	EASY GLIDE PEN NEEDLES.....	283
DROPSAFE SAFETY PEN NEEDLES.....	279	EASY GLIDE SLIP LOCK SYRINGE.....	283
DROPSAFE SAFETY SYRINGE/NEEDLE.....	279,280	EASY MINI EJECT LANCING DEVICE.....	283
DROPSAFE SICURA.....	280	EASY MINI LANCING DEVICE.....	283
drospirenone-ethinyl		EASY TOUCH ALLERGY SYRINGE.....	283
estradiol.....	199,203,206,208,210,211,213,214	EASY TOUCH FLIPLOCK INSULIN SY.....	283
drospirenone-ethinyl estradiol-levomefolate		EASY TOUCH FLIPLOCK NEEDLES.....	283,284
calcium.....	199,213	EASY TOUCH FLIPLOCK SAFETY SYR.....	285,286
DROXIA.....	182	EASY TOUCH FLURINGE.....	286
DRUG MART LANCETS THIN 26G.....	280	EASY TOUCH FLURINGE FLIPLOCK.....	286
DRUG MART LANCING DEVICE.....	280	EASY TOUCH FLURINGE SHEATHLOCK.....	286
DRUG MART ON-THE-GO LANCET 30G.....	280	EASY TOUCH HEALTHPRO HIGH/LOW.....	286
DRUG MART UNIFINE PENTIPS.....	280	EASY TOUCH HYPODERMIC NEEDLE..	286,287,288
DRUG MART UNIFINE PENTIPS PLUS.....	280	EASY TOUCH INSULIN BARRELS.....	288
DRUG MART UNILET LANCETS 28G.....	280	EASY TOUCH INSULIN SAFETY SYR.....	288
DRUG MART UNILET LANCETS 30G.....	280	EASY TOUCH INSULIN SYRINGE.....	288,289

EASY TOUCH LANCETS 21G	289	eltrombopag olamine	117
EASY TOUCH LANCETS 23G	289	EMBECTA AUTOSHIELD DUO	293
EASY TOUCH LANCETS 26G	289	EMBECTA INS SYR U/F 1/2 UNIT	293
EASY TOUCH LANCETS 28G	289	EMBECTA INSULIN SYRINGE	293
EASY TOUCH LANCETS 28G/TWIST	289	EMBECTA INSULIN SYRINGE U-100	294
EASY TOUCH LANCETS 30G	289	EMBECTA INSULIN SYRINGE U-500	294
EASY TOUCH LANCETS 30G/TWIST	290	EMBECTA INSULIN SYRINGE U/F	294
EASY TOUCH LANCETS 32G	290	EMBECTA PEN NEEDLE NANO	294
EASY TOUCH LANCETS 32G/TWIST	290	EMBECTA PEN NEEDLE NANO 2 GEN	294
EASY TOUCH LANCETS 33G/TWIST	290	EMBECTA PEN NEEDLE U/F	294,295
EASY TOUCH LANCING DEVICE	290	EMBRACE LANCETS ULTRA THIN 30G	295
EASY TOUCH PEN NEEDLES	290	EMBRACE LANCING DEVICE/EJECTOR	295
EASY TOUCH SAFETY LANCETS 21G	290	EMBRACE PEN NEEDLES	295
EASY TOUCH SAFETY LANCETS 23G	290	EMBRACE PRESSURE ACTIVATED 21G	295
EASY TOUCH SAFETY LANCETS 26G	290	EMBRACE PRESSURE ACTIVATED 28G	295
EASY TOUCH SAFETY LANCETS 28G	291	EMCYT	55
EASY TOUCH SAFETY PEN NEEDLES	291	EMEND	43
EASY TOUCH SAFETY SYRINGE	291	EMGALITY	47,48
EASY TOUCH SHEATHLOCK SYRINGE	291,292	EMGALITY (300 MG DOSE)	47
EASY TOUCH SYRINGE BARREL	292	EMSAM	37
EASY TOUCH TB FLIPLOCK SYRINGE	292	emtricitabine	97
EASY TOUCH TB SHEATHLOCK SYR	292	emtricitabine-rilpivirine-tenofovir disoproxil fumarate	97
EASYPPOINT NEEDLE	293	emtricitabine-tenofovir disoproxil fumarate	97
EASYPPOINT NEEDLE/SYRINGE	293	EMTRIVA	98
econazole nitrate	44	EMVERM	75
EDURANT	96	enalapril maleate	129
EDURANT PED	96	enalapril maleate & hydrochlorothiazide	139
EFAVIRENZ	96	ENBREL	238
efavirenz	96	ENBREL MINI	238
efavirenz-emtricitabine-tenofovir disoproxil fumarate	97	ENBREL SURECLICK	238
EFAVIRENZ-LAMIVUDINE-TENOFOVIR	97	ENCARE	188
efavirenz-lamivudine-tenofovir disoproxil fumarate	97	ENDARI	182
ELESTRIN	199	ENGERIX-B	243,244
eletriptan hydrobromide	48,49	enoxaparin sodium	114,115
ELIGARD	224	ENSPRYNG	231
ELIQUIS	114	entacapone	77
ELIQUIS DVT/PE STARTER PACK	114	entecavir	94
ELLA	215	ENTRESTO	139
ELMIRON	188	ENTYVIO	231
		ENTYVIO PEN	231

ENVARUS XR	238	ethynodiol diacet & eth estrad	201,204,213,214
EPCLUSA	94,95	etodolac	1,2
EPIDIOLEX	25	etonogestrel-ethinyl estradiol	199,200,201,202
epinastine hcl (ophth)	378	ETOPOSIDE	57
EPINEPHRINE	384,385	etravirine	97
epinephrine (anaphylaxis)	385	EVAMIST	201
eplerenone	142	EVENITY	249
epoprostenol sodium	389	everolimus	61,71
EQL COLOR LANCETS 21G	295	everolimus (immunosuppressant)	238
EQL COLOR LANCETS MICRO 33G	295	EVOTAZ	100
EQL INSULIN SYRINGE	295,296	EVRYSDI	182
EQL SUPER THIN LANCETS 30G	296	EXELDERM	44
EQL THIN LANCETS 26G	296	exemestane	57
ergocalciferol	249,250	EXJADE	171
ERGOLOID MESYLATES	34	EXKIVITY	61
ERGOMAR	48	EXSERVAN	149
ERIVEDGE	60	EZ-LETS LANCETS 21G	296
ERLEADA	52	EZ-LETS LANCETS 26G	296
erlotinib hcl	60	EZ-LETS LANCETS 28G	296
ERMEZA	218	EZ-LETS LANCETS 30G	296
ERY	167	ezetimibe	146
erythromycin (acne aid)	167	ezetimibe-simvastatin	146
erythromycin (ophth)	378		
erythromycin base	21,22	F	
ERYTHROMYCIN BASE	22	FABHALTA	118
erythromycin ethylsuccinate	21,22	famciclovir	101
ESBRIET	391,392	famotidine	179
escitalopram oxalate	37,38	FANAPT	83,84
esomeprazole magnesium	180	FANAPT TITRATION PACK A	84
estazolam	397	FANAPT TITRATION PACK B	84
estradiol	199,200,201,206,207	FANAPT TITRATION PACK C	85
estradiol & norethindrone		FANTASY LUBRICATED	296
acetate	195,196,201,208	FANTASY LUBRICATED/SPERMICIDE	296
estradiol vaginal	200,201,214	FARXIGA	147
estradiol valerate	201	FASENRA PEN	393
ESTRING	201	FC2 FEMALE CONDOM	297
ESTROGEL	201	febuxostat	46
eszopiclone	397	felbamate	25
ethacrynic acid	142	felodipine	134,135
ethambutol hcl	50	FEMCAP	297
ethosuximide	28	fenofibrate	143

fenofibrate micronized	143	flucytosine	44
FENOPROFEN CALCIUM	2	fludrocortisone acetate	189
fentanyl	3	FLULAVAL	244
FENTANYL CITRATE	7,8	FLULAVAL QUADRIVALENT	244
fentanyl citrate	7,8	FLUMIST	244
FERRIC CITRATE	174	FLUMIST QUADRIVALENT	244
FERRIPROX	171	flunisolide (nasal)	393
ferrous sulfate	168,169	fluocinolone acetonide	163
FETZIMA	38	fluocinolone acetonide (otic)	381
FETZIMA TITRATION	38	fluocinonide	163,164
FIASP	110	FLUORIDEX SENSITIVITY RELIEF	159
FIASP FLEXTOUCH	110	FLUORIMAX 5000 SENSITIVE	159
FIASP PENFILL	110	fluorometholone (ophth)	379
FIASP PUMPCART	110	FLUOROURACIL	165
fidaxomicin	22	fluorouracil (topical)	165
FIFTY50 PEN NEEDLES	297	fluoxetine hcl	38
FIFTY50 SAFETY SEAL LANCETS	297	fluphenazine hcl	80,81
FIFTY50 SUPERIOR COMFORT SYR	297	FLUPHENAZINE HCL	80,81
FIFTY50 UNILET LANCETS 33G	297	FLURAZEPAM HCL	397
FILSPARI	188	FLURBIPROFEN	2,3
finasteride	187	flurbiprofen	2
FINE 30	297	FLURBIPROFEN SODIUM	379
FINGERSTIX LANCETS	297	FLUTICASONE FUROATE ELLIPTA	382
fingolimod hcl	155	FLUTICASONE FUROATE-VILANTEROL	393
FINTEPLA	25	fluticasone propionate	164
FIRDAPSE	153	fluticasone propionate (nasal)	394
FLAREX	379	FLUTICASONE PROPIONATE DISKUS	382
flavoxate hcl	187	FLUTICASONE PROPIONATE HFA	382
flecainide acetate	131	fluticasone-salmeterol	394,395
FLORICAL	168	FLUTICASONE-SALMETEROL	394,395
FLORIVA	168	fluvastatin sodium	144
FLOW-EZE VENTED NEEDLE	298	fluvoxamine maleate	38,39
FLUAD	244	FLUZONE	244
FLUAD QUADRIVALENT	244	FLUZONE HIGH-DOSE	245
FLUARIX	244	FLUZONE HIGH-DOSE QUADRIVALENT	245
FLUARIX QUADRIVALENT	244	FLUZONE QUADRIVALENT	245
FLUBLOK	244	folic acid	175,176
FLUBLOK QUADRIVALENT	244	fondaparinux sodium	115
FLUCELVAX	244	FORA LANCETS	298
FLUCELVAX QUADRIVALENT	244	FORA LANCING DEVICE	298
fluconazole	44	FORTEO	250

