

# 2024 Prescription Drug List

TRADITIONAL 5-TIER FOR  
QUALIFIED HEALTH PLANS

**St Luke's**<sup>™</sup>  
+ Health Plan

Last updated July 2024



# Welcome!

St. Luke's Health Plan Inc. Pharmacy Benefit Manager (St. Luke's PBM) administers pharmacy benefits for the St. Luke's Health 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 drug formulary and contains a list of the most commonly prescribed outpatient medications covered by your plan. The PDL is typically updated on a monthly basis. The date of the most recent update can be found in the lower right hand corner of the cover page of the document. We do not routinely notify members or providers with the PDL is updated. However, we will notify you if you are negatively impacted by a formulary change, for example, if a medication you are currently taking is removed from the formulary or is moved to a different Tier. 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 Health Plan.

Please make sure that you are using the PDL on the website to ensure you are using the most up to date version. The inclusion of a drug on this list does not imply coverage under all plans. Coverage of listed products will be subject to limitations of the prescription drug benefit plan design. Members should consult their prescription drug 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, offered at no cost to members without meeting the deductible
1	Preferred Generic Medications, offered at a \$0 copay on many of our plans
2	Non-preferred Generic Medications
3	Preferred Brand Name Medications
4	Non-preferred Brand Name Medications
5	Specialty Medications. These medications are limited to a 30-day supply per fill and 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 Drugs

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. Preventive categories are listed below and are designated as “ACA” on the PDL.

- Bowel Prep Agents
- Folic Acid for women of childbearing age
- Iron Supplements for children between 6-12 months
- Contraceptives
- Oral Fluoride Supplements in certain locations
- Preventive Breast Cancer Medications for women aged 35 years or older with prior breast cancer diagnosis
- Tobacco cessation products
- Certain Vaccines (Flu, Shingles)
- Statins for qualifying patients
- Select antiretrovirals for preventive use

## 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 drug is identical, or bioequivalent, to a brand-name drug. Although generic drugs are chemically identical to their branded counterparts, they are typically sold at substantial discounts from the brand-name drug. The Food and Drug Administration (FDA) works with pharmaceutical companies to ensure drugs (both brand and generic) meet specific requirements for quality, strength, purity, and potency.

## Generic Drug Substitution Requirement

If you purchase a brand-name drug when a generic substitution is required, you must pay the difference between the Allowed Amount for the Generic Drug and the Allowed Amount for the brand-name drug, plus your Copay/ Coinsurance or Deductible. Some Prescription Medications are excluded from this requirement.

## Coverage Requests

If you would like to request a preauthorization 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 our pharmacy lookup tool on your pharmacy member portal. Prescriptions filled at a non-network pharmacy may be covered at a higher cost to you.

If your prescription is filled at an in-network pharmacy, you will pay less.

St. Luke's Health 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 such as cancer, rheumatoid arthritis, and multiple sclerosis, to name a few. Specialty medications are listed as tier 5. Most specialty medications are required to be filled through St. Luke's Specialty Pharmacy. The St. Luke's Specialty Pharmacy offers best in class care and support. To learn more about the preferred specialty pharmacy 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.

Your ID card will communicate with the SLHS PBM database to review for drug interactions, potential allergies, improper doses, and more, all while ensuring you get the best price possible.

## Term and Acronym Dictionary

### Medication Tier:

Tiers are a way for an insurance provider to determine medication costs. The lowest tier (tier 1) will have the least expensive copay. The highest tier (tier 5) will have the most expensive copay.

### AL- Age Limit:

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

### PA - Preauthorization:

Selected high-risk or high-cost medications may require preauthorization to be eligible for coverage under the member's prescription drug benefit. For a member to receive coverage for a medication requiring preauthorization, the member's physician should contact the customer service center at **833-975-1281** to obtain a preauthorization form.

### PREV - High Deductible Health Plan Preventive Drug:

Recognizing that preventive services can lead to improved health by identifying and treating illnesses early, St. Luke's Health Plan does not require High Deductible Health Plan (HDHP) participants meet their deductible prior to covering drugs in some drug 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 prescription for medications listed in the categories below. Refer to the Prescription Drug List for a list of medications in the following categories:

- Asthma and COPD
- Blood Thinners
- Brand Contraceptives
- Cardiovascular
- Cholesterol
- Diabetes (Insulin, Non-Insulin, and Test Strips)
- Osteoporosis



**QL - Quantity Limit:**

Some medications are subject to limits on the amount of medication per prescription in line with recommendations from the manufacturer. If your prescriber deems it Medically Necessary to have a higher quantity limit, a formulary exception request may be submitted.

**ST - Step Therapy:**

Certain medications require you to have already tried an alternative medication preferred by St. Luke's Health Plan. This process is called "step therapy". The alternative medication is generally a more cost-effective therapy that does not compromise clinical quality. If your Provider feels that the alternative medication does not meet your needs, St. Luke's Health Plan may cover the medication without step therapy if St. Luke's Health Plan determines it is Medically Necessary. Medication samples may not be applicable to satisfying the step therapy requirement.



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>ANALGESICS</b>		
<b>NONSTEROIDAL ANTI-INFLAMMATORY DRUGS</b>		
<i>aspirin (aspirin chew tab 81 mg, aspirin tab delayed release 81 mg)</i>	1	ACA Affordable Care Act Medications PREV Preventive
<i>butalbital-aspirin-caffeine</i>	2	QL
<i>celecoxib (celecoxib cap 50 mg, celecoxib cap 100 mg, celecoxib cap 200 mg)</i>	1	
<i>celecoxib cap 400 mg</i>	2	
<i>diclofenac potassium tab 50 mg</i>	2	
<i>diclofenac sodium (diclofenac sodium tab delayed release 50 mg, diclofenac sodium tab delayed release 75 mg)</i>	1	
<i>diclofenac sodium soln 1.5%</i>	2	QL
<i>diclofenac sodium tab delayed release 25 mg</i>	2	
<i>diclofenac w/ misoprostol (diclofenac w/ misoprostol tab delayed release 50-0.2 mg, diclofenac w/ misoprostol tab delayed release 75-0.2 mg)</i>	2	
<i>diflunisal tab 500 mg</i>	2	
<i>etodolac (etodolac cap 200 mg, etodolac cap 300 mg, etodolac tab 400 mg, etodolac tab 500 mg, etodolac tab er 24hr 400 mg, etodolac tab er 24hr 500 mg, etodolac tab er 24hr 600 mg)</i>	2	
<i>fenoprofen calcium tab 600 mg</i>	2	
<b>FLURBIPROFEN 50 MG TAB</b>	4	ST
<i>flurbiprofen tab 100 mg</i>	1	
<i>ibuprofen (ibuprofen tab 400 mg, ibuprofen tab 600 mg, ibuprofen tab 800 mg)</i>	1	
<i>ibuprofen-famotidine tab 800-26.6 mg</i>	2	
<i>indomethacin (indomethacin cap 25 mg, indomethacin cap 50 mg)</i>	1	
<i>indomethacin cap er 75 mg</i>	2	
<b>KETOPROFEN ER</b>	4	ST

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ketorolac tromethamine tab 10 mg</i>	1	QL
MECLOFENAMATE SODIUM (MECLOFENAMATE SODIUM 50 MG CAP, MECLOFENAMATE SODIUM 100 MG CAP)	4	ST
<i>mefenamic acid cap 250 mg</i>	2	
<i>meloxicam (meloxicam tab 7.5 mg, meloxicam tab 15 mg)</i>	1	
<i>nabumetone tab 500 mg</i>	1	
<i>nabumetone tab 750 mg</i>	2	
<i>naproxen (naproxen tab 250 mg, naproxen tab 375 mg, naproxen tab 500 mg)</i>	1	
<i>naproxen sodium (naproxen sodium tab 275 mg, naproxen sodium tab 550 mg)</i>	2	
<i>oxaprozin tab 600 mg</i>	2	
<i>piroxicam cap 10 mg</i>	2	AL
<i>piroxicam cap 20 mg</i>	2	
<i>sulindac (sulindac tab 150 mg, sulindac tab 200 mg)</i>	1	
TOLMETIN SODIUM 400 MG CAP	4	ST
OPIOID ANALGESICS, LONG-ACTING		
BELBUCA	3	QL PA AL
<i>fentanyl (fentanyl td patch 72hr 100 mcg/hr, fentanyl td patch 72hr 12 mcg/hr, fentanyl td patch 72hr 25 mcg/hr, fentanyl td patch 72hr 50 mcg/hr, fentanyl td patch 72hr 75 mcg/hr)</i>	2	QL PA
HYDROCODONE BITARTRATE ER	4	QL PA
<i>hydromorphone hcl (hydromorphone hcl tab er 24hr 12 mg, hydromorphone hcl tab er 24hr 16 mg, hydromorphone hcl tab er 24hr 32 mg, hydromorphone hcl tab er 24hr 8 mg)</i>	2	QL PA
<i>methadone hcl (methadone hcl conc 10 mg/ml, methadone hcl soln 5 mg/5ml, methadone hcl soln 10 mg/5ml, methadone hcl tab for oral susp 40 mg)</i>	2	QL PREV Preventive
<i>methadone hcl (methadone hcl tab 5 mg, methadone hcl tab 10 mg)</i>	1	QL PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>morphine sulfate (morphine sulfate tab er 30 mg, morphine sulfate tab er 60 mg, morphine sulfate tab er 100 mg, morphine sulfate tab er 200 mg)</i>	2	QL PA
MORPHINE SULFATE ER	4	QL PA
<i>morphine sulfate tab er 15 mg</i>	1	QL PA
NUCYNTA ER (NUCYNTA ER 100 MG TAB ER 12H, NUCYNTA ER 150 MG TAB ER 12H, NUCYNTA ER 200 MG TAB ER 12H, NUCYNTA ER 250 MG TAB ER 12H)	4	QL PA
NUCYNTA ER 50 MG TAB ER 12H	4	QL PA AL
OXYMORPHONE HCL ER	4	QL PA AL
TRAMADOL HCL (ER BIPHASIC)	4	QL PA AL
<i>tramadol hcl (tramadol hcl tab er 24hr 100 mg, tramadol hcl tab er 24hr 200 mg, tramadol hcl tab er 24hr 300 mg)</i>	2	QL PA AL
XTAMPZA ER	3	QL PA
<b>OPIOID ANALGESICS, SHORT-ACTING</b>		
<i>acetaminophen w/ codeine (acetaminophen w/ codeine soln 120-12 mg/5ml, acetaminophen w/ codeine tab 300-15 mg, acetaminophen w/ codeine tab 300-30 mg)</i>	1	QL AL
<i>acetaminophen w/ codeine tab 300-60 mg</i>	2	QL AL
ACETAMINOPHEN-CODEINE	1	QL AL

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
APADAZ	4	QL
BENZHYDROCODONE-ACETAMINOPHEN	4	QL
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	2	QL
<i>butalbital-aspirin-caffeine w/cod</i>	2	QL AL
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	2	QL AL
CODEINE SULFATE (CODEINE SULFATE 15 MG TAB, CODEINE SULFATE 60 MG TAB)	4	QL AL
<i>codeine sulfate tab 30 mg</i>	2	QL AL
<i>fentanyl citrate (fentanyl citrate lozenge on a handle 200 mcg, fentanyl citrate lozenge on a handle 400 mcg, fentanyl citrate lozenge on a handle 600 mcg, fentanyl citrate lozenge on a handle 800 mcg, fentanyl citrate lozenge on a handle 1200 mcg, fentanyl citrate lozenge on a handle 1600 mcg)</i>	2	QL PA AL
<i>hydrocodone-acetaminophen (hydrocodone-acetaminophen tab 5-325 mg, hydrocodone-acetaminophen tab 7.5-325 mg)</i>	1	QL
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	2	QL
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1	QL
HYDROCODONE-IBUPROFEN (HYDROCODONE- IBUPROFEN 5-200 MG TAB, HYDROCODONE-IBUPROFEN 10-200 MG TAB)	4	QL AL
<i>hydrocodone-ibuprofen (hydrocodone-ibuprofen tab 7.5-200 mg, hydrocodone-ibuprofen tab 10-200 mg)</i>	2	QL AL
<i>hydromorphone hcl (hydromorphone hcl liqd 1 mg/ml, hydromorphone hcl tab 8 mg)</i>	2	QL AL
<i>hydromorphone hcl (hydromorphone hcl tab 2 mg, hydromorphone hcl tab 4 mg)</i>	1	QL
MORPHINE SULFATE (CONCENTRATE)	2	QL
MORPHINE SULFATE (MORPHINE SULFATE 10 MG/5ML SOLUTION, MORPHINE SULFATE ORAL SOLN 10 MG/5ML)	1	QL

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MORPHINE SULFATE 15 MG TAB	3	QL
MORPHINE SULFATE 20 MG/5ML SOLUTION	4	QL
MORPHINE SULFATE 30 MG TAB	3	QL AL
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	2	QL
<i>morphine sulfate tab 15 mg</i>	2	QL
<i>morphine sulfate tab 30 mg</i>	2	QL AL
NUCYNTA	4	QL
<i>oxycodone hcl (oxycodone hcl conc 100 mg/5ml (20 mg/ml), oxycodone hcl soln 5 mg/5ml)</i>	2	QL
<i>oxycodone hcl (oxycodone hcl tab 15 mg, oxycodone hcl tab 20 mg, oxycodone hcl tab 30 mg)</i>	2	QL AL
<i>oxycodone hcl (oxycodone hcl tab 5 mg, oxycodone hcl tab 10 mg)</i>	1	QL
<i>oxycodone w/ acetaminophen (oxycodone w/ acetaminophen tab 2.5-325 mg, oxycodone w/ acetaminophen tab 7.5-325 mg, oxycodone w/ acetaminophen tab 10-325 mg)</i>	2	QL
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	QL
<i>oxymorphone hcl (oxymorphone hcl tab 5 mg, oxymorphone hcl tab 10 mg)</i>	2	QL AL
<i>tramadol hcl tab 50 mg</i>	1	QL AL
<i>tramadol-acetaminophen</i>	1	QL AL
ANESTHETICS		
LOCAL ANESTHETICS		
<i>lidocaine hcl (mouth-throat)</i>	1	
<i>lidocaine hcl soln 4%</i>	2	QL PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lidocaine patch 5%</i>	2	QL PA
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	2	QL PA
NAYZILAM	4	QL PREV Preventive
SYNERA	4	QL PA
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
ALCOHOL DETERRENTS/ANTI-CRAVING		
<i>acamprosate calcium</i>	2	PREV Preventive
<i>disulfiram (disulfiram 500 mg tab, disulfiram tab 250 mg, disulfiram tab 500 mg)</i>	2	PREV Preventive
OPIOID DEPENDENCE		
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	2	QL PREV Preventive
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	2	QL PREV Preventive
<i>buprenorphine hcl-naloxone hcl dihydrate</i>	2	QL PREV Preventive
LUCEMYRA	4	
OPIOID REVERSAL AGENTS		
KLOXXADO	3	PREV Preventive
<i>naloxone hcl (naloxone hcl inj 0.4 mg/ml, naloxone hcl inj 4 mg/10ml, naloxone hcl nasal spray 4 mg/0.1ml, naloxone hcl soln prefilled syringe 2 mg/2ml)</i>	2	PREV Preventive
NALOXONE HCL 0.4 MG/ML SOLN CART	4	PREV Preventive
<i>naltrexone hcl tab 50 mg</i>	2	PREV Preventive
ZIMHI	4	PREV Preventive



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>SMOKING CESSATION AGENTS</b>		
<i>bupropion hcl (smoking deterrent)</i>	2	ACA Affordable Care Act Medications PREV Preventive
<i>nicotine (nicotine td patch 24hr 14 mg/24hr, nicotine td patch 24hr 21 mg/24hr, nicotine td patch 24hr 7 mg/24hr)</i>	2	ACA Affordable Care Act Medications PREV Preventive
NICOTINE 21-14-7 MG/24HR KIT	3	ACA Affordable Care Act Medications PREV Preventive
<i>nicotine polacrilex (nicotine polacrilex gum 2 mg, nicotine polacrilex gum 4 mg, nicotine polacrilex lozenge 2 mg, nicotine polacrilex lozenge 4 mg)</i>	2	ACA Affordable Care Act Medications PREV Preventive
NICOTROL	3	ACA Affordable Care Act Medications PREV Preventive
NICOTROL NS	3	ACA Affordable Care Act Medications PREV Preventive
<i>varenicline tartrate (varenicline tartrate tab 0.5 mg (base equiv), varenicline tartrate tab 1 mg (base equiv), varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack)</i>	2	ACA Affordable Care Act Medications PREV Preventive
<b>ANTIBACTERIALS</b>		
<b>AMINOGLYCOSIDES</b>		
ARIKAYCE	5	QL PA
<i>gentamicin sulfate (topical)</i>	2	
HUMATIN	3	
<i>neomycin sulfate tab 500 mg</i>	1	
<i>paromomycin sulfate cap 250 mg</i>	2	
<b>ANTIBACTERIALS, OTHER</b>		
<i>acetic acid (otic)</i>	2	
ALTABAX	4	
<i>clindamycin hcl (clindamycin hcl cap 75 mg, clindamycin hcl cap 150 mg, clindamycin hcl cap 300 mg)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>clindamycin palmitate hydrochloride</i>	2	
<i>clindamycin phosphate swab 1%</i>	2	
<i>clindamycin phosphate vaginal</i>	2	
CLINDESSE	4	
<i>fosfomycin tromethamine</i>	2	
<i>linezolid (linezolid for susp 100 mg/5ml, linezolid tab 600 mg)</i>	2	
<i>methenamine hippurate</i>	2	
<i>metronidazole (metronidazole tab 250 mg, metronidazole tab 500 mg)</i>	1	
<i>metronidazole (topical) (metronidazole cream 0.75%, metronidazole gel 0.75%, metronidazole gel 1%)</i>	2	
<i>metronidazole cap 375 mg</i>	2	
<i>metronidazole vaginal</i>	2	
<i>nitrofurantoin macrocrystal</i>	2	
<i>nitrofurantoin monohyd macro</i>	1	
<i>nitrofurantoin susp 25 mg/5ml</i>	2	
NUVESSA	4	
SIVEXTRO 200 MG TAB	4	
<i>tinidazole (tinidazole tab 250 mg, tinidazole tab 500 mg)</i>	2	
<i>trimethoprim tab 100 mg</i>	1	
<i>vancomycin hcl (vancomycin hcl cap 125 mg (base equivalent), vancomycin hcl cap 250 mg (base equivalent), vancomycin hcl for oral soln 25 mg/ml (base equivalent))</i>	2	
<i>vancomycin hcl for oral soln 50 mg/ml (base equivalent)</i>	2	
VANDAZOLE	4	
XIFAXAN 200 MG TAB	4	
XIFAXAN 550 MG TAB	3	
BETA-LACTAM, CEPHALOSPORINS		
CEFACLOR (CEFACLOR 250 MG CAP, CEFACLOR 500 MG CAP)	4	
<i>cefadroxil (cefadroxil for susp 250 mg/5ml, cefadroxil for susp 500 mg/5ml)</i>	2	
CEFADROXIL 1 GM TAB	4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>cefadroxil cap 500 mg</i>	1	
<i>cefdinir (cefdinir for susp 125 mg/5ml, cefdinir for susp 250 mg/5ml)</i>	2	
<i>cefdinir cap 300 mg</i>	1	
<i>cefixime (cefixime for susp 100 mg/5ml, cefixime for susp 200 mg/5ml)</i>	2	
<i>cefpodoxime proxetil (cefpodoxime proxetil for susp 50 mg/5ml, cefpodoxime proxetil for susp 100 mg/5ml, cefpodoxime proxetil tab 100 mg, cefpodoxime proxetil tab 200 mg)</i>	2	
<i>cefprozil (cefprozil for susp 125 mg/5ml, cefprozil for susp 250 mg/5ml, cefprozil tab 250 mg, cefprozil tab 500 mg)</i>	2	
<i>cefuroxime axetil tab 250 mg</i>	1	
<i>cefuroxime axetil tab 500 mg</i>	2	
<i>cephalexin (cephalexin cap 250 mg, cephalexin cap 500 mg, cephalexin for susp 125 mg/5ml)</i>	1	
<i>cephalexin (cephalexin cap 750 mg, cephalexin for susp 250 mg/5ml)</i>	2	
<b>BETA-LACTAM, PENICILLINS</b>		
<i>amoxicillin &amp; pot clavulanate (amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml, amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml, amoxicillin &amp; k clavulanate tab 500-125 mg, amoxicillin &amp; k clavulanate tab 875-125 mg)</i>	1	
<i>amoxicillin &amp; pot clavulanate (amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml, amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml, amoxicillin &amp; k clavulanate tab 250-125 mg)</i>	2	
<i>amoxicillin (amoxicillin (trihydrate) cap 250 mg, amoxicillin (trihydrate) cap 500 mg, amoxicillin (trihydrate) for susp 125 mg/5ml, amoxicillin (trihydrate) for susp 200 mg/5ml, amoxicillin (trihydrate) for susp 250 mg/5ml, amoxicillin (trihydrate) for susp 400 mg/5ml, amoxicillin (trihydrate) tab 500 mg, amoxicillin (trihydrate) tab 875 mg)</i>	1	
AMOXICILLIN (AMOXICILLIN 125 MG CHEW TAB, AMOXICILLIN 250 MG CHEW TAB)	4	
AMOXICILLIN-POT CLAVULANATE	4	
AMOXICILLIN-POT CLAVULANATE ER	4	
<i>ampicillin</i>	2	
AUGMENTIN 125-31.25 MG/5ML RECON SUSP	4	
<i>dicloxacillin sodium</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PENICILLIN V POTASSIUM (PENICILLIN V POTASSIUM 125 MG/5ML RECON SOLN, PENICILLIN V POTASSIUM 250 MG/5ML RECON SOLN)	4	
<i>penicillin v potassium (penicillin v potassium tab 250 mg, penicillin v potassium tab 500 mg)</i>	1	
<b>MACROLIDES</b>		
<i>azithromycin (azithromycin for susp 100 mg/5ml, azithromycin tab 600 mg)</i>	2	
<i>azithromycin (azithromycin for susp 200 mg/5ml, azithromycin tab 250 mg, azithromycin tab 500 mg)</i>	1	
AZITHROMYCIN 1 GM PACKET	4	
CLARITHROMYCIN (CLARITHROMYCIN 125 MG/5ML RECON SUSP, CLARITHROMYCIN 250 MG/5ML RECON SUSP)	4	
<i>clarithromycin (clarithromycin tab 250 mg, clarithromycin tab 500 mg, clarithromycin tab er 24hr 500 mg)</i>	2	
DIFICID (DIFICID 40 MG/ML RECON SUSP, DIFICID 200 MG TAB)	3	
E.E.S. 400	4	
ERYTHROCIN STEARATE	3	
<i>erythromycin base (erythromycin tab 250 mg, erythromycin tab 500 mg, erythromycin tab delayed release 250 mg, erythromycin tab delayed release 333 mg, erythromycin tab delayed release 500 mg)</i>	2	
ERYTHROMYCIN BASE 250 MG CP DR PART	4	
<i>erythromycin ethylsuccinate</i>	2	
ERYTHROMYCIN ETHYLSUCCINATE 400 MG TAB	4	
ZITHROMAX 1 GM PACKET	4	
<b>QUINOLONES</b>		
BAXDELA 450 MG TAB	4	
BESIVANCE	3	
CIPRO (CIPRO 250 MG/5ML (5%) RECON SUSP, CIPRO 500 MG/5ML (10%) RECON SUSP)	4	
<i>ciprofloxacin (ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml), ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml))</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ciprofloxacin hcl (ciprofloxacin hcl tab 250 mg (base equiv), ciprofloxacin hcl tab 500 mg (base equiv), ciprofloxacin hcl tab 750 mg (base equiv))</i>	1	
<i>ciprofloxacin hcl (ophth)</i>	1	
CIPROFLOXACIN HCL 100 MG TAB	4	
<i>levofloxacin (levofloxacin tab 250 mg, levofloxacin tab 500 mg, levofloxacin tab 750 mg)</i>	1	
<i>levofloxacin oral soln 25 mg/ml</i>	2	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	2	
OFLOXACIN 300 MG TAB	4	
<i>ofloxacin tab 400 mg</i>	2	
<b>SULFONAMIDES</b>		
<i>sulfacetamide sodium (acne)</i>	2	
SULFADIAZINE 500 MG TAB	4	
<i>sulfamethoxazole-trimethoprim (sulfamethoxazole-trimethoprim tab 400-80 mg, sulfamethoxazole-trimethoprim tab 800-160 mg)</i>	1	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	2	
<b>TETRACYCLINES</b>		
<i>demeclocycline hcl</i>	2	
<i>doxycycline (monohydrate) (doxycycline monohydrate cap 50 mg, doxycycline monohydrate cap 100 mg, doxycycline monohydrate tab 50 mg, doxycycline monohydrate tab 100 mg)</i>	1	
<i>doxycycline (monohydrate) (doxycycline monohydrate for susp 25 mg/5ml, doxycycline monohydrate tab 75 mg, doxycycline monohydrate tab 150 mg)</i>	2	
<i>doxycycline hyclate (doxycycline hyclate cap 100 mg, doxycycline hyclate tab 20 mg, doxycycline hyclate tab 100 mg)</i>	1	
<i>doxycycline hyclate cap 50 mg</i>	2	PREV Preventive
<i>minocycline hcl (minocycline hcl cap 75 mg, minocycline hcl cap 100 mg)</i>	2	
<i>minocycline hcl cap 50 mg</i>	1	
NUZYRA 150 MG TAB	4	
<i>tetracycline hcl (tetracycline hcl cap 250 mg, tetracycline hcl cap 500 mg)</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTICONVULSANTS		
ANTICONVULSANTS, OTHER		
BRIVIACT (BRIVIACT 10 MG TAB, BRIVIACT 10 MG/ML SOLUTION, BRIVIACT 25 MG TAB, BRIVIACT 50 MG TAB, BRIVIACT 75 MG TAB, BRIVIACT 100 MG TAB)	4	PREV Preventive
DIACOMIT	5	
<i>divalproex sodium (divalproex sodium cap delayed release sprinkle 125 mg, divalproex sodium tab er 24 hr 250 mg, divalproex sodium tab er 24 hr 500 mg)</i>	2	PREV Preventive
<i>divalproex sodium (divalproex sodium tab delayed release 125 mg, divalproex sodium tab delayed release 250 mg, divalproex sodium tab delayed release 500 mg)</i>	1	PREV Preventive
EPIDIOLEX	5	PA
<i>felbamate (felbamate susp 600 mg/5ml, felbamate tab 400 mg, felbamate tab 600 mg)</i>	2	PREV Preventive
FINTEPLA	5	QL PA
FYCOMPA (FYCOMPA 0.5 MG/ML SUSPENSION, FYCOMPA 2 MG TAB, FYCOMPA 4 MG TAB, FYCOMPA 6 MG TAB, FYCOMPA 8 MG TAB, FYCOMPA 10 MG TAB, FYCOMPA 12 MG TAB)	4	PREV Preventive
LAMICTAL XR (LAMICTAL XR 21 X 25 MG & 7 X 50 MG KIT, LAMICTAL XR 25 & 50 & 100 MG KIT, LAMICTAL XR 50 & 100 & 200 MG KIT)	4	PREV Preventive
<i>lamotrigine (lamotrigine tab 25 mg (42) &amp; 100 mg (7) starter kit, lamotrigine tab 35 x 25 mg starter kit, lamotrigine tab 84 x 25 mg &amp; 14 x 100 mg starter kit, lamotrigine tab chewable dispersible 5 mg, lamotrigine tab chewable dispersible 25 mg, lamotrigine tab er 24hr 100 mg, lamotrigine tab er 24hr 200 mg, lamotrigine tab er 24hr 25 mg, lamotrigine tab er 24hr 250 mg, lamotrigine tab er 24hr 300 mg, lamotrigine tab er 24hr 50 mg)</i>	2	PREV Preventive
<i>lamotrigine (lamotrigine tab 25 mg, lamotrigine tab 100 mg, lamotrigine tab 150 mg, lamotrigine tab 200 mg)</i>	1	PREV Preventive
<i>levetiracetam (levetiracetam oral soln 100 mg/ml, levetiracetam tab 750 mg, levetiracetam tab 1000 mg, levetiracetam tab er 24hr 500 mg, levetiracetam tab er 24hr 750 mg)</i>	2	PREV Preventive
<i>levetiracetam (levetiracetam tab 250 mg, levetiracetam tab 500 mg)</i>	1	PREV Preventive
SPRITAM (SPRITAM 250 MG TAB, SPRITAM 500 MG TAB, SPRITAM 750 MG TAB)	4	AL PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SPRITAM 1000 MG TAB	4	PREV Preventive
<i>topiramate (topiramate cap er 24hr 100 mg, topiramate cap er 24hr 200 mg, topiramate cap er 24hr 25 mg, topiramate cap er 24hr 50 mg, topiramate cap er 24hr sprinkle 100 mg, topiramate cap er 24hr sprinkle 150 mg, topiramate cap er 24hr sprinkle 200 mg, topiramate cap er 24hr sprinkle 25 mg, topiramate cap er 24hr sprinkle 50 mg)</i>	2	QL PA PREV Preventive
<i>topiramate (topiramate sprinkle cap 15 mg, topiramate sprinkle cap 25 mg)</i>	2	PREV Preventive
<i>topiramate (topiramate tab 25 mg, topiramate tab 50 mg, topiramate tab 100 mg, topiramate tab 200 mg)</i>	1	PREV Preventive
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	2	PREV Preventive
<i>valproic acid cap 250 mg</i>	2	PREV Preventive
XCOPRI	4	PREV Preventive
XCOPRI (250 MG DAILY DOSE)	4	PREV Preventive
XCOPRI (350 MG DAILY DOSE)	4	PREV Preventive
ZTALMY	5	
CALCIUM CHANNEL MODIFYING AGENTS		
CELONTIN	4	PREV Preventive
<i>ethosuximide (ethosuximide cap 250 mg, ethosuximide soln 250 mg/5ml)</i>	2	PREV Preventive
<i>methsuximide</i>	2	PREV Preventive
ZARONTIN (ZARONTIN 250 MG CAP, ZARONTIN 250 MG/5ML SOLUTION)	4	PREV Preventive
GAMMA-AMINOBTYRIC ACID (GABA) AUGMENTING AGENTS		
<i>clobazam (clobazam suspension 2.5 mg/ml, clobazam tab 10 mg, clobazam tab 20 mg)</i>	2	PREV Preventive
DIASTAT ACUDIAL	3	PREV Preventive
DIASTAT PEDIATRIC	3	PREV Preventive
<i>diazepam (anticonvulsant)</i>	2	PREV Preventive
DIAZEPAM 2.5 MG GEL	4	PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>gabapentin (gabapentin cap 100 mg, gabapentin cap 300 mg, gabapentin cap 400 mg, gabapentin tab 600 mg, gabapentin tab 800 mg)</i>	1	PREV Preventive
<i>gabapentin oral soln 250 mg/5ml</i>	2	PREV Preventive
MYSOLINE	4	PREV Preventive
<i>phenobarbital (phenobarbital elixir 20 mg/5ml, phenobarbital tab 16.2 mg, phenobarbital tab 32.4 mg, phenobarbital tab 64.8 mg, phenobarbital tab 97.2 mg)</i>	2	
<i>phenobarbital (phenobarbital tab 15 mg, phenobarbital tab 30 mg, phenobarbital tab 60 mg, phenobarbital tab 100 mg)</i>	1	
PRIMIDONE 125 MG TAB	4	PREV Preventive
<i>primidone tab 250 mg</i>	2	PREV Preventive
<i>primidone tab 50 mg</i>	1	PREV Preventive
<i>tiagabine hcl (tiagabine hcl tab 2 mg, tiagabine hcl tab 4 mg, tiagabine hcl tab 12 mg, tiagabine hcl tab 16 mg)</i>	2	PREV Preventive
VALTOCO 10 MG DOSE	4	QL PREV Preventive
VALTOCO 15 MG DOSE	4	QL PREV Preventive
VALTOCO 20 MG DOSE	4	QL PREV Preventive
VALTOCO 5 MG DOSE	4	QL PREV Preventive
<i>vigabatrin</i>	5	
SODIUM CHANNEL AGENTS		
APTIOM	3	PREV Preventive