fosamprenavir calcium	100	gentamicin sulfate (ophth)	379
FOSCAVIR	93	gentamicin sulfate (topical)	17
fosfomycin tromethamine	18	GENTEEL BUTTERFLY TOUCH LANCET	299
fosinopril sodium	129,130	GENTEEL CONTACT TIPS (BLUE)	299
fosinopril sodium & hydrochlorothiazide	139	GENTEEL CONTACT TIPS (CLEAR)	299
FOSRENOL	174	GENTEEL CONTACT TIPS (GREEN)	299
FOTIVDA	61	GENTEEL CONTACT TIPS (ORANGE)	299
FREESTYLE LANCETS	298	GENTEEL CONTACT TIPS (RAINBOW)	299
FREESTYLE LIBRE 14 DAY READER	298	GENTEEL CONTACT TIPS (VIOLET)	299
FREESTYLE LIBRE 14 DAY SENSOR	298	GENTEEL CONTACT TIPS (YELLOW)	300
FREESTYLE LIBRE 2 PLUS SENSOR	298	GENTEEL LANCING KIT (BLUE)	300
FREESTYLE LIBRE 2 READER	298	GENTEEL NOZZLES	300
FREESTYLE LIBRE 2 SENSOR	298	GENTEEL PLUS LANCING (BLACK)	300
FREESTYLE LIBRE 3 PLUS SENSOR	298	GENTEEL PLUS LANCING (PURPLE)	300
FREESTYLE LIBRE 3 READER	299	GENTEEL PLUS LANCING (WHITE)	300
FREESTYLE LIBRE 3 SENSOR	299	GENTEEL PLUS LANCING DEV(BLUE)	300
FREESTYLE LIBRE READER	299	GENTEEL PLUS LANCING DEV(PINK)	300
FREESTYLE UNISTICK II LANCETS	299	GENTLE-LET GP LANCETS	300
frovatriptan succinate	49	GENTLE-LET LANCETS	300
FRUZAQLA	56	GENTLE-LET PLATFORMS	300
FT GLUCOSE	110	GENVOYA	96
FULPHILA	118	GILENYA	155
FUROSCIX	142	GILOTRIF	61,62
furosemide	142	glatiramer acetate	155,156
FUZEON	99	GLEOSTINE	51
FYCOMPA	25	glimepiride	105
		glipizide	105
G		GLIPIZIDE	105
gabapentin	28,29	glipizide-metformin hcl	105
GALAFOLD	182	GLOBAL EASE INJECT PEN NEEDLES	300
galantamine hydrobromide	35	GLOBAL EASY GLIDE INSULIN SYR	300,301
GALANTAMINE HYDROBROMIDE	35	GLOBAL EASY GLIDE PEN NEEDLES	301
GALZIN	168	GLOBAL INJECT EASE INSULIN SYR	301,302
GARDASIL 9	245	GLOBAL INJECT EASE LANCETS 28G	302
gatifloxacin (ophth)	378	GLOBAL INJECT EASE LANCETS 30G	302
GAVILYTE-C	178	GLOBAL INSULIN SYRINGES	302
GAVRETO	61	GLOBAL LANCING DEVICE	302
gefitinib	61	glucagon (rdna)	110
gemfibrozil	144	GLUCAGON EMERGENCY	110
GENOTROPIN	191	GLUCOCOM LANCETS 28G	302
GENOTROPIN MINIQWICK	191	GLUCOCOM LANCETS 30G	302

GLUCOCOM LANCETS 33G	302	guanfacine hcl	127
GLUCOPRO INSULIN SYRINGE	302,303	guanfacine hcl (adhd)	152
glyburide	105	GVOKE HYPOPEN 1-PACK	110
GLYBURIDE MICRONIZED	105	GVOKE HYPOPEN 2-PACK	110
glyburide-metformin	105	GVOKE KIT	110
glycopyrrolate	178	GVOKE PFS	110
GLYXAMBI	106	GYNAZOLE-1	44
GNP CLICKFINE PEN NEEDLES	303		
GNP INSULIN SYRINGE	303,304	H	
GNP INSULIN SYRINGES	304	H-E-B INCONTROL ADV LANCING	306
GNP INSULIN SYRINGES 28GX1/2"	304	H-E-B INCONTROL LANCETS 28G	306
GNP INSULIN SYRINGES 29GX1/2"	304	H-E-B INCONTROL LANCETS 30G	306
GNP INSULIN SYRINGES 30GX5/16"	304	H-E-B INCONTROL LANCETS 33G	306
GNP INSULIN SYRINGES 31GX5/16"	304	H-E-B INCONTROL PEN NEEDLES	306
GNP LANCETS 21G	304	H-E-B INCONTROL UNIFINE PENTIP	306,307
GNP LANCETS THIN 26G	304	HADLIMA	239
GNP LANCING SYSTEM DEVICE	304	HADLIMA PUSHTOUCH	239
GNP PEN NEEDLES	304	HAEGARDA	228
GNP STERILE LANCETS 28G	305	HAEMOLANCE	307
GNP STERILE LANCETS 30G	305	HAEMOLANCE LOW FLOW LANCETS	307
GNP STERILE LANCETS 33G	305	HAEMOLANCE PLUS	307
GNP ULTICARE PEN NEEDLES	305	HAEMOLANCE PLUS HIGH FLOW	307
GNP ULTIGUARD SAFEPAK NEEDLE	305	HAEMOLANCE PLUS LOW FLOW	307
GNP ULTRA COM INSULIN SYRINGE	305	HAEMOLANCE PLUS MAX FLOW	307
GOJJI LANCING DEVICE/CLEAR CAP	305	HAEMOLANCE PLUS PEDIATRIC FLOW	307
GOJJI STERILE LANCETS	305	halobetasol propionate	164
GOMEKLI	62	haloperidol	81
GOODSENSE CLICKFINE PEN NEEDLE	305	haloperidol lactate	81
GOODSENSE COLOR LANCETS 33G	305	HARVONI	95
GOODSENSE LANCETS 26G UNIV	305	HAVRIX	245
GOODSENSE LANCETS 30G	305	HEALTH CARE LANCING DEVICE	307
GOODSENSE LANCETS 30G UNIV	306	HEALTHWISE INSULIN SYR/NEEDLE	307,308
GOODSENSE LANCETS 33G	306	HEALTHWISE MICRON PEN NEEDLES	308
GOODSENSE LANCETS 33G UNIV	306	HEALTHWISE SHORT PEN NEEDLES	308
GOODSENSE LANCING DEVICE	306	HEMLIBRA	120
GOODSENSE PEN NEEDLE PENFINE	306	heparin sodium (porcine)	115
granisetron hcl	43	HEPARIN SODIUM (PORCINE) PF	115
GRASTEK	231	HEPLISAV-B	245
griseofulvin microsize	44	HETLIOZ	397
griseofulvin ultramicrosize	44	HIBERIX	245
guaifenesin-codeine	394	HM ULTICARE INSULIN SYRINGE	308

HM ULTICARE MINI PEN NEEDLES	308	hydroxyurea	56
HM ULTICARE SHORT PEN NEEDLES	308	hydroxyzine hcl	101
HUMALOG	110	HYDROXYZINE PAMOATE	101,102
HUMALOG JUNIOR KWIKPEN	110	hydroxyzine pamoate	102
HUMALOG KWIKPEN	110	HYFTOR	165
HUMALOG MIX 50/50	110	hyoscyamine sulfate	178
HUMALOG MIX 50/50 KWIKPEN	111	HYPODERMIC NEEDLE	308,309
HUMALOG MIX 75/25	111	HYPOLANCE AST LANCING	309
HUMALOG MIX 75/25 KWIKPEN	111		
HUMALOG TEMPO PEN	111	I	
HUMATROPE	178	ibandronate sodium	250
HUMULIN 70/30	111	IBRANCE	62
HUMULIN 70/30 KWIKPEN	111	ibuprofen	2
HUMULIN N	111	icatibant acetate	229
HUMULIN N KWIKPEN	111	ICLUSIG	62
HUMULIN R	111	icosapent ethyl	146
HUMULIN R U-500 (CONCENTRATED)	111	IDHIFA	63
HUMULIN R U-500 KWIKPEN	111	IHEALTH CONTROL SOLUTION	309
HY-VEE LANCETS	308	IHEALTH LANCING DEVICE	309
HY-VEE THIN LANCETS	308	ILEVRO	379
HYCAMTIN	57	ILUMYA	231
hydralazine hcl	147	imatinib mesylate	63
hydrochlorothiazide	143	IMBRUVICA	63
HYDROCOD POLI-CHLORPHE POLI ER	394	imipramine hcl	42
hydrocodone polistirex-chlorpheniramine		imiquimod	166
polistirex	394	IMOVAX RABIES	245
HYDROCODONE-ACETAMINOPHEN	8	IMPAVIDO	76
hydrocodone-acetaminophen	8	IN TOUCH LANCING DEVICE	309
HYDROCODONE-IBUPROFEN	8	IN TOUCH STERILE LANCETS 30G	309
hydrocodone-ibuprofen	8	INBRIJA	79
HYDROCORTISONE	164,249	INCONTROL ULTICARE PEN NEEDLES	309
hydrocortisone	249	INCRELEX	192
hydrocortisone (intrarectal)	249	INCRUSE ELLIPTA	384
HYDROCORTISONE (PERIANAL)	164	indapamide	143
hydrocortisone (rectal)	164	indomethacin	2
hydrocortisone (topical)	164	INFANRIX	245
hydrocortisone acetate (rectal)	162,164	INFASURF	394
hydrocortisone w/acetic acid	381	INFLIXIMAB	239,241
hydromorphone hcl	4,8	INGREZZA	153,154
HYDROXOCOBALAMIN ACETATE	176	INLYTA	63
hydroxychloroquine sulfate	76	INPEN 100-BLUE-LILLY-HUMALOG	309