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>carbamazepine (carbamazepine cap er 12hr 100 mg, carbamazepine cap er 12hr 200 mg, carbamazepine cap er 12hr 300 mg, carbamazepine chew tab 100 mg, carbamazepine susp 100 mg/5ml, carbamazepine tab 200 mg, carbamazepine tab er 12hr 100 mg, carbamazepine tab er 12hr 200 mg, carbamazepine tab er 12hr 400 mg)</i>	2	PREV Preventive
CARBATROL	4	PREV Preventive
DILANTIN (DILANTIN 30 MG CAP, DILANTIN 100 MG CAP, DILANTIN 125 MG/5ML SUSPENSION)	4	PREV Preventive
DILANTIN INFATABS	4	PREV Preventive
DILANTIN-125	4	PREV Preventive
<i>lacosamide (lacosamide oral solution 10 mg/ml, lacosamide tab 50 mg, lacosamide tab 100 mg, lacosamide tab 150 mg, lacosamide tab 200 mg)</i>	2	PREV Preventive
<i>oxcarbazepine (oxcarbazepine tab 300 mg, oxcarbazepine tab 600 mg)</i>	2	PREV Preventive
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	2	PREV Preventive
<i>oxcarbazepine tab 150 mg</i>	1	PREV Preventive
<i>phenytoin (phenytoin chew tab 50 mg, phenytoin susp 125 mg/5ml)</i>	2	PREV Preventive
<i>phenytoin sodium extended (phenytoin sodium extended cap 100 mg, phenytoin sodium extended cap 200 mg, phenytoin sodium extended cap 300 mg)</i>	2	PREV Preventive
<i>rufinamide (rufinamide susp 40 mg/ml, rufinamide tab 200 mg, rufinamide tab 400 mg)</i>	2	PREV Preventive
TEGRETOL (TEGRETOL 100 MG/5ML SUSPENSION, TEGRETOL 200 MG TAB)	4	PREV Preventive
TEGRETOL-XR	4	PREV Preventive
<i>zonisamide (zonisamide cap 25 mg, zonisamide cap 50 mg)</i>	1	PREV Preventive
<i>zonisamide cap 100 mg</i>	2	PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>ANTIDEPRESSANTS</b>		
<b>ANTIDEPRESSANTS, OTHER</b>		
<i>bupropion hcl (bupropion hcl tab 75 mg, bupropion hcl tab 100 mg, bupropion hcl tab er 12hr 100 mg, bupropion hcl tab er 12hr 150 mg, bupropion hcl tab er 12hr 200 mg, bupropion hcl tab er 24hr 150 mg, bupropion hcl tab er 24hr 300 mg)</i>	1	QL PREV Preventive
<b>CHLORDIAZEPOXIDE-AMITRIPTYLINE</b>	4	
<i>mirtazapine (mirtazapine orally disintegrating tab 15 mg, mirtazapine orally disintegrating tab 30 mg, mirtazapine orally disintegrating tab 45 mg, mirtazapine tab 7.5 mg)</i>	2	QL PREV Preventive
<i>mirtazapine (mirtazapine tab 15 mg, mirtazapine tab 30 mg, mirtazapine tab 45 mg)</i>	1	QL PREV Preventive
<b>PERPHENAZINE-AMITRIPTYLINE</b>	4	
<b>ZURZUVAE</b>	5	QL
<b>MONOAMINE OXIDASE INHIBITORS</b>		
<b>EMSAM</b>	4	PREV Preventive
<b>MARPLAN</b>	4	PREV Preventive
<b>PHENELZINE SULFATE 15 MG TAB</b>	4	PREV Preventive
<i>phenelzine sulfate tab 15 mg</i>	2	PREV Preventive
<i>tranylcypromine sulfate</i>	2	PREV Preventive
<b>SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)</b>		
<i>citalopram hydrobromide (citalopram hydrobromide tab 10 mg (base equiv), citalopram hydrobromide tab 20 mg (base equiv), citalopram hydrobromide tab 40 mg (base equiv))</i>	1	QL PREV Preventive
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	2	QL PREV Preventive
<i>desvenlafaxine succinate</i>	2	QL PREV Preventive
<i>escitalopram oxalate (escitalopram oxalate tab 5 mg (base equiv), escitalopram oxalate tab 10 mg (base equiv), escitalopram oxalate tab 20 mg (base equiv))</i>	1	QL PREV Preventive
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	2	QL PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FETZIMA	4	<p>QL</p> <p>ST</p> <p>PREV Preventive</p>
FETZIMA TITRATION	4	<p>ST</p> <p>QL</p> <p>PREV Preventive</p>
<i>fluoxetine hcl (fluoxetine hcl cap 10 mg, fluoxetine hcl cap 20 mg, fluoxetine hcl cap 40 mg)</i>	1	<p>QL</p> <p>PREV Preventive</p>
FLUOXETINE HCL 90 MG CAP DR	4	<p>QL</p> <p>ST</p> <p>PREV Preventive</p>
<i>fluoxetine hcl solution 20 mg/5ml</i>	2	<p>QL</p> <p>PREV Preventive</p>
<i>fluvoxamine maleate (fluvoxamine maleate tab 25 mg, fluvoxamine maleate tab 50 mg, fluvoxamine maleate tab 100 mg)</i>	2	<p>QL</p> <p>PREV Preventive</p>
NEFAZODONE HCL	4	<p>PREV Preventive</p>
<i>paroxetine hcl (paroxetine hcl tab 10 mg, paroxetine hcl tab 20 mg, paroxetine hcl tab 30 mg, paroxetine hcl tab 40 mg)</i>	1	<p>QL</p> <p>PREV Preventive</p>
<i>sertraline hcl (sertraline hcl tab 25 mg, sertraline hcl tab 50 mg, sertraline hcl tab 100 mg)</i>	1	<p>QL</p> <p>PREV Preventive</p>
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	2	<p>QL</p> <p>PREV Preventive</p>
<i>trazodone hcl (trazodone hcl tab 50 mg, trazodone hcl tab 100 mg, trazodone hcl tab 150 mg)</i>	1	<p>PREV Preventive</p>
TRINTELLIX	4	<p>QL</p> <p>ST</p> <p>PREV Preventive</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>venlafaxine hcl (venlafaxine hcl cap er 24hr 150 mg (base equivalent), venlafaxine hcl cap er 24hr 37.5 mg (base equivalent), venlafaxine hcl cap er 24hr 75 mg (base equivalent), venlafaxine hcl tab 25 mg (base equivalent), venlafaxine hcl tab 37.5 mg (base equivalent), venlafaxine hcl tab 50 mg (base equivalent), venlafaxine hcl tab 75 mg (base equivalent), venlafaxine hcl tab 100 mg (base equivalent))</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PREV</div> <span>Preventive</span> </div>
VIIBRYD STARTER PACK	4	<div style="display: flex; align-items: center;"> <div style="background-color: #2980b9; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">ST</div> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PREV</div> <span>Preventive</span> </div>
<i>vilazodone hcl</i>	2	<div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PREV</div> <span>Preventive</span> </div>
<b>TRICYCLICS</b>		
<i>amitriptyline hcl (amitriptyline hcl tab 10 mg, amitriptyline hcl tab 25 mg, amitriptyline hcl tab 50 mg, amitriptyline hcl tab 75 mg)</i>	1	<div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PREV</div> <span>Preventive</span>
<i>amitriptyline hcl (amitriptyline hcl tab 100 mg, amitriptyline hcl tab 150 mg)</i>	2	<div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PREV</div> <span>Preventive</span>
<i>amoxapine</i>	2	<div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PREV</div> <span>Preventive</span>
<i>clomipramine hcl (clomipramine hcl cap 25 mg, clomipramine hcl cap 50 mg, clomipramine hcl cap 75 mg)</i>	2	<div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PREV</div> <span>Preventive</span>
<i>desipramine hcl (desipramine hcl tab 10 mg, desipramine hcl tab 25 mg, desipramine hcl tab 50 mg, desipramine hcl tab 75 mg, desipramine hcl tab 100 mg, desipramine hcl tab 150 mg)</i>	2	<div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PREV</div> <span>Preventive</span>
<i>doxepin hcl (doxepin hcl cap 10 mg, doxepin hcl cap 25 mg, doxepin hcl conc 10 mg/ml)</i>	1	<div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PREV</div> <span>Preventive</span>
<i>doxepin hcl (doxepin hcl cap 50 mg, doxepin hcl cap 75 mg, doxepin hcl cap 100 mg, doxepin hcl cap 150 mg)</i>	2	<div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PREV</div> <span>Preventive</span>
<i>imipramine hcl (imipramine hcl tab 10 mg, imipramine hcl tab 25 mg, imipramine hcl tab 50 mg)</i>	1	<div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PREV</div> <span>Preventive</span>
<i>nortriptyline hcl (nortriptyline hcl cap 10 mg, nortriptyline hcl cap 25 mg, nortriptyline hcl cap 50 mg, nortriptyline hcl cap 75 mg)</i>	1	<div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PREV</div> <span>Preventive</span>
<i>nortriptyline hcl soln 10 mg/5ml</i>	2	<div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PREV</div> <span>Preventive</span>
<i>protriptyline hcl</i>	2	<div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PREV</div> <span>Preventive</span>
<i>trimipramine maleate (trimipramine maleate cap 25 mg, trimipramine maleate cap 50 mg, trimipramine maleate cap 100 mg)</i>	2	<div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PREV</div> <span>Preventive</span>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIEMETICS		
ANTIEMETICS, OTHER		
<i>meclizine hcl tab 25 mg</i>	1	
METOCLOPRAMIDE HCL (METOCLOPRAMIDE HCL 5 MG TAB DISP, METOCLOPRAMIDE HCL 10 MG TAB DISP)	4	
<i>metoclopramide hcl (metoclopramide hcl tab 5 mg (base equivalent), metoclopramide hcl tab 10 mg (base equivalent))</i>	1	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	2	
<i>perphenazine (perphenazine tab 2 mg, perphenazine tab 4 mg, perphenazine tab 8 mg, perphenazine tab 16 mg)</i>	2	AL PREV Preventive
<i>prochlorperazine</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 (promethazine hcl suppos 12.5 mg, promethazine hcl suppos 25 mg)</i>	2	AL
<i>promethazine hcl (promethazine hcl tab 12.5 mg, promethazine hcl tab 25 mg, promethazine hcl tab 50 mg)</i>	1	AL
PROMETHEGAN	4	AL
<i>scopolamine</i>	2	
<i>trimethobenzamide hcl cap 300 mg</i>	2	
EMETOGENIC THERAPY ADJUNCTS		
ANZEMET	4	QL
<i>aprepitant</i>	2	QL
<i>dronabinol</i>	2	
EMEND 125 MG/5ML RECON SUSP	3	QL
<i>granisetron hcl tab 1 mg</i>	2	QL
<i>ondansetron</i>	1	QL
<i>ondansetron hcl (ondansetron hcl oral soln 4 mg/5ml, ondansetron hcl tab 4 mg, ondansetron hcl tab 8 mg)</i>	1	QL
ONDANSETRON HCL 24 MG TAB	4	QL
VARUBI (180 MG DOSE)	3	QL

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>ANTIFUNGALS</b>		
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	2	
<i>clotrimazole troche 10 mg</i>	2	
CRESEMBA (CRESEMBA 74.5 MG CAP, CRESEMBA 186 MG CAP)	4	PA
<i>econazole nitrate cream 1%</i>	2	
ERTACZO	4	
EXELDERM 1 % CREAM	4	
EXELDERM 1 % SOLUTION	4	
<i>fluconazole (fluconazole for susp 10 mg/ml, fluconazole for susp 40 mg/ml)</i>	2	
<i>fluconazole (fluconazole tab 50 mg, fluconazole tab 100 mg, fluconazole tab 150 mg, fluconazole tab 200 mg)</i>	1	
<i>flucytosine (flucytosine cap 250 mg, flucytosine cap 500 mg)</i>	2	
<i>griseofulvin microsize (griseofulvin microsize susp 125 mg/5ml, griseofulvin microsize tab 500 mg)</i>	2	
<i>griseofulvin ultramicrosize</i>	2	
GYNAZOLE-1	4	
<i>itraconazole cap 100 mg</i>	2	QL
<i>itraconazole oral soln 10 mg/ml</i>	2	QL PA
<i>ketoconazole cream 2%</i>	2	
<i>ketoconazole shampoo 2%</i>	1	
<i>ketoconazole tab 200 mg</i>	2	
LULICONAZOLE	4	
MENTAX	4	
MICONAZOLE 3	4	
NAFTIFINE HCL 1 % CREAM	4	
NOXAFIL 300 MG PACKET	3	PA AL
<i>nystatin (mouth-throat)</i>	1	
<i>nystatin (topical) (nystatin cream 100000 unit/gm, nystatin oint 100000 unit/gm)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nystatin tab 500000 unit</i>	2	
<i>nystatin topical powder 100000 unit/gm</i>	2	
ORAVIG	4	
<i>oxiconazole nitrate</i>	2	
<i>posaconazole (posaconazole susp 40 mg/ml, posaconazole tab delayed release 100 mg)</i>	2	PA
SULCONAZOLE NITRATE 1 % CREAM	4	
SULCONAZOLE NITRATE 1 % SOLUTION	4	
<i>terbinafine hcl tab 250 mg</i>	1	QL
<i>terconazole vaginal (terconazole vaginal cream 0.4%, terconazole vaginal cream 0.8%, terconazole vaginal suppos 80 mg)</i>	2	
<i>voriconazole (voriconazole for susp 40 mg/ml, voriconazole tab 50 mg, voriconazole tab 200 mg)</i>	2	PA
<b>ANTIGOUT AGENTS</b>		
<i>allopurinol (allopurinol tab 100 mg, allopurinol tab 300 mg)</i>	1	
<i>colchicine tab 0.6 mg</i>	2	
<i>colchicine w/ probenecid</i>	2	
<i>febuxostat</i>	2	
<i>probenecid</i>	2	
<b>ANTIMYCOBACTERIALS</b>		
<b>ANTIMYCOBACTERIALS, OTHER</b>		
<i>dapsone (dapsone tab 25 mg, dapsone tab 100 mg)</i>	2	
<i>rifabutin</i>	2	
<b>ANTITUBERCULARS</b>		
<i>cycloserine cap 250 mg</i>	2	
<i>ethambutol hcl (ethambutol hcl tab 100 mg, ethambutol hcl tab 400 mg)</i>	2	
ISONIAZID 100 MG TAB	4	
<i>isoniazid syrup 50 mg/5ml</i>	2	
<i>isoniazid tab 300 mg</i>	1	
PASER	4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PRETOMANID	4	AL
PRIFTIN	3	
<i>pyrazinamide tab 500 mg</i>	2	
<i>rifampin (rifampin cap 150 mg, rifampin cap 300 mg)</i>	2	
SIRTURO	5	
TRECTOR	4	
ANTINEOPLASTICS		
ALKYLATING AGENTS		
<i>cyclophosphamide (cyclophosphamide 25 mg tab, cyclophosphamide 50 mg tab, cyclophosphamide cap 25 mg, cyclophosphamide cap 50 mg)</i>	5	
GLEOSTINE	5	
LEUKERAN	5	
MATULANE	5	PA
MELPHALAN	5	
MYLERAN	5	
<i>temozolomide</i>	5	PA
VALCHLOR	5	
ANTIANDROGENS		
<i>abiraterone acetate</i>	5	QL PA
<i>bicalutamide</i>	5	
ERLEADA	5	QL PA
FLUTAMIDE	5	
<i>nilutamide</i>	5	
NUBEQA	5	QL PA
ORSERDU	5	QL PA



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XTANDI	5	QL PA
YONSA	5	QL PA
ANTIANGIOGENIC AGENTS		
<i>lenalidomide</i>	5	QL PA
POMALYST	5	QL PA
REVLIMID	5	QL PA
THALOMID	5	QL PA
ANTIESTROGENS/MODIFIERS		
EMCYT	5	
SOLTAMOX 10 MG/5ML SOLUTION	4	ACA Affordable Care Act Medications PREV Preventive
<i>tamoxifen citrate 10 mg tab</i>	1	ACA Affordable Care Act Medications PREV Preventive
<i>tamoxifen citrate 20 mg tab</i>	1	ACA Affordable Care Act Medications PREV Preventive
<i>toremifene citrate</i>	5	
ANTIMETABOLITES		
<i>capecitabine</i>	5	PA
DROXIA	5	
<i>hydroxyurea cap 500 mg</i>	5	
INQOVI	5	PA QL

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>mercaptopurine tab 50 mg</i>	5	
PURIXAN	5	
SIKLOS	5	
TABLOID	5	
ANTINEOPLASTICS, OTHER		
AKEEGA	5	QL PA
AUGTYRO	5	QL PA
AYVAKIT	5	QL PA
BESREMI	5	QL PA
BRUKINSA	5	QL PA
FOTIVDA	5	QL PA
IDHIFA	5	QL PA AL
INREBIC	5	QL PA
KISQALI FEMARA (400 MG DOSE)	5	QL PA AL
KISQALI FEMARA (600 MG DOSE)	5	QL PA AL
KISQALI FEMARA(200 MG DOSE)	5	QL PA AL

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KOSELUGO	5	QL PA
KRAZATI	5	QL PA
<i>leucovorin calcium (leucovorin calcium tab 5 mg, leucovorin calcium tab 15 mg, leucovorin calcium tab 25 mg)</i>	2	
LONSURF	5	QL PA
LUMAKRAS	5	QL PA
LYSODREN	5	PA
MESNEX 400 MG TAB	3	
NINLARO	5	QL PA AL
OGSIVEO 50 MG TAB	5	QL PA
ONUREG	5	QL PA
QINLOCK	5	QL PA
RETEVMO	5	QL PA
ROZLYTREK	5	QL PA
SYNRIBO	5	
TABRECTA	5	QL PA
TAZVERIK	5	QL PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VANFLYTA 17.7 MG TAB	5	PA QL
VANFLYTA 26.5 MG TAB	5	QL PA
VIJOICE (VIJOICE 50 MG TAB THPK, VIJOICE 125 MG TAB THPK, VIJOICE 200 & 50 MG TAB THPK)	5	QL PA
VONJO	5	QL PA
WELIREG	5	QL PA
XPOVIO (100 MG ONCE WEEKLY)	5	QL PA
XPOVIO (40 MG ONCE WEEKLY)	5	QL PA
XPOVIO (40 MG TWICE WEEKLY)	5	QL PA
XPOVIO (60 MG ONCE WEEKLY)	5	QL PA
XPOVIO (60 MG TWICE WEEKLY)	5	QL PA
XPOVIO (80 MG ONCE WEEKLY)	5	QL PA
XPOVIO (80 MG TWICE WEEKLY)	5	QL PA
ZOLINZA	5	QL PA
AROMATASE INHIBITORS, 3RD GENERATION		
<i>anastrozole 1 mg tab</i>	1	ACA Affordable Care Act Medications PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>exemestane</i>	2	PREV Preventive
<i>letrozole 2.5 mg tab</i>	1	ACA Affordable Care Act Medications PREV Preventive
ENZYME INHIBITORS		
ETOPOSIDE 50 MG CAP	5	
HYCAMTIN (HYCAMTIN 0.25 MG CAP, HYCAMTIN 1 MG CAP)	5	PA
TRUQAP	5	QL PA
MOLECULAR TARGET INHIBITORS		
ALECENSA	5	QL PA AL
ALUNBRIG (ALUNBRIG 30 MG TAB, ALUNBRIG 90 MG TAB, ALUNBRIG 180 MG TAB)	5	QL PA AL
ALUNBRIG 90 & 180 MG TAB THPK	5	PA AL QL
BALVERSA	5	QL PA
BOSULIF (BOSULIF 100 MG TAB, BOSULIF 400 MG TAB, BOSULIF 500 MG TAB)	5	QL PA
BRAFTOVI	5	QL PA
CABOMETYX	5	QL PA
CALQUENCE 100 MG CAP	5	QL PA AL

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CALQUENCE 100 MG TAB	5	QL PA
CAPRELSA	5	QL PA
COMETRIQ (100 MG DAILY DOSE)	5	QL PA
COMETRIQ (140 MG DAILY DOSE)	5	QL PA
COMETRIQ (60 MG DAILY DOSE)	5	QL PA
COPIKTRA	5	QL PA
COTELLIC	5	QL PA AL
DAURISMO	5	QL PA
ERIVEDGE	5	QL PA
<i>erlotinib hcl</i>	5	QL PA
<i>everolimus</i>	5	QL PA
FRUZAQLA	5	QL PA
GAVRETO	5	QL PA
<i>gefitinib</i>	5	QL PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GILOTRIF	5	QL PA
IBRANCE	5	QL PA
ICLUSIG	5	QL PA
<i>imatinib mesylate (imatinib mesylate tab 100 mg (base equivalent), imatinib mesylate tab 400 mg (base equivalent))</i>	5	QL PA
IMBRUVICA (IMBRUVICA 70 MG CAP, IMBRUVICA 70 MG/ML SUSPENSION, IMBRUVICA 140 MG CAP, IMBRUVICA 140 MG TAB, IMBRUVICA 280 MG TAB, IMBRUVICA 420 MG TAB, IMBRUVICA 560 MG TAB)	5	QL PA
INLYTA	5	QL PA
IRESSA	5	QL PA
JAKAFI	5	QL PA
JAYPIRCA	5	QL PA
KISQALI (200 MG DOSE)	5	QL PA AL
KISQALI (400 MG DOSE)	5	QL PA AL
KISQALI (600 MG DOSE)	5	QL PA AL
<i>lapatinib ditosylate</i>	5	QL PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LENVIMA (10 MG DAILY DOSE)	5	QL PA
LENVIMA (12 MG DAILY DOSE)	5	QL PA
LENVIMA (14 MG DAILY DOSE)	5	QL PA
LENVIMA (18 MG DAILY DOSE)	5	QL PA
LENVIMA (20 MG DAILY DOSE)	5	QL PA
LENVIMA (24 MG DAILY DOSE)	5	QL PA
LENVIMA (4 MG DAILY DOSE)	5	QL PA
LENVIMA (8 MG DAILY DOSE)	5	QL PA
LORBRENA	5	QL PA
LYNPARZA	5	QL PA AL
LYTGOBI (12 MG DAILY DOSE)	5	QL PA
LYTGOBI (16 MG DAILY DOSE)	5	QL PA
LYTGOBI (20 MG DAILY DOSE)	5	QL PA
MEKINIST (MEKINIST 0.05 MG/ML RECON SOLN, MEKINIST 0.5 MG TAB, MEKINIST 2 MG TAB)	5	QL PA



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MEKTOVI	5	QL PA
NERLYNX	5	QL PA AL
ODOMZO	5	QL PA
OJJAARA	5	QL PA
<i>pazopanib hcl</i>	5	QL PA
PEMAZYRE	5	QL PA
PIQRAY (200 MG DAILY DOSE)	5	QL PA
PIQRAY (250 MG DAILY DOSE)	5	QL PA
PIQRAY (300 MG DAILY DOSE)	5	QL PA
REZLIDHIA	5	QL PA
RUBRACA	5	QL PA AL
RYDAPT	5	QL PA AL
SCSEMBLIX	5	QL PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sorafenib tosylate</i>	5	QL PA
SPRYCEL	5	QL PA
STIVARGA	5	QL PA
<i>sunitinib malate</i>	5	QL PA
TAFINLAR	5	QL PA
TAGRISSEO	5	QL PA AL
TALZENNA	5	QL PA
TASIGNA	5	QL PA
TEPMETKO	5	QL PA
TIBSOVO	5	QL PA
TRUSELTIQ (100MG DAILY DOSE)	5	QL PA
TRUSELTIQ (125MG DAILY DOSE)	5	QL PA
TRUSELTIQ (50MG DAILY DOSE)	5	QL PA
TRUSELTIQ (75MG DAILY DOSE)	5	QL PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TUKYSA	5	QL PA
TURALIO	5	QL PA
VENCLEXTA	5	QL PA
VENCLEXTA STARTING PACK	5	PA QL
VERZENIO	5	QL PA AL
VITRAKVI (VITRAKVI 20 MG/ML SOLUTION, VITRAKVI 25 MG CAP, VITRAKVI 100 MG CAP)	5	QL PA
VIZIMPRO	5	QL PA
VOTRIENT	5	QL PA
XALKORI	5	QL PA
XOSPATA	5	QL PA
ZEJULA	5	QL PA AL
ZELBORAF	5	QL PA
ZYDELIG	5	QL PA
ZYKADIA	5	QL PA AL

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>RETINOIDS</b>		
<i>bexarotene</i>	5	PA
<i>bexarotene (topical)</i>	5	PA
<b>PANRETIN</b>		
<i>tretinoin (chemotherapy)</i>	5	PA
<b>ANTIPARASITICS</b>		
<b>ANTHELMINTHICS</b>		
<i>albendazole tab 200 mg</i>	2	
<b>EMVERM</b>		
<i>ivermectin tab 3 mg</i>	2	
<i>praziquantel tab 600 mg</i>	2	
<b>ANTIPROTOZOALS</b>		
ALINIA 100 MG/5ML RECON SUSP	3	QL
ARAKODA	4	PREV Preventive
<i>atovaquone</i>	2	
<i>atovaquone-proguanil hcl</i>	2	PREV Preventive
<b>BENZNIDAZOLE</b>		
<i>chloroquine phosphate (chloroquine phosphate tab 250 mg, chloroquine phosphate tab 500 mg)</i>	2	PREV Preventive
<b>COARTEM</b>		
<i>hydroxychloroquine sulfate (hydroxychloroquine sulfate tab 100 mg, hydroxychloroquine sulfate tab 200 mg, hydroxychloroquine sulfate tab 300 mg)</i>	2	
<i>hydroxychloroquine sulfate tab 400 mg</i>	2	
IMPAVIDO	3	
KRINTAFEL	4	PREV Preventive
LAMPIT	4	
<i>mefloquine hcl</i>	2	PREV Preventive
<i>nitazoxanide tab 500 mg</i>	2	QL

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>pentamidine isethionate for nebulization soln 300 mg</i>	2	
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	2	PREV Preventive
<i>pyrimethamine tab 25 mg</i>	2	
<i>quinine sulfate cap 324 mg</i>	2	
ANTIPARKINSON AGENTS		
ANTICHOLINERGICS		
<i>benztropine mesylate (benztropine mesylate tab 0.5 mg, benztropine mesylate tab 1 mg, benztropine mesylate tab 2 mg)</i>	1	
<i>trihexyphenidyl hcl (trihexyphenidyl hcl tab 2 mg, trihexyphenidyl hcl tab 5 mg)</i>	1	
TRIHEXYPHENIDYL HCL 0.4 MG/ML SOLUTION	4	
ANTIPARKINSON AGENTS, OTHER		
<i>amantadine hcl cap 100 mg</i>	2	
<i>amantadine hcl soln 50 mg/5ml</i>	2	
<i>carbidopa-levodopa-entacapone</i>	2	
<i>entacapone</i>	2	
<i>tolcapone</i>	2	
DOPAMINE AGONISTS		
APOKYN	5	
<i>apomorphine hydrochloride</i>	5	
<i>bromocriptine mesylate (bromocriptine mesylate cap 5 mg (base equivalent), bromocriptine mesylate tab 2.5 mg (base equivalent))</i>	2	
KYNMOBI	3	
NEUPRO	4	
<i>pramipexole dihydrochloride (pramipexole dihydrochloride tab 0.125 mg, pramipexole dihydrochloride tab 0.25 mg, pramipexole dihydrochloride tab 0.5 mg, pramipexole dihydrochloride tab 0.75 mg, pramipexole dihydrochloride tab 1 mg, pramipexole dihydrochloride tab 1.5 mg)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ropinirole hydrochloride (ropinirole hydrochloride tab 0.25 mg, ropinirole hydrochloride tab 0.5 mg, ropinirole hydrochloride tab 1 mg, ropinirole hydrochloride tab 2 mg, ropinirole hydrochloride tab 3 mg, ropinirole hydrochloride tab 4 mg, ropinirole hydrochloride tab 5 mg)</i>	1	
<b>DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS</b>		
<i>carbidopa &amp; levodopa tab 10-100 mg</i>	1	
<i>carbidopa &amp; levodopa tab 25-100 mg</i>	2	
<i>carbidopa tab 25 mg</i>	2	
<i>carbidopa-levodopa (carbidopa &amp; levodopa tab 25-250 mg, carbidopa &amp; levodopa tab er 25-100 mg, carbidopa &amp; levodopa tab er 50-200 mg)</i>	2	
CARBIDOPA-LEVODOPA (CARBIDOPA-LEVODOPA 10-100 MG TAB DISP, CARBIDOPA-LEVODOPA 25-100 MG TAB DISP, CARBIDOPA-LEVODOPA 25-250 MG TAB DISP)	4	
DUOPA	4	
INBRIJA	5	
RYTARY	4	
<b>MONOAMINE OXIDASE B (MAO-B) INHIBITORS</b>		
<i>rasagiline mesylate (rasagiline mesylate tab 0.5 mg (base equiv), rasagiline mesylate tab 1 mg (base equiv))</i>	2	
<i>selegiline hcl</i>	2	
<b>ANTISPASTICITY AGENTS</b>		
<i>baclofen (baclofen tab 10 mg, baclofen tab 20 mg)</i>	1	
<i>dantrolene sodium (dantrolene sodium cap 25 mg, dantrolene sodium cap 50 mg, dantrolene sodium cap 100 mg)</i>	2	
<i>tizanidine hcl (tizanidine hcl tab 2 mg (base equivalent), tizanidine hcl tab 4 mg (base equivalent))</i>	1	
<b>ANTIVIRALS</b>		
<b>ANTI-CYTOMEGALOVIRUS (CMV) AGENTS</b>		
LIVTENCITY	5	QL
PREVMIS (PREVMIS 240 MG TAB, PREVMIS 480 MG TAB)	4	QL AL QL

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>valganciclovir hcl (valganciclovir hcl for soln 50 mg/ml (base equiv), valganciclovir hcl tab 450 mg (base equivalent))</i>	2	
ZIRGAN	4	
ANTI-HEPATITIS B (HBV) AGENTS		
<i>adefovir dipivoxil</i>	2	
BARACLUDE 0.05 MG/ML SOLUTION	3	
<i>entecavir</i>	2	
EPIVIR HBV 5 MG/ML SOLUTION	4	
<i>lamivudine (hbv)</i>	2	
VEMLIDY	3	AL PREV Preventive
ANTI-HEPATITIS C (HCV) AGENTS		
EPCLUSA (EPCLUSA 150-37.5 MG PACKET, EPCLUSA 200-50 MG PACKET)	5	QL PA AL
EPCLUSA 200-50 MG TAB	5	QL PA
HARVONI (HARVONI 33.75-150 MG PACKET, HARVONI 45-200 MG PACKET, HARVONI 45-200 MG TAB)	5	QL PA
LEDIPASVIR-SOFOSBUVIR	5	QL PA
MAVYRET	5	QL PA AL
<i>ribavirin (hepatitis c)</i>	5	
RIBAVIRIN (RIBAVIRIN 200 MG CAP, RIBAVIRIN 200 MG TAB)	5	
SOFOSBUVIR-VELPATASVIR	5	QL PA
SOVALDI	5	QL PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VIEKIRA PAK	5	QL PA
VOSEVI	5	QL PA AL
ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)		
BIKTARVY	3	QL PREV Preventive
DOVATO	3	QL PREV Preventive
GENVOYA	3	QL PREV Preventive
ISENTRESS	3	QL PREV Preventive
ISENTRESS HD	3	QL PREV Preventive
JULUCA	3	QL PREV Preventive
STRIBILD	3	QL PREV Preventive
TIVICAY	3	QL PREV Preventive
TIVICAY PD	3	QL PREV Preventive
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)		
COMPLERA	3	QL PREV Preventive
DELSTRIGO	3	QL PREV Preventive



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EDURANT	4	QL PREV Preventive
EFAVIRENZ (EFAVIRENZ 50 MG CAP, EFAVIRENZ 200 MG CAP)	4	QL PREV Preventive
<i>efavirenz tab 600 mg</i>	2	QL PREV Preventive
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	2	QL PREV Preventive
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	2	QL PREV Preventive
<i>etravirine</i>	2	QL PREV Preventive
INTELENCE 25 MG TAB	3	QL PREV Preventive
NEVIRAPINE 50 MG/5ML SUSPENSION	4	QL PREV Preventive
NEVIRAPINE ER	4	QL PREV Preventive
<i>nevirapine tab 200 mg</i>	1	QL PREV Preventive
<i>nevirapine tab er 24hr 400 mg</i>	2	QL PREV Preventive
ODEFSEY	3	QL PREV Preventive
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)		
<i>abacavir sulfate (abacavir sulfate soln 20 mg/ml (base equiv), abacavir sulfate tab 300 mg (base equiv))</i>	2	QL PREV Preventive
<i>abacavir sulfate-lamivudine</i>	2	QL PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CIMDUO	3	QL PREV Preventive
DESCOVY	3	QL PREV Preventive
<i>emtricitabine</i>	2	QL PREV Preventive
<i>emtricitabine-tenofovir df 200-300 mg tab</i>	2	QL ACA Affordable Care Act Medications PREV Preventive
<i>emtricitabine-tenofovir disoproxil fumarate (emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg, emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg)</i>	2	QL PREV Preventive
EMTRIVA 10 MG/ML SOLUTION	4	QL PREV Preventive
<i>lamivudine (lamivudine oral soln 10 mg/ml, lamivudine tab 150 mg, lamivudine tab 300 mg)</i>	2	QL PREV Preventive
<i>lamivudine-zidovudine</i>	2	QL PREV Preventive
STAVUDINE	4	QL PREV Preventive
TEMIXYS	3	QL PREV Preventive
<i>tenofovir disoproxil fumarate</i>	2	QL PREV Preventive
TRIUMEQ	3	QL PREV Preventive
TRIUMEQ PD	3	QL PREV Preventive
TRIZIVIR	4	QL PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VIREAD (VIREAD 40 MG/GM POWDER, VIREAD 150 MG TAB, VIREAD 200 MG TAB, VIREAD 250 MG TAB)	3	QL PREV Preventive
<i>zidovudine (zidovudine cap 100 mg, zidovudine syrup 10 mg/ml, zidovudine tab 300 mg)</i>	2	QL PREV Preventive
ANTI-HIV AGENTS, OTHER		
FUZEON	5	QL
<i>maraviroc</i>	2	QL PREV Preventive
RUKOBIA	4	QL PREV Preventive
SELZENTRY (SELZENTRY 20 MG/ML SOLUTION, SELZENTRY 25 MG TAB, SELZENTRY 75 MG TAB)	4	QL PREV Preventive
SUNLENCA (SUNLENCA 4 X 300 MG TAB THPK, SUNLENCA 5 X 300 MG TAB THPK)	5	QL
TYBOST	4	QL PREV Preventive
ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)		
APTIVUS	4	QL PREV Preventive
<i>atazanavir sulfate</i>	2	QL PREV Preventive
<i>darunavir (darunavir tab 600 mg, darunavir tab 800 mg)</i>	2	QL PREV Preventive
EVOTAZ	3	QL PREV Preventive
<i>fosamprenavir calcium</i>	2	QL PREV Preventive
LEXIVA 50 MG/ML SUSPENSION	4	QL PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lopinavir-ritonavir (lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml), lopinavir-ritonavir tab 100-25 mg, lopinavir-ritonavir tab 200-50 mg)</i>	2	QL PREV Preventive
NORVIR 100 MG PACKET	4	QL PREV Preventive
NORVIR 80 MG/ML SOLUTION	3	QL PREV Preventive
PREZCOBIX	3	QL PREV Preventive
PREZISTA (PREZISTA 75 MG TAB, PREZISTA 100 MG/ML SUSPENSION, PREZISTA 150 MG TAB)	3	QL PREV Preventive
REYATAZ 50 MG PACKET	4	QL PREV Preventive
<i>ritonavir</i>	2	QL PREV Preventive
SYMTUZA	3	QL PREV Preventive
VIRACEPT	4	QL PREV Preventive
<b>ANTI-INFLUENZA AGENTS</b>		
<i>oseltamivir phosphate (oseltamivir phosphate cap 30 mg (base equiv), oseltamivir phosphate cap 45 mg (base equiv), oseltamivir phosphate cap 75 mg (base equiv), oseltamivir phosphate for susp 6 mg/ml (base equiv))</i>	2	QL
RELENZA DISKHALER	4	QL
XENLETA 600 MG TAB	5	
XOFLUZA (40 MG DOSE) 1 X 40 MG TAB THPK	4	QL
XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK	4	QL
<b>ANTIHERPETIC AGENTS</b>		
<i>acyclovir (acyclovir cap 200 mg, acyclovir tab 400 mg, acyclovir tab 800 mg)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>acyclovir susp 200 mg/5ml</i>	2	
<i>famciclovir (famciclovir tab 125 mg, famciclovir tab 250 mg, famciclovir tab 500 mg)</i>	2	
TRIFLURIDINE	3	
<i>valacyclovir hcl tab 1 gm</i>	2	
<i>valacyclovir hcl tab 500 mg</i>	1	
BLOOD GLUCOSE REGULATORS		
ANTIDIABETIC AGENTS		
<i>acarbose (acarbose tab 25 mg, acarbose tab 50 mg, acarbose tab 100 mg)</i>	2	PREV Preventive
BYDUREON BCISE	4	QL PA PREV Preventive
FARXIGA	3	QL PREV Preventive
<i>glimepiride</i>	1	PREV Preventive
<i>glipizide (glipizide tab 5 mg, glipizide tab 10 mg, glipizide tab er 24hr 10 mg, glipizide tab er 24hr 2.5 mg, glipizide tab er 24hr 5 mg)</i>	1	PREV Preventive
GLIPIZIDE 2.5 MG TAB	4	PREV Preventive
<i>glipizide-metformin hcl (glipizide-metformin hcl tab 2.5-250 mg, glipizide-metformin hcl tab 2.5-500 mg, glipizide-metformin hcl tab 5-500 mg)</i>	2	PREV Preventive
<i>glyburide (glyburide tab 1.25 mg, glyburide tab 2.5 mg, glyburide tab 5 mg)</i>	1	PREV Preventive
GLYBURIDE MICRONIZED	1	PREV Preventive
<i>glyburide-metformin</i>	1	PREV Preventive
GLYXAMBI	3	QL PREV Preventive
JANUMET	3	QL PREV Preventive
JANUMET XR	3	QL PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
JANUVIA	3	QL PREV Preventive
JARDIANCE	3	QL PREV Preventive
<i>metformin hcl (metformin hcl tab 500 mg, metformin hcl tab 850 mg, metformin hcl tab 1000 mg)</i>	1	PREV Preventive
<i>metformin hcl (metformin hcl tab er 24hr 500 mg, metformin hcl tab er 24hr 750 mg)</i>	1	QL PREV Preventive
<i>miglitol (miglitol 25 mg tab, miglitol 50 mg tab, miglitol 100 mg tab, miglitol tab 25 mg, miglitol tab 50 mg, miglitol tab 100 mg)</i>	2	PREV Preventive
MOUNJARO	3	QL PA PREV Preventive
<i>nateglinide</i>	2	PREV Preventive
OZEMPIC (0.25 OR 0.5 MG/DOSE)	3	QL PA PREV Preventive
OZEMPIC (1 MG/DOSE)	3	QL PA PREV Preventive
OZEMPIC (2 MG/DOSE)	3	QL PA PREV Preventive
<i>pioglitazone hcl</i>	1	PREV Preventive
<i>pioglitazone hcl-metformin hcl</i>	2	PREV Preventive
<i>repaglinide</i>	2	PREV Preventive
RYBELSUS (RYBELSUS 7 MG TAB, RYBELSUS 14 MG TAB)	3	QL PA PREV Preventive
RYBELSUS 3 MG TAB	3	PA QL PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SOLIQUA	3	<p>QL</p> <p>ST</p> <p>PREV Preventive</p>
SYNJARDY	3	<p>QL</p> <p>PREV Preventive</p>
SYNJARDY XR	3	<p>QL</p> <p>PREV Preventive</p>
TRIJARDY XR	3	<p>QL</p> <p>PREV Preventive</p>
TRULICITY	3	<p>QL</p> <p>PA</p> <p>PREV Preventive</p>
XIGDUO XR (XIGDUO XR 2.5-1000 MG TAB ER 24H, XIGDUO XR 5-1000 MG TAB ER 24H, XIGDUO XR 5-500 MG TAB ER 24H, XIGDUO XR 10-1000 MG TAB ER 24H, XIGDUO XR 10-500 MG TAB ER 24H)	3	<p>QL</p> <p>PREV Preventive</p>
XULTOPHY	3	<p>QL</p> <p>ST</p> <p>PREV Preventive</p>
<b>GLYCEMIC AGENTS</b>		
BAQSIMI ONE PACK	3	PREV Preventive
BAQSIMI TWO PACK	3	PREV Preventive
<i>diazoxide susp 50 mg/ml</i>	2	PREV Preventive
GLUCAGEN HYPOKIT	4	PREV Preventive
GLUCAGON EMERGENCY 1 MG KIT	2	PREV Preventive
GLUCAGON EMERGENCY 1 MG/ML RECON SOLN	3	PREV Preventive
GVOKE HYPOPEN 1-PACK	3	PREV Preventive
GVOKE HYPOPEN 2-PACK	3	PREV Preventive
GVOKE KIT	3	PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GVOKE PFS	3	PREV Preventive
ZEGALOGUE	3	PREV Preventive
INSULINS		
FIASP	3	QL PREV Preventive
FIASP FLEXTOUCH	3	QL PREV Preventive
FIASP PENFILL	3	QL PREV Preventive
HUMALOG	4	QL PA PREV Preventive
HUMALOG JUNIOR KWIKPEN	4	QL PA PREV Preventive
HUMALOG KWIKPEN	4	QL PA PREV Preventive
HUMALOG MIX 50/50	4	QL PA PREV Preventive
HUMALOG MIX 50/50 KWIKPEN	4	QL PA PREV Preventive
HUMALOG MIX 75/25	4	QL PA PREV Preventive
HUMALOG MIX 75/25 KWIKPEN	4	QL PA PREV Preventive