INPEN 100-BLUE-NOVOLOG-FIASP	309	ISENTRESS	96
INPEN 100-GREY-LILLY-HUMALOG	309	ISENTRESS HD	96
INPEN 100-GREY-NOVOLOG-FIASP	309	isoniazid	50
INPEN 100-PINK-LILLY-HUMALOG	309	ISOPTO ATROPINE	377
INPEN 100-PINK-NOVOLOG-FIASP	309	isosorbide dinitrate	148
INQOVI	56	isosorbide dinitrate-hydralazine hcl	139
INREBIC	63	ISOSORBIDE MONONITRATE	148
INSULIN ASP PROT & ASP FLEXPEN	111	isosorbide mononitrate	148
INSULIN ASPART	111,113	isotretinoin	160,161,162
INSULIN ASPART FLEXPEN	111	ISTURISA	192
INSULIN ASPART PENFILL	111	ITOVEBI	64
INSULIN ASPART PROT & ASPART	111	itraconazole	45
INSULIN DEGLUDEC	111,112,114	ivabradine hcl	139
INSULIN DEGLUDEC FLEXTOUCH	111,112	ivermectin	76
INSULIN GLARGINE MAX SOLOSTAR	112	IVERMECTIN	76
INSULIN GLARGINE SOLOSTAR	112		
INSULIN GLARGINE-YFGN	112,113	J	
INSULIN LISPRO	112	JADENU	171,172
INSULIN LISPRO (1 UNIT DIAL)	112	JADENU SPRINKLE	172
INSULIN LISPRO JUNIOR KWIKPEN	112	JAKAFI	64
INSULIN LISPRO PROT & LISPRO	112	JARDIANCE	147
INSULIN SYRINGE	309,310	JAYPIRCA	64
INSULIN SYRINGE-NEEDLE U-100	310,311	JOENJA	182
INSUPEN PEN NEEDLES	311	JULUCA	96
INSUPEN SENSITIVE	312	JUXTAPID	146
INSUPEN ULTRAFIN	312	JYNARQUE	172,173
INSUPEN32G EXTR3ME	312		
INTELENCE	97	K	
INTRAROSA	188	K-PHOS NO 2	188
INVEGA HAFYERA	85	K-Y ME & YOU EXTRA LUBRICATED	312
INVEGA SUSTENNA	85	K-Y ME & YOU INTENSE	312
INVEGA TRINZA	85,86	KALYDECO	386
IPOL	245	KAMELEON LUBRICATED	312
ipratropium bromide	384	KESIMPTA	156
ipratropium bromide (nasal)	384	ketoconazole	45
ipratropium-albuterol	394	ketoconazole (topical)	45
IQIRVO	312	KETOPROFEN ER	2
irbesartan	128	ketorolac tromethamine	3
irbesartan-hydrochlorothiazide	139	ketorolac tromethamine (ophth)	379
IRESSA	63	KEVEYIS	182
IRON UP	169	KEVZARA	231

KIMONO	312	KUVAN	183
KIMONO COLORS	312	L	
KIMONO MAXX-LARGE FLARE	312	labetalol hcl	133
KIMONO MICRO THIN	312	lacosamide	32,33
KIMONO MICRO THIN PLUS	312	LACRISERT	377
KIMONO PLUS	313	lactic acid (ammonium lactate)	162
KIMONO PS	313	lactulose	176
KIMONO PS PLUS	313	lactulose (encephalopathy)	176
KIMONO SENSATION	313	lamivudine	98
KIMONO SENSATION PLUS	313	lamivudine (hbv)	94
KIMONO SPECIAL	313	lamivudine-zidovudine	98
KINERET	231	lamotrigine	25,26,27
KINNEY LANCETS	313	LAMPIT	76
KINNEY THIN LANCETS	313	LANCET DEVICE	315
KINRAY INSULIN SYRINGE	313	LANCET DEVICE WITH EJECTOR	315
KINRIX	245	LANCET TRANSPORTER CASE	315
KISQALI (200 MG DOSE)	64	LANCETS	316,317,318,319,321,322,323,324,331,32,333,334,336,337,338,339,340,341,342,343,344,345,346,347,348,349,350,352,353,354,355,357,358,359,360,363,365,366,368,369,370,371,373,374,375,376
KISQALI (400 MG DOSE)	64	LANCETS 28G THIN	316
KISQALI (600 MG DOSE)	64	LANCETS 30G	316
KITABIS PAK	386	LANCETS 33G	316
KLOR-CON	169	LANCETS MICRO THIN 33G	316
KLOR-CON 10	169	LANCETS SUPER THIN	316
KLOXXADO	11	LANCETS SUPER THIN 28G	316
KMART VALU INSULIN SYRINGE 29G	313,314	LANCETS THIN	316
KMART VALU INSULIN SYRINGE 30G	314	LANCETS ULTRA THIN	316
KORLYM	224	LANCETS ULTRA THIN 30G	316
KOSELUGO	64	LANCING DEVICE	316
KRAZATI	65	LANREOTIDE ACETATE	224,227,228
KRINTAFEL	76	lanreotide acetate	224
KROGER AUTOLET LANCING DEVICE	314	lansoprazole	180
KROGER HEALTHPRO LANCET 26G	314	lanthanum carbonate	174
KROGER INSULIN SYRINGE	314	LANTUS	112
KROGER LANCETS	315	LANTUS SOLOSTAR	112
KROGER LANCETS 21G	315	LANZO	316
KROGER LANCETS MICRO THIN 33G	315	lapatinib ditosylate	65
KROGER LANCETS SUPER THIN	315	LASTACFT	378
KROGER LANCETS THIN	315		
KROGER LANCETS THIN 26G	315		
KROGER LANCETS ULTRATHIN 30G	315		
KROGER LANCING DEVICE	315		
KROGER PEN NEEDLES	315		

latanoprost	380	LEVOTHYROXINE	
LEADER ADVANCED LANCING DEVICE	316	SODIUM	219,220,221,222,223,224
LEADER INSULIN SYRINGE	316,317	LEXIVA	100
LEADER UNIFINE PENTIPS	317	LIBERTY MEDICAL LANCETS	317
LEADER UNIFINE PENTIPS PLUS	317	LIBERTY MINI LANCING DEVICE	318
LEDIPASVIR-SOFOSBUVIR	95	lidocaine	9,10
leflunomide	239	lidocaine hcl	9
lenalidomide	53	lidocaine hcl (mouth-throat)	9
LENVIMA (10 MG DAILY DOSE)	65	lidocaine-prilocaine	10
LENVIMA (12 MG DAILY DOSE)	65	LINDANE	167
LENVIMA (14 MG DAILY DOSE)	65	linezolid	18
LENVIMA (18 MG DAILY DOSE)	65	LINZESS	176,177
LENVIMA (20 MG DAILY DOSE)	65	liothyronine sodium	220,221
LENVIMA (24 MG DAILY DOSE)	65	liraglutide	106
LENVIMA (4 MG DAILY DOSE)	65	lisdexamphetamine dimesylate	150,151
LENVIMA (8 MG DAILY DOSE)	65	lisinopril	130
LEQVIO	146	lisinopril & hydrochlorothiazide	140
letrozole	57	LITE TOUCH LANCETS	318
leucovorin calcium	56	LITE TOUCH LANCING PEN	318
LEUKERAN	51	LITETOUCH INSULIN SYRINGE	318
LEUKINE	118	LITETOUCH LANCETS	319
leuprolide acetate	224,225	LITETOUCH PEN NEEDLES	319
LEUPROLIDE ACETATE (3 MONTH)	224,225	lithium	104
levabuterol hcl	385	LITHIUM CARBONATE	104
levetiracetam	26	lithium carbonate	104
LEVOBUNOLOL HCL	380	LITHOSTAT	188
levocarnitine (metabolic modifiers)	183	LIVE BETTER LANCET SUPER THIN	319
levocetirizine dihydrochloride	383	LIVMARLI	178,179
levofloxacin	22,23	LIVTENCITY	93
LEVOFLOXACIN	379	LO LOESTRIN FE	206
levonorgestrel & eth		lofexidine hcl	11
estradiol . 195,196,197,198,201,204,205,206,207,2		LOKELMA	174
10,211,213		LONGS INSULIN SYRINGE	319
levonorgestrel (emergency oc) . . . 214,215,216,217		LONGS LANCETS STANDARD	319
levonorgestrel-eth estradiol		LONGS LANCETS THIN	319
(triphasic)	200,205,213	LONGS LANCETS ULTRA THIN	319
levonorgestrel-ethinyl estradiol (91-		LONSURF	56
day)	196,197,198,202,203,205,206,211	lopinavir-ritonavir	100
levonorgestrel-ethinyl estradiol		lorazepam	103
(continuous)	196,199,205	LORBRENA	65
levothyroxine sodium	218,219,220,223,224	losartan potassium	128