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HUMALOG TEMPO PEN	4	<p>QL</p> <p>PA</p> <p>PREV Preventive</p>
HUMULIN 70/30	4	<p>QL</p> <p>PA</p> <p>PREV Preventive</p>
HUMULIN 70/30 KWIKPEN	4	<p>QL</p> <p>PA</p> <p>PREV Preventive</p>
HUMULIN N	4	<p>QL</p> <p>PA</p> <p>PREV Preventive</p>
HUMULIN N KWIKPEN	4	<p>QL</p> <p>PA</p> <p>PREV Preventive</p>
HUMULIN R	4	<p>QL</p> <p>PA</p> <p>PREV Preventive</p>
HUMULIN R U-500 (CONCENTRATED)	3	<p>QL</p> <p>PREV Preventive</p>
HUMULIN R U-500 KWIKPEN	3	<p>QL</p> <p>PREV Preventive</p>
INSULIN ASP PROT & ASP FLEXPEN	3	<p>QL</p> <p>PREV Preventive</p>
INSULIN ASPART	3	<p>QL</p> <p>PREV Preventive</p>
INSULIN ASPART FLEXPEN	3	<p>QL</p> <p>PREV Preventive</p>
INSULIN ASPART PENFILL	3	<p>QL</p> <p>PREV Preventive</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
INSULIN ASPART PROT & ASPART	3	QL PREV Preventive
INSULIN GLARGINE-YFGN	3	QL PREV Preventive
INSULIN LISPRO	4	QL PA PREV Preventive
INSULIN LISPRO (1 UNIT DIAL)	4	QL PA PREV Preventive
INSULIN LISPRO JUNIOR KWIKPEN	4	QL PA PREV Preventive
INSULIN LISPRO PROT & LISPRO	4	QL PA PREV Preventive
LEVEMIR	3	QL PREV Preventive
LEVEMIR FLEXPEN	3	QL PREV Preventive
LEVEMIR FLEXTOUCH	3	QL PREV Preventive
NOVOLIN 70/30	3	QL PREV Preventive
NOVOLIN 70/30 FLEXPEN	3	QL PREV Preventive
NOVOLIN 70/30 FLEXPEN RELION	3	QL PREV Preventive
NOVOLIN 70/30 RELION	3	QL PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NOVOLIN N	3	QL PREV Preventive
NOVOLIN N FLEXPEN	3	QL PREV Preventive
NOVOLIN N FLEXPEN RELION	3	QL PREV Preventive
NOVOLIN N RELION	3	QL PREV Preventive
NOVOLIN R	3	QL PREV Preventive
NOVOLIN R FLEXPEN	3	QL PREV Preventive
NOVOLIN R FLEXPEN RELION	3	QL PREV Preventive
NOVOLIN R RELION	3	QL PREV Preventive
NOVOLOG	3	QL PREV Preventive
NOVOLOG 70/30 FLEXPEN RELION	3	QL PREV Preventive
NOVOLOG FLEXPEN	3	QL PREV Preventive
NOVOLOG FLEXPEN RELION	3	QL PREV Preventive
NOVOLOG MIX 70/30	3	QL PREV Preventive
NOVOLOG MIX 70/30 FLEXPEN	3	QL PREV Preventive
NOVOLOG MIX 70/30 RELION	3	QL PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NOVOLOG PENFILL	3	QL PREV Preventive
NOVOLOG RELION	3	QL PREV Preventive
SEMGLEE (YFGN)	3	QL PREV Preventive
TOUJEO MAX SOLOSTAR	3	QL PREV Preventive
TOUJEO SOLOSTAR	3	QL PREV Preventive
TRESIBA	3	QL PREV Preventive
TRESIBA FLEXTOUCH	3	QL PREV Preventive
BLOOD PRODUCTS AND MODIFIERS		
ANTICOAGULANTS		
<i>dabigatran etexilate mesylate</i>	2	QL PREV Preventive
ELIQUIS	3	QL PREV Preventive
ELIQUIS DVT/PE STARTER PACK	3	QL PREV Preventive
<i>enoxaparin sodium</i>	2	QL PREV Preventive
<i>fondaparinux sodium</i>	2	QL PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FRAGMIN (FRAGMIN 2500 UNIT/0.2ML SOLN PRSYR, FRAGMIN 5000 UNIT/0.2ML SOLN PRSYR, FRAGMIN 7500 UNIT/0.3ML SOLN PRSYR, FRAGMIN 10000 UNIT/ML SOLN PRSYR, FRAGMIN 12500 UNIT/0.5ML SOLN PRSYR, FRAGMIN 15000 UNIT/0.6ML SOLN PRSYR, FRAGMIN 18000 UNT/0.72ML SOLN PRSYR, FRAGMIN 95000 UNIT/3.8ML SOLUTION)	4	QL PREV Preventive
FRAGMIN 10000 UNIT/4ML SOLUTION	4	QL PREV Preventive
<i>heparin sodium (porcine) (heparin sodium (porcine) inj 1000 unit/ml, heparin sodium (porcine) inj 5000 unit/ml, heparin sodium (porcine) inj 10000 unit/ml, heparin sodium (porcine) inj 20000 unit/ml, heparin sodium (porcine) pf inj 1000 unit/ml, heparin sodium (porcine) pf inj 5000 unit/0.5ml)</i>	2	PREV Preventive
HEPARIN SODIUM (PORCINE) PF	4	PREV Preventive
PRADAXA (PRADAXA 20 MG PACKET, PRADAXA 30 MG PACKET, PRADAXA 40 MG PACKET, PRADAXA 50 MG PACKET, PRADAXA 110 MG CAP, PRADAXA 110 MG PACKET, PRADAXA 150 MG PACKET)	4	QL PREV Preventive
<i>warfarin sodium (warfarin sodium tab 1 mg, warfarin sodium tab 2 mg, warfarin sodium tab 2.5 mg, warfarin sodium tab 3 mg, warfarin sodium tab 4 mg, warfarin sodium tab 5 mg, warfarin sodium tab 6 mg, warfarin sodium tab 7.5 mg, warfarin sodium tab 10 mg)</i>	1	PREV Preventive
XARELTO (XARELTO 1 MG/ML RECON SUSP, XARELTO 2.5 MG TAB, XARELTO 10 MG TAB, XARELTO 15 MG TAB, XARELTO 20 MG TAB)	3	QL PREV Preventive
XARELTO STARTER PACK	3	QL PREV Preventive
ZONTIVITY	4	PREV Preventive
<b>BLOOD PRODUCTS AND MODIFIERS, OTHER</b>		
<i>anagrelide hcl</i>	2	
ARANESP (ALBUMIN FREE)	5	PA
FULPHILA	5	
LEUKINE	5	
MIRCERA	4	PA
MULPLETA	5	PA QL

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NIVESTYM	5	
NYVEPRIA	5	PA
PROMACTA	5	QL PA
PYRUKYND	5	QL PA
PYRUKYND TAPER PACK	5	PA QL
RETACRIT	5	PA
<i>tranexamic acid tab 650 mg</i>	2	
ZARXIO	5	
ZIEXTENZO	5	
HEMOSTASIS AGENTS		
ADVATE	5	PA
ADYNOVATE	5	PA
AFSTYLA	5	PA
ALPHANATE	5	PA
ALPHANINE SD	5	PA
ALPROLIX	5	PA
ALTUVIIIIO	5	PA
BENEFIX	5	PA
COAGADEX	5	PA
CORIFACT	5	
ELOCTATE	5	PA
ESPEROCT	5	PA
FEIBA	5	
FIBRYGA	5	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HEMLIBRA	5	QL PA
HEMOFIL M	5	PA
HUMATE-P	5	PA
IDELVION	5	PA
IXINITY	5	PA
JIVI	5	PA
KOATE	5	PA
KOATE-DVI	5	PA
KOGENATE FS	5	PA
KOVALTRY	5	PA
NOVOEIGHT	5	PA
NOVOSEVEN RT	5	PA
NUWIQ	5	PA
OBIZUR	5	
<i>phytonadione tab 5 mg</i>	2	
PROFILNINE	5	PA
REBINYN	5	PA
RECOMBINATE	5	PA
RIASTAP	5	PA
RIXUBIS	5	PA
SEVENFACT	5	PA
TRETTEN	5	
VONVENDI	5	PA
WILATE	5	PA
XYNTHA	5	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XYNTHA SOLOFUSE	5	PA
PLATELET MODIFYING AGENTS		
<i>aspirin-dipyridamole</i>	2	PREV Preventive
ASPIRIN-OMEPRAZOLE	4	QL PA
BRILINTA	3	PREV Preventive
CABLIVI	5	QL
<i>cilostazol</i>	1	PREV Preventive
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	1	PREV Preventive
<i>dipyridamole (dipyridamole tab 25 mg, dipyridamole tab 50 mg, dipyridamole tab 75 mg)</i>	2	PREV Preventive
DOPTELET	5	QL PA
OXBRYTA (OXBRYTA 300 MG TAB SOL, OXBRYTA 500 MG TAB)	5	QL PA
OXBRYTA 300 MG TAB	5	QL PA AL
<i>prasugrel hcl</i>	2	PREV Preventive
TAVALISSE	5	QL PA
CARDIOVASCULAR AGENTS		
ALPHA-ADRENERGIC AGONISTS		
<i>clonidine</i>	2	PREV Preventive
<i>clonidine hcl (clonidine hcl tab 0.1 mg, clonidine hcl tab 0.2 mg, clonidine hcl tab 0.3 mg)</i>	1	PREV Preventive
<i>guanfacine hcl (guanfacine hcl tab 1 mg, guanfacine hcl tab 2 mg)</i>	2	PREV Preventive
METHYLDOPA	4	PREV Preventive



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>midodrine hcl</i>	2	
<b>ALPHA-ADRENERGIC BLOCKING AGENTS</b>		
<i>doxazosin mesylate (doxazosin mesylate tab 1 mg, doxazosin mesylate tab 2 mg, doxazosin mesylate tab 4 mg, doxazosin mesylate tab 8 mg)</i>	1	PREV Preventive
<i>phenoxybenzamine hcl cap 10 mg</i>	2	PREV Preventive
<i>prazosin hcl (prazosin hcl cap 2 mg, prazosin hcl cap 5 mg)</i>	2	PREV Preventive
<i>prazosin hcl cap 1 mg</i>	1	PREV Preventive
<i>terazosin hcl</i>	1	PREV Preventive
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
<i>candesartan cilexetil (candesartan cilexetil tab 4 mg, candesartan cilexetil tab 8 mg, candesartan cilexetil tab 32 mg)</i>	2	PREV Preventive
<i>irbesartan</i>	1	PREV Preventive
<i>losartan potassium (losartan potassium tab 25 mg, losartan potassium tab 50 mg, losartan potassium tab 100 mg)</i>	1	PREV Preventive
<i>olmesartan medoxomil (olmesartan medoxomil tab 5 mg, olmesartan medoxomil tab 20 mg, olmesartan medoxomil tab 40 mg)</i>	1	PREV Preventive
<i>telmisartan (telmisartan tab 40 mg, telmisartan tab 80 mg)</i>	2	PREV Preventive
<i>telmisartan tab 20 mg</i>	1	PREV Preventive
<i>valsartan (valsartan tab 40 mg, valsartan tab 80 mg, valsartan tab 160 mg, valsartan tab 320 mg)</i>	1	PREV Preventive
<b>ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS</b>		
<i>benazepril hcl (benazepril hcl tab 5 mg, benazepril hcl tab 10 mg, benazepril hcl tab 20 mg, benazepril hcl tab 40 mg)</i>	1	PREV Preventive
<i>captopril (captopril tab 12.5 mg, captopril tab 25 mg, captopril tab 50 mg, captopril tab 100 mg)</i>	2	PREV Preventive
<i>enalapril maleate (enalapril maleate oral soln 1 mg/ml, enalapril maleate tab 2.5 mg, enalapril maleate tab 5 mg, enalapril maleate tab 10 mg, enalapril maleate tab 20 mg)</i>	1	PREV Preventive
<i>fosinopril sodium</i>	1	PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lisinopril (lisinopril tab 2.5 mg, lisinopril tab 5 mg, lisinopril tab 10 mg, lisinopril tab 20 mg, lisinopril tab 30 mg, lisinopril tab 40 mg)</i>	1	PREV Preventive
<i>moexipril hcl</i>	2	PREV Preventive
PERINDOPRIL ERBUMINE (PERINDOPRIL ERBUMINE 2 MG TAB, PERINDOPRIL ERBUMINE TAB 2 MG, PERINDOPRIL ERBUMINE TAB 4 MG)	2	PREV Preventive
PERINDOPRIL ERBUMINE 8 MG TAB	4	PREV Preventive
<i>quinapril hcl</i>	1	PREV Preventive
<i>ramipril</i>	1	PREV Preventive
<i>trandolapril</i>	1	PREV Preventive
<b>ANTIARRHYTHMICS</b>		
<i>amiodarone hcl tab 100 mg</i>	2	PREV Preventive
<i>amiodarone hcl tab 200 mg</i>	1	PREV Preventive
<i>disopyramide phosphate</i>	2	PREV Preventive
<i>dofetilide</i>	2	PREV Preventive
<i>flecainide acetate (flecainide acetate tab 50 mg, flecainide acetate tab 100 mg, flecainide acetate tab 150 mg)</i>	2	PREV Preventive
<i>mexiletine hcl (mexiletine hcl cap 150 mg, mexiletine hcl cap 200 mg, mexiletine hcl cap 250 mg)</i>	2	PREV Preventive
MULTAQ	3	PREV Preventive
NORPACE	4	PREV Preventive
NORPACE CR	4	PREV Preventive
<i>propafenone hcl (propafenone hcl cap er 12hr 225 mg, propafenone hcl cap er 12hr 325 mg, propafenone hcl cap er 12hr 425 mg, propafenone hcl tab 225 mg, propafenone hcl tab 300 mg)</i>	2	PREV Preventive
<i>propafenone hcl tab 150 mg</i>	1	PREV Preventive
<i>quinidine gluconate</i>	2	PREV Preventive
QUINIDINE SULFATE	4	PREV Preventive
<i>sotalol hcl (afib/afI) (sotalol hcl (afib/afI) tab 120 mg, sotalol hcl (afib/afI) tab 160 mg)</i>	2	PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sotalol hcl (afib/afil) tab 80 mg</i>	1	PREV Preventive
<i>sotalol hcl (sotalol hcl tab 160 mg, sotalol hcl tab 240 mg)</i>	2	PREV Preventive
<i>sotalol hcl (sotalol hcl tab 80 mg, sotalol hcl tab 120 mg)</i>	1	PREV Preventive
<b>BETA-ADRENERGIC BLOCKING AGENTS</b>		
<i>acebutolol hcl (acebutolol hcl cap 200 mg, acebutolol hcl cap 400 mg)</i>	2	PREV Preventive
<i>atenolol (atenolol tab 25 mg, atenolol tab 50 mg, atenolol tab 100 mg)</i>	1	PREV Preventive
<i>betaxolol hcl (betaxolol hcl tab 10 mg, betaxolol hcl tab 20 mg)</i>	2	PREV Preventive
<i>bisoprolol fumarate tab 10 mg</i>	2	PREV Preventive
<i>bisoprolol fumarate tab 5 mg</i>	1	PREV Preventive
<i>carvedilol</i>	1	PREV Preventive
<i>labetalol hcl (labetalol hcl tab 200 mg, labetalol hcl tab 300 mg)</i>	2	PREV Preventive
<i>labetalol hcl tab 100 mg</i>	1	PREV Preventive
<i>metoprolol succinate (metoprolol succinate tab er 24hr 100 mg (tartrate equiv), metoprolol succinate tab er 24hr 25 mg (tartrate equiv), metoprolol succinate tab er 24hr 50 mg (tartrate equiv))</i>	1	PREV Preventive
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	2	PREV Preventive
<i>metoprolol tartrate (metoprolol tartrate tab 25 mg, metoprolol tartrate tab 37.5 mg, metoprolol tartrate tab 50 mg, metoprolol tartrate tab 75 mg, metoprolol tartrate tab 100 mg)</i>	1	PREV Preventive
<i>nadolol (nadolol tab 20 mg, nadolol tab 40 mg, nadolol tab 80 mg)</i>	2	PREV Preventive
<i>nebivolol hcl</i>	2	PREV Preventive
<i>pindolol</i>	2	PREV Preventive
<i>propranolol hcl (propranolol hcl cap er 24hr 120 mg, propranolol hcl cap er 24hr 160 mg, propranolol hcl cap er 24hr 60 mg, propranolol hcl cap er 24hr 80 mg, propranolol hcl tab 60 mg, propranolol hcl tab 80 mg)</i>	2	PREV Preventive
<i>propranolol hcl (propranolol hcl tab 10 mg, propranolol hcl tab 20 mg, propranolol hcl tab 40 mg)</i>	1	PREV Preventive
PROPRANOLOL HCL 40 MG/5ML SOLUTION	3	PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>propranolol hcl oral soln 20 mg/5ml</i>	1	PREV Preventive
<b>CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES</b>		
<i>amlodipine besylate (amlodipine besylate tab 2.5 mg (base equivalent), amlodipine besylate tab 5 mg (base equivalent), amlodipine besylate tab 10 mg (base equivalent))</i>	1	PREV Preventive
<i>felodipine</i>	1	PREV Preventive
<i>nifedipine (nifedipine cap 10 mg, nifedipine cap 20 mg, nifedipine tab er 24hr 60 mg, nifedipine tab er 24hr 90 mg, nifedipine tab er 24hr osmotic release 60 mg, nifedipine tab er 24hr osmotic release 90 mg)</i>	2	PREV Preventive
<i>nifedipine (nifedipine tab er 24hr 30 mg, nifedipine tab er 24hr osmotic release 30 mg)</i>	1	PREV Preventive
<i>nimodipine cap 30 mg</i>	2	PREV Preventive
<b>NYMALIZE</b>	4	PREV Preventive
<b>CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES</b>		
<i>diltiazem hcl (diltiazem hcl cap er 12hr 120 mg, diltiazem hcl cap er 12hr 60 mg, diltiazem hcl cap er 12hr 90 mg, diltiazem hcl tab 90 mg, diltiazem hcl tab 120 mg, diltiazem hcl tab er 24hr 120 mg)</i>	2	PREV Preventive
<i>diltiazem hcl (diltiazem hcl cap er 24hr 180 mg, diltiazem hcl cap er 24hr 240 mg)</i>	2	PREV Preventive
<i>diltiazem hcl (diltiazem hcl tab 30 mg, diltiazem hcl tab 60 mg)</i>	1	PREV Preventive
<i>diltiazem hcl cap er 24hr 120 mg</i>	1	PREV Preventive
<i>diltiazem hcl coated beads (diltiazem hcl coated beads cap er 24hr 120 mg, diltiazem hcl coated beads cap er 24hr 180 mg)</i>	1	PREV Preventive
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	1	PREV Preventive
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	2	PREV Preventive
<i>diltiazem hcl extended release beads (diltiazem hcl extended release beads cap er 24hr 120 mg, diltiazem hcl extended release beads cap er 24hr 180 mg)</i>	1	PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>diltiazem hcl extended release beads (diltiazem hcl extended release beads cap er 24hr 240 mg, diltiazem hcl extended release beads cap er 24hr 300 mg, diltiazem hcl extended release beads cap er 24hr 360 mg, diltiazem hcl extended release beads cap er 24hr 420 mg)</i>	2	PREV Preventive
<i>verapamil hcl (verapamil hcl cap er 24hr 120 mg, verapamil hcl cap er 24hr 180 mg, verapamil hcl cap er 24hr 240 mg)</i>	2	PREV Preventive
<i>verapamil hcl (verapamil hcl tab 40 mg, verapamil hcl tab 80 mg, verapamil hcl tab 120 mg, verapamil hcl tab er 120 mg, verapamil hcl tab er 180 mg, verapamil hcl tab er 240 mg)</i>	1	PREV Preventive
<b>CARDIOVASCULAR AGENTS, OTHER</b>		
<i>acetazolamide (acetazolamide tab 125 mg, acetazolamide tab 250 mg)</i>	2	PREV Preventive
ALDACTAZIDE 50-50 MG TAB	4	PREV Preventive
<i>amiloride &amp; hydrochlorothiazide</i>	1	PREV Preventive
AMILORIDE-HYDROCHLOROTHIAZIDE	4	PREV Preventive
<i>amlodipine besylate-benazepril hcl</i>	1	PREV Preventive
<i>amlodipine besylate-olmesartan medoxomil (amlodipine besylate-olmesartan medoxomil tab 5-20 mg, amlodipine besylate-olmesartan medoxomil tab 5-40 mg, amlodipine besylate-olmesartan medoxomil tab 10-20 mg, amlodipine besylate-olmesartan medoxomil tab 10-40 mg)</i>	2	PREV Preventive
<i>amlodipine besylate-valsartan</i>	2	PREV Preventive
<i>amlodipine-valsartan-hydrochlorothiazide</i>	2	PREV Preventive
<i>atenolol &amp; chlorthalidone tab 100-25 mg</i>	2	PREV Preventive
<i>atenolol &amp; chlorthalidone tab 50-25 mg</i>	1	PREV Preventive
<i>benazepril &amp; hydrochlorothiazide (benazepril &amp; hydrochlorothiazide tab 5-6.25 mg, benazepril &amp; hydrochlorothiazide tab 10-12.5 mg, benazepril &amp; hydrochlorothiazide tab 20-12.5 mg, benazepril &amp; hydrochlorothiazide tab 20-25 mg)</i>	2	PREV Preventive
<i>bisoprolol &amp; hydrochlorothiazide (bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg, bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg)</i>	1	PREV Preventive
<i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i>	1	PREV Preventive
CAMZYOS	5	QL PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>candesartan cilexetil-hydrochlorothiazide</i>	2	PREV Preventive
CONSENSI	4	QL PA PREV Preventive
CORLANOR (CORLANOR 5 MG TAB, CORLANOR 5 MG/5ML SOLUTION, CORLANOR 7.5 MG TAB)	3	QL PA
<i>digoxin (digoxin oral soln 0.05 mg/ml, digoxin tab 62.5 mcg (0.0625 mg))</i>	2	PREV Preventive
<i>digoxin (digoxin tab 125 mcg (0.125 mg), digoxin tab 250 mcg (0.25 mg))</i>	1	PREV Preventive
DIGOXIN 0.05 MG/ML SOLUTION	4	PREV Preventive
<i>enalapril maleate &amp; hydrochlorothiazide</i>	1	PREV Preventive
ENTRESTO	3	
<i>fosinopril sodium &amp; hydrochlorothiazide</i>	2	PREV Preventive
<i>irbesartan-hydrochlorothiazide</i>	1	PREV Preventive
<i>isosorbide dinitrate-hydralazine hcl</i>	2	
LANOXIN (LANOXIN 62.5 MCG TAB, LANOXIN 125 MCG TAB, LANOXIN 250 MCG TAB)	4	PREV Preventive
<i>lisinopril &amp; hydrochlorothiazide</i>	1	PREV Preventive
<i>losartan potassium &amp; hydrochlorothiazide</i>	1	PREV Preventive
<i>metoprolol &amp; hydrochlorothiazide</i>	2	PREV Preventive
NEXLETOL	3	QL PA PREV Preventive
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	2	PREV Preventive
<i>olmesartan medoxomil-hydrochlorothiazide (olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg, olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg)</i>	1	PREV Preventive
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	PREV Preventive
<i>pentoxifylline tab er 400 mg</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>quinapril-hydrochlorothiazide (quinapril-hydrochlorothiazide 20-25 mg tab, quinapril-hydrochlorothiazide tab 10-12.5 mg, quinapril-hydrochlorothiazide tab 20-12.5 mg, quinapril-hydrochlorothiazide tab 20-25 mg)</i>	2	PREV Preventive
<i>ranolazine</i>	2	PREV Preventive
<i>spironolactone &amp; hydrochlorothiazide</i>	2	PREV Preventive
TELMISARTAN-AMLODIPINE (TELMISARTAN-AMLODIPINE 40-10 MG TAB, TELMISARTAN-AMLODIPINE 40-5 MG TAB, TELMISARTAN-AMLODIPINE 80-10 MG TAB, TELMISARTAN-AMLODIPINE 80-5 MG TAB)	4	PREV Preventive
<i>telmisartan-amlodipine (telmisartan-amlodipine tab 40-10 mg, telmisartan-amlodipine tab 40-5 mg, telmisartan-amlodipine tab 80-10 mg, telmisartan-amlodipine tab 80-5 mg)</i>	2	PREV Preventive
<i>triamterene &amp; hydrochlorothiazide</i>	1	PREV Preventive
<i>valsartan-hydrochlorothiazide</i>	2	PREV Preventive
VECAMYL	5	
VERQUVO	3	QL PA PREV Preventive
VYNDAMAX	5	QL PA
DIURETICS, LOOP		
<i>bumetanide (bumetanide tab 1 mg, bumetanide tab 2 mg)</i>	2	PREV Preventive
<i>bumetanide tab 0.5 mg</i>	1	PREV Preventive
<i>ethacrynic acid</i>	2	
FUROSCIX	5	PA QL
<i>furosemide (furosemide oral soln 10 mg/ml, furosemide tab 20 mg, furosemide tab 40 mg, furosemide tab 80 mg)</i>	1	PREV Preventive
<i>toremide</i>	1	PREV Preventive
DIURETICS, POTASSIUM-SPARING		
<i>amiloride hcl tab 5 mg</i>	1	PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>eplerenone</i>	2	PREV Preventive
<i>spironolactone (spironolactone tab 25 mg, spironolactone tab 50 mg, spironolactone tab 100 mg)</i>	1	PREV Preventive
<i>triamterene (triamterene cap 50 mg, triamterene cap 100 mg)</i>	2	PREV Preventive
DIURETICS, THIAZIDE		
<i>chlorthalidone</i>	1	PREV Preventive
DIURIL	4	PREV Preventive
<i>hydrochlorothiazide (hydrochlorothiazide cap 12.5 mg, hydrochlorothiazide tab 12.5 mg, hydrochlorothiazide tab 25 mg, hydrochlorothiazide tab 50 mg)</i>	1	PREV Preventive
<i>indapamide</i>	1	PREV Preventive
<i>metolazone (metolazone tab 2.5 mg, metolazone tab 5 mg, metolazone tab 10 mg)</i>	2	PREV Preventive
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES		
<i>fenofibrate (fenofibrate tab 48 mg, fenofibrate tab 54 mg, fenofibrate tab 145 mg, fenofibrate tab 160 mg)</i>	1	PREV Preventive
<i>fenofibrate micronized (fenofibrate micronized cap 67 mg, fenofibrate micronized cap 134 mg)</i>	1	PREV Preventive
<i>fenofibrate micronized cap 200 mg</i>	2	PREV Preventive
<i>gemfibrozil tab 600 mg</i>	1	PREV Preventive
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium (atorvastatin calcium tab 40 mg (base equivalent), atorvastatin calcium tab 80 mg (base equivalent))</i>	1	PREV Preventive
<i>atorvastatin calcium 10 mg tab</i>	1	ACA Affordable Care Act Medications PREV Preventive
<i>atorvastatin calcium 20 mg tab</i>	1	ACA Affordable Care Act Medications PREV Preventive
<i>fluvastatin sodium (fluvastatin sodium cap 20 mg (base equivalent), fluvastatin sodium cap 40 mg (base equivalent), fluvastatin sodium tab er 24 hr 80 mg (base equivalent))</i>	2	PREV Preventive
<i>lovastatin 10 mg tab</i>	1	ACA Affordable Care Act Medications PREV Preventive



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lovastatin 20 mg tab</i>	1	ACA Affordable Care Act Medications PREV Preventive
<i>lovastatin 40 mg tab</i>	1	ACA Affordable Care Act Medications PREV Preventive
<i>pravastatin sodium 10 mg tab</i>	1	ACA Affordable Care Act Medications PREV Preventive
<i>pravastatin sodium 20 mg tab</i>	1	ACA Affordable Care Act Medications PREV Preventive
<i>pravastatin sodium 40 mg tab</i>	1	ACA Affordable Care Act Medications PREV Preventive
<i>pravastatin sodium 80 mg tab</i>	1	ACA Affordable Care Act Medications PREV Preventive
<i>rosuvastatin calcium (rosuvastatin calcium tab 20 mg, rosuvastatin calcium tab 40 mg)</i>	1	PREV Preventive
<i>rosuvastatin calcium 10 mg tab</i>	1	ACA Affordable Care Act Medications PREV Preventive
<i>rosuvastatin calcium 5 mg tab</i>	1	ACA Affordable Care Act Medications PREV Preventive
<i>simvastatin 10 mg tab</i>	1	ACA Affordable Care Act Medications PREV Preventive
<i>simvastatin 20 mg tab</i>	1	ACA Affordable Care Act Medications PREV Preventive
<i>simvastatin 40 mg tab</i>	1	ACA Affordable Care Act Medications PREV Preventive
<i>simvastatin 5 mg tab</i>	1	ACA Affordable Care Act Medications PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>simvastatin tab 80 mg</i>	1	PREV Preventive
DYSLIPIDEMICS, OTHER		
<i>cholestyramine light powder 4 gm/dose</i>	2	PREV Preventive
<i>cholestyramine powder 4 gm/dose</i>	2	PREV Preventive
<i>colesevelam hcl tab 625 mg</i>	2	PREV Preventive
<i>colestipol hcl (colestipol hcl granule packets 5 gm, colestipol hcl granules 5 gm, colestipol hcl tab 1 gm)</i>	2	PREV Preventive
<i>ezetimibe</i>	1	PREV Preventive
<i>ezetimibe-simvastatin</i>	2	PREV Preventive
JUXTAPID	5	QL PA
NEXLIZET	3	QL PA PREV Preventive
<i>niacin (antihyperlipidemic) (niacin tab er 500 mg (antihyperlipidemic), niacin tab er 750 mg (antihyperlipidemic), niacin tab er 1000 mg (antihyperlipidemic))</i>	2	PREV Preventive
REPATHA	3	QL PA PREV Preventive
REPATHA PUSHTRONEX SYSTEM	3	QL PA PREV Preventive
REPATHA SURECLICK	3	QL PA PREV Preventive
VASCEPA	2	QL PA PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>VASODILATORS, DIRECT-ACTING ARTERIAL</b>		
<i>hydralazine hcl (hydralazine hcl tab 10 mg, hydralazine hcl tab 25 mg, hydralazine hcl tab 50 mg, hydralazine hcl tab 100 mg)</i>	1	PREV Preventive
<i>minoxidil (minoxidil tab 2.5 mg, minoxidil tab 10 mg)</i>	1	PREV Preventive
<b>VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS</b>		
<i>isosorbide dinitrate (isosorbide dinitrate tab 5 mg, isosorbide dinitrate tab 10 mg, isosorbide dinitrate tab 20 mg, isosorbide dinitrate tab 30 mg)</i>	2	PREV Preventive
ISOSORBIDE MONONITRATE (ISOSORBIDE MONONITRATE 10 MG TAB, ISOSORBIDE MONONITRATE 20 MG TAB)	4	PREV Preventive
<i>isosorbide mononitrate (isosorbide mononitrate tab 10 mg, isosorbide mononitrate tab 20 mg, isosorbide mononitrate tab er 24hr 120 mg, isosorbide mononitrate tab er 24hr 30 mg, isosorbide mononitrate tab er 24hr 60 mg)</i>	1	PREV Preventive
NITRO-BID	4	PREV Preventive
NITRO-DUR (NITRO-DUR 0.3 MG/HR PATCH 24HR, NITRO-DUR 0.8 MG/HR PATCH 24HR)	4	PREV Preventive
NITRO-TIME	4	PREV Preventive
<i>nitroglycerin (intra-anal)</i>	2	
<i>nitroglycerin (nitroglycerin sl tab 0.3 mg, nitroglycerin sl tab 0.6 mg, nitroglycerin td patch 24hr 0.1 mg/hr, nitroglycerin td patch 24hr 0.2 mg/hr, nitroglycerin td patch 24hr 0.4 mg/hr, nitroglycerin td patch 24hr 0.6 mg/hr, nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray))</i>	2	PREV Preventive
<i>nitroglycerin sl tab 0.4 mg</i>	1	PREV Preventive
RECTIV	4	
<b>CENTRAL NERVOUS SYSTEM</b>		
<b>ANTIDEMENTIA</b>		
<i>donepezil hydrochloride (donepezil hydrochloride orally disintegrating tab 5 mg, donepezil hydrochloride orally disintegrating tab 10 mg, donepezil hydrochloride tab 5 mg, donepezil hydrochloride tab 10 mg)</i>	1	AL
<i>donepezil hydrochloride tab 23 mg</i>	2	AL
ERGOLOID MESYLATES 1 MG TAB	4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>galantamine hydrobromide (galantamine hydrobromide cap er 24hr 16 mg, galantamine hydrobromide cap er 24hr 24 mg, galantamine hydrobromide cap er 24hr 8 mg, galantamine hydrobromide tab 4 mg, galantamine hydrobromide tab 8 mg, galantamine hydrobromide tab 12 mg)</i>	2	AL
GALANTAMINE HYDROBROMIDE 4 MG/ML SOLUTION	4	AL
<i>memantine hcl (memantine hcl oral solution 2 mg/ml, memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack)</i>	2	AL
<i>memantine hcl (memantine hcl tab 5 mg, memantine hcl tab 10 mg)</i>	1	AL
<i>rivastigmine</i>	2	AL
<i>rivastigmine tartrate</i>	2	AL
<b>ANTIPSYCHOTICS</b>		
<i>aripiprazole (aripiprazole oral solution 1 mg/ml, aripiprazole orally disintegrating tab 10 mg, aripiprazole orally disintegrating tab 15 mg, aripiprazole tab 20 mg, aripiprazole tab 30 mg)</i>	2	QL AL PREV Preventive
<i>aripiprazole (aripiprazole tab 2 mg, aripiprazole tab 5 mg, aripiprazole tab 10 mg, aripiprazole tab 15 mg)</i>	1	QL AL PREV Preventive
<i>asenapine maleate</i>	2	QL AL PREV Preventive
<i>chlorpromazine hcl (chlorpromazine hcl tab 10 mg, chlorpromazine hcl tab 25 mg, chlorpromazine hcl tab 50 mg, chlorpromazine hcl tab 100 mg, chlorpromazine hcl tab 200 mg)</i>	2	PREV Preventive
<i>clozapine (clozapine orally disintegrating tab 25 mg, clozapine orally disintegrating tab 100 mg, clozapine orally disintegrating tab 150 mg, clozapine orally disintegrating tab 200 mg, clozapine tab 50 mg, clozapine tab 100 mg, clozapine tab 200 mg)</i>	2	QL AL PREV Preventive
CLOZAPINE 12.5 MG TAB DISP	4	QL ST AL PREV Preventive
<i>clozapine tab 25 mg</i>	1	QL AL PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FANAPT	4	<p>QL</p> <p>ST</p> <p>AL</p> <p>PREV Preventive</p>
FANAPT TITRATION PACK	4	<p>QL</p> <p>ST</p> <p>AL</p> <p>PREV Preventive</p>
<i>fluphenazine hcl</i>	2	<p>PREV Preventive</p>
FLUPHENAZINE HCL (FLUPHENAZINE HCL 2.5 MG/5ML ELIXIR, FLUPHENAZINE HCL 5 MG/ML CONC)	4	<p>PREV Preventive</p>
<i>haloperidol (haloperidol tab 0.5 mg, haloperidol tab 1 mg)</i>	1	<p>PREV Preventive</p>
<i>haloperidol (haloperidol tab 5 mg, haloperidol tab 10 mg, haloperidol tab 20 mg)</i>	2	<p>PREV Preventive</p>
<i>haloperidol lactate oral conc 2 mg/ml</i>	2	<p>PREV Preventive</p>
<i>haloperidol tab 2 mg</i>	2	<p>PREV Preventive</p>
<i>loxapine succinate</i>	2	<p>AL</p> <p>PREV Preventive</p>
<i>lurasidone hcl (lurasidone hcl tab 20 mg, lurasidone hcl tab 40 mg, lurasidone hcl tab 60 mg, lurasidone hcl tab 80 mg, lurasidone hcl tab 120 mg)</i>	2	<p>QL</p> <p>AL</p> <p>PREV Preventive</p>
MOLINDONE HCL	4	<p>PREV Preventive</p>
<i>olanzapine (olanzapine orally disintegrating tab 5 mg, olanzapine orally disintegrating tab 10 mg, olanzapine orally disintegrating tab 15 mg, olanzapine orally disintegrating tab 20 mg)</i>	2	<p>QL</p> <p>AL</p> <p>PREV Preventive</p>
<i>olanzapine (olanzapine tab 2.5 mg, olanzapine tab 5 mg, olanzapine tab 7.5 mg, olanzapine tab 10 mg, olanzapine tab 15 mg, olanzapine tab 20 mg)</i>	1	<p>QL</p> <p>AL</p> <p>PREV Preventive</p>
<i>paliperidone</i>	2	<p>QL</p> <p>AL</p> <p>PREV Preventive</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PIMOZIDE	4	
<i>quetiapine fumarate (quetiapine fumarate tab 25 mg, quetiapine fumarate tab 50 mg, quetiapine fumarate tab 100 mg, quetiapine fumarate tab 200 mg, quetiapine fumarate tab 300 mg, quetiapine fumarate tab 400 mg, quetiapine fumarate tab er 24hr 150 mg)</i>	1	QL AL PREV Preventive
<i>quetiapine fumarate (quetiapine fumarate tab er 24hr 200 mg, quetiapine fumarate tab er 24hr 300 mg, quetiapine fumarate tab er 24hr 400 mg, quetiapine fumarate tab er 24hr 50 mg)</i>	2	QL AL PREV Preventive
REXULTI	3	QL AL PREV Preventive
<i>risperidone (risperidone orally disintegrating tab 0.5 mg, risperidone orally disintegrating tab 1 mg, risperidone orally disintegrating tab 2 mg, risperidone orally disintegrating tab 3 mg, risperidone orally disintegrating tab 4 mg)</i>	2	QL AL PREV Preventive
<i>risperidone (risperidone tab 0.25 mg, risperidone tab 1 mg, risperidone tab 2 mg, risperidone tab 3 mg, risperidone tab 4 mg)</i>	1	QL AL PREV Preventive
RISPERIDONE 0.25 MG TAB DISP	4	QL ST PREV Preventive
<i>risperidone soln 1 mg/ml</i>	2	QL PREV Preventive
<i>risperidone tab 0.5 mg</i>	1	QL PREV Preventive
SECUADO	4	QL ST PREV Preventive
<i>thioridazine hcl (thioridazine hcl tab 10 mg, thioridazine hcl tab 25 mg, thioridazine hcl tab 50 mg, thioridazine hcl tab 100 mg)</i>	2	PREV Preventive
<i>thiothixene</i>	2	PREV Preventive
<i>trifluoperazine hcl</i>	2	PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VERSACLOZ	4	<p>QL</p> <p>ST</p> <p>AL</p> <p>PREV Preventive</p>
VRAYLAR (VRAYLAR 1.5 MG CAP, VRAYLAR 3 MG CAP, VRAYLAR 4.5 MG CAP, VRAYLAR 6 MG CAP)	4	<p>QL</p> <p>ST</p> <p>AL</p> <p>PREV Preventive</p>
VRAYLAR 1.5 & 3 MG CAP THPK	4	<p>ST</p> <p>AL</p> <p>QL</p> <p>PREV Preventive</p>
<i>ziprasidone hcl</i>	2	<p>QL</p> <p>AL</p> <p>PREV Preventive</p>
<b>ANXIOLYTICS</b>		
<i>alprazolam (alprazolam tab 0.25 mg, alprazolam tab 0.5 mg, alprazolam tab 1 mg, alprazolam tab 2 mg, alprazolam tab er 24hr 0.5 mg, alprazolam tab er 24hr 1 mg, alprazolam tab er 24hr 2 mg, alprazolam tab er 24hr 3 mg)</i>	1	
<i>bupirone hcl (bupirone hcl tab 5 mg, bupirone hcl tab 10 mg, bupirone hcl tab 15 mg)</i>	1	
<i>bupirone hcl tab 30 mg</i>	2	
<i>chlordiazepoxide hcl (chlordiazepoxide hcl cap 5 mg, chlordiazepoxide hcl cap 10 mg, chlordiazepoxide hcl cap 25 mg)</i>	1	
<i>clonazepam (clonazepam orally disintegrating tab 0.125 mg, clonazepam orally disintegrating tab 0.25 mg, clonazepam orally disintegrating tab 0.5 mg, clonazepam orally disintegrating tab 1 mg, clonazepam orally disintegrating tab 2 mg)</i>	2	PREV Preventive
<i>clonazepam (clonazepam tab 0.5 mg, clonazepam tab 1 mg, clonazepam tab 2 mg)</i>	1	PREV Preventive
<i>clorazepate dipotassium</i>	2	
<i>diazepam (diazepam oral soln 1 mg/ml, diazepam tab 2 mg, diazepam tab 5 mg, diazepam tab 10 mg)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>diazepam conc 5 mg/ml</i>	2	
<i>lorazepam (lorazepam tab 0.5 mg, lorazepam tab 1 mg, lorazepam tab 2 mg)</i>	1	
<i>lorazepam conc 2 mg/ml</i>	2	
<i>meprobamate</i>	2	
<i>oxazepam</i>	2	
<b>MIGRAINE</b>		
AIMOVIG 140 MG/ML SOLN A-INJ	3	QL PA
AIMOVIG 70 MG/ML SOLN A-INJ	3	QL PA AL
AJOVY	3	QL PA
<i>almotriptan malate tab 12.5 mg</i>	2	QL
<i>almotriptan malate tab 6.25 mg</i>	2	QL
<i>candesartan cilexetil tab 16 mg</i>	2	PREV Preventive
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	2	QL ST
<i>eletriptan hydrobromide</i>	2	QL
EMGALITY	3	QL PA AL
EMGALITY (300 MG DOSE)	3	QL PA AL
ERGOMAR	4	QL ST
ERGOTAMINE-CAFFEINE	2	QL ST



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>frovatriptan succinate</i>	2	QL
<i>naratriptan hcl</i>	2	QL
NURTEC	3	PA QL
QULIPTA (QULIPTA 10 MG TAB, QULIPTA 60 MG TAB)	3	QL PA
REYVOW	3	PA AL QL
<i>rizatriptan benzoate (rizatriptan benzoate oral disintegrating tab 5 mg (base eq), rizatriptan benzoate oral disintegrating tab 10 mg (base eq))</i>	1	QL
<i>rizatriptan benzoate (rizatriptan benzoate tab 5 mg (base equivalent), rizatriptan benzoate tab 10 mg (base equivalent))</i>	1	QL
<i>sumatriptan (sumatriptan nasal spray 5 mg/act, sumatriptan nasal spray 20 mg/act)</i>	2	QL
<i>sumatriptan succinate (sumatriptan succinate inj 6 mg/0.5ml, sumatriptan succinate solution auto-injector 4 mg/0.5ml, sumatriptan succinate solution auto-injector 6 mg/0.5ml)</i>	2	QL
<i>sumatriptan succinate (sumatriptan succinate tab 25 mg, sumatriptan succinate tab 50 mg, sumatriptan succinate tab 100 mg)</i>	1	QL
<i>timolol maleate (timolol maleate tab 5 mg, timolol maleate tab 10 mg, timolol maleate tab 20 mg)</i>	2	PREV Preventive
UBRELVY	3	PA QL
<i>zolmitriptan (zolmitriptan tab 2.5 mg, zolmitriptan tab 5 mg)</i>	2	QL
MISCELLANEOUS		
EQUETRO	4	PREV Preventive
<i>lithium</i>	2	PREV Preventive
LITHIUM CARBONATE (LITHIUM CARBONATE 150 MG CAP, LITHIUM CARBONATE 300 MG CAP, LITHIUM CARBONATE 600 MG CAP)	4	PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lithium carbonate (lithium carbonate cap 150 mg, lithium carbonate cap 300 mg, lithium carbonate cap 600 mg, lithium carbonate tab 300 mg, lithium carbonate tab er 300 mg, lithium carbonate tab er 450 mg)</i>	1	PREV Preventive
LITHOBID	4	PREV Preventive
<i>pyridostigmine bromide (pyridostigmine bromide oral soln 60 mg/5ml, pyridostigmine bromide tab 60 mg, pyridostigmine bromide tab er 180 mg)</i>	2	
CENTRAL NERVOUS SYSTEM AGENTS		
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES		
<i>amphetamine-dextroamphetamine (amphetamine-dextroamphetamine cap er 24hr 10 mg, amphetamine-dextroamphetamine cap er 24hr 15 mg, amphetamine-dextroamphetamine cap er 24hr 20 mg, amphetamine-dextroamphetamine cap er 24hr 25 mg, amphetamine-dextroamphetamine cap er 24hr 30 mg, amphetamine-dextroamphetamine cap er 24hr 5 mg, amphetamine-dextroamphetamine tab 5 mg)</i>	1	QL
<i>amphetamine-dextroamphetamine (amphetamine-dextroamphetamine tab 7.5 mg, amphetamine-dextroamphetamine tab 10 mg, amphetamine-dextroamphetamine tab 12.5 mg, amphetamine-dextroamphetamine tab 15 mg, amphetamine-dextroamphetamine tab 20 mg, amphetamine-dextroamphetamine tab 30 mg)</i>	2	QL
<i>dextroamphetamine sulfate (dextroamphetamine sulfate cap er 24hr 10 mg, dextroamphetamine sulfate cap er 24hr 15 mg, dextroamphetamine sulfate cap er 24hr 5 mg, dextroamphetamine sulfate oral solution 5 mg/5ml, dextroamphetamine sulfate tab 5 mg, dextroamphetamine sulfate tab 10 mg)</i>	2	QL
<i>methamphetamine hcl</i>	2	QL
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES		
<i>atomoxetine hcl</i>	2	QL AL
<i>clonidine hcl (adhd)</i>	2	QL

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>dexmethylphenidate hcl (dexmethylphenidate hcl cap er 24 hr 10 mg, dexmethylphenidate hcl cap er 24 hr 15 mg, dexmethylphenidate hcl cap er 24 hr 20 mg, dexmethylphenidate hcl cap er 24 hr 25 mg, dexmethylphenidate hcl cap er 24 hr 30 mg, dexmethylphenidate hcl cap er 24 hr 35 mg, dexmethylphenidate hcl cap er 24 hr 40 mg, dexmethylphenidate hcl cap er 24 hr 5 mg, dexmethylphenidate hcl tab 10 mg)</i>	2	QL
<i>dexmethylphenidate hcl (dexmethylphenidate hcl tab 2.5 mg, dexmethylphenidate hcl tab 5 mg)</i>	1	QL
<i>guanfacine hcl (adhd) (guanfacine hcl tab er 24hr 1 mg (base equiv), guanfacine hcl tab er 24hr 2 mg (base equiv), guanfacine hcl tab er 24hr 3 mg (base equiv), guanfacine hcl tab er 24hr 4 mg (base equiv))</i>	1	QL

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>methylphenidate hcl (methylphenidate hcl cap er 10 mg (cd), methylphenidate hcl cap er 20 mg (cd), methylphenidate hcl cap er 24hr 10 mg (la), methylphenidate hcl cap er 24hr 20 mg (la), methylphenidate hcl cap er 24hr 30 mg (la), methylphenidate hcl cap er 24hr 40 mg (la), methylphenidate hcl cap er 30 mg (cd), methylphenidate hcl cap er 40 mg (cd), methylphenidate hcl cap er 50 mg (cd), methylphenidate hcl cap er 60 mg (cd), methylphenidate hcl chew tab 2.5 mg, methylphenidate hcl chew tab 5 mg, methylphenidate hcl chew tab 10 mg, methylphenidate hcl soln 5 mg/5ml, methylphenidate hcl soln 10 mg/5ml, methylphenidate hcl tab 20 mg, methylphenidate hcl tab er 10 mg, methylphenidate hcl tab er 20 mg, methylphenidate hcl tab er osmotic release (osm) 18 mg, methylphenidate hcl tab er osmotic release (osm) 27 mg, methylphenidate hcl tab er osmotic release (osm) 36 mg, methylphenidate hcl tab er osmotic release (osm) 54 mg)</i>	2	QL
<i>methylphenidate hcl (methylphenidate hcl tab 5 mg, methylphenidate hcl tab 10 mg)</i>	1	QL
CENTRAL NERVOUS SYSTEM, OTHER		
AUSTEDO	5	QL PA
AUSTEDO XR	5	QL PA
AUSTEDO XR PATIENT TITRATION	5	PA QL
<i>butalbital-acetaminophen tab 50-325 mg</i>	2	QL
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	2	QL
FIRDAPSE	5	QL PA
INGREZZA (INGREZZA 40 MG CAP SPRINK, INGREZZA 60 MG CAP SPRINK, INGREZZA 80 MG CAP SPRINK)	5	QL PA
INGREZZA (INGREZZA 40 MG CAP, INGREZZA 60 MG CAP, INGREZZA 80 MG CAP)	5	QL PA AL
INGREZZA 40 & 80 MG CAP THPK	5	PA AL QL

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RADICAVA ORS	5	QL PA
RADICAVA ORS STARTER KIT	5	PA QL
RELYVRIO	5	QL PA
<i>riluzole</i>	5	
TENCON	4	QL
<i>tetrabenazine</i>	5	QL PA
<b>FIBROMYALGIA AGENTS</b>		
<i>duloxetine hcl (duloxetine hcl enteric coated pellets cap 20 mg (base eq), duloxetine hcl enteric coated pellets cap 30 mg (base eq), duloxetine hcl enteric coated pellets cap 60 mg (base eq))</i>	1	QL PREV Preventive
<i>pregabalin (pregabalin cap 25 mg, pregabalin cap 50 mg, pregabalin cap 75 mg, pregabalin cap 100 mg, pregabalin cap 150 mg, pregabalin cap 200 mg, pregabalin cap 225 mg, pregabalin cap 300 mg)</i>	1	QL PREV Preventive
<i>pregabalin soln 20 mg/ml</i>	2	QL PREV Preventive
SAVELLA	3	QL ST
SAVELLA TITRATION PACK	3	QL ST
<b>MULTIPLE SCLEROSIS AGENTS</b>		
AVONEX PEN	5	QL PA
AVONEX PREFILLED	5	QL PA
BETASERON	5	QL PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>dalfampridine tab er 12hr 10 mg</i>	5	QL PA
<i>dimethyl fumarate (dimethyl fumarate capsule delayed release 240 mg, dimethyl fumarate capsule dr starter pack 120 mg &amp; 240 mg)</i>	5	QL
<i>dimethyl fumarate capsule delayed release 120 mg</i>	5	QL
<i>fingolimod hcl cap 0.5 mg (base equiv)</i>	5	QL
GILENYA 0.25 MG CAP	5	QL PA
<i>glatiramer acetate</i>	5	QL
KESIMPTA	5	QL PA
MAVENCLAD (10 TABS)	5	PA QL
MAVENCLAD (4 TABS)	5	PA QL
MAVENCLAD (5 TABS)	5	PA QL
MAVENCLAD (6 TABS)	5	PA QL
MAVENCLAD (7 TABS)	5	PA QL
MAVENCLAD (8 TABS)	5	PA QL
MAVENCLAD (9 TABS)	5	PA QL
MAYZENT	5	QL PA
MAYZENT STARTER PACK	5	PA QL

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PLEGRIDY	5	QL PA
PLEGRIDY STARTER PACK	5	PA QL
REBIF	5	QL PA
REBIF REBIDOSE	5	QL PA
REBIF REBIDOSE TITRATION PACK	5	PA QL
REBIF TITRATION PACK	5	QL PA
<i>teriflunomide</i>	5	QL
VUMERITY	5	QL PA
ZEPOSIA	5	QL PA
ZEPOSIA 7-DAY STARTER PACK	5	QL PA
ZEPOSIA STARTER KIT	5	PA QL
DENTAL AND ORAL AGENTS		
<i>cevimeline hcl</i>	2	
<i>chlorhexidine gluconate soln 0.12%</i>	1	
FLUORIDEX SENSITIVITY RELIEF	4	ACA Affordable Care Act Medications PREV Preventive
NAFRINSE DAILY ACIDULATED	4	ACA Affordable Care Act Medications PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NAFRINSE DAILY/NEUTRAL	4	ACA Affordable Care Act Medications PREV Preventive
NAFRINSE WEEKLY	4	ACA Affordable Care Act Medications PREV Preventive
PARODONTAX	4	ACA Affordable Care Act Medications PREV Preventive
<i>pilocarpine hcl (oral)</i>	2	
PREVIDENT 0.2 % SOLUTION	4	PREV Preventive
SENSODYNE COMPLETE PROTECTION	4	ACA Affordable Care Act Medications PREV Preventive
SENSODYNE RAPID RELIEF	4	ACA Affordable Care Act Medications PREV Preventive
SENSODYNE REPAIR & PROTECT	4	ACA Affordable Care Act Medications PREV Preventive
<i>sodium fluoride (dental) (sodium fluoride cream 1.1%, sodium fluoride gel 1.1% (0.5% f), sodium fluoride paste 1.1%, sodium fluoride rinse 0.2%)</i>	1	ACA Affordable Care Act Medications PREV Preventive
<i>sodium fluoride-potassium nitrate</i>	1	ACA Affordable Care Act Medications PREV Preventive
<i>stannous fluoride (stannous fluoride conc 0.63%, stannous fluoride gel 0.4%)</i>	2	ACA Affordable Care Act Medications PREV Preventive
<i>triamcinolone acetonide (mouth)</i>	2	
DERMATOLOGICAL AGENTS		
ACNE AND ROSACEA AGENTS		
<i>acitretin</i>	2	
<i>adapalene cream 0.1%</i>	2	PA
<i>azelaic acid gel 15%</i>	2	



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>benzoyl peroxide-erythromycin</i>	2	
<i>brimonidine tartrate (topical)</i>	2	
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	2	
<i>isotretinoin (isotretinoin cap 10 mg, isotretinoin cap 20 mg, isotretinoin cap 30 mg, isotretinoin cap 40 mg)</i>	2	
RHOFADE	4	
<i>tazarotene (tazarotene cream 0.1%, tazarotene gel 0.05%, tazarotene gel 0.1%)</i>	2	PA
TAZORAC 0.05 % CREAM	3	
<i>tretinoin (tretinoin cream 0.025%, tretinoin cream 0.05%, tretinoin cream 0.1%, tretinoin gel 0.01%)</i>	2	PA
DERMATITIS AND PRURITUS AGENTS		
<i>alclometasone dipropionate oint 0.05%</i>	2	QL
AMCINONIDE 0.1 % LOTION	4	QL
<i>betamethasone dipropionate (topical) (betamethasone dipropionate cream 0.05%, betamethasone dipropionate lotion 0.05%)</i>	2	QL
BETAMETHASONE DIPROPIONATE AUG	4	QL
<i>betamethasone dipropionate augmented oint 0.05%</i>	2	QL
<i>betamethasone valerate (betamethasone valerate cream 0.1% (base equivalent), betamethasone valerate lotion 0.1% (base equivalent), betamethasone valerate oint 0.1% (base equivalent))</i>	2	QL
<i>clobetasol propionate (clobetasol propionate cream 0.05%, clobetasol propionate gel 0.05%, clobetasol propionate oint 0.05%, clobetasol propionate soln 0.05%)</i>	2	QL
<i>clobetasol propionate emollient base</i>	2	QL
CORDRAN 4 MCG/SQCM TAPE	4	QL
<i>desonide (desonide cream 0.05%, desonide oint 0.05%)</i>	2	QL
<i>desoximetasone (desoximetasone cream 0.25%, desoximetasone oint 0.25%)</i>	2	QL

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fluocinolone acetonide (fluocinolone acetonide cream 0.01%, fluocinolone acetonide cream 0.025%, fluocinolone acetonide oil 0.01% (body oil), fluocinolone acetonide oil 0.01% (scalp oil), fluocinolone acetonide oint 0.025%, fluocinolone acetonide soln 0.01%)</i>	2	QL
<i>fluocinonide (fluocinonide cream 0.05%, fluocinonide cream 0.1%, fluocinonide gel 0.05%, fluocinonide oint 0.05%, fluocinonide soln 0.05%)</i>	2	QL
<i>fluticasone propionate cream 0.05%</i>	1	QL
<i>fluticasone propionate oint 0.005%</i>	2	QL
<i>halobetasol propionate cream 0.05%</i>	2	QL
HALOG 0.1 % OINTMENT	4	QL
<i>hydrocortisone (topical) (hydrocortisone cream 2.5%, hydrocortisone lotion 2.5%, hydrocortisone oint 2.5%)</i>	1	QL
HYDROCORTISONE 2.5 % LOTION	1	QL
<i>hydrocortisone perianal cream 1%</i>	2	QL
<i>hydrocortisone perianal cream 2.5%</i>	2	
<i>lactic acid (ammonium lactate)</i>	2	
<i>mometasone furoate solution 0.1% (lotion)</i>	2	QL
<i>selenium sulfide lotion 2.5%</i>	1	
<i>tacrolimus oint 0.03%</i>	2	ST AL
<i>tacrolimus oint 0.1%</i>	2	AL
<i>triamcinolone acetonide (topical) (triamcinolone acetonide cream 0.025%, triamcinolone acetonide cream 0.1%, triamcinolone acetonide cream 0.5%, triamcinolone acetonide oint 0.025%, triamcinolone acetonide oint 0.1%, triamcinolone acetonide oint 0.5%)</i>	1	QL
<i>triamcinolone acetonide (topical) (triamcinolone acetonide lotion 0.025%, triamcinolone acetonide lotion 0.1%)</i>	2	QL
DERMATOLOGICAL AGENTS, OTHER		
ANALPRAM-HC 2.5-1 % LOTION	4	
CALCIPOTRIENE (CALCIPOTRIENE 0.005 % SOLUTION, CALCIPOTRIENE CREAM 0.005%, CALCIPOTRIENE SOLN 0.005% (50 MCG/ML))	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CALCITRIOL 3 MCG/GM OINTMENT	4	
CIBINQO	5	QL PA
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	1	
ENSTILAR	3	
<i>finasteride (alopecia)</i>	1	
FLUOROURACIL 2 % SOLUTION	4	
<i>fluorouracil cream 5%</i>	2	QL PA
<i>fluorouracil soln 5%</i>	2	
<i>imiquimod cream 5%</i>	2	QL AL
METHOXSALLEN RAPID	4	
NEO-SYNALAR 0.5-0.025 % CREAM	4	
<i>nystatin-triamcinolone</i>	2	
OTEZLA 30 MG TAB	5	QL PA
PODOFILOX 0.5 % SOLUTION	4	
<i>podofilox soln 0.5%</i>	2	
PROCTOFOAM HC	4	
REGRANEX	4	
SANTYL	4	
<i>silver sulfadiazine cream 1%</i>	1	
VEREGEN	4	
PEDICULICIDES/SCABICIDES		
CROTAN	4	
IVERMECTIN 0.5 % LOTION	4	
LINDANE	4	
<i>malathion</i>	2	
NATROBA	4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>permethrin cream 5%</i>	2	
SOOLANTRA	2	
SPINOSAD	4	
TOPICAL ANTI-INFECTIVES		
<i>acyclovir oint 5%</i>	2	AL
<i>ciclopirox (ciclopirox gel 0.77%, ciclopirox shampoo 1%)</i>	2	
<i>ciclopirox solution 8%</i>	2	QL
<i>clindamycin phosphate (topical) (clindamycin phosphate gel 1%, clindamycin phosphate lotion 1%, clindamycin phosphate soln 1%)</i>	2	
ERY	4	
<i>erythromycin (acne aid) (erythromycin gel 2%, erythromycin soln 2%)</i>	2	
<i>mafenide acetate (mafenide acetate 5 % packet, mafenide acetate packet for topical soln 5% (50 gm))</i>	1	
<i>mupirocin oint 2%</i>	1	
<i>penciclovir</i>	2	
SULFAMYLON 85 MG/GM CREAM	4	
XEPI	4	
ELECTROLYTES/MINERALS/METALS/VITAMINS		
ELECTROLYTE/MINERAL REPLACEMENT		
<i>carglumic acid</i>	5	PA
IRON UP	3	ACA Affordable Care Act Medications
K-TAB 8 MEQ TAB ER	4	
NOVAFERRUM PEDIATRIC DROPS	3	ACA Affordable Care Act Medications
<i>potassium chloride (potassium chloride cap er 8 meq, potassium chloride cap er 10 meq, potassium chloride tab er 8 meq (600 mg), potassium chloride tab er 10 meq, potassium chloride tab er 20 meq (1500 mg))</i>	1	
<i>potassium chloride (potassium chloride oral soln 10% (20 meq/15ml), potassium chloride oral soln 20% (40 meq/15ml), potassium chloride powder packet 20 meq)</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
POTASSIUM CHLORIDE ER	4	
<i>potassium chloride microencapsulated crys er tab 15 meq</i>	2	
<i>potassium chloride microencapsulated crystals er (potassium chloride microencapsulated crys er tab 10 meq, potassium chloride microencapsulated crys er tab 20 meq)</i>	1	
<i>potassium citrate (alkalinizer)</i>	2	
ELECTROLYTE/MINERAL/METAL MODIFIERS		
CHEMET	3	
<i>deferiprone</i>	5	
FERRIPROX 100 MG/ML SOLUTION	5	
JYNARQUE	5	QL PA
<i>tolvaptan</i>	5	QL
<i>trientine hcl cap 250 mg</i>	5	
PHOSPHATE BINDERS		
AURYXIA	4	
<i>calcium acetate (phosphate binder)</i>	2	
FOSRENOL (FOSRENOL 750 MG PACKET, FOSRENOL 1000 MG PACKET)	4	
<i>lanthanum carbonate</i>	2	
PHOSLYRA	4	
<i>sevelamer carbonate</i>	2	
<i>sevelamer hcl</i>	2	
VELPHORO	3	
POTASSIUM BINDERS		
LOKELMA	3	
<i>sodium polystyrene sulfonate</i>	2	
SPS	4	
VELTASSA	3	
VITAMINS		
<i>cvs folic acid 800 mcg tab</i>	1	ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>cyanocobalamin inj 1000 mcg/ml</i>	1	
<i>fa-8 0.8 mg cap</i>	1	ACA Affordable Care Act Medications
FERRETT'S CHEWABLE IRON	4	
<i>ferrous sulfate (ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe), 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
FLORICAL	4	ACA Affordable Care Act Medications PREV Preventive
FLORIVA 0.25-400 MG-UNIT/ML LIQUID	4	ACA Affordable Care Act Medications PREV Preventive
<i>folate 400 mcg tab</i>	1	ACA Affordable Care Act Medications
<i>folic acid 0.8 mg cap</i>	1	ACA Affordable Care Act Medications
<i>folic acid 400 mcg tab</i>	1	ACA Affordable Care Act Medications
<i>folic acid 800 mcg tab</i>	1	ACA Affordable Care Act Medications
<i>folic acid tab 1 mg</i>	1	
GALZIN	4	
<i>gnp folic acid 400 mcg tab</i>	1	ACA Affordable Care Act Medications
<i>hm folic acid 400 mcg tab</i>	1	ACA Affordable Care Act Medications
HYDROXOCOBALAMIN ACETATE	4	
IRON CHEWS PEDIATRIC	4	
<i>kp folic acid 800 mcg tab</i>	1	ACA Affordable Care Act Medications
<i>levocarnitine (metabolic modifiers) (levocarnitine oral soln 1 gm/10ml (10%), levocarnitine tab 330 mg)</i>	2	
MONOCAL	4	ACA Affordable Care Act Medications PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NAFRINSE DROPS	4	ACA Affordable Care Act Medications PREV Preventive
PRENATAL 19 (PRENATAL 19 CHEW TAB, PRENATAL 19 29-1 MG CHEW TAB, PRENATAL 19 29-1 MG TAB)	3	PREV Preventive
PRENATAL PLUS	3	PREV Preventive
PRENATAL VITAMIN PLUS LOW IRON	3	PREV Preventive
PRENATAL-U	3	PREV Preventive
<i>px folic acid 400 mcg tab</i>	1	ACA Affordable Care Act Medications
<i>qc folic acid 800 mcg tab</i>	1	ACA Affordable Care Act Medications
<i>ra folic acid 400 mcg tab</i>	1	ACA Affordable Care Act Medications
<i>ra folic acid 800 mcg tab</i>	1	ACA Affordable Care Act Medications
SE-NATAL 19 (SE-NATAL 19 29-1 MG CHEW TAB, SE-NATAL 19 29-1 MG TAB)	3	PREV Preventive
<i>sm folic acid 400 mcg tab</i>	1	ACA Affordable Care Act Medications
SODIUM FLUORIDE (SODIUM FLUORIDE 1.1 (0.5 F) MG TAB, SODIUM FLUORIDE 2.2 (1 F) MG TAB)	3	ACA Affordable Care Act Medications PREV Preventive
<i>sodium fluoride (sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf), sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf), sodium fluoride chew tab 1 mg f (from 2.2 mg naf), sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf))</i>	1	ACA Affordable Care Act Medications PREV Preventive
<i>sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf)</i>	2	ACA Affordable Care Act Medications PREV Preventive
TRINATE	3	PREV Preventive
VINATE II	3	PREV Preventive
VINATE ONE	3	PREV Preventive
<i>wee care 15 mg/1.25ml suspension</i>	2	ACA Affordable Care Act Medications
<i>yl folic acid 400 mcg tab</i>	1	ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>GASTROINTESTINAL AGENTS</b>		
<b>ANTI-CONSTIPATION AGENTS</b>		
<i>lactulose (encephalopathy)</i>	1	
<i>lactulose solution 10 gm/15ml</i>	2	
<i>lubiprostone</i>	2	QL PA
MOVANTIK	3	QL PA
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	2	PREV Preventive
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	2	ACA Affordable Care Act Medications PREV Preventive
PEG-PREP	4	PREV Preventive
<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	2	PREV Preventive
SUPREP BOWEL PREP KIT	4	PREV Preventive
SUTAB	4	PREV Preventive
SYMPROIC	3	QL PA AL
TRULANCE	3	QL PA
<b>ANTI-DIARRHEAL AGENTS</b>		
<i>diphenoxylate w/ atropine</i>	2	
DIPHENOXYLATE-ATROPINE	4	
VIBERZI	4	
XERMELO	5	QL PA AL



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>ANTISPASMODICS, GASTROINTESTINAL</b>		
<i>dicyclomine hcl (dicyclomine hcl cap 10 mg, dicyclomine hcl tab 20 mg)</i>	1	
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	2	
<i>glycopyrrolate (glycopyrrolate oral soln 1 mg/5ml, glycopyrrolate tab 2 mg)</i>	2	
<i>glycopyrrolate tab 1 mg</i>	1	
<i>methscopolamine bromide (methscopolamine bromide tab 2.5 mg, methscopolamine bromide tab 5 mg)</i>	2	
<b>GASTROINTESTINAL AGENTS, OTHER</b>		
AMOXICILL-CLARITHRO-LANSOPRAZ	4	
<i>amoxicillin-clarithromycin w/ lansoprazole</i>	2	
CHENODAL	5	
GATTEX	5	PA
GAVILYTE-C	4	PREV Preventive
MOTOFEN	4	
MYALEPT	5	PA
OCALIVA	5	QL PA
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	1	ACA Affordable Care Act Medications PREV Preventive
<i>ursodiol (ursodiol cap 300 mg, ursodiol tab 250 mg, ursodiol tab 500 mg)</i>	2	
<b>HISTAMINE2 (H2) RECEPTOR ANTAGONISTS</b>		
CIMETIDINE HCL 300 MG/5ML SOLUTION	4	
<i>cimetidine hcl soln 300 mg/5ml</i>	2	
<i>famotidine for susp 40 mg/5ml</i>	2	
<i>famotidine tab 40 mg</i>	1	
NIZATIDINE (NIZATIDINE 150 MG CAP, NIZATIDINE 300 MG CAP)	4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>PROTECTANTS</b>		
<i>misoprostol (misoprostol tab 100 mcg, misoprostol tab 200 mcg)</i>	1	
<i>sucralfate tab 1 gm</i>	2	
<b>PROTON PUMP INHIBITORS</b>		
<i>dexlansoprazole</i>	2	QL
<i>esomeprazole magnesium (esomeprazole magnesium for delayed release susp packet 10 mg, esomeprazole magnesium for delayed release susp packet 20 mg, esomeprazole magnesium for delayed release susp packet 40 mg)</i>	2	QL
<i>lansoprazole cap delayed release 15 mg</i>	2	QL
<i>lansoprazole cap delayed release 30 mg</i>	1	QL
NEXIUM (NEXIUM 2.5 MG PACKET, NEXIUM 5 MG PACKET)	4	QL ST
<i>omeprazole (omeprazole cap delayed release 10 mg, omeprazole cap delayed release 20 mg, omeprazole cap delayed release 40 mg)</i>	1	QL
<i>pantoprazole sodium (pantoprazole sodium ec tab 20 mg (base equiv), pantoprazole sodium ec tab 40 mg (base equiv))</i>	1	QL
<i>rabeprazole sodium ec tab 20 mg</i>	1	QL
<b>GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT</b>		
<i>betaine</i>	5	
BYLVAY	5	PA
BYLVAY (PELLETS)	5	PA
CERDELGA	5	QL PA
CREON	3	
<i>cromolyn sodium (mastocytosis)</i>	2	
CYSTADROPS	5	
CYSTAGON	5	
CYSTARAN	5	
DAYBUE	5	QL PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ENDARI	5	PA
GALAFOLD	5	QL PA
GLASSIA	5	
JOENJA	5	QL PA
LIVMARLI	5	PA
<i>nitisinone</i>	5	
NITYR	5	
NULIBRY	5	
OPFOLDA	5	QL PA
ORFADIN (ORFADIN 4 MG/ML SUSPENSION, ORFADIN 20 MG CAP)	5	
PALYNZIQ	5	PA
PHEBURANE	5	PA
RAVICTI	5	PA
REVCOVI	5	
<i>sapropterin dihydrochloride</i>	5	PA
SKYCLARYS	5	QL PA
<i>sodium phenylbutyrate (sodium phenylbutyrate oral powder 3 gm/teaspoonful, sodium phenylbutyrate tab 500 mg)</i>	5	PA
SOHONOS	5	
STRENSIQ	5	PA
SUCRAID	5	QL PA
TEGSEDI	5	QL PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VOXZOGO	5	QL PA
VYNDAQEL	5	QL PA
ZENPEP	3	
ZOKINVY	5	QL PA
<b>GENITOURINARY AGENTS</b>		
<b>ANTISPASMODICS, URINARY</b>		
<i>darifenacin hydrobromide</i>	2	
<i>flavoxate hcl</i>	2	
MYRBETRIQ (MYRBETRIQ 8 MG/ML SRER, MYRBETRIQ 25 MG TAB ER 24H, MYRBETRIQ 50 MG TAB ER 24H)	3	
<i>oxybutynin chloride (oxybutynin chloride solution 5 mg/5ml, oxybutynin chloride tab 5 mg, oxybutynin chloride tab er 24hr 10 mg, oxybutynin chloride tab er 24hr 15 mg, oxybutynin chloride tab er 24hr 5 mg)</i>	1	
<i>solifenacin succinate</i>	1	
<i>tolterodine tartrate (tolterodine tartrate cap er 24hr 2 mg, tolterodine tartrate cap er 24hr 4 mg, tolterodine tartrate tab 1 mg, tolterodine tartrate tab 2 mg)</i>	2	
<i>trospium chloride (trospium chloride cap er 24hr 60 mg, trospium chloride tab 20 mg)</i>	2	
<b>BENIGN PROSTATIC HYPERTROPHY AGENTS</b>		
<i>alfuzosin hcl</i>	1	
<i>dutasteride cap 0.5 mg</i>	1	
<i>dutasteride-tamsulosin hcl</i>	2	
<i>finasteride tab 5 mg</i>	1	
<i>silodosin</i>	2	
<i>tadalafil (tadalafil tab 2.5 mg, tadalafil tab 5 mg)</i>	1	QL
<i>tamsulosin hcl</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GENITOURINARY AGENTS, OTHER		
ADDYI	4	<p>QL</p> <p>PA</p> <p>AL</p>
<i>bethanechol chloride (bethanechol chloride tab 5 mg, bethanechol chloride tab 10 mg, bethanechol chloride tab 25 mg, bethanechol chloride tab 50 mg)</i>	2	
ELMIRON	4	PA
ENCARE	3	<p>ACA Affordable Care Act Medications</p> <p>PREV Preventive</p>
FILSPARI	5	<p>QL</p> <p>PA</p>
K-PHOS NO 2	3	
LITHOSTAT	4	
OPTIONS GYNOL II CONTRACEPTIVE	3	<p>ACA Affordable Care Act Medications</p> <p>PREV Preventive</p>
<i>penicillamine tab 250 mg</i>	5	
<i>pot phosphate monobasic w/ sod phosphate dibasic &amp; monobasic</i>	2	
<i>potassium phosphate monobasic tab 500 mg</i>	1	
SHUR-SEAL CONTRACEPTIVE	4	<p>ACA Affordable Care Act Medications</p> <p>PREV Preventive</p>
<i>sodium citrate &amp; citric acid soln 500-334 mg/5ml</i>	2	
THIOLA EC	4	
<i>tiopronin</i>	2	
TODAY SPONGE	4	<p>ACA Affordable Care Act Medications</p> <p>PREV Preventive</p>
VCF VAGINAL CONTRACEPTIVE (VCF VAGINAL CONTRACEPTIVE 4 % GEL, VCF VAGINAL CONTRACEPTIVE 12.5 % FOAM, VCF VAGINAL CONTRACEPTIVE 28 % FILM)	4	<p>ACA Affordable Care Act Medications</p> <p>PREV Preventive</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
ACTHAR	5	PA
<i>alclometasone dipropionate cream 0.05%</i>	2	QL
<i>betamethasone dipropionate augmented cream 0.05%</i>	1	QL
<i>betamethasone dipropionate augmented lotion 0.05%</i>	2	QL
<i>betamethasone dipropionate oint 0.05%</i>	2	QL
<i>clocortolone pivalate</i>	2	QL
<i>dexamethasone (dexamethasone elixir 0.5 mg/5ml, dexamethasone tab 0.5 mg, dexamethasone tab 0.75 mg, dexamethasone tab 1 mg, dexamethasone tab 2 mg)</i>	2	
<i>dexamethasone (dexamethasone tab 1.5 mg, dexamethasone tab 4 mg, dexamethasone tab 6 mg)</i>	1	
DEXAMETHASONE 0.5 MG/5ML SOLUTION	4	
DEXAMETHASONE INTENSOL	4	
<i>fludrocortisone acetate tab 0.1 mg</i>	1	
<i>hydrocortisone acetate suppos 25 mg</i>	2	
ISTURISA	5	QL PA
KORLYM	5	QL PA
MEDROL 2 MG TAB	4	
<i>methylprednisolone (methylprednisolone tab 4 mg, methylprednisolone tab 16 mg, methylprednisolone tab 32 mg, methylprednisolone tab therapy pack 4 mg (21))</i>	1	
<i>methylprednisolone tab 8 mg</i>	2	
<i>mifepristone (hyperglycemia)</i>	5	QL PA
<i>mometasone furoate cream 0.1%</i>	2	QL
<i>mometasone furoate oint 0.1%</i>	1	QL
PREDNICARBATE	4	QL