losartan potassium & hydrochlorothiazide . . .	140	MATULANE	51
LOTEMAX	379	MAVENCLAD (10 TABS)	156
LOTEMAX SM	379	MAVENCLAD (4 TABS)	156
loteprednol etabonate	379,380	MAVENCLAD (5 TABS)	156
lovastatin	144	MAVENCLAD (6 TABS)	156
loxapine succinate	81	MAVENCLAD (7 TABS)	156
lubiprostone	177	MAVENCLAD (8 TABS)	156
LUCEMYRA	11	MAVENCLAD (9 TABS)	156
LUER LOCK SAFETY SYRINGES	319	MAVYRET	95
LULICONAZOLE	45	MAXI-COMFORT INSULIN SYRINGE	320
LUMAKRAS	65,66	MAXI-COMFORT SAFETY PEN NEEDLE	320
LUMRYZ	398	MAXICOMFORT II PEN NEEDLE	320
LUMRYZ STARTER PACK	398	MAXICOMFORT SYR 27G X 1/2"	320,321
LUPKYNIS	239	MAXIDEX	380
LUPRON DEPOT (1-MONTH)	225	MAXX	321
LUPRON DEPOT (3-MONTH)	225	MAXX PLUS	321
LUPRON DEPOT (4-MONTH)	225	MAYZENT	156
LUPRON DEPOT (6-MONTH)	225	MAYZENT STARTER PACK	156,157
LUPRON DEPOT-PED (1-MONTH)	225	meclizine hcl	42
LUPRON DEPOT-PED (3-MONTH)	225	MECLOFENAMATE SODIUM	3
LUPRON DEPOT-PED (6-MONTH)	225	MEDIC INSULIN SYRINGE	321
lurasidone hcl	86	MEDICHOICE SAFETY LANCET	321
LURBIPR	3	MEDICHOICE SAFETY LANCET EXTRA	321
LUTRATE DEPOT	225	MEDICHOICE SAFETY LANCET NORM	321
LYNPARZA	66	MEDICINE SHOPPE PEN NEEDLES	321
LYSODREN	56	MEDLANCE EXTRA 21G	321
LYTGOBI (12 MG DAILY DOSE)	66	MEDLANCE LITE 25G	321
LYTGOBI (16 MG DAILY DOSE)	66	MEDLANCE PLUS EXTRA 21G	321
LYTGOBI (20 MG DAILY DOSE)	66	MEDLANCE PLUS LANCETS	321
LYUMJEV	112	MEDLANCE PLUS LITE 25G	321
LYUMJEV KWIKPEN	112	MEDLANCE PLUS SPECIAL 0.8MM	322
		MEDLANCE PLUS SUPERLITE 30G	322
		MEDLANCE PLUS UNIVERSAL 21G	322
		MEDLANCE UNIVERSAL 21G	322
		medroxyprogesterone acetate	216
		medroxyprogesterone acetate (contraceptive)	216
		mefenamic acid	3
		mefloquine hcl	76
		megestrol acetate	216
		MEIJER LANCETS	322
		MEIJER LANCETS THIN	322
M			
M-M-R II	245		
MAGELLAN INSULIN SAFETY SYR	319,320		
MAGELLAN SYRINGE-SAFETY NEEDLE	320		
MAGELLAN TUBERCULIN SYRINGE	320		
malathion	167		
MARATHON MEDICAL PENTIPS	320		
maraviroc	99		
MARPLAN	37		

MEIJER LANCETS UNIVERSAL 21G	322	metolazone	143
MEIJER LANCETS UNIVERSAL 30G	322	metoprolol & hydrochlorothiazide	140
MEIJER LANCETS UNIVERSAL 33G	322	metoprolol succinate	133
MEIJER PEN NEEDLES	322	metoprolol tartrate	133
MEIJER SUPER THIN LANCETS	322	metronidazole	18
MEKINIST	66	metronidazole (topical)	18
MEKTOVI	66	metronidazole vaginal	18
meloxicam	3	metyrosine	140
MELPHALAN	52	mexiletine hcl	131
memantine hcl	35	MICONAZOLE 3	45
MENACTRA	245	MICRODOT PEN NEEDLE	322,323
MENEST	207	MICROLET LANCETS	323
MENOSTAR	207	MICROLET NEXT LANCING DEVICE	323
MENQUADFI	245	midodrine hcl	127
MENVEO	246	mifepristone (hyperglycemia)	226
meprobamate	102	MIGLITOL	106
mercaptopurine	55	MINI LANCING DEVICE	323
mesalamine	248	minocycline hcl	23,24
mesna	75	minoxidil	148
MESNEX	75	mirtazapine	36
metaxalone	395,396	misoprostol	180
metformin hcl	106	MM INSULIN SYRINGE/NEEDLE	323
methadone hcl	4	MM LANCING DEVICE	323
methazolamide	380	MM PEN NEEDLES	323
methenamine hippurate	18	MM TWIST LANCETS	323
methimazole	228	MOBILE LANCETS 30G	324
METHITEST	195	modafinil	398
methocarbamol	396	MODERNA COVID-19 BIVAL 6M-5Y	246
methotrexate sodium	239	MODERNA COVID-19 BIVALENT	246
METHOTREXATE SODIUM	239	MODERNA COVID-19 VAC 6M-11Y	246
METHOTREXATE SODIUM (PF)	239	moexipril hcl	130
METHOXSALEN RAPID	166	MOLINDONE HCL	81
methscopolamine bromide	178	mometasone furoate	164
methsuximide	28	mometasone furoate (nasal)	394
methyl dopa	127	MONOCAL	169
METHYLDOPA	127	MONOJECT ALLERGIST TRAY	324
methylergonovine maleate	322	MONOJECT BLUNTIP CANNULA	324
methylphenidate hcl	152,153	MONOJECT BLUNTIP SYR/CANNULA	324
methylprednisolone	190	MONOJECT CONTROL SYRINGE	324
metoclopramide hcl	42	MONOJECT FILTER ASPIRATOR	324
METOCLOPRAMIDE HCL	42	MONOJECT FILTER NEEDLE	324

MONOJECT HYPODERMIC NEEDLE	324,325	MPD SAFETY LANCET 28G	332
MONOJECT INSULIN SYRINGE	325,326	MPD SAFETY LANCET 30G	332
MONOJECT INTRODUCER NEEDLE	326	MS INSULIN SYRINGE	332
MONOJECT LIFESHIELD SYRINGE	326	MULPLETA	118
MONOJECT MAGELLAN SAFETY NDL	326,327	MULTAQ	131
MONOJECT MAGELLAN SYRINGE	327,328	MULTI-LANCET DEVICE	332
MONOJECT MEDICATION TRANSF NDL	328	MULTI-LANCET DEVICE 2	332
MONOJECT PHARMACY TRAY	328	mupirocin	167
MONOJECT PISTON SYRINGE	328	MYALEPT	183
MONOJECT SOFTPACK/CATHTIP	328	MYCAPSSA	226
MONOJECT SOFTPACK/LLOCK	328	mycophenolate mofetil	239
MONOJECT SOFTPACK/LTIP	328	mycophenolate sodium	239,240
MONOJECT SOFTPACK/RG LOCK	328	MYFEMBREE	192
MONOJECT SOFTPACK/RG LUER	329	MYGLUCOHEALTH LANCETS 30G	332
MONOJECT SYRINGE	329	MYLERAN	52
MONOJECT SYRINGE CATH TIP	329,330	MYRBETRIQ	187
MONOJECT SYRINGE ECC LUER	330	MYSOLINE	29
MONOJECT SYRINGE ECCENTRIC TIP	330		
MONOJECT SYRINGE LUER LOCK	330	N	
MONOJECT SYRINGE LUER-LOCK TIP	330	nabumetone	3
MONOJECT SYRINGE PHARMACY TRAY	330	nadolol	133
MONOJECT SYRINGE REG LUER	330	NAFTIFINE HCL	45
MONOJECT SYRINGE REGULAR TIP	330	NALOXONE HCL	11
MONOJECT SYRINGE TOOMEY TYPE	330	naloxone hcl	11
MONOJECT TB SAFETY SYRINGE	330	naltrexone hcl	11
MONOJECT TB SYRINGE	330,331	naproxen	3
MONOJECT ULTRA COMFORT SYRINGE	331	naproxen sodium	3
MONOLET LANCETS	331	naratriptan hcl	49
MONOLET OPD LANCETS	331	NATACYN	379
MONOLETTOR SAFETY LANCETS	332	NATAZIA	208
montelukast sodium	383	nateglinide	107
morphine sulfate	4,8,9	NATROBA	167
MORPHINE SULFATE	8,9	NAYZILAM	10
MORPHINE SULFATE (CONCENTRATE)	8	nebivolol hcl	133,134
MORPHINE SULFATE ER	4	NEFAZODONE HCL	39
MOUNJARO	106,107	NEFFY	385
MOVANTIK	177	NEMLUVIO	232
moxifloxacin hcl	23	neomycin sulfate	17
moxifloxacin hcl (ophth)	379	neomycin-bacitracin zn-polymyxin	377
MPD SAFETY LANCET 21G	332	neomycin-polymy-dexameth	377
MPD SAFETY LANCET 23G	332	NEOMYCIN-POLYMYXIN-GRAMICIDIN	377

neomycin-polymyxin-hc (otic)	381	norethindrone & eth	
NEORAL	240	estradiol	195,197,198,208,209,210,213,214
NERLYNX	66	norethindrone & ethinyl estradiol-	
NEUPRO	78	fe	202,204,205,208,214
nevirapine	97	norethindrone (contraceptive)	215,216,217
NEVIRAPINE	97	norethindrone acet & eth	
NEVIRAPINE ER	97	estra	196,202,203,204,206,207,209
NEXLETOL	140	norethindrone acetate	215,217
NEXLIZET	146	norethindrone acetate-ethinyl	
NGENLA	192	estradiol	202,203,209
niacin (antihyperlipidemic)	146	norethindrone acetate-ethinyl estradiol-	
nicotine	11,12,13,14,15,16	fe	208,211,212,214
NICOTINE	14,15,16	norethindrone-eth estradiol	
nicotine polacrilex	11,12,13,14,15,16,17	(triphasic)	195,196,198,205,209,210
NICOTROL	15	norgestimate-ethinyl	
NICOTROL NS	15	estradiol	200,207,208,209,210,211,213
nifedipine	135	norgestimate-ethinyl estradiol (triphasic) .	209,212
nilotinib hcl	66	norgestrel & ethinyl estradiol	198,199,206,213
nilutamide	52	NORM-JECT LUER LOCK SYRINGE	332
nimodipine	135	NORM-JECT LUER SLIP SYRINGE	332
NINLARO	67	NORPACE CR	131
nitazoxanide	76	nortriptyline hcl	42
nitisinone	183	NORVIR	100
NITRO-BID	148	NOURIANZ	77
NITRO-TIME	148	NOVA SAFETY LANCETS 23G	332
nitrofurantoin	18	NOVA SAFETY LANCETS 28G	332
nitrofurantoin macrocrystal	18	NOVA SUREFLEX LANCETS	333
nitrofurantoin monohyd macro	18	NOVA SUREFLEX LANCING DEVICE	333
nitroglycerin	148,149	NOVAFERRUM PEDIATRIC DROPS	169
nitroglycerin (intra-anal)	148	NOVAVAX COVID-19 VACCINE	101,246
NITROLINGUAL	149	NOVOFINE AUTOCOVER PEN NEEDLE	333
NITYR	183	NOVOFINE PEN NEEDLE	333
NIVA THYROID	221	NOVOFINE PLUS PEN NEEDLE	333
NIVESTYM	118	NOVOLIN 70/30	112
nizatidine	179	NOVOLIN 70/30 FLEXPEN	112
NIZATIDINE	179	NOVOLIN 70/30 FLEXPEN RELION	113
NORDITROPIN FLEXPEN	192	NOVOLIN 70/30 RELION	113
norelgestromin-ethinyl estradiol	208,214	NOVOLIN N	113
norethin acet & estrad-		NOVOLIN N FLEXPEN	113
fe	197,198,202,203,204,206,207,208,211	NOVOLIN N FLEXPEN RELION	113
		NOVOLIN N RELION	113

NOVOLIN R	113	OFEV	392
NOVOLIN R FLEXPEN	113	OFLOXACIN	23
NOVOLIN R FLEXPEN RELION	113	ofloxacin (ophth)	379
NOVOLIN R RELION	113	ofloxacin (otic)	381
NOVOLOG	113	OGSIVEO	67
NOVOLOG 70/30 FLEXPEN RELION	113	OHTUVAYRE	387
NOVOLOG FLEXPEN	113	OJEMDA	67
NOVOLOG FLEXPEN RELION	113	OJJAARA	56,57
NOVOLOG MIX 70/30	113	olanzapine	86
NOVOLOG MIX 70/30 FLEXPEN	113	olmesartan medoxomil	128,129
NOVOLOG MIX 70/30 RELION	113	olmesartan medoxomil-amlodipine- hydrochlorothiazide	140
NOVOLOG PENFILL	113	olmesartan medoxomil-hydrochlorothiazide	140
NOVOLOG RELION	113	olopatadine hcl (nasal)	383
NOVOPEN ECHO	333	OLUMIANT	232
NOXAFIL	45	omeprazole	180
NP THYROID	221	OMNIFLEX DIAPHRAGM	333
NUBEQA	52	OMNIPOD 5 DEXG7G6 PODS GEN 5	333
NUCALA	394,395	OMNIPOD 5 G6 INTRO (GEN 5)	333
NUPLAZID	86	OMNIPOD 5 G6 PODS (GEN 5)	333
NURTEC	48	OMNIPOD 5 G7 INTRO (GEN 5)	333
NUTROPIN AQ NUSPIN 10	192	OMNIPOD 5 G7 PODS (GEN 5)	333
NUTROPIN AQ NUSPIN 20	192	OMNIPOD CLASSIC PODS (GEN 3)	333
NUTROPIN AQ NUSPIN 5	192	OMNIPOD DASH INTRO (GEN 4)	333
NUVARING	209	OMNIPOD DASH PDM (GEN 4)	334
NUVESSA	18	OMNIPOD DASH PODS (GEN 4)	334
NUZYRA	24	OMNITROPE	179,192,193
NYMALIZE	135	ondansetron	43
nystatin	45	ondansetron hcl	43,44
nystatin (mouth-throat)	45	ONETOUCH DELICA PLUS LANCET30G	334
nystatin (topical)	45	ONETOUCH DELICA PLUS LANCET33G	334
nystatin-triamcinolone	166	ONETOUCH DELICA PLUS LANCING	334
NYVEPRIA	118	ONETOUCH DELICA SAFETY LANCING	334
O			
OALIVA	179	ONETOUCH ULTRA	334
OCREVUS	157	ONETOUCH ULTRA BLUE TEST	334
octreotide acetate	226	ONETOUCH ULTRA CONTROL	334
OCTREOTIDE ACETATE	226,227	ONETOUCH ULTRA TEST	334
ODACTRA	232	ONETOUCH ULTRASOFT 2 LANCETS	334
ODEFSEY	97	ONETOUCH VERIO	334
ODOMZO	67	ONUREG	55
		OPSUMIT	389

OPSYNVI	389	PALFORZIA (120 MG DAILY DOSE)	233
OPTIONS GYNOL II CONTRACEPTIVE	188	PALFORZIA (160 MG DAILY DOSE)	233
OPZELURA	166	PALFORZIA (20 MG DAILY DOSE)	233
ORAVIG	45	PALFORZIA (200 MG DAILY DOSE)	233
ORENCIA	232,240	PALFORZIA (240 MG DAILY DOSE)	233
ORENCIA CLICKJECT	232	PALFORZIA (3 MG DAILY DOSE)	233
ORENITRAM	389,390	PALFORZIA (300 MG MAINTENANCE)	233
ORENITRAM MONTH 1	390	PALFORZIA (300 MG TITRATION)	233
ORENITRAM MONTH 2	390	PALFORZIA (40 MG DAILY DOSE)	233
ORENITRAM MONTH 3	390	PALFORZIA (6 MG DAILY DOSE)	233
ORFADIN	183,184	PALFORZIA (80 MG DAILY DOSE)	233
ORGOVYX	226	PALFORZIA INITIAL DOSE 1-3YRS	233
ORIAHNN	227	PALFORZIA INITIAL DOSE 4-17YRS	233
ORILISSA	227	PALFORZIA INITIAL ESCALATION	234
ORKAMBI	386	paliperidone	86,87
ORLADEYO	229	PALYNZIQ	184
orphenadrine citrate	396	PANRETIN	75
ORPHENADRINE-ASPIRIN-CAFFEINE	396	pantoprazole sodium	180
ORSERDU	53	paricalcitol	250
oseltamivir phosphate	100	PARODONTAX	159
OSPHERA	218	paroxetine hcl	39
OTEZLA	166,232	PAROXETINE HCL	39
OTREXUP	240	PAXLOVID	101
OTULFI	232	PAXLOVID (150/100)	101
oxaprozin	3	PAXLOVID (300/100)	101
oxazepam	103,104	pazopanib hcl	67
oxcarbazepine	33	PC UNIFINE PENTIPS	334,335
OXERVATE	377	PEDIARIX	246
oxiconazole nitrate	45	PEDVAX HIB	246
oxybutynin chloride	187	peg 3350-kcl-sod bicarb-sod chloride-sod sulfate	178,179
oxycodone hcl	9	peg 3350-potassium chloride-sod bicarbonate-sod chloride	176,177
oxycodone w/ acetaminophen	7,9	PEG-PREP	177
oxymorphone hcl	9	PEGASYS	237
OXYMORPHONE HCL ER	5	PEMAZYRE	67
OZEMPIC (0.25 OR 0.5 MG/DOSE)	107	PEN NEEDLE/5-BEVEL TIP	335
OZEMPIC (1 MG/DOSE)	107	PEN NEEDLES	335
OZEMPIC (2 MG/DOSE)	107	PEN NEEDLES 5/16"	335
P		penciclovir	167
PALFORZIA (1 MG DAILY DOSE)	232	penicillamine	173
PALFORZIA (12 MG DAILY DOSE)	233		

PENICILLIN V POTASSIUM	21	PIP LANCETS 28G	336
penicillin v potassium	21	PIP LANCETS 30G	336
PENTACEL	246	PIP PEN NEEDLES 31G X 5MM	336
pentamidine isethionate	76	PIP PEN NEEDLES 32G X 4MM	336
pentazocine w/ naloxone	9	PIQRAY (200 MG DAILY DOSE)	68
PENTIPS	335	PIQRAY (250 MG DAILY DOSE)	68
PENTIPS GENERIC PEN NEEDLES	335,336	PIQRAY (300 MG DAILY DOSE)	68
pentoxifylline	140	pirfenidone	392
perampanel	26	PIRFENIDONE	392
PERFECT LANCETS 28G	336	piroxicam	3
PERFECT LANCETS 30G	336	PLEGRIDY	157
PERFECT POINT SAFETY LANCETS	336	PLEGRIDY STARTER PACK	157
PERFECT POINT SAFETY NEEDLE	336	PNEUMOVAX 23	246
PERINDOPRIL ERBUMINE	130	PODOFILOX	166
perindopril erbumine	130	POLY HUB NEEDLE	336,337
permethrin	167	polymyxin b-trimethoprim	379
perphenazine	42,43	POMALYST	53,54
PERPHENAZINE-AMITRIPTYLINE	36	posaconazole	45
PERSERIS	87	pot phosphate monobasic w/ sod phosphate dibasic & monobasic	188,189
PFIZER COVID-19 BIVAL 6MO-4YR	246	potassium chloride	169,170
PFIZER COVID-19 VAC BIVAL 5-11	246	POTASSIUM CHLORIDE ER	169,170
PFIZER COVID-19 VAC BIVALENT	246	potassium chloride microencapsulated crystals er	169
PFIZER COVID-19 VAC-TRIS 5-11Y	246	potassium citrate (alkalinizer)	170
PFIZER COVID-19 VAC-TRIS 6M-4Y	246	potassium phosphate monobasic	188
PHARMACIST CHOICE LANCETS	336	PRADAXA	116
PHARMACY COUNTER LANCETS	336	pramipexole dihydrochloride	78
PHEBURANE	184	prasugrel hcl	125
PHENELZINE SULFATE	37	pravastatin sodium	144
phenobarbital	29	praziquantel	76
phenoxybenzamine hcl	128	prazosin hcl	128
phenylephrine hcl (mydriatic)	378	PRECISION SURE-DOSE SYRINGE	337
phenytoin	33	PRECISION THINS GP LANCETS	337
phenytoin sodium extended	33	prednisolone	190
PHEXXI	188	prednisolone acetate (ophth)	380
phytonadione	120	prednisolone sodium phosphate	190
pilocarpine hcl	380	PREDNISOLONE SODIUM PHOSPHATE	380
pilocarpine hcl (oral)	159	prednisone	190
PIMOZIDE	81	PREDNISONE	190
pindolol	134	PREFERRED PLUS INSULIN SYRINGE	337
pioglitazone hcl	107		
pioglitazone hcl-metformin hcl	107		