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	1	
<i>prednisolone sodium phosphate (prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base), prednisolone sodium phosphate oral soln 25 mg/5ml (base eq))</i>	2	
PREDNISOLONE SODIUM PHOSPHATE 25 MG/5ML SOLUTION	4	
<i>prednisolone soln 15 mg/5ml</i>	2	
<i>prednisone (prednisone tab 1 mg, prednisone tab 2.5 mg, prednisone tab 5 mg, prednisone tab 10 mg, prednisone tab 20 mg, prednisone tab 50 mg, prednisone tab therapy pack 5 mg (21), prednisone tab therapy pack 5 mg (48), prednisone tab therapy pack 10 mg (21))</i>	1	
PREDNISON 5 MG/5ML SOLUTION	3	
<i>prednisone tab therapy pack 10 mg (48)</i>	2	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
<i>desmopressin acetate (desmopressin acetate inj 4 mcg/ml, desmopressin acetate preservative free (pf) inj 4 mcg/ml, desmopressin acetate tab 0.1 mg, desmopressin acetate tab 0.2 mg)</i>	2	
<i>desmopressin acetate spray</i>	2	
<i>desmopressin acetate spray refrigerated</i>	2	
GENOTROPIN	5	PA
GENOTROPIN MINIQUICK	5	PA
INCRELEX	5	
MYFEMBREE	3	QL PA
NORDITROPIN FLEXP	5	PA
OMNITROPE (OMNITROPE 5 MG/1.5ML SOLN CART, OMNITROPE 5.8 MG RECON SOLN, OMNITROPE 10 MG/1.5ML SOLN CART)	5	PA
ORIAHNN	3	QL PA
SKYTROFA	5	PA
STIMATE	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
ANDROGENS		
<i>danazol (danazol cap 50 mg, danazol cap 100 mg, danazol cap 200 mg)</i>	2	PA
METHITEST	4	QL PA
OXANDROLONE (OXANDROLONE 2.5 MG TAB, OXANDROLONE 10 MG TAB)	4	PA
<i>oxandrolone (oxandrolone tab 2.5 mg, oxandrolone tab 10 mg)</i>	2	PA
<i>testosterone (testosterone td gel 12.5 mg/act (1%), testosterone td gel 20.25 mg/act (1.62%), testosterone td gel 25 mg/2.5gm (1%), testosterone td gel 50 mg/5gm (1%), testosterone td soln 30 mg/act)</i>	2	QL PA
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	1	QL PA
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	2	QL PA
TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION	4	QL PA
ESTROGENS		
ALORA	4	QL
ANGELIQ	4	
CLIMARA PRO	3	QL
CLOMID	4	
CLOMIPHENE CITRATE 50 MG TAB	4	
COMBIPATCH	4	QL
DEPO-ESTRADIOL	4	
<i>desogestrel &amp; ethinyl estradiol</i>	1	ACA Affordable Care Act Medications PREV Preventive
<i>desogestrel-ethinyl estradiol (biphasic)</i>	1	ACA Affordable Care Act Medications PREV Preventive



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>desogestrel-ethinyl estradiol (triphasic)</i>	2	ACA Affordable Care Act Medications PREV Preventive
DIVIGEL (DIVIGEL 0.25 MG/0.25GM GEL, DIVIGEL 0.5 MG/0.5GM GEL, DIVIGEL 0.75 MG/0.75GM GEL, DIVIGEL 1 MG/GM GEL, DIVIGEL 1.25 MG/1.25GM GEL)	3	QL
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	2	ACA Affordable Care Act Medications PREV Preventive
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	1	ACA Affordable Care Act Medications PREV Preventive
<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	2	ACA Affordable Care Act Medications PREV Preventive
DUAVEE	3	
ELESTRIN	4	QL
<i>estradiol &amp; norethindrone acetate</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>estradiol (estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump), estradiol td gel 0.25 mg/0.25gm (0.1%), estradiol td gel 0.5 mg/0.5gm (0.1%), estradiol td gel 0.75 mg/0.75gm (0.1%), estradiol td gel 1 mg/gm (0.1%), estradiol td gel 1.25 mg/1.25gm (0.1%), estradiol td patch twice weekly 0.025 mg/24hr, estradiol td patch twice weekly 0.0375 mg/24hr, estradiol td patch twice weekly 0.05 mg/24hr, estradiol td patch twice weekly 0.075 mg/24hr, estradiol td patch twice weekly 0.1 mg/24hr, estradiol td patch weekly 0.025 mg/24hr, estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr), estradiol td patch weekly 0.05 mg/24hr, estradiol td patch weekly 0.06 mg/24hr, estradiol td patch weekly 0.075 mg/24hr, estradiol td patch weekly 0.1 mg/24hr)</i>	2	QL
<i>estradiol (estradiol tab 0.5 mg, estradiol tab 1 mg, estradiol tab 2 mg)</i>	1	
<i>estradiol vaginal cream 0.1 mg/gm</i>	2	QL
<i>estradiol vaginal tab 10 mcg</i>	2	
<i>estradiol valerate (estradiol valerate im in oil 10 mg/ml, estradiol valerate im in oil 20 mg/ml, estradiol valerate im in oil 40 mg/ml)</i>	2	
ESTRING	3	QL
ESTROGEL	3	QL
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	1	ACA Affordable Care Act Medications PREV Preventive
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i>	2	ACA Affordable Care Act Medications PREV Preventive
EVAMIST	4	QL
<i>levonorgestrel &amp; eth estradiol (levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg, levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg)</i>	1	ACA Affordable Care Act Medications PREV Preventive
<i>levonorgestrel-eth estradiol (triphasic)</i>	1	ACA Affordable Care Act Medications PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>levonorgestrel-ethinyl estradiol (91-day) (levonor-eth est tab 0.15-0.02/0.025/0.03 mg &amp; eth est 0.01 mg, levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7), levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7), levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg)</i>	2	ACA Affordable Care Act Medications PREV Preventive
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	2	ACA Affordable Care Act Medications PREV Preventive
LO LOESTRIN FE	4	ACA Affordable Care Act Medications PREV Preventive
MENEST	4	
MENOSTAR	4	QL
NATAZIA	4	ACA Affordable Care Act Medications PREV Preventive
<i>norelgestromin-ethinyl estradiol</i>	2	ACA Affordable Care Act Medications PREV Preventive
<i>norethin acet &amp; estrad-fe (norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg, norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg)</i>	1	ACA Affordable Care Act Medications PREV Preventive
<i>norethin acet &amp; estrad-fe (norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24), norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24))</i>	2	ACA Affordable Care Act Medications PREV Preventive
<i>norethindrone &amp; eth estradiol (norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg, norethindrone &amp; ethinyl estradiol tab 0.5 mg-35 mcg)</i>	2	ACA Affordable Care Act Medications PREV Preventive
<i>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	1	ACA Affordable Care Act Medications PREV Preventive
<i>norethindrone &amp; ethinyl estradiol-fe (norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg, norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg)</i>	2	ACA Affordable Care Act Medications PREV Preventive
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	1	ACA Affordable Care Act Medications PREV Preventive
<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>	2	ACA Affordable Care Act Medications PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>norethindrone acetate-ethinyl estradiol</i>	2	ACA Affordable Care Act Medications
<i>norethindrone acetate-ethinyl estradiol-fe</i>	2	ACA Affordable Care Act Medications PREV Preventive
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	1	ACA Affordable Care Act Medications PREV Preventive
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	2	ACA Affordable Care Act Medications PREV Preventive
<i>norgestimate-ethinyl estradiol</i>	1	ACA Affordable Care Act Medications PREV Preventive
<i>norgestimate-ethinyl estradiol (triphasic)</i>	1	ACA Affordable Care Act Medications PREV Preventive
<i>norgestrel &amp; ethinyl estradiol</i>	1	ACA Affordable Care Act Medications PREV Preventive
NUVARING	2	ACA Affordable Care Act Medications PREV Preventive
OGESTREL	3	ACA Affordable Care Act Medications PREV Preventive
OSPHENA	4	PREV Preventive
PREFEST	4	
PREMARIN (PREMARIN 0.3 MG TAB, PREMARIN 0.45 MG TAB, PREMARIN 0.625 MG TAB, PREMARIN 0.9 MG TAB, PREMARIN 1.25 MG TAB)	3	
PREMARIN 0.625 MG/GM CREAM	4	
PREMPHASE	3	
PREMPRO	3	
<i>raloxifene hcl 60 mg tab</i>	2	ACA Affordable Care Act Medications PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TYBLUME	4	ACA Affordable Care Act Medications PREV Preventive
VELIVET	4	ACA Affordable Care Act Medications PREV Preventive
<i>xulane 150-35 mcg/24hr patch wk</i>	2	ACA Affordable Care Act Medications PREV Preventive
<i>zafemy 150-35 mcg/24hr patch wk</i>	2	ACA Affordable Care Act Medications PREV Preventive
PROGESTINS		
DEPO-SUBQ PROVERA 104	4	ACA Affordable Care Act Medications PREV Preventive
ELLA	3	ACA Affordable Care Act Medications PREV Preventive
<i>levonorgestrel (emergency oc)</i>	2	ACA Affordable Care Act Medications PREV Preventive
<i>medroxyprogesterone acetate (contraceptive)</i>	1	ACA Affordable Care Act Medications PREV Preventive
<i>medroxyprogesterone acetate (medroxyprogesterone acetate tab 2.5 mg, medroxyprogesterone acetate tab 5 mg, medroxyprogesterone acetate tab 10 mg)</i>	1	
<i>megestrol acetate (megestrol acetate tab 20 mg, megestrol acetate tab 40 mg)</i>	1	
<i>megestrol acetate susp 40 mg/ml</i>	2	
<i>norethindrone (contraceptive)</i>	1	ACA Affordable Care Act Medications PREV Preventive
<i>norethindrone acetate tab 5 mg</i>	2	
PHEXXI	4	ACA Affordable Care Act Medications PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>progesterone (progesterone cap 100 mg, progesterone cap 200 mg, progesterone im in oil 50 mg/ml)</i>	2	
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)</b>		
ADTHYZA (ADTHYZA 15 MG TAB, ADTHYZA 16.25 MG TAB, ADTHYZA 32.5 MG TAB, ADTHYZA 60 MG TAB, ADTHYZA 65 MG TAB, ADTHYZA 90 MG TAB, ADTHYZA 97.5 MG TAB, ADTHYZA 120 MG TAB, ADTHYZA 130 MG TAB)	4	
ADTHYZA 30 MG TAB	4	
ARMOUR THYROID (ARMOUR THYROID 15 MG TAB, ARMOUR THYROID 60 MG TAB, ARMOUR THYROID 90 MG TAB, ARMOUR THYROID 120 MG TAB, ARMOUR THYROID 180 MG TAB, ARMOUR THYROID 240 MG TAB, ARMOUR THYROID 300 MG TAB)	4	
ARMOUR THYROID 30 MG TAB	4	
ERMEZA	4	
LEVOTHYROXINE SODIUM (LEVOTHYROXINE SODIUM 13 MCG CAP, LEVOTHYROXINE SODIUM 25 MCG CAP, LEVOTHYROXINE SODIUM 50 MCG CAP, LEVOTHYROXINE SODIUM 75 MCG CAP, LEVOTHYROXINE SODIUM 88 MCG CAP, LEVOTHYROXINE SODIUM 100 MCG CAP, LEVOTHYROXINE SODIUM 112 MCG CAP, LEVOTHYROXINE SODIUM 125 MCG CAP, LEVOTHYROXINE SODIUM 137 MCG CAP, LEVOTHYROXINE SODIUM 150 MCG CAP, LEVOTHYROXINE SODIUM 175 MCG CAP, LEVOTHYROXINE SODIUM 200 MCG CAP)	4	
<i>levothyroxine sodium (levothyroxine sodium tab 25 mcg, levothyroxine sodium tab 50 mcg, levothyroxine sodium tab 75 mcg, levothyroxine sodium tab 88 mcg, levothyroxine sodium tab 100 mcg, levothyroxine sodium tab 112 mcg, levothyroxine sodium tab 125 mcg, levothyroxine sodium tab 137 mcg, levothyroxine sodium tab 150 mcg, levothyroxine sodium tab 175 mcg, levothyroxine sodium tab 200 mcg, levothyroxine sodium tab 300 mcg)</i>	1	
<i>liothyronine sodium (liothyronine sodium tab 5 mcg, liothyronine sodium tab 25 mcg, liothyronine sodium tab 50 mcg)</i>	2	
NIVA THYROID (NIVA THYROID 15 MG TAB, NIVA THYROID 60 MG TAB, NIVA THYROID 90 MG TAB, NIVA THYROID 120 MG TAB)	4	
NIVA THYROID 30 MG TAB	4	
NP THYROID (NP THYROID 15 MG TAB, NP THYROID 60 MG TAB, NP THYROID 90 MG TAB, NP THYROID 120 MG TAB)	4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NP THYROID 30 MG TAB	4	
SYNTHROID	3	
THYQUIDITY	4	
THYROID (THYROID 15 MG TAB, THYROID 60 MG TAB, THYROID 90 MG TAB, THYROID 120 MG TAB)	4	
THYROID 30 MG TAB	4	
TIROSINT	4	
TIROSINT-SOL	4	
<b>HORMONAL AGENTS, SUPPRESSANT (PITUITARY)</b>		
<i>cabergoline</i>	2	
ELIGARD (ELIGARD 7.5 MG KIT, ELIGARD 22.5 MG KIT, ELIGARD 30 MG KIT, ELIGARD 45 MG KIT)	5	
LEUPROLIDE ACETATE (3 MONTH)	5	
<i>leuprolide acetate (leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml), leuprolide acetate inj kit 5 mg/ml)</i>	5	
LUPRON DEPOT (1-MONTH)	5	
LUPRON DEPOT (3-MONTH)	5	
LUPRON DEPOT (4-MONTH)	5	
LUPRON DEPOT (6-MONTH)	5	
LUPRON DEPOT-PED (1-MONTH)	5	
LUPRON DEPOT-PED (3-MONTH)	5	
LUPRON DEPOT-PED (6-MONTH)	5	
MYCAPSSA	5	
<i>octreotide acetate (octreotide acetate 50 mcg/ml soln prsy, octreotide acetate 100 mcg/ml soln prsy, octreotide acetate 500 mcg/ml soln prsy, octreotide acetate inj 50 mcg/ml (0.05 mg/ml), octreotide acetate inj 100 mcg/ml (0.1 mg/ml), octreotide acetate inj 200 mcg/ml (0.2 mg/ml), octreotide acetate inj 500 mcg/ml (0.5 mg/ml), octreotide acetate inj 1000 mcg/ml (1 mg/ml))</i>	5	
ORGOVYX	5	QL PA
ORLISSA	3	QL PA AL

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SIGNIFOR	5	
SOMAVERT	5	
SYNAREL	5	
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
ANTITHYROID AGENTS		
<i>methimazole (methimazole tab 5 mg, methimazole tab 10 mg)</i>	1	
<i>propylthiouracil tab 50 mg</i>	2	
IMMUNOLOGICAL AGENTS		
ANGIOEDEMA AGENTS		
BERINERT	5	QL PA
HAEGARDA	5	QL PA
<i>icatibant acetate</i>	5	QL PA
ORLADEYO	5	QL PA
RUCONEST	5	QL PA
TAKHZYRO	5	QL PA
IMMUNOLOGICAL AGENTS, OTHER		
ACTEMRA 162 MG/0.9ML SOLN PRSYR	5	QL PA
ACTEMRA ACTPEN	5	QL PA
ADBRY	5	QL PA
ARCALYST	5	QL PA



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BENLYSTA (BENLYSTA 200 MG/ML SOLN A-INJ, BENLYSTA 200 MG/ML SOLN PRSYR)	5	QL PA
COSENTYX (300 MG DOSE)	5	QL PA
COSENTYX (COSENTYX 75 MG/0.5ML SOLN PRSYR, COSENTYX 150 MG/ML SOLN PRSYR)	5	QL PA
COSENTYX SENSOREADY (300 MG)	5	QL PA
COSENTYX SENSOREADY PEN	5	QL PA
COSENTYX UNOREADY	5	QL PA
DUPIXENT (DUPIXENT 200 MG/1.14ML SOLN PEN, DUPIXENT 200 MG/1.14ML SOLN PRSYR, DUPIXENT 300 MG/2ML SOLN PEN, DUPIXENT 300 MG/2ML SOLN PRSYR)	5	QL PA AL
DUPIXENT 100 MG/0.67ML SOLN PRSYR	5	QL PA
EMPAVELI	5	QL PA
ENSPRYNG	5	PA QL
KEVZARA	5	QL PA AL
OLUMIANT	5	QL PA
ORENCIA (ORENCIA 50 MG/0.4ML SOLN PRSYR, ORENCIA 125 MG/ML SOLN PRSYR)	5	QL PA
ORENCIA CLICKJECT	5	QL PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OTEZLA 10 & 20 & 30 MG TAB THPK	5	PA QL
PALFORZIA (12 MG DAILY DOSE)	5	QL PA
PALFORZIA (120 MG DAILY DOSE)	5	QL PA
PALFORZIA (160 MG DAILY DOSE)	5	QL PA
PALFORZIA (20 MG DAILY DOSE)	5	QL PA
PALFORZIA (200 MG DAILY DOSE)	5	QL PA
PALFORZIA (240 MG DAILY DOSE)	5	QL PA
PALFORZIA (3 MG DAILY DOSE)	5	QL PA
PALFORZIA (300 MG MAINTENANCE)	5	QL PA
PALFORZIA (300 MG TITRATION)	5	QL PA
PALFORZIA (40 MG DAILY DOSE)	5	QL PA
PALFORZIA (6 MG DAILY DOSE)	5	QL PA
PALFORZIA (80 MG DAILY DOSE)	5	QL PA
PALFORZIA INITIAL ESCALATION	5	PA QL
RIDAURA	4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SKYRIZI (150 MG DOSE)	5	PA QL
SKYRIZI 180 MG/1.2ML SOLN CART	5	PA QL
SKYRIZI 360 MG/2.4ML SOLN CART	5	QL PA
SOTYKTU	5	QL PA
STELARA (STELARA 45 MG/0.5ML SOLN PRSYR, STELARA 45 MG/0.5ML SOLUTION, STELARA 90 MG/ML SOLN PRSYR)	5	QL PA
TEZSPIRE 210 MG/1.91ML SOLN A-INJ	5	QL PA
TREMFYA	5	QL PA AL
XELJANZ (XELJANZ 1 MG/ML SOLUTION, XELJANZ 5 MG TAB)	5	QL PA
XELJANZ 10 MG TAB	5	PA QL
XOLAIR (XOLAIR 75 MG/0.5ML SOLN A-INJ, XOLAIR 75 MG/0.5ML SOLN PRSYR, XOLAIR 150 MG/ML SOLN A-INJ, XOLAIR 150 MG/ML SOLN PRSYR, XOLAIR 300 MG/2ML SOLN A-INJ, XOLAIR 300 MG/2ML SOLN PRSYR)	5	PA AL
<b>IMMUNOSTIMULANTS</b>		
ACTIMMUNE	5	
INTRON A	5	
PEGASYS	5	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>IMMUNOSUPPRESSANTS</b>		
AMJEVITA (AMJEVITA 10 MG/0.2ML SOLN PRSYR, AMJEVITA 20 MG/0.4ML SOLN PRSYR, AMJEVITA 40 MG/0.8ML SOLN A-INJ, AMJEVITA 40 MG/0.8ML SOLN PRSYR)	5	QL PA
ASTAGRAF XL	4	PREV Preventive
<i>azathioprine (azathioprine tab 50 mg, azathioprine tab 75 mg, azathioprine tab 100 mg)</i>	2	PREV Preventive
CIMZIA (2 SYRINGE)	5	QL PA
CIMZIA STARTER KIT	5	PA QL
<i>cyclosporine (cyclosporine cap 25 mg, cyclosporine cap 100 mg)</i>	2	PREV Preventive
<i>cyclosporine modified (for microemulsion) (cyclosporine modified cap 25 mg, cyclosporine modified cap 50 mg, cyclosporine modified cap 100 mg, cyclosporine modified oral soln 100 mg/ml)</i>	2	PREV Preventive
ENBREL (ENBREL 25 MG RECON SOLN, ENBREL 25 MG/0.5ML SOLUTION, ENBREL 50 MG/ML SOLN PRSYR)	5	QL PA
ENBREL 25 MG/0.5ML SOLN PRSYR	5	PA QL
ENBREL MINI	5	QL PA
ENBREL SURECLICK	5	QL PA
ENVARUSUS XR	4	PREV Preventive
<i>everolimus (immunosuppressant)</i>	2	PREV Preventive
HADLIMA	5	QL PA
HADLIMA PUSH TOUCH	5	QL PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HUMIRA	5	QL PA
HUMIRA (2 PEN) (HUMIRA (2 PEN) 40 MG/0.4ML PEN KIT, HUMIRA (2 PEN) 40 MG/0.8ML PEN KIT)	5	QL PA
HUMIRA (2 SYRINGE) 40 MG/0.8ML PREF SY KT	5	QL PA
HUMIRA PEDIATRIC CROHNS START	5	PA QL
HUMIRA PEN	5	QL PA
HUMIRA PEN-CD/UC/HS STARTER	5	PA QL
HUMIRA PEN-PEDIATRIC UC START	5	PA QL
HUMIRA PEN-PSOR/UEVIT STARTER	5	PA QL
HUMIRA-CD/UC/HS STARTER	5	PA QL
HUMIRA-PS/UV/ADOL HS STARTER	5	PA QL
HYFTOR	4	PA QL
<i>leflunomide (leflunomide tab 10 mg, leflunomide tab 20 mg)</i>	2	
LUPKYNIS	5	QL PA
<i>methotrexate sodium (methotrexate sodium for inj 1 gm, methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml), methotrexate sodium tab 2.5 mg (base equiv))</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>methotrexate sodium (methotrexate sodium inj 50 mg/2ml (25 mg/ml), methotrexate sodium inj pf 50 mg/2ml (25 mg/ml), methotrexate sodium inj pf 250 mg/10ml (25 mg/ml))</i>	1	
METHOTREXATE SODIUM 250 MG/10ML SOLUTION	4	
<i>mycophenolate mofetil (mycophenolate mofetil cap 250 mg, mycophenolate mofetil for oral susp 200 mg/ml, mycophenolate mofetil tab 500 mg)</i>	2	PREV Preventive
<i>mycophenolate sodium</i>	2	PREV Preventive
NEORAL (NEORAL 25 MG CAP, NEORAL 100 MG CAP, NEORAL 100 MG/ML SOLUTION)	4	PREV Preventive
OTREXUP	3	ST
PROGRAF (PROGRAF 0.2 MG PACKET, PROGRAF 0.5 MG CAP, PROGRAF 1 MG CAP, PROGRAF 1 MG PACKET, PROGRAF 5 MG CAP)	4	PREV Preventive
RAPAMUNE (RAPAMUNE 0.5 MG TAB, RAPAMUNE 1 MG TAB, RAPAMUNE 1 MG/ML SOLUTION, RAPAMUNE 2 MG TAB)	4	PREV Preventive
REDITREX	3	ST
REZUROCK	5	QL PA
RINVOQ (RINVOQ 15 MG TAB ER 24H, RINVOQ 30 MG TAB ER 24H)	5	QL PA
RINVOQ 45 MG TAB ER 24H	5	PA QL
SANDIMMUNE (SANDIMMUNE 25 MG CAP, SANDIMMUNE 100 MG CAP, SANDIMMUNE 100 MG/ML SOLUTION)	4	PREV Preventive
SIMPONI (SIMPONI 100 MG/ML SOLN A-INJ, SIMPONI 100 MG/ML SOLN PRSYR)	5	QL PA
<i>sirolimus (sirolimus oral soln 1 mg/ml, sirolimus tab 0.5 mg, sirolimus tab 1 mg, sirolimus tab 2 mg)</i>	2	PREV Preventive
<i>tacrolimus (tacrolimus cap 0.5 mg, tacrolimus cap 1 mg, tacrolimus cap 5 mg)</i>	2	PREV Preventive
XELJANZ XR 11 MG TAB ER 24H	5	QL PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XELJANZ XR 22 MG TAB ER 24H	5	PA QL
ZORTRESS	4	PREV Preventive
VACCINES		
ABRYSVO	3	ACA Affordable Care Act Medications PREV Preventive
ACTHIB	3	ACA Affordable Care Act Medications PREV Preventive
ADACEL	3	ACA Affordable Care Act Medications PREV Preventive
AFLURIA QUADRIVALENT	3	AL ACA Affordable Care Act Medications PREV Preventive
AREXVY	3	AL ACA Affordable Care Act Medications PREV Preventive
BEXSERO	3	ACA Affordable Care Act Medications PREV Preventive
BOOSTRIX	3	ACA Affordable Care Act Medications PREV Preventive
COMIRNATY	3	AL ACA Affordable Care Act Medications PREV Preventive
DAPTACEL	3	ACA Affordable Care Act Medications PREV Preventive
DIPHtheria-TETANUS TOXoids DT	3	ACA Affordable Care Act Medications PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ENGERIX-B	3	<p>ACA Affordable Care Act Medications</p> <p>PREV Preventive</p>
FLUAD QUADRIVALENT	3	<p>AL</p> <p>ACA Affordable Care Act Medications</p> <p>PREV Preventive</p>
FLUARIX QUADRIVALENT	3	<p>AL</p> <p>ACA Affordable Care Act Medications</p> <p>PREV Preventive</p>
FLUBLOK QUADRIVALENT	3	<p>AL</p> <p>ACA Affordable Care Act Medications</p> <p>PREV Preventive</p>
FLUCELVAX QUADRIVALENT	3	<p>AL</p> <p>ACA Affordable Care Act Medications</p> <p>PREV Preventive</p>
FLULAVAL QUADRIVALENT	3	<p>AL</p> <p>ACA Affordable Care Act Medications</p> <p>PREV Preventive</p>
FLUMIST QUADRIVALENT	3	<p>AL</p> <p>ACA Affordable Care Act Medications</p> <p>PREV Preventive</p>
FLUZONE HIGH-DOSE QUADRIVALENT	3	<p>AL</p> <p>ACA Affordable Care Act Medications</p> <p>PREV Preventive</p>
FLUZONE QUADRIVALENT	3	<p>AL</p> <p>ACA Affordable Care Act Medications</p> <p>PREV Preventive</p>
GARDASIL 9	3	<p>ACA Affordable Care Act Medications</p> <p>PREV Preventive</p>



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HAVRIX	3	ACA Affordable Care Act Medications PREV Preventive
HEPLISAV-B	3	ACA Affordable Care Act Medications PREV Preventive
HIBERIX	3	ACA Affordable Care Act Medications PREV Preventive
IMOVAX RABIES	3	PREV Preventive
INFANRIX	3	ACA Affordable Care Act Medications PREV Preventive
IPOL	3	ACA Affordable Care Act Medications PREV Preventive
JANSSEN COVID-19 VACCINE	3	AL
JYNNEOS	3	PREV Preventive
KINRIX	3	ACA Affordable Care Act Medications PREV Preventive
M-M-R II	3	ACA Affordable Care Act Medications PREV Preventive
MENACTRA	3	ACA Affordable Care Act Medications PREV Preventive
MENQUADFI	3	ACA Affordable Care Act Medications PREV Preventive
MENVEO (MENVEO RECON SOLN, MENVEO SOLUTION)	3	ACA Affordable Care Act Medications PREV Preventive
MODERNA COVID-19 BIVAL 6M-5Y	3	AL ACA Affordable Care Act Medications PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MODERNA COVID-19 BIVAL BOOSTER	3	AL ACA Affordable Care Act Medications PREV Preventive
MODERNA COVID-19 BIVALENT	3	AL ACA Affordable Care Act Medications PREV Preventive
MODERNA COVID-19 VAC (BOOSTER)	3	AL ACA Affordable Care Act Medications PREV Preventive
MODERNA COVID-19 VAC 6M-11Y	3	ACA Affordable Care Act Medications PREV Preventive
MODERNA COVID-19 VACC 6-11Y	3	AL ACA Affordable Care Act Medications PREV Preventive
MODERNA COVID-19 VACC 6M-5Y	3	AL ACA Affordable Care Act Medications PREV Preventive
MODERNA COVID-19 VACCINE	3	AL ACA Affordable Care Act Medications PREV Preventive
NOVAVAX COVID-19 VACCINE	3	AL ACA Affordable Care Act Medications PREV Preventive
PEDIARIX	4	ACA Affordable Care Act Medications PREV Preventive
PEDVAX HIB	4	ACA Affordable Care Act Medications PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PENTACEL	4	ACA Affordable Care Act Medications PREV Preventive
PFIZER COVID-19 BIVAL 6MO-4YR	3	AL ACA Affordable Care Act Medications PREV Preventive
PFIZER COVID-19 VAC BIVAL 5-11	3	AL ACA Affordable Care Act Medications PREV Preventive
PFIZER COVID-19 VAC BIVALENT	3	AL ACA Affordable Care Act Medications PREV Preventive
PFIZER COVID-19 VAC-TRIS 5-11Y 10 MCG/0.2ML SUSPENSION	3	AL ACA Affordable Care Act Medications PREV Preventive
PFIZER COVID-19 VAC-TRIS 5-11Y 10 MCG/0.3ML SUSPENSION	3	ACA Affordable Care Act Medications PREV Preventive
PFIZER COVID-19 VAC-TRIS 6M-4Y 3 MCG/0.2ML SUSPENSION	3	AL ACA Affordable Care Act Medications PREV Preventive
PFIZER COVID-19 VAC-TRIS 6M-4Y 3 MCG/0.3ML SUSPENSION	3	ACA Affordable Care Act Medications PREV Preventive
PFIZER-BIONT COVID-19 VAC-TRIS	3	AL ACA Affordable Care Act Medications PREV Preventive
PFIZER-BIONTECH COVID-19 VACC	3	AL ACA Affordable Care Act Medications PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PNEUMOVAX 23	4	ACA Affordable Care Act Medications PREV Preventive
PREHEVBRIO	3	ACA Affordable Care Act Medications PREV Preventive
PREVNAR 13	4	ACA Affordable Care Act Medications PREV Preventive
PREVNAR 20	3	ACA Affordable Care Act Medications PREV Preventive
PRIORIX	3	ACA Affordable Care Act Medications PREV Preventive
PROQUAD	4	ACA Affordable Care Act Medications PREV Preventive
QUADRACEL	4	ACA Affordable Care Act Medications PREV Preventive
RABAVERT	4	PREV Preventive
RECOMBIVAX HB	4	ACA Affordable Care Act Medications PREV Preventive
ROTARIX	4	ACA Affordable Care Act Medications PREV Preventive
ROTATEQ	4	ACA Affordable Care Act Medications PREV Preventive
SHINGRIX	3	ACA Affordable Care Act Medications PREV Preventive
SPIKEVAX 50 MCG/0.5ML SUSP PRSYR	3	ACA Affordable Care Act Medications PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SPIKEVAX 50 MCG/0.5ML SUSPENSION	3	AL ACA Affordable Care Act Medications PREV Preventive
SPIKEVAX COVID-19 VACCINE	3	AL ACA Affordable Care Act Medications PREV Preventive
TDVAX	4	ACA Affordable Care Act Medications PREV Preventive
TENIVAC	4	ACA Affordable Care Act Medications PREV Preventive
TRUMENBA	4	ACA Affordable Care Act Medications PREV Preventive
TWINRIX	4	ACA Affordable Care Act Medications PREV Preventive
VAQTA	4	ACA Affordable Care Act Medications PREV Preventive
VARIVAX	4	ACA Affordable Care Act Medications PREV Preventive
VAXELIS	3	ACA Affordable Care Act Medications PREV Preventive
VAXNEUVANCE	3	ACA Affordable Care Act Medications PREV Preventive
VIVOTIF	4	PREV Preventive
ZOSTAVAX	3	ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>INFLAMMATORY BOWEL DISEASE AGENTS</b>		
<b>AMINOSALICYLATES</b>		
<i>balsalazide disodium</i>	2	
<b>DIPENTUM</b>	4	
<i>mesalamine (mesalamine cap dr 400 mg, mesalamine cap er 24hr 0.375 gm, mesalamine enema 4 gm, mesalamine suppos 1000 mg, mesalamine tab delayed release 1.2 gm, mesalamine tab delayed release 800 mg)</i>	2	
<b>MESALAMINE 800 MG TAB DR</b>	4	
<i>sulfasalazine (sulfasalazine tab 500 mg, sulfasalazine tab delayed release 500 mg)</i>	2	
<b>GLUCOCORTICOIDS</b>		
<i>budesonide delayed release particles cap 3 mg</i>	2	
<b>CORTIFOAM</b>	3	
<i>hydrocortisone (hydrocortisone tab 5 mg, hydrocortisone tab 10 mg, hydrocortisone tab 20 mg)</i>	2	
<i>hydrocortisone (intrarectal)</i>	2	
<b>METABOLIC BONE DISEASE AGENTS</b>		
<i>alendronate sodium (alendronate sodium tab 10 mg, alendronate sodium tab 35 mg, alendronate sodium tab 70 mg)</i>	1	PREV Preventive
<b>ALENDRONATE SODIUM 5 MG TAB</b>	4	PREV Preventive
<i>alendronate sodium oral soln 70 mg/75ml</i>	2	PREV Preventive
<i>calcitonin (salmon)</i>	2	PREV Preventive
<i>calcitriol cap 0.25 mcg</i>	1	
<i>calcitriol cap 0.5 mcg</i>	2	
<i>cholecalciferol cap 1.25 mg (50000 unit)</i>	1	
<i>cinacalcet hcl</i>	5	
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	1	
<b>FORTEO</b>	5	QL PA
<b>FOSAMAX PLUS D</b>	4	PREV Preventive
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	1	PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NATPARA	5	
<i>paricalcitol (paricalcitol cap 1 mcg, paricalcitol cap 2 mcg, paricalcitol cap 4 mcg)</i>	2	
<i>risedronate sodium (risedronate sodium tab 5 mg, risedronate sodium tab 30 mg, risedronate sodium tab 35 mg, risedronate sodium tab 150 mg)</i>	2	PREV Preventive
<i>teriparatide (recombinant) soln pen-inj 600 mcg/2.4ml</i>	5	QL PA
TYMLOS	5	QL PA AL
MISCELLANEOUS THERAPEUTIC AGENTS		
1ST TIER UNIFINE PENTIPS	3	PREV Preventive
1ST TIER UNIFINE PENTIPS PLUS	3	PREV Preventive
1ST TIER UNILET COMFORTOUCH	3	PREV Preventive
ABOUTTIME PEN NEEDLE	3	PREV Preventive
ACCU-CHEK FASTCLIX LANCET	3	PREV Preventive
ACCU-CHEK FASTCLIX LANCETS	3	PREV Preventive
ACCU-CHEK SAFE-T PRO LANCETS	3	PREV Preventive
ACCU-CHEK SOFTCLIX LANCET DEV	3	PREV Preventive
ACCU-CHEK SOFTCLIX LANCETS	3	PREV Preventive
ACTI-LANCE 28G	3	PREV Preventive
ACTI-LANCE LITE LANCETS 28G	3	PREV Preventive
ACTI-LANCE SPECIAL LANCETS 17G	3	PREV Preventive
ACTI-LANCE UNIVERSAL 23G	3	PREV Preventive
ADJUSTABLE LANCING DEVICE	3	PREV Preventive
ADVANCED MOBILE LANCET	3	PREV Preventive
ADVOCATE INSULIN PEN NEEDLE	3	PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ADVOCATE INSULIN PEN NEEDLES	3	PREV Preventive
ADVOCATE INSULIN SYRINGE	3	PREV Preventive
ADVOCATE LANCETS	3	PREV Preventive
ADVOCATE LANCETS 30G	3	PREV Preventive
ADVOCATE LANCING DEVICE	3	PREV Preventive
ADVOCATE RAPID-SAFE LANCING	3	PREV Preventive
ADVOCATE SAFETY LANCETS	3	PREV Preventive
ADVOCATE SAFETY LANCETS 26G	3	PREV Preventive
AGAMATRIX ULTRA-THIN LANCETS	3	PREV Preventive
AIMSCO LUBRICATED	3	ACA Affordable Care Act Medications PREV Preventive
AIMSCO TWIST LANCETS 32G	3	PREV Preventive
AIMSCO TWIST LANCETS 33G	3	PREV Preventive
ALLERGIST PACKAGE	3	
ALLERGY SYRINGE	3	
AQ INSULIN SYRINGE	3	PREV Preventive
AQINJECT PEN NEEDLE	3	PREV Preventive
AQUALANCE LANCETS 30G	3	PREV Preventive
ASSURE COMFORT LANCETS 28G	3	PREV Preventive
ASSURE HAEMOLANCE PLUS HIGH	3	PREV Preventive
ASSURE HAEMOLANCE PLUS LOW	3	PREV Preventive
ASSURE HAEMOLANCE PLUS MICRO	3	PREV Preventive
ASSURE HAEMOLANCE PLUS NORMAL	3	PREV Preventive
ASSURE HAEMOLANCE PLUS PED	3	PREV Preventive
ASSURE ID DUO PRO PEN NEEDLES	3	PREV Preventive
ASSURE ID INSULIN SAFETY SYR	3	PREV Preventive