PREFERRED PLUS LANCETS COLORED	338	PRODIGY LANCETS 28G	339
PREFERRED PLUS LANCETS THIN	338	PRODIGY LANCING DEVICE	339
PREFERRED PLUS UNIFINE PENTIPS	338	PRODIGY SAFETY LANCETS 26G	339
PREFEST	214	PRODIGY TWIST TOP LANCETS 28G	339
pregabalin	154	progesterone	217
PREHEVBRIO	246	PROGRAF	240
PREMARIN	210	PROLIA	250
PREMPHASE	210	PROMACTA	119
PREMPRO	210	promethazine hcl	43,383
PRENATAL 19	170	PROMETHAZINE HCL	383
PRENATAL PLUS	170	PROMETHEGAN	43
PRENATAL-U	170	propafenone hcl	132
PRETOMANID	50	propranolol hcl	134
PREVENT DROPSAFE PEN NEEDLES	338	PROPRANOLOL HCL	134
PREVENT SAFETY PEN NEEDLES	338	propylthiouracil	228
PREVIDENT	159	PROQUAD	247
PREVIDENT 5000 ENAMEL PROTECT	159	protriptyline hcl	42
PREVIDENT 5000 SENSITIVE	159	PSS SELECT GP LANCETS	339
PREVNAR 13	247	PSS SELECT PLATFORMS	339
PREVNAR 20	247	PSS SELECT SAFETY LANCETS	339
PREVYMIS	93,94	PULMOZYME	386
PREZCOBIX	100	PURE COMFORT LANCETS 30G	339
PREZISTA	100	PURE COMFORT PEN NEEDLE	339,340
PRIFTIN	51	PURE COMFORT SAFETY PEN NEEDLE	340
primaquine phosphate	77	PURIXAN	56
PRIMIDONE	29,30	PX ADVANCED LANCING DEVICE	340
primidone	30	PX EXTRA SHORT PEN NEEDLES	340
PRIORIX	247	PX INSULIN SYRINGE	340
PRO COMFORT INSULIN SYRINGE	338	PX LANCET AUTO INJECTOR	340
PRO COMFORT LANCETS 30G	338	PX LANCETS MICROTHIN 33G	340
PRO COMFORT LANCETS 31G	338	PX LANCETS ULTRA THIN 28G	340
PRO COMFORT PEN NEEDLES	338,339	PX MINI PEN NEEDLES	340
PRO COMFORT SAFETY LANCETS 30G	339	PX PEN NEEDLE	340
probenecid	46	PX SHORTLENGTH PEN NEEDLES	340
prochlorperazine	42,43	pyrazinamide	51
prochlorperazine maleate	43	pyridostigmine bromide	50
PROCRT	118,119	pyrimethamine	77
PROCTOCORT	164	PYRUKYND	184
PROCTOFOAM HC	166	PYRUKYND TAPER PACK	119
PROCYSBI	184		
PRODIGY INSULIN SYRINGE	339		

Q

QC ADVANCED LANCING DEVICE	340
QC LANCETS SUPER THIN 30G	340
QC LANCETS ULTRA THIN	340
QC PEN NEEDLES	341
QC UNIFINE PENTIPS	341
QC UNILET LANCETS 28G	341
QC UNILET LANCETS MICRO THIN	341
QINLOCK	57
QNASL	382
QNASL CHILDRENS	382
QUADRACEL	247
quetiapine fumarate	87
QUICK TOUCH INSULIN PEN NEEDLE	341
quinapril hcl	130
quinapril-hydrochlorothiazide	141
QUINAPRIL-HYDROCHLOROTHIAZIDE	141
quinidine gluconate	132
QUINIDINE SULFATE	132
quinine sulfate	77
QULIPTA	48
QUVIVIQ	397
QVAR REDIHALER	383

R

RA E-ZJECT LANCETS 28G	341
RA E-ZJECT LANCETS THIN 26G	341
RA E-ZJECT LANCETS THIN 28G	342
RA E-ZJECT LANCETS ULTRA THIN	342
RA INSULIN SYRINGE	342
RA PEN NEEDLES	342
RABAVERT	247
rabeprazole sodium	180
RADICAVA ORS	149
RADICAVA ORS STARTER KIT	149
RAGWITEK	234
raloxifene hcl	250
ramelteon	397
ramipril	130
ranolazine	141

RAPAMUNE	240
rasagiline mesylate	80
RAVICTI	184
RAYA SURE PEN NEEDLE	342
READYLANCE SAFETY LANCETS	342
REALITY INSULIN SYRINGE	342,343
REALITY LANCETS	343
REALITY LATEX CONDOMS	343
REALITY LATEX/ULTRA TEXTURED	343
REALITY LATEX/ULTRA THIN	343
REALITY TRIGGER LANCETS	343
REBIF	157
REBIF REBIDOSE	157
REBIF REBIDOSE TITRATION PACK	157
REBIF TITRATION PACK	157
RECOMBIVAX HB	247
RECTIV	149
REDITREX	240,241
REGRANEX	166
RELENZA DISKHALER	100
RELION INSULIN SYRINGE	343
RELION LANCET DEVICES 30G	343
RELION LANCETS	344
RELION LANCETS MICRO-THIN 33G	344
RELION LANCETS THIN 26G	344
RELION LANCETS ULTRA-THIN 30G	344
RELION LANCING DEVICE	344
RELION MINI PEN NEEDLES	344
RELION PEN NEEDLES	344
RELION SHORT PEN NEEDLES	344
RELION ULTRA THIN LANCETS 30G	344
RELION ULTRA THIN PLUS LANCETS	344
RELISTOR	177
REMICADE	241
RENFLEXIS	241
RENTHYROID	221
repaglinide	107
REPATHA	146
REPATHA PUSHTRONEX SYSTEM	146
REPATHA SURECLICK	147
RETACRIT	119,120

RETEVMO	68	RYBELSUS	107
REVLIMID	54	RYCLORA	383
REVUFORJ	68	RYDAPT	69
REXALL LANCETS ULTRA THIN 30G	344	RYTARY	79,80
REXULTI	87,88		
REYATAZ	100	S	
REYVOW	49	SABRIL	30
REZDIFFRA	221	sacubitril-valsartan	141
REZLIDHIA	68	SAFE-T-LANCE	345
REZUROCK	234	SAFE-T-LANCE PLUS	345
RHOFADE	161	SAFETY LANCET 30G/PRESSURE ACT	345
RHOPRESSA	380	SAFETY LANCETS	345
RIBAVIRIN	95	SAFETY LANCETS 21G	345
RIDAURA	234	SAFETY LANCETS 23G	345
rifabutin	50	SAFETY LANCETS 28G	345
rifampin	51	SAFETY PEN NEEDLES	345
RIGHTEST ALTERNATE SITE ADAPT	344	SAIZEN	193
RIGHTEST GD500 LANCING DEVICE	344	SANDIMMUNE	241
RIGHTEST GL300 LANCETS	345	SANDOSTATIN	227
riluzole	154	SANDOSTATIN LAR DEPOT	227
RINVOQ	234	SANTYL	166
risedronate sodium	250	SAPHNELO	234
RISPERDAL CONSTA	88	sapropterin dihydrochloride	182,185
risperidone	88,89	SAPS HEALTH PLUS LANCETS	345
RISPERIDONE	89,90	SAPS HEALTH TWIST TOP LANCETS	345
risperidone microspheres	89	SAPS TWIST TOP LANCETS	345
ritonavir	100	SAPSCARE TWIST TOP LANCETS	345
rivaroxaban	116	SAVELLA	154
rivastigmine	35	SAVELLA TITRATION PACK	154
rivastigmine tartrate	35	SB INSULIN SYRINGE	345,346
rizatriptan benzoate	49	SB LANCETS THIN	346
roflumilast	387	SB LANCETS ULTRA THIN	346
ROMVIMZA	68	SCSEMBLIX	69
ropinirole hydrochloride	78,79	scopolamine	43
rosuvastatin calcium	145	SE-NATAL 19	170
ROTARIX	247	SECUADO	89,90
ROTATEQ	247	SECURESAFE HYPODERMIC NEEDLE	346
ROZLYTREK	68,69	SECURESAFE INSULIN SYRINGE	346
RUBRACA	69	SECURESAFE SAFETY PEN NEEDLES	346
rufinamide	33	SECURESAFE SYRINGE/NEEDLE	346,347
RUKOBIA	99	SELARSDI	234

SELECT-LITE DEVICE/LANCETS	347	SMART SENSE SUPER THIN LANCETS	347
SELECT-LITE LANCING DEVICE	347	SMART SENSE THIN LANCETS 26G	347
selegiline hcl	80	SMARTEST LANCETS 28G	348
selenium sulfide	164	SOD FLUORIDE-POTASSIUM NITRATE	160
SELZENTRY	99	sodium chloride (inhalant)	394,395
SEMGLEE (YFGN)	113	sodium citrate & citric acid	189
SENSODYNE COMPLETE PROTECTION	159	sodium fluoride	170
SENSODYNE RAPID RELIEF	159	SODIUM FLUORIDE	170
SENSODYNE REPAIR & PROTECT	159	sodium fluoride (dental)	158,159,160
SEREVENT DISKUS	385	SODIUM FLUORIDE 5000 ENAMEL	160
SEROSTIM	193	SODIUM FLUORIDE 5000 SENSITIVE	160
sertraline hcl	39	SODIUM OXYBATE	398,399
sevelamer carbonate	174	sodium phenylbutyrate	185
sevelamer hcl	174	SODIUM PHENYLBUTYRATE	348
SHINGRIX	247	sodium polystyrene sulfonate	174
SIGNIFOR	227	sodium sulfate-potassium sulfate-magnesium sulfate	177
sildenafil citrate (pulmonary hypertension)	390	SOFOSBUVIR-VELPATASVIR	95
silodosin	187	SOGROYA	194
silver sulfadiazine	166	SOHONOS	185
SIMBRINZA	380	solifenacin succinate	187
SIMLANDI (1 PEN)	241	SOLTAMOX	55
SIMLANDI (1 SYRINGE)	241	SOLUS V2 LANCETS 28G	348
SIMLANDI (2 PEN)	241	SOLUS V2 LANCING DEVICE	348
SIMLANDI (2 SYRINGE)	241	SOLUS V2 TWIST LANCETS 30G	348
SIMPLE DIAGNOSTICS LANCING DEV	347	SOMATULINE DEPOT	227,228
SIMPONI	241,242	SOMAVERT	228
simvastatin	145	SOOLANTRA	167
SINGLE-LET	347	sorafenib tosylate	69
sirolimus	242	sotalol hcl	132
SIRTURO	51	sotalol hcl (afib/afl)	132
SITAGLIPTIN	108	SOTYKTU	235
SIVEXTRO	18	SOVALDI	95,96
SKYCLARYS	185	SPIKEVAX	247
SKYRIZI	234	SPINOSAD	167
SKYRIZI PEN	234	SPIRIVA HANDIHALER	384
SKYTROFA	193,194	SPIRIVA RESPIMAT	384
SM LANCETS 33G	347	spironolactone	147
SM TRUEDRAW LANCING DEVICE	347	spironolactone & hydrochlorothiazide	141
SMART DIABETES VANTAGE LANCING	347	SPRAVATO (56 MG DOSE)	36
SMART SENSE COLOR LANCETS 33G	347	SPRAVATO (84 MG DOSE)	36
SMART SENSE STANDARD LANCETS	347		

SPRYCEL.....	69	SYMDEKO.....	386,387
SPS (SODIUM POLYSTYRENE SULF).....	175	SYMJEPI.....	385
stannous fluoride.....	158,159	SYMPROIC.....	177
STERILANCE PA.....	348	SYMTUZA.....	100
STERILANCE TL.....	348	SYNAREL.....	228
STIOLTO RESPIMAT.....	395	SYNJARDY.....	108
STIVARGA.....	70	SYNJARDY XR.....	108
STRENSIQ.....	185,186	SYNTHROID.....	221,222
STRIBILD.....	96	SYPRINE.....	173
STRIVERDI RESPIMAT.....	385	SYRINGE DISPOSABLE.....	350
SUBLOCADE.....	5	SYRINGE ECCENTRIC TIP.....	350
SUCRAID.....	186	SYRINGE LUER LOCK.....	350,351
sucralfate.....	180	SYRINGE LUER SLIP.....	351,352
SULCONAZOLE NITRATE.....	45	SYRINGE/HYPODERMIC SAFETY.....	352
SULFACETAMIDE SODIUM.....	379		
sulfacetamide sodium (acne).....	161	T	
sulfacetamide sodium (ophth).....	379	TABLOID.....	56
SULFACETAMIDE-PREDNISOLONE.....	378	TABRECTA.....	70
sulfadiazine.....	23	tacrolimus.....	242
sulfamethoxazole-trimethoprim.....	23	tacrolimus (topical).....	164
SULFAMYLON.....	167	tadalafil (pulmonary hypertension).....	388,390
sulfasalazine.....	248	TAFINLAR.....	70
sulindac.....	3	tafluprost.....	381
sumatriptan.....	49	TAGRISSO.....	70
sumatriptan succinate.....	49	TAKHZYRO.....	229
sunitinib malate.....	70	TALTZ.....	235
SUNLENCA.....	99	TALZENNA.....	70,71
SUNOSI.....	398	tamoxifen citrate.....	55
SUPER THIN LANCETS.....	348	tamsulosin hcl.....	188
SURE COMFORT INSULIN SYRINGE.....	348,349	TARGRETIN.....	75
SURE COMFORT LANCETS 18G.....	349	TASCENSO ODT.....	157
SURE COMFORT LANCETS 21G.....	349	TASIGNA.....	71
SURE COMFORT LANCETS 23G.....	349	tasimelteon.....	397
SURE COMFORT LANCETS 28G.....	350	TAVALISSE.....	127
SURE COMFORT LANCETS 30G.....	350	TAVNEOS.....	235
SURE COMFORT LANCING PEN.....	350	tazarotene.....	161
SURE COMFORT PEN NEEDLES.....	350	TAZVERIK.....	71
SURELITE LANCETS.....	350	TDVAX.....	247
SURVANTA.....	395	TECHLITE AST LANCETS.....	352
SUTAB.....	177	TECHLITE INSULIN SYRINGE.....	352,353
SYMBICORT.....	395	TECHLITE LANCETS.....	353

TECHLITE LANCETS 26G	353	THYROID	222
TECHLITE LANCETS 30G	353	tiagabine hcl	30
TECHLITE PEN NEEDLES	353	TIBSOVO	71
TECHLITE PLUS PEN NEEDLES	353	ticagrelor	127
TEGLUTIK	149	TIGLUTIK	149
TEGRETOL	33	timolol maleate	134
TEGRETOL-XR	34	timolol maleate (ophth)	380
telmisartan	129	tinidazole	18
TELMISARTAN-AMLODIPINE	141	tiotropium bromide monohydrate	384
telmisartan-hydrochlorothiazide	141	TIROSINT	222,223
temazepam	397	TIROSINT-SOL	223
temozolomide	52	TIVICAY	96
TENIVAC	248	TIVICAY PD	96
tenofovir disoproxil fumarate	98	tizanidine hcl	93
TEPMETKO	71	TOBI	387
terazosin hcl	128	TOBI PODHALER	387
terbinafine hcl	45	TOBRADEX	378
terbutaline sulfate	385	tobramycin	387
terconazole vaginal	45	TOBRAMYCIN	387
teriflunomide	158	tobramycin (ophth)	379
TERIPARATIDE	250	tobramycin-dexamethasone	378
teriparatide	250	TODAY SPONGE	189
testosterone	195	TODAYS HEALTH LANCING DEVICE	354
testosterone cypionate	194,195	TODAYS HEALTH PEN NEEDLES	354
TESTOSTERONE ENANTHATE	195	TODAYS HEALTH SHORT PEN NEEDLE	354
TETANUS-DIPHThERIA TOXOIDS TD	248	TODAYS HEALTH THIN LANCETS 28G	354
tetrabenazine	154	TODAYS HEALTH THIN LANCETS 30G	354
tetracaine hcl (ophth)	377,378	tolcapone	77
tetracycline hcl	24	tolterodine tartrate	187
TEZSPIRE	395	tolvaptan	173,174
TGT LANCET MICRO THIN 33G	353	TOOMEY SYRINGE	354
TGT LANCET THIN 26G	353	TOPCARE CLICKFINE PEN NEEDLES	354
TGT LANCET ULTRA THIN 30G	353	TOPCARE LANCETS MICRO-THIN 33G	354
TGT LANCING DEVICE	354	TOPCARE ULTRA COMFORT INS SYR	354,355
THALOMID	55	topiramate	27
THEO-24	388	toremifene citrate	55
theophylline	387,388	toremide	142
THINLETS GP LANCETS	354	TOUJEO MAX SOLOSTAR	113
thioridazine hcl	81	TOUJEO SOLOSTAR	113
thiothixene	81,82	TRACLEER	390
THYQUIDITY	222	tramadol hcl	5,9

TRAMADOL HCL (ER BIPHASIC)	5	TROJAN ULTRA THIN	355
tramadol-acetaminophen	9	TROJAN ULTRA THIN/SPERMICIDAL	355
trandolapril	130,131	TROJAN-ENZ LUBRICATED	355
tranexamic acid	120	TROJAN-ENZ/SPERMICIDAL	355
tranylcypromine sulfate	37	trosium chloride	187
TRAVEL LANCETS ADVANCED 28G	355	TRUE COMFORT INSULIN SYRINGE	355,356
travoprost	381	TRUE COMFORT PEN NEEDLES	356
trazodone hcl	39	TRUE COMFORT PRO INSULIN SYR	356,357
TRECATOR	51	TRUE COMFORT PRO PEN NEEDLES	357
TRELEGY ELLIPTA	395	TRUE COMFORT SAFETY LANCETS	357
TREMFYA	235	TRUE COMFORT SAFETY PEN NEEDLE	357
TREMFYA CROHNS INDUCTION	235	TRUE COMFORT TWIST TOP LANCETS	357
TREMFYA ONE-PRESS	235	TRUE COVER	357
TREMFYA PEN	235	TRUEDRAW LANCING DEVICE	357
treprostinil	390	TRUEPLUS 5-BEVEL PEN NEEDLES	357,358
TRESIBA	114	TRUEPLUS INSULIN SYRINGE	358
TRESIBA FLEXTOUCH	114	TRUEPLUS LANCETS 26G	358
tretinoin	161,162	TRUEPLUS LANCETS 28G	358
tretinoin (chemotherapy)	75	TRUEPLUS LANCETS 30G	359
triamcinolone acetonide (mouth)	159,160	TRUEPLUS LANCETS 33G	359
triamcinolone acetonide (topical)	164,165	TRUEPLUS PEN NEEDLES	359
triamterene & hydrochlorothiazide	141	TRUEPLUS SAFETY LANCETS 28G	359
triazolam	397	TRULANCE	177
trientine hcl	174	TRULICITY	109
trifluoperazine hcl	82	TRUMENBA	248
TRIFLURIDINE	379	TRUQAP	72
TRIHEXYPHENIDYL HCL	77	TRUSTEX COLOR CONDOMS + LUBE	359
trihexyphenidyl hcl	77	TRUSTEX LUB/RIBBED/STUDDERED	359
TRIJARDY XR	108,109	TRUSTEX LUB/SPERMICIDE EX ST	359
TRIKAFTA	387	TRUSTEX LUB/SPERMICIDE XL	359
trimethobenzamide hcl	43	TRUSTEX LUBRICATED	359
trimethoprim	18	TRUSTEX LUBRICATED EX LARGE	359
trimipramine maleate	42	TRUSTEX LUBRICATED EXTRA ST	359
TRINATE	170	TRUSTEX LUBRICATED/SPERMICIDE	360
TRINTELLIX	39	TRUSTEX NATURAL CONDOMS + LUBE	360
TRIUMEQ	98	TRUSTEX NON-LUBRICATED	360
TRIUMEQ PD	98	TRUSTEX RIA LUB/SPERMICIDE	360
TRIZIVIR	98	TRUSTEX RIA LUBRICATED	360
TROJAN ENZ	355	TRUSTEX RIA NON-LUBRICATED	360
TROJAN MAGNUM	355	TRUSTEX-NONOXYNOL-9/RIB/STUD	360
TROJAN ULTRA RIBBED LUBRICATED	355	TUKYSA	72

TURALIO	72
TWINRIX	248
TWIST TOP LANCETS 30G	360
TYBLUME	213
TYBOST	99
TYENNE	235
TYMLOS	250
TYRVAYA	378
TYVASO	390
TYVASO REFILL	390
TYVASO STARTER	391