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ASSURE ID PRO PEN NEEDLES	3	PREV Preventive
ASSURE ID SAFETY PEN NEEDLES	3	PREV Preventive
ASSURE LANCE LANCETS	3	PREV Preventive
ASSURE LANCE LANCETS 21G	3	PREV Preventive
ASSURE LANCE PLUS SAFETY 25G	3	PREV Preventive
ASSURE LANCE PLUS SAFETY 30G	3	PREV Preventive
ASSURE LANCE SAFETY LANCET 28G	3	PREV Preventive
AUM INSULIN SAFETY PEN NEEDLE	3	PREV Preventive
AUM MINI INSULIN PEN NEEDLE	3	PREV Preventive
AUM PEN NEEDLE	3	PREV Preventive
AUM READYGARD DUO PEN NEEDLE	3	PREV Preventive
AUM SAFETY PEN NEEDLE	3	PREV Preventive
AURORA LANCET SUPER THIN 30G	3	PREV Preventive
AURORA LANCET THIN 23G	3	PREV Preventive
AURORA PEN NEEDLES	3	PREV Preventive
AURORA UNIFINE PENTIPS	3	PREV Preventive
AUTO-LANCET	3	PREV Preventive
AUTO-LANCET MINI	3	PREV Preventive
AUTOLET II CLINISAFE	3	PREV Preventive
AUTOLET LANCING DEVICE	3	PREV Preventive
AUTOLET LITE CLINISAFE	3	PREV Preventive
AUTOLET LITE STARTER PACK	3	PREV Preventive
AUTOLET MINI	3	PREV Preventive
AUTOLET PLATFORMS	3	PREV Preventive
AUTOLET PLUS	3	PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AUTOPEN	3	
BARDIA BULB IRRIGATION SYRINGE	3	
BARDIA PISTON IRRIGATION SYR	3	
BD ALLERGIST TRAY	3	
BD ALLERGY SYRINGE	3	
BD AUTOSHIELD	3	PREV Preventive
BD AUTOSHIELD DUO	3	PREV Preventive
BD BLUNT FILL NEEDLE	3	
BD BLUNT FILTER NEEDLE	3	
BD CONTROL SYRING LUER-LOK	3	
BD DISP NEEDLE (BD DISP NEEDLE 23G X 1" MISC, BD DISP NEEDLE 25G X 1" MISC)	3	
BD DISP NEEDLES (BD DISP NEEDLES 16G X 1-1/2" MISC, BD DISP NEEDLES 18G X 1-1/2" MISC, BD DISP NEEDLES 19G X 1" MISC, BD DISP NEEDLES 20G X 1" MISC, BD DISP NEEDLES 20G X 1-1/2" MISC, BD DISP NEEDLES 21G X 1-1/2" MISC, BD DISP NEEDLES 22G X 1-1/2" MISC, BD DISP NEEDLES 25G X 5/8" MISC, BD DISP NEEDLES 25G X 7/8" MISC, BD DISP NEEDLES 27G X 1/2" MISC, BD DISP NEEDLES 30G X 1/2" MISC)	3	
BD ECLIPSE LUER-LOK NEEDLE	3	
BD ECLIPSE NEEDLE (BD ECLIPSE NEEDLE 18G X 1-1/2" MISC, BD ECLIPSE NEEDLE 21G X 1" MISC, BD ECLIPSE NEEDLE 21G X 1-1/2" MISC, BD ECLIPSE NEEDLE 23G X 1" MISC, BD ECLIPSE NEEDLE 25G X 1" MISC, BD ECLIPSE NEEDLE 25G X 1-1/2" MISC, BD ECLIPSE NEEDLE 25G X 5/8" MISC, BD ECLIPSE NEEDLE 27G X 1/2" MISC)	3	
BD ECLIPSE SHIELDED NEEDLE	3	
BD ECLIPSE SYRINGE (BD ECLIPSE SYRINGE 21G X 1" 3 ML MISC, BD ECLIPSE SYRINGE 25G X 1" 3 ML MISC, BD ECLIPSE SYRINGE 27G X 1/2" 1 ML MISC, BD ECLIPSE SYRINGE 30G X 1/2" 1 ML MISC)	3	
BD ECLIPSE SYRINGE/NEEDLE	3	
BD FILTER NEEDLE/5 MICRON	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BD HYPODERMIC NEEDLE (BD HYPODERMIC NEEDLE 16G X 1" MISC, BD HYPODERMIC NEEDLE 18G X 1" MISC, BD HYPODERMIC NEEDLE 18G X 1-1/2" MISC, BD HYPODERMIC NEEDLE 19G X 1" MISC, BD HYPODERMIC NEEDLE 19G X 1-1/2" MISC, BD HYPODERMIC NEEDLE 21G X 1" MISC, BD HYPODERMIC NEEDLE 21G X 2" MISC, BD HYPODERMIC NEEDLE 22G X 1" MISC, BD HYPODERMIC NEEDLE 22G X 1-1/2" MISC, BD HYPODERMIC NEEDLE 23G X 1" MISC, BD HYPODERMIC NEEDLE 23G X 3/4" MISC, BD HYPODERMIC NEEDLE 25G X 1-1/2" MISC, BD HYPODERMIC NEEDLE 26G X 1/2" MISC)	3	
BD INSULIN SYR ULTRAFINE II	3	PREV Preventive
BD INSULIN SYRINGE (BD INSULIN SYRINGE 25G X 1" 1 ML MISC, BD INSULIN SYRINGE 25G X 5/8" 1 ML MISC, BD INSULIN SYRINGE 26G X 1/2" 1 ML MISC, BD INSULIN SYRINGE 27G X 1/2" 1 ML MISC, BD INSULIN SYRINGE 27.5G X 5/8" 2 ML MISC, BD INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC, BD INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, BD INSULIN SYRINGE 29G X 1/2" 1 ML MISC, BD INSULIN SYRINGE U-100 1 ML MISC)	3	PREV Preventive
BD INSULIN SYRINGE HALF-UNIT	3	PREV Preventive
BD INSULIN SYRINGE MICROFINE	3	PREV Preventive
BD INSULIN SYRINGE U-500	3	PREV Preventive
BD INSULIN SYRINGE U/F	3	PREV Preventive
BD INSULIN SYRINGE U/F 1/2UNIT	3	PREV Preventive
BD INSULIN SYRINGE ULTRAFINE	3	PREV Preventive
BD INTEGRA NEEDLE	3	
BD INTEGRA SYRINGE (BD INTEGRA SYRINGE 21G X 1-1/2" 3 ML MISC, BD INTEGRA SYRINGE 22G X 1-1/2" 3 ML MISC, BD INTEGRA SYRINGE 23G X 1" 3 ML MISC, BD INTEGRA SYRINGE 25G X 1" 3 ML MISC, BD INTEGRA SYRINGE 25G X 5/8" 3 ML MISC)	3	
BD LANCET ULTRAFINE 30G	3	PREV Preventive
BD LANCET ULTRAFINE 33G	3	PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BD LUER-LOK SYRINGE (BD LUER-LOK SYRINGE 10 ML MISC, BD LUER-LOK SYRINGE 18G X 1-1/2" 3 ML MISC, BD LUER-LOK SYRINGE 20G X 1" 1 ML MISC, BD LUER-LOK SYRINGE 20G X 1" 10 ML MISC, BD LUER-LOK SYRINGE 20G X 1" 3 ML MISC, BD LUER-LOK SYRINGE 20G X 1" 5 ML MISC, BD LUER-LOK SYRINGE 20G X 1-1/2" 10 ML MISC, BD LUER-LOK SYRINGE 20G X 1-1/2" 5 ML MISC, BD LUER-LOK SYRINGE 21G X 1" 10 ML MISC, BD LUER-LOK SYRINGE 21G X 1" 3 ML MISC, BD LUER-LOK SYRINGE 21G X 1" 5 ML MISC, BD LUER-LOK SYRINGE 21G X 1-1/2" 10 ML MISC, BD LUER-LOK SYRINGE 21G X 1-1/2" 3 ML MISC, BD LUER-LOK SYRINGE 21G X 1-1/2" 5 ML MISC, BD LUER-LOK SYRINGE 22G X 1" 10 ML MISC, BD LUER-LOK SYRINGE 22G X 1" 3 ML MISC, BD LUER-LOK SYRINGE 22G X 1" 5 ML MISC, BD LUER-LOK SYRINGE 22G X 1-1/2" 3 ML MISC, BD LUER-LOK SYRINGE 22G X 1-1/2" 5 ML MISC, BD LUER-LOK SYRINGE 23G X 1" 3 ML MISC, BD LUER-LOK SYRINGE 23G X 1-1/2" 3 ML MISC, BD LUER-LOK SYRINGE 25G X 1" 3 ML MISC, BD LUER-LOK SYRINGE 25G X 1-1/2" 3 ML MISC, BD LUER-LOK SYRINGE 25G X 5/8" 1 ML MISC, BD LUER-LOK SYRINGE 25G X 5/8" 3 ML MISC, BD LUER-LOK SYRINGE 26G X 5/8" 3 ML MISC)	3	
BD MICROTAINER LANCETS	3	PREV Preventive
BD PEN	3	
BD PEN MINI	3	
BD PEN NEEDLE MICRO U/F	3	PREV Preventive
BD PEN NEEDLE MINI U/F	3	PREV Preventive
BD PEN NEEDLE NANO 2ND GEN	3	PREV Preventive
BD PEN NEEDLE NANO U/F	3	PREV Preventive
BD PEN NEEDLE ORIGINAL U/F	3	PREV Preventive
BD PEN NEEDLE SHORT U/F	3	PREV Preventive
BD PLASTIPAK SYRINGE (BD PLASTIPAK SYRINGE 3 ML MISC, BD PLASTIPAK SYRINGE 21G X 1" 3 ML MISC)	3	
BD PRECISIONGLIDE NEEDLE (BD PRECISIONGLIDE NEEDLE 23G X 1-1/2" MISC, BD PRECISIONGLIDE NEEDLE 27G X 1-1/2" MISC, BD PRECISIONGLIDE NEEDLE 27G X 3/8" MISC)	3	
BD SAFETY-LOK INSULIN SYRINGE	3	PREV Preventive
BD SAFETYGLIDE ALLERGY SYRINGE	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BD SAFETYGLIDE INSULIN SYRINGE	3	PREV Preventive
BD SAFETYGLIDE NEEDLE (BD SAFETYGLIDE NEEDLE 18G X 1-1/2" MISC, BD SAFETYGLIDE NEEDLE 21G X 1" MISC, BD SAFETYGLIDE NEEDLE 21G X 1-1/2" 3 ML MISC, BD SAFETYGLIDE NEEDLE 25G X 1" MISC, BD SAFETYGLIDE NEEDLE 25G X 5/8" MISC, BD SAFETYGLIDE NEEDLE 27G X 5/8" MISC)	3	
BD SAFETYGLIDE SHIELDED NEEDLE (BD SAFETYGLIDE SHIELDED NEEDLE 21G X 1-1/2" MISC, BD SAFETYGLIDE SHIELDED NEEDLE 22G X 1-1/2" MISC, BD SAFETYGLIDE SHIELDED NEEDLE 22G X 1-1/2" 5 ML MISC, BD SAFETYGLIDE SHIELDED NEEDLE 23G X 1" MISC)	3	
BD SAFETYGLIDE SYRINGE/NEEDLE (BD SAFETYGLIDE SYRINGE/NEEDLE 25G X 1" 3 ML MISC, BD SAFETYGLIDE SYRINGE/NEEDLE 27G X 5/8" 1 ML MISC)	3	
BD SYRINGE	3	
BD SYRINGE BLUNT CANNULA 17G	3	
BD SYRINGE DISPOSABLE	3	
BD SYRINGE DUAL CANNULA	3	
BD SYRINGE LUER SLIP TIP	3	
BD SYRINGE LUER-LOK	3	
BD SYRINGE SLIP TIP (BD SYRINGE SLIP TIP 1 ML MISC, BD SYRINGE SLIP TIP 3 ML MISC, BD SYRINGE SLIP TIP 10 ML MISC, BD SYRINGE SLIP TIP 25G X 5/8" 1 ML MISC, BD SYRINGE SLIP TIP 26G X 3/8" 1 ML MISC, BD SYRINGE SLIP TIP 26G X 5/8" 1 ML MISC)	3	
BD SYRINGE/NEEDLE (BD SYRINGE/NEEDLE 22G X 1-1/2" 3 ML MISC, BD SYRINGE/NEEDLE 23G X 1" 3 ML MISC, BD SYRINGE/NEEDLE 25G X 5/8" 1 ML MISC, BD SYRINGE/NEEDLE 25G X 5/8" 3 ML MISC)	3	
BD TB SYRINGE	3	
BD VEO INSULIN SYR U/F 1/2UNIT	3	PREV Preventive
BD VEO INSULIN SYRINGE U/F	3	PREV Preventive
BD YALE LNR REUSABLE NEEDLE	3	
CARDIOCOM LANCING DEVICE	3	PREV Preventive
CAREFINE PEN NEEDLES	3	PREV Preventive
CAREONE ADVANCED LANCING DEV	3	PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CAREONE INSULIN SYRINGE	3	PREV Preventive
CAREONE LANCET SUPER THIN 30G	3	PREV Preventive
CAREONE LANCET THIN 23G	3	PREV Preventive
CAREONE UNIFINE PENTIPS	3	PREV Preventive
CAREONE UNIFINE PENTIPS PLUS	3	PREV Preventive
CAREPOINT POLY HUB NEEDLE (CAREPOINT POLY HUB NEEDLE 18G X 1" MISC, CAREPOINT POLY HUB NEEDLE 18G X 1-1/2" MISC, CAREPOINT POLY HUB NEEDLE 20G X 1" MISC, CAREPOINT POLY HUB NEEDLE 21G X 1" MISC, CAREPOINT POLY HUB NEEDLE 21G X 1-1/2" MISC, CAREPOINT POLY HUB NEEDLE 22G X 1" MISC, CAREPOINT POLY HUB NEEDLE 22G X 1-1/2" MISC, CAREPOINT POLY HUB NEEDLE 23G X 1" MISC, CAREPOINT POLY HUB NEEDLE 23G X 1-1/2" MISC, CAREPOINT POLY HUB NEEDLE 25G X 1" MISC, CAREPOINT POLY HUB NEEDLE 25G X 1-1/2" MISC, CAREPOINT POLY HUB NEEDLE 25G X 5/8" MISC, CAREPOINT POLY HUB NEEDLE 27G X 1/2" MISC, CAREPOINT POLY HUB NEEDLE 30G X 1/2" MISC)	3	
CAREPOINT SAFETY 1ST NEEDLE (CAREPOINT SAFETY 1ST NEEDLE 23G X 1" MISC, CAREPOINT SAFETY 1ST NEEDLE 23G X 1-1/2" MISC, CAREPOINT SAFETY 1ST NEEDLE 25G X 1" MISC, CAREPOINT SAFETY 1ST NEEDLE 25G X 1-1/2" MISC, CAREPOINT SAFETY 1ST NEEDLE 25G X 5/8" MISC)	3	
CAREPOINT SAFETY1ST SYR/NEEDLE (CAREPOINT SAFETY1ST SYR/NEEDLE 23G X 1" 1 ML MISC, CAREPOINT SAFETY1ST SYR/NEEDLE 23G X 1" 3 ML MISC, CAREPOINT SAFETY1ST SYR/NEEDLE 25G X 1" 1 ML MISC, CAREPOINT SAFETY1ST SYR/NEEDLE 25G X 1" 3 ML MISC, CAREPOINT SAFETY1ST SYR/NEEDLE 25G X 5/8" 3 ML MISC)	3	
CAREPOINT SYRINGE CATHETER TIP	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CAREPOINT SYRINGE LUER LOCK (CAREPOINT SYRINGE LUER LOCK 1 ML MISC, CAREPOINT SYRINGE LUER LOCK 3 ML MISC, CAREPOINT SYRINGE LUER LOCK 5 ML MISC, CAREPOINT SYRINGE LUER LOCK 10 ML MISC, CAREPOINT SYRINGE LUER LOCK 20 ML MISC, CAREPOINT SYRINGE LUER LOCK 20G X 1" 3 ML MISC, CAREPOINT SYRINGE LUER LOCK 20G X 1-1/2" 3 ML MISC, CAREPOINT SYRINGE LUER LOCK 22G X 1" 3 ML MISC, CAREPOINT SYRINGE LUER LOCK 22G X 1-1/2" 3 ML MISC, CAREPOINT SYRINGE LUER LOCK 23G X 1" 3 ML MISC, CAREPOINT SYRINGE LUER LOCK 23G X 1-1/2" 3 ML MISC, CAREPOINT SYRINGE LUER LOCK 25G X 1" 3 ML MISC, CAREPOINT SYRINGE LUER LOCK 30 ML MISC, CAREPOINT SYRINGE LUER LOCK 60 ML MISC)	3	
CAREPOINT SYRINGE LUER SLIP	3	
CAREPOINT TUBERCLN SYR/LUER SL	3	
CARESENS LANCETS	3	PREV Preventive
CARESENS LANCETS 30G	3	PREV Preventive
CARETOUCH CATHETER TIP SYRINGE	3	
CARETOUCH HYPODERMIC NEEDLE (CARETOUCH HYPODERMIC NEEDLE 18G X 1-1/2" MISC, CARETOUCH HYPODERMIC NEEDLE 20G X 1" MISC, CARETOUCH HYPODERMIC NEEDLE 22G X 1" MISC, CARETOUCH HYPODERMIC NEEDLE 23G X 1" MISC, CARETOUCH HYPODERMIC NEEDLE 23G X 1-1/2" MISC, CARETOUCH HYPODERMIC NEEDLE 25G X 1" MISC, CARETOUCH HYPODERMIC NEEDLE 25G X 1-1/2" MISC, CARETOUCH HYPODERMIC NEEDLE 25G X 5/8" MISC, CARETOUCH HYPODERMIC NEEDLE 26G X 1" MISC, CARETOUCH HYPODERMIC NEEDLE 27G X 1-1/2" MISC)	3	
CARETOUCH INSULIN SYRINGE	3	PREV Preventive
CARETOUCH LANCING/EJECTOR	3	PREV Preventive
CARETOUCH LUER LOCK (CARETOUCH LUER LOCK 1 ML MISC, CARETOUCH LUER LOCK 3 ML MISC, CARETOUCH LUER LOCK 5 ML MISC, CARETOUCH LUER LOCK 10 ML MISC, CARETOUCH LUER LOCK 23G X 1" 3 ML MISC)	3	
CARETOUCH LUER LOCK SYR/NEEDLE	3	
CARETOUCH LUER SLIP	3	
CARETOUCH PEN NEEDLES	3	PREV Preventive
CARETOUCH SAFETY LANCETS	3	PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CARETOUCH SAFETY LANCETS 26G	3	PREV Preventive
CARETOUCH TWIST LANCETS 28G	3	PREV Preventive
CARETOUCH TWIST LANCETS 30G	3	PREV Preventive
CARETOUCH TWIST LANCETS 33G	3	PREV Preventive
CARETOUCH TWIST MC LANCETS 30G	3	PREV Preventive
CAYA	3	ACA Affordable Care Act Medications PREV Preventive
CEQR SIMPLICITY 2U	3	
CERVIDIL	4	
CHOSEN LANCETS 30G	3	PREV Preventive
CHOSEN LANCING DEVICE	3	PREV Preventive
CHOSEN SAFETY LANCETS 28G	3	PREV Preventive
CLEANLET LANCETS 28G	3	PREV Preventive
CLEVER CHEK LANCETS	3	PREV Preventive
CLEVER CHOICE COMFORT EZ (CLEVER CHOICE COMFORT EZ MISC, CLEVER CHOICE COMFORT EZ 29G X 12MM MISC, CLEVER CHOICE COMFORT EZ 33G X 4 MM MISC)	3	PREV Preventive
CLEVER CHOICE LANCETS 21G	3	PREV Preventive
CLEVER CHOICE LANCETS 23G	3	PREV Preventive
CLEVER CHOICE LANCETS 28G	3	PREV Preventive
CLICKFINE PEN NEEDLES	3	PREV Preventive
COAGUCHEK LANCETS	3	PREV Preventive
COMFORT ASSIST INSULIN SYRINGE	3	PREV Preventive
COMFORT ASSURED LANCETS 28G	3	PREV Preventive
COMFORT ASSURED LANCETS 33G	3	PREV Preventive
COMFORT EZ INSULIN SYRINGE	3	PREV Preventive



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
COMFORT EZ MICRO PEN NEEDLES	3	PREV Preventive
COMFORT EZ PEN NEEDLES	3	PREV Preventive
COMFORT EZ PRO PEN NEEDLES	3	PREV Preventive
COMFORT EZ SHORT PEN NEEDLES	3	PREV Preventive
COMFORT LANCETS	3	PREV Preventive
COMFORT TOUCH INSULIN PEN NEED	3	PREV Preventive
COMFORT TOUCH LANCETS 31G	3	PREV Preventive
COMFORT TOUCH PLUS LANCETS 28G	3	PREV Preventive
COMFORT TOUCH PLUS LANCETS 30G	3	PREV Preventive
COMFORT TOUCH TWIST LANCET 30G	3	PREV Preventive
CONDOMS	3	ACA Affordable Care Act Medications PREV Preventive
CONTOUR CONTROL	3	PREV Preventive
CONTOUR NEXT CONTROL	3	PREV Preventive
CONTOUR NEXT EZ	3	PREV Preventive
CONTOUR NEXT GEN MONITOR W/DEVICE KIT	3	PREV Preventive
CONTOUR NEXT MONITOR	3	PREV Preventive
CONTOUR NEXT ONE	3	PREV Preventive
CONTOUR NEXT TEST	3	QL PREV Preventive
CONTOUR TEST	3	QL PREV Preventive
CRONO SYRINGE (CRONO SYRINGE 19G X 1-1/2" 10 ML MISC, CRONO SYRINGE 19G X 1-1/2" 20 ML MISC)	3	
CVS LANCETS 21G	3	PREV Preventive
CVS LANCETS MICRO THIN 33G	3	PREV Preventive
CVS LANCETS ORIGINAL	3	PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CVS LANCETS THIN 26G	3	PREV Preventive
CVS LANCETS ULTRA THIN 30G	3	PREV Preventive
CVS LANCETS ULTRA-THIN 30G	3	PREV Preventive
CVS LANCING DEVICE	3	PREV Preventive
CVS ULTRA THIN LANCETS	3	PREV Preventive
DEXCOM G6 RECEIVER	3	ST QL
DEXCOM G6 SENSOR	3	QL ST
DEXCOM G6 TRANSMITTER	3	ST QL
DEXCOM G7 RECEIVER	3	ST QL
DEXCOM G7 SENSOR	3	QL ST
DIALYSIS SAFETY SYRINGE/NEEDLE (DIALYSIS SAFETY SYRINGE/NEEDLE 22G X 1-1/2" 1 ML MISC, DIALYSIS SAFETY SYRINGE/NEEDLE 22G X 1-1/2" 3 ML MISC)	3	
DIATHRIVE LANCET ULTRA THIN 30	3	PREV Preventive
DIATHRIVE LANCETS	3	PREV Preventive
DIATHRIVE LANCING DEVICE	3	PREV Preventive
DIATHRIVE PEN NEEDLE	3	PREV Preventive
DROPLET GENTEEL LANCING DEVICE	3	PREV Preventive
DROPLET INSULIN SYRINGE	3	PREV Preventive
DROPLET LANCETS ULTRA THIN 30G	3	PREV Preventive
DROPLET LANCING DEVICE	3	PREV Preventive
DROPLET MICRON	3	PREV Preventive
DROPLET PEN NEEDLES	3	PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DROPLET PERSONAL LANCETS 30G	3	PREV Preventive
DROPSAFE SAFETY PEN NEEDLES	3	PREV Preventive
DROPSAFE SAFETY SYRINGE/NEEDLE	3	PREV Preventive
DROPSAFE SICURA	3	
DRUG MART LANCETS THIN 26G	3	PREV Preventive
DRUG MART LANCING DEVICE	3	PREV Preventive
DRUG MART ON-THE-GO LANCET 30G	3	PREV Preventive
DRUG MART UNIFINE PENTIPS	3	PREV Preventive
DRUG MART UNIFINE PENTIPS PLUS	3	PREV Preventive
DRUG MART UNILET LANCETS 28G	3	PREV Preventive
DRUG MART UNILET LANCETS 30G	3	PREV Preventive
DRUG MART UNILET LANCETS 33G	3	PREV Preventive
DUREX EXTRA SENSITIVE THIN	3	ACA Affordable Care Act Medications PREV Preventive
DUREX REALFEEL	3	ACA Affordable Care Act Medications PREV Preventive
DUREX TROPICAL	3	ACA Affordable Care Act Medications PREV Preventive
E-Z JECT LANCET MICRO-THIN 33G	3	PREV Preventive
E-Z JECT LANCET SUPER THIN 30G	3	PREV Preventive
E-Z JECT LANCETS	3	PREV Preventive
E-Z JECT LANCETS 21G	3	PREV Preventive
E-Z JECT LANCETS THIN 26G	3	PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EASY COMFORT INSULIN SYRINGE (EASY COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC, EASY COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML MISC, EASY COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, EASY COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML MISC, EASY COMFORT INSULIN SYRINGE 31G X 1/2" 0.3 ML MISC, EASY COMFORT INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC, EASY COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC, EASY COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML MISC, EASY COMFORT INSULIN SYRINGE 32G X 5/16" 0.5 ML MISC, EASY COMFORT INSULIN SYRINGE 32G X 5/16" 1 ML MISC)	3	PREV Preventive
EASY COMFORT LANCETS	3	PREV Preventive
EASY COMFORT LANCETS TWIST TOP	3	PREV Preventive
EASY COMFORT PEN NEEDLES	3	PREV Preventive
EASY GLIDE CATH TIP SYRINGE	3	
EASY GLIDE LUER LOCK SYRINGE	3	
EASY GLIDE PEN NEEDLES	3	PREV Preventive
EASY GLIDE SLIP LOCK SYRINGE	3	
EASY MINI EJECT LANCING DEVICE	3	PREV Preventive
EASY MINI LANCING DEVICE	3	PREV Preventive
EASY TOUCH ALLERGY SYRINGE	3	
EASY TOUCH FLIPLOCK INSULIN SY	3	PREV Preventive

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EASY TOUCH FLIPLOCK SAFETY SYR (EASY TOUCH FLIPLOCK SAFETY SYR 18G X 1" 10 ML MISC, EASY TOUCH FLIPLOCK SAFETY SYR 18G X 1" 3 ML MISC, EASY TOUCH FLIPLOCK SAFETY SYR 18G X 1" 5 ML MISC, EASY TOUCH FLIPLOCK SAFETY SYR 18G X 1-1/2" 3 ML MISC, EASY TOUCH FLIPLOCK SAFETY SYR 18G X 1.5" 10 ML MISC, EASY TOUCH FLIPLOCK SAFETY SYR 19G X 1" 3 ML MISC, EASY TOUCH FLIPLOCK SAFETY SYR 19G X 1.5" 3 ML MISC, EASY TOUCH FLIPLOCK SAFETY SYR 20G X 1" 10 ML MISC, EASY TOUCH FLIPLOCK SAFETY SYR 20G X 1" 3 ML MISC, EASY TOUCH FLIPLOCK SAFETY SYR 20G X 1" 5 ML MISC, EASY TOUCH FLIPLOCK SAFETY SYR 20G X 1-1/2" 10 ML MISC, EASY TOUCH FLIPLOCK SAFETY SYR 20G X 1-1/2" 3 ML MISC, EASY TOUCH FLIPLOCK SAFETY SYR 20G X 1-1/2" 5 ML MISC, EASY TOUCH FLIPLOCK SAFETY SYR 21G X 1" 10 ML MISC, EASY TOUCH FLIPLOCK SAFETY SYR 21G X 1" 3 ML MISC, EASY TOUCH FLIPLOCK SAFETY SYR 21G X 1" 5 ML MISC, EASY TOUCH FLIPLOCK SAFETY SYR 21G X 1-1/2" 10 ML MISC, EASY TOUCH FLIPLOCK SAFETY SYR 21G X 1-1/2" 3 ML MISC, EASY TOUCH FLIPLOCK SAFETY SYR 21G X 1-1/2" 5 ML MISC, EASY TOUCH FLIPLOCK SAFETY SYR 22G X 1" 3 ML MISC, EASY TOUCH FLIPLOCK SAFETY SYR 22G X 1-1/2" 10 ML MISC, EASY TOUCH FLIPLOCK SAFETY SYR 22G X 1-1/2" 3 ML MISC, EASY TOUCH FLIPLOCK SAFETY SYR 22G X 1-1/2" 5 ML MISC, EASY TOUCH FLIPLOCK SAFETY SYR 23G X 1" 3 ML MISC, EASY TOUCH FLIPLOCK SAFETY SYR 23G X 1-1/2" 3 ML MISC, EASY TOUCH FLIPLOCK SAFETY SYR 25G X 1" 1 ML MISC, EASY TOUCH FLIPLOCK SAFETY SYR 25G X 1" 10 ML MISC, EASY TOUCH FLIPLOCK SAFETY SYR 25G X 1" 3 ML MISC, EASY TOUCH FLIPLOCK SAFETY SYR 25G X 1" 5 ML MISC, EASY TOUCH FLIPLOCK SAFETY SYR 25G X 5/8" 3 ML MISC, EASY TOUCH FLIPLOCK SAFETY SYR 25G X 5/8" 5 ML MISC, EASY TOUCH FLIPLOCK SAFETY SYR 26G X 3/8" 1 ML MISC, EASY TOUCH FLIPLOCK SAFETY SYR 27G X 1/2" 1 ML MISC)	3	
EASY TOUCH FLURINGE	3	
EASY TOUCH FLURINGE FLIPLOCK	3	
EASY TOUCH FLURINGE SHEATHLOCK	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EASY TOUCH HYPODERMIC NEEDLE (EASY TOUCH HYPODERMIC NEEDLE 16G X 1" MISC, EASY TOUCH HYPODERMIC NEEDLE 16G X 1-1/2" MISC, EASY TOUCH HYPODERMIC NEEDLE 18G X 1" MISC, EASY TOUCH HYPODERMIC NEEDLE 18G X 1-1/2" MISC, EASY TOUCH HYPODERMIC NEEDLE 18G X 1.25" MISC, EASY TOUCH HYPODERMIC NEEDLE 19G X 1" MISC, EASY TOUCH HYPODERMIC NEEDLE 19G X 1-1/2" MISC, EASY TOUCH HYPODERMIC NEEDLE 20G X 1" MISC, EASY TOUCH HYPODERMIC NEEDLE 20G X 1-1/2" MISC, EASY TOUCH HYPODERMIC NEEDLE 21G X 1" MISC, EASY TOUCH HYPODERMIC NEEDLE 21G X 1-1/2" MISC, EASY TOUCH HYPODERMIC NEEDLE 22G X 1" MISC, EASY TOUCH HYPODERMIC NEEDLE 22G X 1-1/2" MISC, EASY TOUCH HYPODERMIC NEEDLE 23G X 1" MISC, EASY TOUCH HYPODERMIC NEEDLE 23G X 1-1/2" MISC, EASY TOUCH HYPODERMIC NEEDLE 23G X 1-1/4" MISC, EASY TOUCH HYPODERMIC NEEDLE 23G X 3/4" MISC, EASY TOUCH HYPODERMIC NEEDLE 24G X 1" MISC, EASY TOUCH HYPODERMIC NEEDLE 24G X 1.25" MISC, EASY TOUCH HYPODERMIC NEEDLE 25G X 1" MISC, EASY TOUCH HYPODERMIC NEEDLE 25G X 1-1/2" MISC, EASY TOUCH HYPODERMIC NEEDLE 25G X 5/8" MISC, EASY TOUCH HYPODERMIC NEEDLE 26G X 1/2" MISC, EASY TOUCH HYPODERMIC NEEDLE 26G X 3/8" MISC, EASY TOUCH HYPODERMIC NEEDLE 26G X 5/8" MISC, EASY TOUCH HYPODERMIC NEEDLE 27G X 1-1/2" MISC, EASY TOUCH HYPODERMIC NEEDLE 27G X 1-1/4" MISC, EASY TOUCH HYPODERMIC NEEDLE 27G X 1/2" MISC, EASY TOUCH HYPODERMIC NEEDLE 30G X 1" MISC, EASY TOUCH HYPODERMIC NEEDLE 30G X 1/2" MISC, EASY TOUCH HYPODERMIC NEEDLE 31G X 5/16" MISC, EASY TOUCH HYPODERMIC NEEDLE 32G X 5/16" MISC)	3	
EASY TOUCH INSULIN SAFETY SYR	3	PREV Preventive
EASY TOUCH INSULIN SYRINGE	3	PREV Preventive
EASY TOUCH LANCETS 21G	3	PREV Preventive
EASY TOUCH LANCETS 23G	3	PREV Preventive
EASY TOUCH LANCETS 26G	3	PREV Preventive
EASY TOUCH LANCETS 28G	3	PREV Preventive
EASY TOUCH LANCETS 28G/TWIST	3	PREV Preventive
EASY TOUCH LANCETS 30G	3	PREV Preventive
EASY TOUCH LANCETS 30G/TWIST	3	PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EASY TOUCH LANCETS 32G	3	PREV Preventive
EASY TOUCH LANCETS 32G/TWIST	3	PREV Preventive
EASY TOUCH LANCETS 33G/TWIST	3	PREV Preventive
EASY TOUCH LANCING DEVICE	3	PREV Preventive
EASY TOUCH PEN NEEDLES	3	PREV Preventive
EASY TOUCH SAFETY LANCETS 21G	3	PREV Preventive
EASY TOUCH SAFETY LANCETS 23G	3	PREV Preventive
EASY TOUCH SAFETY LANCETS 26G	3	PREV Preventive
EASY TOUCH SAFETY LANCETS 28G	3	PREV Preventive
EASY TOUCH SAFETY PEN NEEDLES	3	PREV Preventive
EASY TOUCH SAFETY SYRINGE (EASY TOUCH SAFETY SYRINGE 20G X 1" 3 ML MISC, EASY TOUCH SAFETY SYRINGE 21G X 1" 3 ML MISC, EASY TOUCH SAFETY SYRINGE 22G X 1" 3 ML MISC, EASY TOUCH SAFETY SYRINGE 22G X 1-1/2" 3 ML MISC, EASY TOUCH SAFETY SYRINGE 23G X 1" 3 ML MISC, EASY TOUCH SAFETY SYRINGE 25G X 1" 1 ML MISC, EASY TOUCH SAFETY SYRINGE 25G X 1" 3 ML MISC, EASY TOUCH SAFETY SYRINGE 25G X 5/8" 1 ML MISC, EASY TOUCH SAFETY SYRINGE 25G X 5/8" 3 ML MISC)	3	