U

UBRELVY	48
UCERIS	249
ULTI-LANCE AUTOMATIC	360
ULTICARE INSULIN SAFETY SYR	360
ULTICARE INSULIN SYR 1/2 UNIT	360
ULTICARE INSULIN SYRINGE	360,361,362
ULTICARE MICRO PEN NEEDLES	362
ULTICARE MINI PEN NEEDLES	362
ULTICARE PEN NEEDLES	362
ULTICARE SHORT PEN NEEDLES	362
ULTICARE SYRINGE	362
ULTICARE TUBERCULIN SAFETY SYR	362
ULTIGUARD SAFEPAK PEN NEEDLE	362,363
ULTIGUARD SAFEPAK SYR/NEEDLE	363
ULILET CLASSIC LANCETS	363
ULILET LANCETS	363
ULILET PEN NEEDLE	363
ULILET SAFETY LANCETS	363
ULILET SAFETY LANCETS 23G	363
ULTRA COMFORT INSULIN SYRINGE	363
ULTRA FLO INSULIN PEN NEEDLES	364
ULTRA FLO INSULIN SYR 1/2 UNIT	364
ULTRA FLO INSULIN SYRINGE	364,365
ULTRA THIN LANCETS 31G	365
ULTRA THIN PEN NEEDLES	365
ULTRA-CARE LANCETS 30G	365
ULTRA-THIN II AUTO LANCET	365
ULTRA-THIN II INS SYR SHORT	365

ULTRA-THIN II INSULIN SYRINGE	365,366
ULTRA-THIN II LANCETS	366
ULTRA-THIN II MINI PEN NEEDLE	366
ULTRA-THIN II PEN NEEDLE SHORT	366
ULTRA-THIN II PEN NEEDLES	366
ULTRACARE INSULIN SYRINGE	366
ULTRACARE PEN NEEDLES	366,367
UMECLIDINIUM-VILANTEROL	395
UNIFINE OTC PEN NEEDLES	367
UNIFINE PENTIPS	367
UNIFINE PENTIPS PLUS	367
UNIFINE PROTECT PEN NEEDLE	367
UNIFINE SAFECONTROL PEN NEEDLE	367,368
UNIFINE ULTRA PEN NEEDLE	368
UNILET COMFORTOUCH LANCET	368
UNILET EXCELITE	368
UNILET EXCELITE II	368
UNILET G.P. LANCET	368
UNILET G.P. SUPERLITE LANCET	368
UNILET GP 28 ULTRA THIN	368
UNILET LANCET	368
UNILET MICRO-THIN 33G	368
UNILET SUPER-THIN 30G	368
UNILET SUPERLITE LANCET	369
UNILET ULTRA-THIN 28G	369
UNISTIK 1	369
UNISTIK 2	369
UNISTIK 2 COMFORT	369
UNISTIK 2 EXTRA	369
UNISTIK 2 NEONATAL	369
UNISTIK 2 NORMAL	369
UNISTIK 2 SUPER	369
UNISTIK 3	369
UNISTIK 3 COMFORT	369
UNISTIK 3 EXTRA	369
UNISTIK 3 GENTLE	369
UNISTIK 3 NEONATAL	369
UNISTIK 3 NORMAL	370
UNISTIK CZT COMFORT	370
UNISTIK CZT NORMAL	370
UNISTIK NORMAL	370

UNISTIK PRO SAFETY LANCET	370
UNISTIK SAFETY LANCETS 28G	370
UNISTIK SAFETY LANCETS 30G	370
UNISTIK TOUCH SAFETY LANC 21G	370
UNISTIK TOUCH SAFETY LANC 23G	370
UNISTIK TOUCH SAFETY LANC 28G	370
UNISTIK TOUCH SAFETY LANC 30G	370
UNIVERSAL 1 LANCETS THIN 26G	370
UNIVERSAL 1 LANCETS THIN 33G	370
UNIVERSAL 1 LANCETS ULTRA THIN	370
UPTRAVI	391
ursodiol	179
USTEKINUMAB	235
UZEDY	90

V

valacyclovir hcl	101
VALCHLOR	166
VALCYTE	94
valganciclovir hcl	94
valproate sodium	27
valproic acid	27
valsartan	129
valsartan-hydrochlorothiazide	141,142
VALTOCO 10 MG DOSE	30
VALTOCO 15 MG DOSE	30
VALTOCO 20 MG DOSE	30
VALTOCO 5 MG DOSE	30
VALUE HEALTH INSULIN SYRINGE	371
VALUE PLUS LANCET STANDARD 21G	371
VALUE PLUS LANCETS SUPER THIN	371
VALUE PLUS LANCETS THIN 26G	371
VALUE PLUS LANCING DEVICE	371
vancomycin hcl	18,19
VANDAZOLE	19
VANFLYTA	72
VANISHPOINT ALLERGY TRAY	371
VANISHPOINT INSULIN SYRINGE	371
VANISHPOINT SAFETY SYRINGE	371,372
VANISHPOINT SYRINGE	372,373
VANISHPOINT TUBERCULIN SYRINGE	373

VAQTA	248
varenicline tartrate	17
VARIVAX	248
VARUBI (180 MG DOSE)	44
VAXELIS	248
VAXNEUVANCE	248
VCF VAGINAL CONTRACEPTIVE	189
VECAMYL	142
VELIVET	213
VELPHORO	174
VELSIPITY	235
VELTASSA	175
VEMLIDY	94
VENCLEXTA	72
VENCLEXTA STARTING PACK	72
venlafaxine hcl	39,40
VENTAVIS	391
VENTOLIN HFA	385
verapamil hcl	137
VEREGEN	166
VERIFINE INSULIN PEN NEEDLE	373
VERIFINE INSULIN SYRINGE	373
VERIFINE PLUS PEN NEEDLE	373
VERIFINE SAFE LANCET MINI 21G	373
VERIFINE SAFE LANCET MINI 23G	374
VERIFINE SAFE LANCET MINI 28G	374
VERIFINE SAFE LANCET MINI 30G	374
VERIFINE UNIVERSAL LANCETS 28G	374
VERIFINE UNIVERSAL LANCETS 30G	374
VERIFINE UNIVERSAL LANCETS 33G	374
VERISAFE SAFE STERILE SYRINGE	374
VERISAFE SAFETY STERILE NEEDLE	374
VERQUVO	142
VERZENIO	72,73
VIBERZI	177
VICTOZA	109
vigabatrin	30,31
VIIBRYD	40
VIIBRYD STARTER PACK	40
VIJOICE	73
vilazodone hcl	40

VINATE II	170
VINATE ONE	170
VIRACEPT	100
VIREAD	98,99
VISTOGARD	374
VITRAKVI	73
VIVAGUARD INO CONTROL SOLUTION	374
VIVAGUARD LANCETS	374
VIVAGUARD LANCETS 30G	374
VIVAGUARD LANCING DEVICE	374
VIVAGUARD SAFETY LANCETS 28G	374
VIVITROL	10
VIZIMPRO	73
VOGELXO	195
VOGELXO PUMP	195
VONJO	75
voriconazole	46
VOSEVI	96
VOTRIENT	73
VOWST	374
VOXZOGO	186
VP INSULIN SYRINGE	375
VRAYLAR	90,91
VUMERITY	158
VYALEV	80
VYNDAMAX	186
VYNDAQEL	186

W

WAINUA	375
WAKIX	399
WALGREENS LANCETS	375
WALGREENS LANCETS MICRO THIN	375
WALGREENS LANCETS SUPER THIN	375
WALGREENS THIN LANCETS	375
WALGREENS ULTRA THIN LANCETS	375
warfarin sodium	115,116
WEGMANS UNIFINE PENTIPS PLUS	375
WEGOVY	399,400
WELIREG	57
WIDE-SEAL DIAPHRAGM 60	375

WIDE-SEAL DIAPHRAGM 65	375
WIDE-SEAL DIAPHRAGM 70	375
WIDE-SEAL DIAPHRAGM 75	375
WIDE-SEAL DIAPHRAGM 80	376
WIDE-SEAL DIAPHRAGM 85	376
WIDE-SEAL DIAPHRAGM 90	376
WIDE-SEAL DIAPHRAGM 95	376

X

XALKORI	73,74
XARELTO	117
XARELTO STARTER PACK	117
XCOPRI	28,34
XCOPRI (250 MG DAILY DOSE)	34
XCOPRI (350 MG DAILY DOSE)	34
XELJANZ	236
XELJANZ XR	236
XENLETA	100
XEPI	168
XERMELO	177
XIFAXAN	19
XIGDUO XR	109
XIIDRA	378
XOFLUZA (40 MG DOSE)	100
XOFLUZA (80 MG DOSE)	100
XOLAIR	236
XOSPATA	74
XPOVIO (100 MG ONCE WEEKLY)	74
XPOVIO (40 MG ONCE WEEKLY)	74
XPOVIO (40 MG TWICE WEEKLY)	74
XPOVIO (60 MG ONCE WEEKLY)	74
XPOVIO (60 MG TWICE WEEKLY)	74
XPOVIO (80 MG ONCE WEEKLY)	74
XPOVIO (80 MG TWICE WEEKLY)	74
XTAMPZA ER	5,6
XTANDI	53
XURIDEN	186
XYREM	399
XYWAV	399

Y

YALE DISP NEEDLES.....	376
YONSA.....	53
YORVIPATH.....	224
YUPELRI.....	384

Z

zafirlukast.....	383
zaleplon.....	397
ZARONTIN.....	28
ZARXIO.....	120
ZEJULA.....	74
ZELBORAF.....	74
ZENPEP.....	186
ZEPBOUND.....	400,401
ZEPOSIA.....	158
ZEPOSIA 7-DAY STARTER PACK.....	158
ZEPOSIA STARTER KIT.....	158
ZEVRX INSULIN SYRINGE.....	376
ZEVRX PEN NEEDLES.....	376
ZEVRX TWIST TOP LANCETS 30G.....	376
zidovudine.....	99
ZIEXTENZO.....	120
ZILBRYSQ.....	50
ziprasidone hcl.....	91
ZIRGAN.....	379
ZOKINVY.....	186
ZOLADEX.....	228
ZOLINZA.....	57
zolmitriptan.....	50
zolpidem tartrate.....	397,398
ZOMACTON.....	194
zonisamide.....	34
ZONTIVITY.....	117
ZORBTIVE.....	194
ZORTRESS.....	242
ZORYVE.....	166
ZTALMY.....	31
ZURZUVAE.....	36,37
ZYDELIG.....	75

ZYKADIA.....	75
ZYLET.....	378
ZYPREXA RELPREVV.....	91,92