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EASY TOUCH SHEATHLOCK SYRINGE (EASY TOUCH SHEATHLOCK SYRINGE 21G X 1" 3 ML MISC, EASY TOUCH SHEATHLOCK SYRINGE 21G X 1-1/2" 10 ML MISC, EASY TOUCH SHEATHLOCK SYRINGE 21G X 1-1/2" 3 ML MISC, EASY TOUCH SHEATHLOCK SYRINGE 21G X 1-1/2" 5 ML MISC, EASY TOUCH SHEATHLOCK SYRINGE 22G X 1" 3 ML MISC, EASY TOUCH SHEATHLOCK SYRINGE 22G X 1-1/2" 10 ML MISC, EASY TOUCH SHEATHLOCK SYRINGE 22G X 1-1/2" 3 ML MISC, EASY TOUCH SHEATHLOCK SYRINGE 22G X 1-1/2" 5 ML MISC, EASY TOUCH SHEATHLOCK SYRINGE 23G X 1" 3 ML MISC, EASY TOUCH SHEATHLOCK SYRINGE 25G X 1" 10 ML MISC, EASY TOUCH SHEATHLOCK SYRINGE 25G X 1" 3 ML MISC, EASY TOUCH SHEATHLOCK SYRINGE 25G X 1" 5 ML MISC, EASY TOUCH SHEATHLOCK SYRINGE 25G X 5/8" 3 ML MISC, EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ML MISC, EASY TOUCH SHEATHLOCK SYRINGE 30G X 1/2" 1 ML MISC, EASY TOUCH SHEATHLOCK SYRINGE 30G X 5/16" 1 ML MISC, EASY TOUCH SHEATHLOCK SYRINGE 31G X 5/16" 1 ML MISC)	3	PREV Preventive
EASY TOUCH SYRINGE BARREL	3	
EASY TOUCH SYRINGE BARREL 10ML	3	
EASY TOUCH SYRINGE BARREL 1ML	3	
EASY TOUCH SYRINGE BARREL 3ML	3	
EASY TOUCH SYRINGE BARREL 5ML	3	
EASY TOUCH TB FLIPLOCK SYRINGE	3	
EASY TOUCH TB SHEATHLOCK SYR (EASY TOUCH TB SHEATHLOCK SYR 25G X 5/8" 1 ML MISC, EASY TOUCH TB SHEATHLOCK SYR 26G X 5/8" 1 ML MISC, EASY TOUCH TB SHEATHLOCK SYR 27G X 1/2" 1 ML MISC, EASY TOUCH TB SHEATHLOCK SYR 28G X 1/2" 1 ML MISC)	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EASYPOINT NEEDLE (EASYPOINT NEEDLE 18G X 1" MISC, EASYPOINT NEEDLE 18G X 1-1/2" MISC, EASYPOINT NEEDLE 20G X 1" MISC, EASYPOINT NEEDLE 20G X 1-1/2" MISC, EASYPOINT NEEDLE 21G X 1" MISC, EASYPOINT NEEDLE 21G X 1-1/2" MISC, EASYPOINT NEEDLE 22G X 1" MISC, EASYPOINT NEEDLE 22G X 1-1/2" MISC, EASYPOINT NEEDLE 23G X 1" MISC, EASYPOINT NEEDLE 25G X 1" MISC, EASYPOINT NEEDLE 25G X 1-1/2" MISC, EASYPOINT NEEDLE 25G X 5/8" MISC)	3	
EASYPOINT NEEDLE/SYRINGE	3	
EMBRACE LANCETS ULTRA THIN 30G	3	PREV Preventive
EMBRACE LANCING DEVICE/EJECTOR	3	PREV Preventive
EMBRACE PEN NEEDLES	3	PREV Preventive
EMBRACE PRESSURE ACTIVATED 21G	3	PREV Preventive
EMBRACE PRESSURE ACTIVATED 28G	3	PREV Preventive
EQL COLOR LANCETS 21G	3	PREV Preventive
EQL COLOR LANCETS MICRO 33G	3	PREV Preventive
EQL INSULIN SYRINGE	3	PREV Preventive
EQL SUPER THIN LANCETS 30G	3	PREV Preventive
EQL THIN LANCETS 26G	3	PREV Preventive
EVRYSDI	5	QL PA
EXEL COMFORT POINT INSULIN SYR	3	PREV Preventive
EXEL COMFORT POINT PEN NEEDLE	3	PREV Preventive
EZ-LETS LANCETS 21G	3	PREV Preventive
EZ-LETS LANCETS 26G	3	PREV Preventive
EZ-LETS LANCETS 28G	3	PREV Preventive
EZ-LETS LANCETS 30G	3	PREV Preventive
FANTASY LUBRICATED	3	ACA Affordable Care Act Medications PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FANTASY LUBRICATED/SPERMICIDE	3	ACA Affordable Care Act Medications PREV Preventive
FC2 FEMALE CONDOM	3	ACA Affordable Care Act Medications PREV Preventive
FEMCAP	3	ACA Affordable Care Act Medications PREV Preventive
FIFTY50 PEN NEEDLES	3	PREV Preventive
FIFTY50 SAFETY SEAL LANCETS	3	PREV Preventive
FIFTY50 SUPERIOR COMFORT SYR	3	PREV Preventive
FIFTY50 UNILET LANCETS 33G	3	PREV Preventive
FINE 30	3	PREV Preventive
FINGERSTIX LANCETS	3	PREV Preventive
FLOW-EZE VENTED NEEDLE	3	
FORA LANCETS	3	PREV Preventive
FORA LANCING DEVICE	3	PREV Preventive
FREDS PHARMACY AUTOLET LANCING	3	PREV Preventive
FREDS PHARMACY UNIFINE PENTIP+	3	PREV Preventive
FREDS PHARMACY UNIFINE PENTIPS	3	PREV Preventive
FREDS PHARMACY UNILET LANC 28G	3	PREV Preventive
FREDS PHARMACY UNILET LANC 30G	3	PREV Preventive
FREESTYLE LANCETS	3	PREV Preventive
FREESTYLE UNISTICK II LANCETS	3	PREV Preventive
GENTEEL BUTTERFLY TOUCH LANCET	3	PREV Preventive
GENTEEL CONTACT TIPS (BLUE)	3	PREV Preventive
GENTEEL CONTACT TIPS (CLEAR)	3	PREV Preventive
GENTEEL CONTACT TIPS (GREEN)	3	PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GENTEEL CONTACT TIPS (ORANGE)	3	PREV Preventive
GENTEEL CONTACT TIPS (RAINBOW)	3	PREV Preventive
GENTEEL CONTACT TIPS (VIOLET)	3	PREV Preventive
GENTEEL CONTACT TIPS (YELLOW)	3	PREV Preventive
GENTEEL LANCING KIT (BLUE)	3	PREV Preventive
GENTEEL NOZZLES	3	PREV Preventive
GENTEEL PLUS LANCING (BLACK)	3	PREV Preventive
GENTEEL PLUS LANCING (PURPLE)	3	PREV Preventive
GENTEEL PLUS LANCING (WHITE)	3	PREV Preventive
GENTEEL PLUS LANCING DEV(BLUE)	3	PREV Preventive
GENTEEL PLUS LANCING DEV(PINK)	3	PREV Preventive
GENTLE-LET GP LANCETS	3	PREV Preventive
GENTLE-LET LANCETS	3	PREV Preventive
GENTLE-LET PLATFORMS	3	PREV Preventive
GLOBAL EASE INJECT PEN NEEDLES	3	PREV Preventive
GLOBAL EASY GLIDE INSULIN SYR	3	PREV Preventive
GLOBAL EASY GLIDE PEN NEEDLES	3	PREV Preventive
GLOBAL INJECT EASE INSULIN SYR	3	PREV Preventive
GLOBAL INJECT EASE LANCETS 28G	3	PREV Preventive
GLOBAL INJECT EASE LANCETS 30G	3	PREV Preventive
GLOBAL INSULIN SYRINGES	3	PREV Preventive
GLOBAL LANCING DEVICE	3	PREV Preventive
GLUCOCOM LANCETS 28G	3	PREV Preventive
GLUCOCOM LANCETS 30G	3	PREV Preventive
GLUCOCOM LANCETS 33G	3	PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GLUCOPRO INSULIN SYRINGE	3	PREV Preventive
GNP CLICKFINE PEN NEEDLES	3	PREV Preventive
GNP INSULIN SYRINGE	3	PREV Preventive
GNP INSULIN SYRINGES	3	PREV Preventive
GNP INSULIN SYRINGES 28GX1/2"	3	PREV Preventive
GNP INSULIN SYRINGES 29GX1/2"	3	PREV Preventive
GNP INSULIN SYRINGES 30GX5/16"	3	PREV Preventive
GNP INSULIN SYRINGES 31GX5/16"	3	PREV Preventive
GNP LANCETS 21G	3	PREV Preventive
GNP LANCETS THIN 26G	3	PREV Preventive
GNP LANCING SYSTEM DEVICE	3	PREV Preventive
GNP STERILE LANCETS 28G	3	PREV Preventive
GNP STERILE LANCETS 30G	3	PREV Preventive
GNP STERILE LANCETS 33G	3	PREV Preventive
GNP ULTICARE PEN NEEDLES	3	PREV Preventive
GNP ULTIGUARD SAFEPACK NEEDLE	3	PREV Preventive
GNP ULTRA COM INSULIN SYRINGE	3	PREV Preventive
GOJJI LANCING DEVICE/CLEAR CAP	3	PREV Preventive
GOJJI STERILE LANCETS	3	PREV Preventive
GOODSENSE CLICKFINE PEN NEEDLE	3	PREV Preventive
GOODSENSE COLOR LANCETS 33G	3	PREV Preventive
GOODSENSE LANCETS 26G UNIV	3	PREV Preventive
GOODSENSE LANCETS 30G	3	PREV Preventive
GOODSENSE LANCETS 30G UNIV	3	PREV Preventive
GOODSENSE LANCETS 33G	3	PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GOODSENSE LANCETS 33G UNIV	3	PREV Preventive
GOODSENSE LANCING DEVICE	3	PREV Preventive
GOODSENSE PEN NEEDLE PENFINE	3	PREV Preventive
H-E-B INCONTROL ADV LANCING	3	PREV Preventive
H-E-B INCONTROL LANCETS 28G	3	PREV Preventive
H-E-B INCONTROL LANCETS 30G	3	PREV Preventive
H-E-B INCONTROL LANCETS 33G	3	PREV Preventive
H-E-B INCONTROL PEN NEEDLES	3	PREV Preventive
H-E-B INCONTROL UNIFINE PENTIP	3	PREV Preventive
HAEMOLANCE	3	PREV Preventive
HAEMOLANCE LOW FLOW LANCETS	3	PREV Preventive
HAEMOLANCE PLUS	3	PREV Preventive
HAEMOLANCE PLUS HIGH FLOW	3	PREV Preventive
HAEMOLANCE PLUS LOW FLOW	3	PREV Preventive
HAEMOLANCE PLUS MAX FLOW	3	PREV Preventive
HAEMOLANCE PLUS PEDIATRIC FLOW	3	PREV Preventive
HEALTH CARE LANCING DEVICE	3	PREV Preventive
HEALTHWISE INSULIN SYR/NEEDLE	3	PREV Preventive
HEALTHWISE MICRON PEN NEEDLES	3	PREV Preventive
HEALTHWISE MINI PEN NEEDLES	3	PREV Preventive
HEALTHWISE PEN NEEDLES	3	PREV Preventive
HEALTHWISE SHORT PEN NEEDLES	3	PREV Preventive
HEALTHWISE UNIFINE PENTIPS	3	PREV Preventive
HEALTHY ACCENTS LANCING DEVICE	3	PREV Preventive
HEALTHY ACCENTS UNIFINE PENTIP	3	PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HEALTHY ACCENTS UNILET LANCETS	3	PREV Preventive
HM ULTICARE INSULIN SYRINGE	3	PREV Preventive
HM ULTICARE MINI PEN NEEDLES	3	PREV Preventive
HM ULTICARE SHORT PEN NEEDLES	3	PREV Preventive
HUBER NEEDLE (HUBER NEEDLE 19G X 1" MISC, HUBER NEEDLE 19G X 1-1/4" MISC, HUBER NEEDLE 19G X 3/4" MISC, HUBER NEEDLE 20G X 1" MISC, HUBER NEEDLE 20G X 1-1/2" MISC, HUBER NEEDLE 20G X 1-1/4" MISC, HUBER NEEDLE 20G X 3/4" MISC, HUBER NEEDLE 22G X 1" MISC, HUBER NEEDLE 22G X 1-1/2" MISC, HUBER NEEDLE 22G X 1-1/4" MISC, HUBER NEEDLE 22G X 3/4" MISC)	3	
HY-VEE LANCETS	3	PREV Preventive
HY-VEE THIN LANCETS	3	PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HYPODERMIC NEEDLE (HYPODERMIC NEEDLE 18G X 1" MISC, HYPODERMIC NEEDLE 18G X 1-1/2" MISC, HYPODERMIC NEEDLE 19G X 1" MISC, HYPODERMIC NEEDLE 19G X 1-1/2" MISC, HYPODERMIC NEEDLE 20G X 1" MISC, HYPODERMIC NEEDLE 20G X 1-1/2" MISC, HYPODERMIC NEEDLE 20G X 3/4" MISC, HYPODERMIC NEEDLE 21G X 1" MISC, HYPODERMIC NEEDLE 21G X 1-1/2" MISC, HYPODERMIC NEEDLE 21G X 1-1/4" MISC, HYPODERMIC NEEDLE 22G X 1" MISC, HYPODERMIC NEEDLE 22G X 1-1/2" MISC, HYPODERMIC NEEDLE 22G X 1-1/4" MISC, HYPODERMIC NEEDLE 22G X 3/4" MISC, HYPODERMIC NEEDLE 23G X 1" MISC, HYPODERMIC NEEDLE 23G X 1-1/2" MISC, HYPODERMIC NEEDLE 23G X 3/4" MISC, HYPODERMIC NEEDLE 25G X 1" MISC, HYPODERMIC NEEDLE 25G X 1-1/2" MISC, HYPODERMIC NEEDLE 25G X 3/4" MISC, HYPODERMIC NEEDLE 25G X 5/8" MISC, HYPODERMIC NEEDLE 26G X 1/2" MISC, HYPODERMIC NEEDLE 26G X 3/8" MISC, HYPODERMIC NEEDLE 26G X 5/8" MISC, HYPODERMIC NEEDLE 27G X 1-1/2" MISC, HYPODERMIC NEEDLE 27G X 1-1/4" MISC, HYPODERMIC NEEDLE 27G X 1/2" MISC, HYPODERMIC NEEDLE 30G X 1/2" MISC)	3	
HYPOLANCE AST LANCING	3	PREV Preventive
IN TOUCH LANCING DEVICE	3	PREV Preventive
IN TOUCH STERILE LANCETS 30G	3	PREV Preventive
INCONTROL ULTICARE PEN NEEDLES	3	PREV Preventive
INPEN 100-BLUE-LILLY-HUMALOG	3	
INPEN 100-BLUE-NOVOLOG-FIASP	3	
INPEN 100-GREY-LILLY-HUMALOG	3	
INPEN 100-GREY-NOVOLOG-FIASP	3	
INPEN 100-PINK-LILLY-HUMALOG	3	
INPEN 100-PINK-NOVOLOG-FIASP	3	
INSULIN SYRINGE	3	PREV Preventive
INSULIN SYRINGE-NEEDLE U-100	3	PREV Preventive
INSULIN SYRINGE/NEEDLE	3	PREV Preventive
INSUPEN PEN NEEDLES	3	PREV Preventive
INSUPEN SENSITIVE	3	PREV Preventive



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
INSUPEN ULTRAFIN	3	PREV Preventive
INTRAROSA	4	AL
K-Y ME & YOU EXTRA LUBRICATED	3	ACA Affordable Care Act Medications PREV Preventive
K-Y ME & YOU INTENSE	3	ACA Affordable Care Act Medications PREV Preventive
KAMELEON LUBRICATED	3	ACA Affordable Care Act Medications PREV Preventive
KIMONO	3	ACA Affordable Care Act Medications PREV Preventive
KIMONO COLORS	3	ACA Affordable Care Act Medications PREV Preventive
KIMONO MAXX-LARGE FLARE	3	ACA Affordable Care Act Medications PREV Preventive
KIMONO MICRO THIN	3	ACA Affordable Care Act Medications PREV Preventive
KIMONO MICRO THIN PLUS	3	ACA Affordable Care Act Medications PREV Preventive
KIMONO PLUS	3	ACA Affordable Care Act Medications PREV Preventive
KIMONO PS	3	ACA Affordable Care Act Medications PREV Preventive
KIMONO PS PLUS	3	ACA Affordable Care Act Medications PREV Preventive
KIMONO SENSATION	3	ACA Affordable Care Act Medications PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KIMONO SENSATION PLUS	3	ACA Affordable Care Act Medications PREV Preventive
KIMONO SPECIAL	3	ACA Affordable Care Act Medications PREV Preventive
KINNEY LANCETS	3	PREV Preventive
KINNEY THIN LANCETS	3	PREV Preventive
KINRAY INSULIN SYRINGE	3	PREV Preventive
KMART VALU INSULIN SYRINGE 29G	3	PREV Preventive
KMART VALU INSULIN SYRINGE 30G	3	PREV Preventive
KROGER AUTOLET LANCING DEVICE	3	PREV Preventive
KROGER HEALTHPRO LANCET 26G	3	PREV Preventive
KROGER INSULIN SYRINGE	3	PREV Preventive
KROGER LANCETS	3	PREV Preventive
KROGER LANCETS 21G	3	PREV Preventive
KROGER LANCETS MICRO THIN 33G	3	PREV Preventive
KROGER LANCETS SUPER THIN	3	PREV Preventive
KROGER LANCETS THIN	3	PREV Preventive
KROGER LANCETS THIN 26G	3	PREV Preventive
KROGER LANCETS ULTRATHIN 30G	3	PREV Preventive
KROGER LANCING DEVICE	3	PREV Preventive
KROGER PEN NEEDLES	3	PREV Preventive
LANCET DEVICE	3	PREV Preventive
LANCET DEVICE WITH EJECTOR	3	PREV Preventive
LANCET TRANSPORTER CASE	3	PREV Preventive
LANCETS	3	PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LANCETS 30G	3	PREV Preventive
LANCETS 33G	3	PREV Preventive
LANCETS MICRO THIN 33G	3	PREV Preventive
LANCETS SUPER THIN 28G	3	PREV Preventive
LANCETS THIN	3	PREV Preventive
LANCETS ULTRA THIN	3	PREV Preventive
LANCETS ULTRA THIN 30G	3	PREV Preventive
LANCING DEVICE	3	PREV Preventive
LANZO	3	PREV Preventive
LEADER ADVANCED LANCING DEVICE	3	PREV Preventive
LEADER INSULIN SYRINGE	3	PREV Preventive
LEADER UNIFINE PENTIPS	3	PREV Preventive
LEADER UNIFINE PENTIPS PLUS	3	PREV Preventive
LIBERTY MEDICAL LANCETS	3	PREV Preventive
LIBERTY MINI LANCING DEVICE	3	PREV Preventive
LIFESCAN UNISTIK 2	3	PREV Preventive
LIFESCAN UNISTIK II LANCETS	3	PREV Preventive
LITE TOUCH LANCETS	3	PREV Preventive
LITE TOUCH LANCING PEN	3	PREV Preventive
LITETOUCH INSULIN SYRINGE	3	PREV Preventive
LITETOUCH LANCETS	3	PREV Preventive
LITETOUCH PEN NEEDLES	3	PREV Preventive
LIVE BETTER ADV LANCING DEVICE	3	PREV Preventive
LIVE BETTER LANCET SUPER THIN	3	PREV Preventive
LIVE BETTER LANCET ULTRA THIN	3	PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LONGS INSULIN SYRINGE	3	PREV Preventive
LONGS LANCETS STANDARD	3	PREV Preventive
LONGS LANCETS THIN	3	PREV Preventive
LONGS LANCETS ULTRA THIN	3	PREV Preventive
LUER LOCK SAFETY SYRINGES (LUER LOCK SAFETY SYRINGES 3 ML MISC, LUER LOCK SAFETY SYRINGES 21G X 1-1/2" 3 ML MISC, LUER LOCK SAFETY SYRINGES 22G X 1" 3 ML MISC, LUER LOCK SAFETY SYRINGES 22G X 1-1/2" 3 ML MISC, LUER LOCK SAFETY SYRINGES 23G X 1" 3 ML MISC, LUER LOCK SAFETY SYRINGES 25G X 1" 3 ML MISC, LUER LOCK SAFETY SYRINGES 25G X 5/8" 3 ML MISC)	3	
MAGELLAN INSULIN SAFETY SYR	3	PREV Preventive
MAGELLAN SYRINGE-SAFETY NEEDLE	3	
MAGELLAN TUBERCULIN SYRINGE	3	
MARATHON MEDICAL PENTIPS	3	PREV Preventive
MAXI-COMFORT INSULIN SYRINGE	3	PREV Preventive
MAXI-COMFORT SAFETY PEN NEEDLE	3	PREV Preventive
MAXICOMFORT II PEN NEEDLE	3	PREV Preventive
MAXICOMFORT SYR 27G X 1/2"	3	PREV Preventive
MAXX	3	ACA Affordable Care Act Medications PREV Preventive
MAXX PLUS	3	ACA Affordable Care Act Medications PREV Preventive
MEDIC INSULIN SYRINGE	3	PREV Preventive
MEDICHOICE SAFETY LANCET	3	PREV Preventive
MEDICHOICE SAFETY LANCET EXTRA	3	PREV Preventive
MEDICHOICE SAFETY LANCET NORM	3	PREV Preventive
MEDICINE SHOPPE PEN NEEDLES	3	PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MEDLANCE EXTRA 21G	3	PREV Preventive
MEDLANCE LITE 25G	3	PREV Preventive
MEDLANCE PLUS EXTRA 21G	3	PREV Preventive
MEDLANCE PLUS LANCETS	3	PREV Preventive
MEDLANCE PLUS LITE 25G	3	PREV Preventive
MEDLANCE PLUS SPECIAL 0.8MM	3	PREV Preventive
MEDLANCE PLUS SUPERLITE 30G	3	PREV Preventive
MEDLANCE PLUS UNIVERSAL 21G	3	PREV Preventive
MEDLANCE UNIVERSAL 21G	3	PREV Preventive
MEIJER LANCETS	3	PREV Preventive
MEIJER LANCETS THIN	3	PREV Preventive
MEIJER LANCETS UNIVERSAL 21G	3	PREV Preventive
MEIJER LANCETS UNIVERSAL 30G	3	PREV Preventive
MEIJER LANCETS UNIVERSAL 33G	3	PREV Preventive
MEIJER PEN NEEDLES	3	PREV Preventive
MEIJER SUPER THIN LANCETS	3	PREV Preventive
<i>methylergonovine maleate tab 0.2 mg</i>	2	
MICRODOT PEN NEEDLE	3	PREV Preventive
MICROLET LANCETS	3	PREV Preventive
MICROLET NEXT LANCING DEVICE	3	PREV Preventive
MINI LANCING DEVICE	3	PREV Preventive
MM INSULIN SYRINGE/NEEDLE	3	PREV Preventive
MM LANCING DEVICE	3	PREV Preventive
MM PEN NEEDLES	3	PREV Preventive
MM TWIST LANCETS	3	PREV Preventive
MONOJECT ALLERGIST TRAY	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MONOJECT BLUNTIP CANNULA (MONOJECT BLUNTIP CANNULA 20G X 1-1/2" MISC, MONOJECT BLUNTIP CANNULA 21G X 1" MISC)	3	
MONOJECT BLUNTIP SYR/CANNULA	3	
MONOJECT CONTROL SYRINGE	3	
MONOJECT FILTER ASPIRATOR	3	
MONOJECT FILTER NEEDLE	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MONOJECT HYPODERMIC NEEDLE (MONOJECT		
HYPODERMIC NEEDLE 14G X 1" MISC, MONOJECT		
HYPODERMIC NEEDLE 14G X 1-1/2" MISC, MONOJECT		
HYPODERMIC NEEDLE 14G X 2" MISC, MONOJECT		
HYPODERMIC NEEDLE 16G X 1" MISC, MONOJECT		
HYPODERMIC NEEDLE 16G X 1-1/2" MISC, MONOJECT		
HYPODERMIC NEEDLE 16G X 3/4" MISC, MONOJECT		
HYPODERMIC NEEDLE 16G X 5/8" MISC, MONOJECT		
HYPODERMIC NEEDLE 18G X 1" MISC, MONOJECT		
HYPODERMIC NEEDLE 18G X 1-1/2" MISC, MONOJECT		
HYPODERMIC NEEDLE 19G X 1" MISC, MONOJECT		
HYPODERMIC NEEDLE 19G X 1-1/2" MISC, MONOJECT		
HYPODERMIC NEEDLE 20G X 1" MISC, MONOJECT		
HYPODERMIC NEEDLE 20G X 1-1/2" MISC, MONOJECT		
HYPODERMIC NEEDLE 21G X 1" MISC, MONOJECT		
HYPODERMIC NEEDLE 21G X 1-1/2" MISC, MONOJECT		
HYPODERMIC NEEDLE 21G X 2" MISC, MONOJECT		
HYPODERMIC NEEDLE 22G X 1" MISC, MONOJECT		
HYPODERMIC NEEDLE 22G X 1-1/2" MISC, MONOJECT		
HYPODERMIC NEEDLE 23G X 1" MISC, MONOJECT		
HYPODERMIC NEEDLE 23G X 3/4" MISC, MONOJECT		
HYPODERMIC NEEDLE 25G X 1" MISC, MONOJECT		
HYPODERMIC NEEDLE 25G X 1-1/2" MISC, MONOJECT		
HYPODERMIC NEEDLE 25G X 1-1/4" MISC, MONOJECT		
HYPODERMIC NEEDLE 25G X 2" MISC, MONOJECT		
HYPODERMIC NEEDLE 25G X 5/8" MISC, MONOJECT		
HYPODERMIC NEEDLE 26G X 1-1/2" MISC, MONOJECT		
HYPODERMIC NEEDLE 26G X 1/2" MISC, MONOJECT		
HYPODERMIC NEEDLE 27G X 1-1/2" MISC, MONOJECT		
HYPODERMIC NEEDLE 27G X 1-1/4" MISC, MONOJECT		
HYPODERMIC NEEDLE 27G X 1/2" MISC, MONOJECT		
HYPODERMIC NEEDLE 30G X 3/4" MISC)		

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MONOJECT INSULIN SYRINGE (MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML MISC, MONOJECT INSULIN SYRINGE 27G X 1/2" 1 ML MISC, MONOJECT INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC, MONOJECT INSULIN SYRINGE 28G X 1/2" 1 ML MISC, MONOJECT INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC, MONOJECT INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, MONOJECT INSULIN SYRINGE 29G X 1/2" 1 ML MISC, MONOJECT INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC, MONOJECT INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, MONOJECT INSULIN SYRINGE 30G X 5/16" 1 ML MISC, MONOJECT INSULIN SYRINGE 31G X 5/16" 1 ML MISC, MONOJECT INSULIN SYRINGE U-100 1 ML MISC)	3	<div style="background-color: #00c090; color: white; padding: 2px 5px; border-radius: 3px;">PREV</div> Preventive
MONOJECT INTRODUCER NEEDLE	3	
MONOJECT LIFESHIELD SYRINGE (MONOJECT LIFESHIELD SYRINGE 18G X 1" 12 ML MISC, MONOJECT LIFESHIELD SYRINGE 18G X 1" 3 ML MISC)	3	
MONOJECT MAGELLAN SAFETY NDL (MONOJECT MAGELLAN SAFETY NDL 18G X 1" MISC, MONOJECT MAGELLAN SAFETY NDL 18G X 1-1/2" MISC, MONOJECT MAGELLAN SAFETY NDL 19G X 1" MISC, MONOJECT MAGELLAN SAFETY NDL 19G X 1-1/2" MISC, MONOJECT MAGELLAN SAFETY NDL 20G X 1" MISC, MONOJECT MAGELLAN SAFETY NDL 20G X 1-1/2" MISC, MONOJECT MAGELLAN SAFETY NDL 21G X 1" MISC, MONOJECT MAGELLAN SAFETY NDL 21G X 1-1/2" MISC, MONOJECT MAGELLAN SAFETY NDL 21G X 5/8" MISC, MONOJECT MAGELLAN SAFETY NDL 22G X 1" MISC, MONOJECT MAGELLAN SAFETY NDL 22G X 1-1/2" MISC, MONOJECT MAGELLAN SAFETY NDL 23G X 1" MISC, MONOJECT MAGELLAN SAFETY NDL 23G X 5/8" MISC, MONOJECT MAGELLAN SAFETY NDL 25G X 1" MISC, MONOJECT MAGELLAN SAFETY NDL 25G X 5/8" MISC)	3	



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MONOJECT MAGELLAN SYRINGE (MONOJECT MAGELLAN SYRINGE 18G X 1" 12 ML MISC, MONOJECT MAGELLAN SYRINGE 18G X 1" 6 ML MISC, MONOJECT MAGELLAN SYRINGE 20G X 1" 3 ML MISC, MONOJECT MAGELLAN SYRINGE 20G X 1-1/2" 12 ML MISC, MONOJECT MAGELLAN SYRINGE 20G X 1-1/2" 3 ML MISC, MONOJECT MAGELLAN SYRINGE 20G X 1-1/2" 6 ML MISC, MONOJECT MAGELLAN SYRINGE 21G X 1" 12 ML MISC, MONOJECT MAGELLAN SYRINGE 21G X 1" 3 ML MISC, MONOJECT MAGELLAN SYRINGE 21G X 1" 6 ML MISC, MONOJECT MAGELLAN SYRINGE 21G X 1-1/2" 12 ML MISC, MONOJECT MAGELLAN SYRINGE 21G X 1-1/2" 3 ML MISC, MONOJECT MAGELLAN SYRINGE 21G X 1-1/2" 6 ML MISC, MONOJECT MAGELLAN SYRINGE 22G X 1" 3 ML MISC, MONOJECT MAGELLAN SYRINGE 22G X 1-1/2" 12 ML MISC, MONOJECT MAGELLAN SYRINGE 22G X 1-1/2" 3 ML MISC, MONOJECT MAGELLAN SYRINGE 22G X 1-1/2" 6 ML MISC, MONOJECT MAGELLAN SYRINGE 23G X 1" 1 ML MISC, MONOJECT MAGELLAN SYRINGE 23G X 1" 3 ML MISC, MONOJECT MAGELLAN SYRINGE 25G X 1" 1 ML MISC, MONOJECT MAGELLAN SYRINGE 25G X 1" 3 ML MISC, MONOJECT MAGELLAN SYRINGE 25G X 5/8" 1 ML MISC, MONOJECT MAGELLAN SYRINGE 25G X 5/8" 3 ML MISC)	3	
MONOJECT MEDICATION TRANSF NDJL	3	
MONOJECT PHARMACY TRAY	3	
MONOJECT PISTON SYRINGE	3	
MONOJECT SOFTPACK/CATHTIP	3	
MONOJECT SOFTPACK/LLOCK	3	
MONOJECT SOFTPACK/LTIP	3	
MONOJECT SOFTPACK/RG LOCK	3	
MONOJECT SOFTPACK/RG LUER	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MONOJECT SYRINGE (MONOJECT SYRINGE 3 ML MISC, MONOJECT SYRINGE 6 ML MISC, MONOJECT SYRINGE 12 ML MISC, MONOJECT SYRINGE 18G X 1" 12 ML MISC, MONOJECT SYRINGE 20G X 1" 3 ML MISC, MONOJECT SYRINGE 20G X 1-1/2" 12 ML MISC, MONOJECT SYRINGE 20G X 1-1/2" 3 ML MISC, MONOJECT SYRINGE 20G X 1-1/2" 6 ML MISC, MONOJECT SYRINGE 20G X 3/4" 3 ML MISC, MONOJECT SYRINGE 21G X 1" 3 ML MISC, MONOJECT SYRINGE 21G X 1" 6 ML MISC, MONOJECT SYRINGE 21G X 1-1/2" 3 ML MISC, MONOJECT SYRINGE 21G X 1-1/2" 6 ML MISC, MONOJECT SYRINGE 22G X 1" 3 ML MISC, MONOJECT SYRINGE 22G X 1-1/2" 3 ML MISC, MONOJECT SYRINGE 22G X 1-1/2" 6 ML MISC, MONOJECT SYRINGE 23G X 1" 3 ML MISC, MONOJECT SYRINGE 25G X 1" 3 ML MISC, MONOJECT SYRINGE 25G X 1-1/4" 3 ML MISC, MONOJECT SYRINGE 25G X 5/8" 3 ML MISC, MONOJECT SYRINGE 27G X 1-1/4" 3 ML MISC, MONOJECT SYRINGE 27G X 1/2" 1 ML MISC)	3	
MONOJECT SYRINGE CATH TIP	3	
MONOJECT SYRINGE ECC LUER	3	
MONOJECT SYRINGE ECCENTRIC TIP	3	
MONOJECT SYRINGE LUER LOCK	3	
MONOJECT SYRINGE LUER-LOCK TIP	3	
MONOJECT SYRINGE PHARMACY TRAY	3	
MONOJECT SYRINGE REG LUER	3	
MONOJECT SYRINGE REGULAR TIP	3	
MONOJECT SYRINGE TOOMEY TYPE	3	
MONOJECT TB SAFETY SYRINGE	3	
MONOJECT TB SYRINGE (MONOJECT TB SYRINGE 1 ML MISC, MONOJECT TB SYRINGE 25G X 5/8" 1 ML MISC, MONOJECT TB SYRINGE 26G X 3/8" 1 ML MISC, MONOJECT TB SYRINGE 27G X 1/2" 1 ML MISC, MONOJECT TB SYRINGE 28G X 1/2" 0.5 ML MISC, MONOJECT TB SYRINGE 28G X 1/2" 1 ML MISC)	3	
MONOJECT ULTRA COMFORT SYRINGE	3	PREV Preventive
MONOLET LANCETS	3	PREV Preventive
MONOLET OPD LANCETS	3	PREV Preventive
MONOLETTOR SAFETY LANCETS	3	PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MPD SAFETY LANCET 21G	3	PREV Preventive
MPD SAFETY LANCET 23G	3	PREV Preventive
MPD SAFETY LANCET 28G	3	PREV Preventive
MPD SAFETY LANCET 30G	3	PREV Preventive
MS INSULIN SYRINGE	3	PREV Preventive
MULTI-DRAW NEEDLE (MULTI-DRAW NEEDLE 20G X 1" MISC, MULTI-DRAW NEEDLE 20G X 1-1/2" MISC, MULTI-DRAW NEEDLE 21G X 1" MISC, MULTI-DRAW NEEDLE 21G X 1-1/2" MISC, MULTI-DRAW NEEDLE 22G X 1" MISC, MULTI-DRAW NEEDLE 22G X 1-1/2" MISC)	3	
MULTI-LANCET DEVICE	3	PREV Preventive
MULTI-LANCET DEVICE 2	3	PREV Preventive
MYGLUCOHEALTH LANCETS 30G	3	PREV Preventive
NORM-JECT LUER LOCK SYRINGE	3	
NORM-JECT LUER SLIP SYRINGE	3	
NOVA SAFETY LANCETS 23G	3	PREV Preventive
NOVA SAFETY LANCETS 28G	3	PREV Preventive
NOVA SUREFLEX LANCETS	3	PREV Preventive
NOVA SUREFLEX LANCING DEVICE	3	PREV Preventive
NOVOFINE AUTOCOVER PEN NEEDLE	3	PREV Preventive
NOVOFINE PEN NEEDLE	3	PREV Preventive
NOVOFINE PLUS PEN NEEDLE	3	PREV Preventive
NOVOPEN ECHO	3	
ODACTRA	4	QL PA
OMNIFLEX DIAPHRAGM	3	ACA Affordable Care Act Medications PREV Preventive
OMNIPOD 5 G6 INTRO (GEN 5)	3	PA QL

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OMNIPOD 5 G6 PODS (GEN 5)	3	QL PA
OMNIPOD 5 G7 INTRO (GEN 5)	3	PA QL
OMNIPOD 5 G7 PODS (GEN 5)	3	QL PA
OMNIPOD 5 PACK	3	QL PA
OMNIPOD CLASSIC PDM (GEN 3)	3	PA QL
OMNIPOD DASH INTRO (GEN 4)	3	PA QL
OMNIPOD DASH PDM (GEN 4)	3	PA QL
OMNIPOD DASH PODS (GEN 4)	3	QL PA
ONETOUCH CLUB LANCETS FINE PT	3	PREV Preventive
ONETOUCH DELICA LANCETS 30G	3	PREV Preventive
ONETOUCH DELICA LANCETS 33G	3	PREV Preventive
ONETOUCH DELICA LANCING DEV	3	PREV Preventive
ONETOUCH DELICA PLUS LANCET30G	3	PREV Preventive
ONETOUCH DELICA PLUS LANCET33G	3	PREV Preventive
ONETOUCH DELICA PLUS LANCING	3	PREV Preventive
ONETOUCH DELICA SAFETY LANCING	3	PREV Preventive
ONETOUCH FINEPOINT LANCETS	3	PREV Preventive
ONETOUCH SURESOFT LANCING DEV	3	PREV Preventive
ONETOUCH ULTRA	3	QL PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ONETOUCH ULTRA CONTROL	3	PREV Preventive
ONETOUCH ULTRA TEST	3	QL PREV Preventive
ONETOUCH ULTRASOFT 2 LANCETS	3	PREV Preventive
ONETOUCH ULTRASOFT LANCETS	3	PREV Preventive
ONETOUCH VERIO STRIP	3	QL PREV Preventive
ONETOUCH VERIO (ONETOUCH VERIO LIQUID, ONETOUCH VERIO HIGH LIQUID)	3	PREV Preventive
OPVEE	3	PREV Preventive
PATIENT SAFE SYRINGE	3	
PAXLOVID (150/100)	3	AL QL
PC LANCETS SUPER THIN 30G	3	PREV Preventive
PC UNIFINE PENTIPS	3	PREV Preventive
PEN NEEDLES	3	PREV Preventive
PEN NEEDLES 5/16"	3	PREV Preventive
PENLET II BLOOD SAMPLER	3	PREV Preventive
PENLET II REPLACEMENT CAP	3	PREV Preventive
PENTIPS (PENTIPS 29G X 12MM MISC, PENTIPS 31G X 5 MM MISC, PENTIPS 31G X 6 MM MISC, PENTIPS 31G X 8 MM MISC, PENTIPS 32G X 4 MM MISC, PENTIPS 32G X 6 MM MISC)	3	PREV Preventive
PERFECT LANCETS 28G	3	PREV Preventive
PERFECT LANCETS 30G	3	PREV Preventive
PHARMACIST CHOICE LANCETS	3	PREV Preventive
PHARMACY COUNTER LANCETS	3	PREV Preventive
PIP LANCETS 28G	3	PREV Preventive
PIP LANCETS 30G	3	PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PIP PEN NEEDLES 31G X 5MM	3	PREV Preventive
PIP PEN NEEDLES 32G X 4MM	3	PREV Preventive
POLY HUB NEEDLE (POLY HUB NEEDLE 18G X 1" MISC, POLY HUB NEEDLE 18G X 1-1/2" MISC, POLY HUB NEEDLE 21G X 1" MISC, POLY HUB NEEDLE 21G X 1-1/2" MISC, POLY HUB NEEDLE 22G X 1" MISC, POLY HUB NEEDLE 22G X 1-1/2" MISC, POLY HUB NEEDLE 23G X 1" MISC, POLY HUB NEEDLE 23G X 1-1/2" MISC, POLY HUB NEEDLE 25G X 1" MISC, POLY HUB NEEDLE 25G X 1-1/2" MISC, POLY HUB NEEDLE 25G X 5/8" MISC, POLY HUB NEEDLE 27G X 1-1/4" MISC, POLY HUB NEEDLE 27G X 1/2" MISC, POLY HUB NEEDLE 30G X 1/2" MISC)	3	
PRECISION SURE-DOSE SYRINGE	3	PREV Preventive
PRECISION THINS GP LANCETS	3	PREV Preventive
PREFERRED PLUS INSULIN SYRINGE	3	PREV Preventive
PREFERRED PLUS LANCETS COLORED	3	PREV Preventive
PREFERRED PLUS LANCETS THIN	3	PREV Preventive
PREFERRED PLUS UNIFINE PENTIPS	3	PREV Preventive
PREMIUM CONDOMS LUBRICATED	3	ACA Affordable Care Act Medications PREV Preventive
PREVENT DROPSAFE PEN NEEDLES	3	PREV Preventive
PREVENT SAFETY PEN NEEDLES	3	PREV Preventive
PRO COMFORT INSULIN SYRINGE	3	PREV Preventive
PRO COMFORT LANCETS 30G	3	PREV Preventive
PRO COMFORT LANCETS 31G	3	PREV Preventive
PRO COMFORT PEN NEEDLES	3	PREV Preventive
PRO COMFORT SAFETY LANCETS 30G	3	PREV Preventive
PRODIGY INSULIN SYRINGE	3	PREV Preventive
PRODIGY LANCETS 28G	3	PREV Preventive
PRODIGY LANCING DEVICE	3	PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PRODIGY SAFETY LANCETS 26G	3	PREV Preventive
PRODIGY TWIST TOP LANCETS 28G	3	PREV Preventive
PSS SELECT GP LANCETS	3	PREV Preventive
PSS SELECT PLATFORMS	3	PREV Preventive
PSS SELECT SAFETY LANCETS	3	PREV Preventive
PURE COMFORT LANCETS 30G	3	PREV Preventive
PURE COMFORT PEN NEEDLE	3	PREV Preventive
PURE COMFORT SAFETY PEN NEEDLE	3	PREV Preventive
PX ADVANCED LANCING DEVICE	3	PREV Preventive
PX EXTRA SHORT PEN NEEDLES	3	PREV Preventive
PX INSULIN SYRINGE	3	PREV Preventive
PX LANCET AUTO INJECTOR	3	PREV Preventive
PX LANCETS MICROTHIN 33G	3	PREV Preventive
PX LANCETS ULTRA THIN	3	PREV Preventive
PX LANCETS ULTRA THIN 28G	3	PREV Preventive
PX MINI PEN NEEDLES	3	PREV Preventive
PX PEN NEEDLE	3	PREV Preventive
PX SHORTLENGTH PEN NEEDLES	3	PREV Preventive
QC ADVANCED LANCING DEVICE	3	PREV Preventive
QC LANCETS SUPER THIN 30G	3	PREV Preventive
QC LANCETS ULTRA THIN	3	PREV Preventive
QC PEN NEEDLES	3	PREV Preventive
QC UNIFINE PENTIPS	3	PREV Preventive
QC UNILET LANCETS 28G	3	PREV Preventive
QC UNILET LANCETS MICRO THIN	3	PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RA E-ZJECT LANCETS 28G	3	PREV Preventive
RA E-ZJECT LANCETS THIN 26G	3	PREV Preventive
RA E-ZJECT LANCETS THIN 28G	3	PREV Preventive
RA E-ZJECT LANCETS ULTRA THIN	3	PREV Preventive
RA INSULIN SYRINGE	3	PREV Preventive
RA PEN NEEDLES	3	PREV Preventive
RAYA SURE PEN NEEDLE	3	PREV Preventive
READYLANCE SAFETY LANCETS	3	PREV Preventive
REALITY INSULIN SYRINGE	3	PREV Preventive
REALITY LANCETS	3	PREV Preventive
REALITY LATEX CONDOMS	3	ACA Affordable Care Act Medications PREV Preventive
REALITY LATEX/ULTRA TEXTURED	3	ACA Affordable Care Act Medications PREV Preventive
REALITY LATEX/ULTRA THIN	3	ACA Affordable Care Act Medications PREV Preventive
REALITY TRIGGER LANCETS	3	PREV Preventive
RELION INSULIN SYRINGE	3	PREV Preventive
RELION LANCET DEVICES 30G	3	PREV Preventive
RELION LANCETS	3	PREV Preventive
RELION LANCETS MICRO-THIN 33G	3	PREV Preventive
RELION LANCETS THIN 26G	3	PREV Preventive
RELION LANCETS ULTRA-THIN 30G	3	PREV Preventive
RELION LANCING DEVICE (RELION LANCING DEVICE KIT, RELION LANCING DEVICE MISC)	3	PREV Preventive
RELION MINI PEN NEEDLES	3	PREV Preventive



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RELION PEN NEEDLES	3	PREV Preventive
RELION SHORT PEN NEEDLES	3	PREV Preventive
RELION ULTRA THIN LANCETS 30G	3	PREV Preventive
RELION ULTRA THIN PLUS LANCETS	3	PREV Preventive
REXALL LANCETS ULTRA THIN 30G	3	PREV Preventive
RIGHTEST ALTERNATE SITE ADAPT	3	PREV Preventive
RIGHTEST GD500 LANCING DEVICE	3	PREV Preventive
RIGHTEST GL300 LANCETS	3	PREV Preventive
SAFE-T-LANCE	3	PREV Preventive
SAFE-T-LANCE PLUS	3	PREV Preventive
SAFETY INSULIN SYRINGES	3	PREV Preventive
SAFETY LANCET 30G/PRESSURE ACT	3	PREV Preventive
SAFETY LANCETS	3	PREV Preventive
SAFETY LANCETS 21G	3	PREV Preventive
SAFETY LANCETS 23G	3	PREV Preventive
SAFETY LANCETS 28G	3	PREV Preventive
SAFETY PEN NEEDLES	3	PREV Preventive
SAFETY SYRINGE/NEEDLE (SAFETY SYRINGE/NEEDLE 21G X 1" 3 ML MISC, SAFETY SYRINGE/NEEDLE 21G X 1-1/2" 3 ML MISC, SAFETY SYRINGE/NEEDLE 22G X 1" 3 ML MISC, SAFETY SYRINGE/NEEDLE 22G X 1-1/2" 3 ML MISC, SAFETY SYRINGE/NEEDLE 23G X 1" 3 ML MISC, SAFETY SYRINGE/NEEDLE 25G X 5/8" 1 ML MISC, SAFETY SYRINGE/NEEDLE 25G X 5/8" 3 ML MISC, SAFETY SYRINGE/NEEDLE 27G X 1/2" 1 ML MISC)	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SAFETY SYRINGES/NEEDLE (SAFETY SYRINGES/NEEDLE 20G X 1" 3 ML MISC, SAFETY SYRINGES/NEEDLE 20G X 1-1/2" 10 ML MISC, SAFETY SYRINGES/NEEDLE 20G X 1-1/2" 3 ML MISC, SAFETY SYRINGES/NEEDLE 20G X 1-1/2" 5 ML MISC, SAFETY SYRINGES/NEEDLE 21G X 1-1/2" 5 ML MISC, SAFETY SYRINGES/NEEDLE 22G X 1-1/2" 10 ML MISC, SAFETY SYRINGES/NEEDLE 22G X 1-1/2" 5 ML MISC, SAFETY SYRINGES/NEEDLE 27G X 1-1/2" 10 ML MISC)	3	
SAPS HEALTH PLUS LANCETS	3	PREV Preventive
SAPS HEALTH TWIST TOP LANCETS	3	PREV Preventive
SAPS TWIST TOP LANCETS	3	PREV Preventive
SAPSCARE TWIST TOP LANCETS	3	PREV Preventive
SB INSULIN SYRINGE	3	PREV Preventive
SB LANCETS THIN	3	PREV Preventive
SB LANCETS ULTRA THIN	3	PREV Preventive
SECURE SAFE ALLERGY TRAY	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SECURESAFE HYPODERMIC NEEDLE (SECURESAFE HYPODERMIC NEEDLE 18G X 1" MISC, SECURESAFE HYPODERMIC NEEDLE 18G X 1-1/2" MISC, SECURESAFE HYPODERMIC NEEDLE 19G X 1" MISC, SECURESAFE HYPODERMIC NEEDLE 19G X 1-1/2" MISC, SECURESAFE HYPODERMIC NEEDLE 20G X 1" MISC, SECURESAFE HYPODERMIC NEEDLE 20G X 1-1/2" MISC, SECURESAFE HYPODERMIC NEEDLE 21G X 1" MISC, SECURESAFE HYPODERMIC NEEDLE 21G X 1-1/2" MISC, SECURESAFE HYPODERMIC NEEDLE 22G X 1" MISC, SECURESAFE HYPODERMIC NEEDLE 22G X 1-1/2" MISC, SECURESAFE HYPODERMIC NEEDLE 23G X 1" MISC, SECURESAFE HYPODERMIC NEEDLE 23G X 1-1/2" MISC, SECURESAFE HYPODERMIC NEEDLE 25G X 1-1/2" MISC, SECURESAFE HYPODERMIC NEEDLE 25G X 5/8" MISC, SECURESAFE HYPODERMIC NEEDLE 26G X 1/2" MISC, SECURESAFE HYPODERMIC NEEDLE 27G X 1/2" MISC)	3	
SECURESAFE INSULIN SYRINGE	3	PREV Preventive
SECURESAFE SAFETY PEN NEEDLES	3	PREV Preventive
SECURESAFE SYRINGE/NEEDLE (SECURESAFE SYRINGE/NEEDLE 20G X 1" 3 ML MISC, SECURESAFE SYRINGE/NEEDLE 20G X 1-1/2" 3 ML MISC, SECURESAFE SYRINGE/NEEDLE 21G X 1" 3 ML MISC, SECURESAFE SYRINGE/NEEDLE 21G X 1-1/2" 10 ML MISC, SECURESAFE SYRINGE/NEEDLE 21G X 1-1/2" 3 ML MISC, SECURESAFE SYRINGE/NEEDLE 21G X 1-1/2" 5 ML MISC, SECURESAFE SYRINGE/NEEDLE 22G X 1" 3 ML MISC, SECURESAFE SYRINGE/NEEDLE 22G X 1-1/2" 3 ML MISC, SECURESAFE SYRINGE/NEEDLE 23G X 1" 3 ML MISC, SECURESAFE SYRINGE/NEEDLE 25G X 1" 1 ML MISC, SECURESAFE SYRINGE/NEEDLE 25G X 1-1/2" 1 ML MISC, SECURESAFE SYRINGE/NEEDLE 25G X 5/8" 1 ML MISC, SECURESAFE SYRINGE/NEEDLE 25G X 5/8" 3 ML MISC, SECURESAFE SYRINGE/NEEDLE 27G X 1/2" 1 ML MISC)	3	
SECURESAFE TUBERCULIN SYRINGE	3	
SELECT-LITE DEVICE/LANCETS	3	PREV Preventive
SELECT-LITE LANCING DEVICE	3	PREV Preventive
SHOPKO AUTOLET LANCING DEVICE	3	PREV Preventive
SHOPKO ON-THE-GO LANCETS 30G	3	PREV Preventive
SHOPKO UNIFINE PENTIPS	3	PREV Preventive
SHOPKO UNIFINE PENTIPS PLUS	3	PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SHOPKO UNILET LANCETS 28G	3	PREV Preventive
SHOPKO UNILET LANCETS 30G	3	PREV Preventive
SIMPLE DIAGNOSTICS LANCING DEV	3	PREV Preventive
SINGLE-LET	3	PREV Preventive
SM LANCETS 33G	3	PREV Preventive
SM TRUEDRAW LANCING DEVICE	3	PREV Preventive
SMART DIABETES VANTAGE LANCING	3	PREV Preventive
SMART SENSE COLOR LANCETS 33G	3	PREV Preventive
SMART SENSE STANDARD LANCETS	3	PREV Preventive
SMART SENSE SUPER THIN LANCETS	3	PREV Preventive
SMART SENSE THIN LANCETS 26G	3	PREV Preventive
SMARTEST LANCETS 28G	3	PREV Preventive
SOLUS V2 LANCETS 28G	3	PREV Preventive
SOLUS V2 LANCING DEVICE	3	PREV Preventive
SOLUS V2 TWIST LANCETS 30G	3	PREV Preventive
SPINAL NEEDLE (REUSABLE) (SPINAL NEEDLE (REUSABLE) 18G X 3-1/2" MISC, SPINAL NEEDLE (REUSABLE) 20G X 3-1/2" MISC, SPINAL NEEDLE (REUSABLE) 22G X 3-1/2" MISC, SPINAL NEEDLE (REUSABLE) 25G X 3-1/2" MISC)	3	
STERILANCE PA	3	PREV Preventive
STERILANCE TL	3	PREV Preventive
SUPER THIN LANCETS	3	PREV Preventive
SURE COMFORT INSULIN SYRINGE	3	PREV Preventive
SURE COMFORT LANCETS 18G	3	PREV Preventive
SURE COMFORT LANCETS 21G	3	PREV Preventive
SURE COMFORT LANCETS 23G	3	PREV Preventive
SURE COMFORT LANCETS 28G	3	PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SURE COMFORT LANCETS 30G	3	PREV Preventive
SURE COMFORT LANCING PEN	3	PREV Preventive
SURE COMFORT PEN NEEDLES	3	PREV Preventive
SURELITE LANCETS	3	PREV Preventive
SYRINGE (SYRINGE 2G X 1-1/4" 3 ML MISC, SYRINGE 18G X 1-1/2" 3 ML MISC, SYRINGE 20G X 1" 12 ML MISC, SYRINGE 20G X 1" 3 ML MISC, SYRINGE 20G X 1" 6 ML MISC, SYRINGE 20G X 1-1/2" 12 ML MISC, SYRINGE 20G X 1-1/2" 3 ML MISC, SYRINGE 21G X 1" 12 ML MISC, SYRINGE 21G X 1" 3 ML MISC, SYRINGE 21G X 1" 6 ML MISC, SYRINGE 21G X 1-1/2" 12 ML MISC, SYRINGE 21G X 1-1/2" 3 ML MISC, SYRINGE 21G X 1-1/2" 6 ML MISC, SYRINGE 21G X 1-1/4" 3 ML MISC, SYRINGE 21G X 1-1/4" 6 ML MISC, SYRINGE 22G X 1" 12 ML MISC, SYRINGE 22G X 1" 3 ML MISC, SYRINGE 22G X 1" 6 ML MISC, SYRINGE 22G X 1-1/2" 12 ML MISC, SYRINGE 22G X 1-1/2" 3 ML MISC, SYRINGE 22G X 1-1/2" 6 ML MISC, SYRINGE 22G X 1-1/4" 6 ML MISC, SYRINGE 22G X 3/4" 3 ML MISC, SYRINGE 23G X 1" 3 ML MISC, SYRINGE 25G X 1" 3 ML MISC, SYRINGE 25G X 1-1/2" 3 ML MISC, SYRINGE 25G X 5/8" 3 ML MISC, SYRINGE 27G X 1-1/4" 3 ML MISC)	3	
SYRINGE 10-12 ML	3	
SYRINGE 2-3 ML	3	
SYRINGE 20-25 ML	3	
SYRINGE 30-35 ML	3	
SYRINGE 5-6 ML	3	
SYRINGE 50-60 ML	3	
SYRINGE DISPOSABLE	3	
SYRINGE ECCENTRIC TIP	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SYRINGE LUER LOCK (SYRINGE LUER LOCK 3 ML MISC, SYRINGE LUER LOCK 5 ML MISC, SYRINGE LUER LOCK 10 ML MISC, SYRINGE LUER LOCK 20 ML MISC, SYRINGE LUER LOCK 20G X 1" 10 ML MISC, SYRINGE LUER LOCK 20G X 1" 3 ML MISC, SYRINGE LUER LOCK 20G X 1" 5 ML MISC, SYRINGE LUER LOCK 20G X 1-1/2" 10 ML MISC, SYRINGE LUER LOCK 20G X 1-1/2" 3 ML MISC, SYRINGE LUER LOCK 20G X 1-1/2" 5 ML MISC, SYRINGE LUER LOCK 21G X 1" 10 ML MISC, SYRINGE LUER LOCK 21G X 1" 3 ML MISC, SYRINGE LUER LOCK 21G X 1" 5 ML MISC, SYRINGE LUER LOCK 21G X 1-1/2" 10 ML MISC, SYRINGE LUER LOCK 21G X 1-1/2" 3 ML MISC, SYRINGE LUER LOCK 21G X 1-1/2" 5 ML MISC, SYRINGE LUER LOCK 22G X 1" 10 ML MISC, SYRINGE LUER LOCK 22G X 1" 3 ML MISC, SYRINGE LUER LOCK 22G X 1" 5 ML MISC, SYRINGE LUER LOCK 22G X 1-1/2" 10 ML MISC, SYRINGE LUER LOCK 22G X 1-1/2" 3 ML MISC, SYRINGE LUER LOCK 22G X 1-1/2" 5 ML MISC, SYRINGE LUER LOCK 23G X 1" 3 ML MISC, SYRINGE LUER LOCK 23G X 1-1/2" 3 ML MISC, SYRINGE LUER LOCK 25G X 1" 3 ML MISC, SYRINGE LUER LOCK 25G X 1-1/2" 3 ML MISC, SYRINGE LUER LOCK 25G X 5/8" 3 ML MISC, SYRINGE LUER LOCK 30 ML MISC, SYRINGE LUER LOCK 60 ML MISC)	3	
SYRINGE LUER SLIP (SYRINGE LUER SLIP 1 ML MISC, SYRINGE LUER SLIP 3 ML MISC, SYRINGE LUER SLIP 5 ML MISC, SYRINGE LUER SLIP 10 ML MISC, SYRINGE LUER SLIP 25G X 5/8" 1 ML MISC, SYRINGE LUER SLIP 26G X 3/8" 1 ML MISC, SYRINGE LUER SLIP 27G X 1/2" 1 ML MISC, SYRINGE LUER SLIP 35 ML MISC, SYRINGE LUER SLIP 60 ML MISC)	3	
SYRINGE/HYPODERMIC SAFETY	3	
TB SYRINGE 1 ML	3	
TECHLITE AST LANCETS	3	PREV Preventive
TECHLITE INSULIN SYRINGE	3	PREV Preventive
TECHLITE LANCETS	3	PREV Preventive
TECHLITE LANCETS 26G	3	PREV Preventive
TECHLITE LANCETS 30G	3	PREV Preventive
TECHLITE PEN NEEDLES	3	PREV Preventive
TECHLITE PLUS PEN NEEDLES	3	PREV Preventive
TGT LANCET MICRO THIN 33G	3	PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TGT LANCET THIN 26G	3	PREV Preventive
TGT LANCET ULTRA THIN 30G	3	PREV Preventive
TGT LANCING DEVICE	3	PREV Preventive
THINLETS GP LANCETS	3	PREV Preventive
TODAYS HEALTH LANCING DEVICE	3	PREV Preventive
TODAYS HEALTH MINI PEN NEEDLES	3	PREV Preventive
TODAYS HEALTH PEN NEEDLES	3	PREV Preventive
TODAYS HEALTH SHORT PEN NEEDLE	3	PREV Preventive
TODAYS HEALTH THIN LANCETS 28G	3	PREV Preventive
TODAYS HEALTH THIN LANCETS 30G	3	PREV Preventive
TOOMEY SYRINGE	3	
TOPCARE CLICKFINE PEN NEEDLES	3	PREV Preventive
TOPCARE LANCETS MICRO-THIN 33G	3	PREV Preventive
TOPCARE ULTRA COMFORT INS SYR	3	PREV Preventive
TRAVEL LANCETS	3	PREV Preventive
TRAVEL LANCETS ADVANCED 28G	3	PREV Preventive
TRUE COMFORT INSULIN SYRINGE	3	PREV Preventive
TRUE COMFORT PEN NEEDLES (TRUE COMFORT PEN NEEDLES 31G X 5 MM MISC, TRUE COMFORT PEN NEEDLES 31G X 6 MM MISC, TRUE COMFORT PEN NEEDLES 31G X 8 MM MISC, TRUE COMFORT PEN NEEDLES 32G X 4 MM MISC, TRUE COMFORT PEN NEEDLES 32G X 5 MM MISC, TRUE COMFORT PEN NEEDLES 32G X 6 MM MISC, TRUE COMFORT PEN NEEDLES 33G X 4 MM MISC, TRUE COMFORT PEN NEEDLES 33G X 5 MM MISC, TRUE COMFORT PEN NEEDLES 33G X 6 MM MISC)	3	PREV Preventive
TRUE COMFORT PRO INSULIN SYR	3	PREV Preventive
TRUE COMFORT PRO PEN NEEDLES	3	PREV Preventive
TRUE COMFORT SAFETY LANCETS	3	PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRUE COMFORT TWIST TOP LANCETS	3	PREV Preventive
TRUE COVER	3	ACA Affordable Care Act Medications PREV Preventive
TRUEDRAW LANCING DEVICE	3	PREV Preventive
TRUEPLUS 5-BEVEL PEN NEEDLES	3	PREV Preventive
TRUEPLUS INSULIN SYRINGE	3	PREV Preventive
TRUEPLUS LANCETS 26G	3	PREV Preventive
TRUEPLUS LANCETS 28G	3	PREV Preventive
TRUEPLUS LANCETS 30G	3	PREV Preventive
TRUEPLUS LANCETS 33G	3	PREV Preventive
TRUEPLUS PEN NEEDLES	3	PREV Preventive
TRUEPLUS SAFETY LANCETS 28G	3	PREV Preventive
TRUSTEX COLOR CONDOMS + LUBE	3	ACA Affordable Care Act Medications PREV Preventive
TRUSTEX LUB/RIBBED/STUDDERED	3	ACA Affordable Care Act Medications PREV Preventive
TRUSTEX LUB/SPERMICIDE EX ST	3	ACA Affordable Care Act Medications PREV Preventive
TRUSTEX LUB/SPERMICIDE XL	3	ACA Affordable Care Act Medications PREV Preventive
TRUSTEX LUBRICATED	3	ACA Affordable Care Act Medications PREV Preventive
TRUSTEX LUBRICATED EX LARGE	3	ACA Affordable Care Act Medications PREV Preventive
TRUSTEX LUBRICATED EXTRA ST	3	ACA Affordable Care Act Medications PREV Preventive



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRUSTEX LUBRICATED/SPERMICIDE	3	ACA Affordable Care Act Medications PREV Preventive
TRUSTEX NATURAL CONDOMS + LUBE	3	ACA Affordable Care Act Medications PREV Preventive
TRUSTEX NON-LUBRICATED	3	ACA Affordable Care Act Medications PREV Preventive
TRUSTEX RIA LUB/SPERMICIDE	3	ACA Affordable Care Act Medications PREV Preventive
TRUSTEX RIA LUBRICATED	3	ACA Affordable Care Act Medications PREV Preventive
TRUSTEX RIA NON-LUBRICATED	3	ACA Affordable Care Act Medications PREV Preventive
TRUSTEX-NONOXYNOL-9/RIB/STUD	3	ACA Affordable Care Act Medications PREV Preventive
TUBERCULIN SYRINGE	3	
TWIST TOP LANCETS 30G	3	PREV Preventive
ULTI-LANCE AUTOMATIC	3	PREV Preventive
ULTICARE INSULIN SAFETY SYR	3	PREV Preventive
ULTICARE INSULIN SYR 1/2 UNIT	3	PREV Preventive
ULTICARE INSULIN SYRINGE	3	PREV Preventive
ULTICARE MICRO PEN NEEDLES	3	PREV Preventive
ULTICARE MINI PEN NEEDLES	3	PREV Preventive
ULTICARE PEN NEEDLES	3	PREV Preventive
ULTICARE SAFETY SYRINGE	3	
ULTICARE SHORT PEN NEEDLES	3	PREV Preventive
ULTICARE SYRINGE (ULTICARE SYRINGE 22G X 1-1/2" 1 ML MISC, ULTICARE SYRINGE 22G X 1-1/2" 3 ML MISC)	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ULTICARE TUBERCULIN SAFETY SYR (ULTICARE TUBERCULIN SAFETY SYR 25G X 1" 1 ML MISC, ULTICARE TUBERCULIN SAFETY SYR 25G X 5/8" 1 ML MISC, ULTICARE TUBERCULIN SAFETY SYR 27G X 1/2" 1 ML MISC, ULTICARE TUBERCULIN SAFETY SYR 27G X 5/8" 1 ML MISC, ULTICARE TUBERCULIN SAFETY SYR 28G X 1/2" 1 ML MISC)	3	
ULTIGUARD SAFEPACK PEN NEEDLE	3	PREV Preventive
ULTIGUARD SAFEPACK SYR/NEEDLE	3	PREV Preventive
ULTILET CLASSIC LANCETS	3	PREV Preventive
ULTILET LANCETS	3	PREV Preventive
ULTILET PEN NEEDLE	3	PREV Preventive
ULTILET SAFETY LANCETS	3	PREV Preventive
ULTILET SAFETY LANCETS 23G	3	PREV Preventive
ULTRA COMFORT INSULIN SYRINGE	3	PREV Preventive
ULTRA FLO INSULIN PEN NEEDLES	3	PREV Preventive
ULTRA FLO INSULIN SYR 1/2 UNIT	3	PREV Preventive
ULTRA FLO INSULIN SYRINGE	3	PREV Preventive
ULTRA THIN LANCETS 31G	3	PREV Preventive
ULTRA THIN PEN NEEDLES	3	PREV Preventive
ULTRA-CARE LANCETS 30G	3	PREV Preventive
ULTRA-THIN II AUTO LANCET	3	PREV Preventive
ULTRA-THIN II INS SYR SHORT	3	PREV Preventive
ULTRA-THIN II INSULIN SYRINGE	3	PREV Preventive
ULTRA-THIN II LANCETS	3	PREV Preventive
ULTRA-THIN II MINI PEN NEEDLE	3	PREV Preventive
ULTRA-THIN II PEN NEEDLE SHORT	3	PREV Preventive
ULTRA-THIN II PEN NEEDLES	3	PREV Preventive
ULTRACARE INSULIN SYRINGE	3	PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ULTRACARE PEN NEEDLES	3	PREV Preventive
UNIFINE PEN NEEDLES	3	PREV Preventive
UNIFINE PENTIPS	3	PREV Preventive
UNIFINE PENTIPS PLUS	3	PREV Preventive
UNIFINE PROTECT PEN NEEDLE	3	PREV Preventive
UNIFINE SAFECONTROL PEN NEEDLE	3	PREV Preventive
UNIFINE ULTRA PEN NEEDLE	3	PREV Preventive
UNILET COMFORTOUCH LANCET	3	PREV Preventive
UNILET EXCELITE	3	PREV Preventive
UNILET EXCELITE II	3	PREV Preventive
UNILET G.P. LANCET	3	PREV Preventive
UNILET G.P. SUPERLITE LANCET	3	PREV Preventive
UNILET GP 28 ULTRA THIN	3	PREV Preventive
UNILET LANCET	3	PREV Preventive
UNILET MICRO-THIN 33G	3	PREV Preventive
UNILET SUPER-THIN 30G	3	PREV Preventive
UNILET SUPERLITE LANCET	3	PREV Preventive
UNILET ULTRA-THIN 28G	3	PREV Preventive
UNISTIK 1	3	PREV Preventive
UNISTIK 2	3	PREV Preventive
UNISTIK 2 COMFORT	3	PREV Preventive
UNISTIK 2 EXTRA	3	PREV Preventive
UNISTIK 2 NEONATAL	3	PREV Preventive
UNISTIK 2 NORMAL	3	PREV Preventive
UNISTIK 2 SUPER	3	PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
UNISTIK 3	3	PREV Preventive
UNISTIK 3 COMFORT	3	PREV Preventive
UNISTIK 3 EXTRA	3	PREV Preventive
UNISTIK 3 GENTLE	3	PREV Preventive
UNISTIK 3 NEONATAL	3	PREV Preventive
UNISTIK 3 NORMAL	3	PREV Preventive
UNISTIK CZT COMFORT	3	PREV Preventive
UNISTIK CZT NORMAL	3	PREV Preventive
UNISTIK NORMAL	3	PREV Preventive
UNISTIK PRO SAFETY LANCET	3	PREV Preventive
UNISTIK SAFETY LANCETS 28G	3	PREV Preventive
UNISTIK SAFETY LANCETS 30G	3	PREV Preventive
UNISTIK TOUCH SAFETY LANC 21G	3	PREV Preventive
UNISTIK TOUCH SAFETY LANC 23G	3	PREV Preventive
UNISTIK TOUCH SAFETY LANC 28G	3	PREV Preventive
UNISTIK TOUCH SAFETY LANC 30G	3	PREV Preventive
UNIVERSAL 1 LANCETS THIN 26G	3	PREV Preventive
UNIVERSAL 1 LANCETS THIN 33G	3	PREV Preventive
UNIVERSAL 1 LANCETS ULTRA THIN	3	PREV Preventive
VALUE HEALTH INSULIN SYRINGE	3	PREV Preventive
VALUE PLUS LANCET STANDARD 21G	3	PREV Preventive
VALUE PLUS LANCETS SUPER THIN	3	PREV Preventive
VALUE PLUS LANCETS THIN 26G	3	PREV Preventive
VALUE PLUS LANCING DEVICE	3	PREV Preventive
VALUMARK LANCET SUPER THIN 30G	3	PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VALUMARK LANCET ULTRA THIN 28G	3	PREV Preventive
VALUMARK PEN NEEDLES	3	PREV Preventive
VANISHPOINT ALLERGY TRAY	3	
VANISHPOINT INSULIN SYRINGE	3	PREV Preventive
VANISHPOINT SAFETY SYRINGE (VANISHPOINT SAFETY SYRINGE 20G X 1" 3 ML MISC, VANISHPOINT SAFETY SYRINGE 20G X 1-1/2" 3 ML MISC, VANISHPOINT SAFETY SYRINGE 21G X 1" 3 ML MISC, VANISHPOINT SAFETY SYRINGE 21G X 1" 5 ML MISC, VANISHPOINT SAFETY SYRINGE 21G X 1-1/2" 10 ML MISC, VANISHPOINT SAFETY SYRINGE 21G X 1-1/2" 3 ML MISC, VANISHPOINT SAFETY SYRINGE 21G X 1-1/2" 5 ML MISC, VANISHPOINT SAFETY SYRINGE 22G X 1" 3 ML MISC, VANISHPOINT SAFETY SYRINGE 22G X 1-1/2" 3 ML MISC, VANISHPOINT SAFETY SYRINGE 22G X 1-1/2" 5 ML MISC, VANISHPOINT SAFETY SYRINGE 23G X 1" 3 ML MISC, VANISHPOINT SAFETY SYRINGE 23G X 1-1/2" 3 ML MISC, VANISHPOINT SAFETY SYRINGE 25G X 1" 3 ML MISC, VANISHPOINT SAFETY SYRINGE 25G X 1-1/2" 3 ML MISC, VANISHPOINT SAFETY SYRINGE 25G X 5/8" 3 ML MISC)	3	
VANISHPOINT SYRINGE (VANISHPOINT SYRINGE 20G X 1" 3 ML MISC, VANISHPOINT SYRINGE 20G X 1-1/2" 3 ML MISC, VANISHPOINT SYRINGE 21G X 1" 3 ML MISC, VANISHPOINT SYRINGE 21G X 1-1/2" 10 ML MISC, VANISHPOINT SYRINGE 21G X 1-1/2" 3 ML MISC, VANISHPOINT SYRINGE 21G X 1-1/2" 5 ML MISC, VANISHPOINT SYRINGE 22G X 1" 3 ML MISC, VANISHPOINT SYRINGE 22G X 1-1/2" 3 ML MISC, VANISHPOINT SYRINGE 23G X 1" 3 ML MISC, VANISHPOINT SYRINGE 23G X 1-1/2" 3 ML MISC, VANISHPOINT SYRINGE 25G X 1" 1 ML MISC, VANISHPOINT SYRINGE 25G X 1" 3 ML MISC, VANISHPOINT SYRINGE 25G X 1-1/2" 3 ML MISC, VANISHPOINT SYRINGE 25G X 5/8" 3 ML MISC)	3	
VANISHPOINT TUBERCULIN SYRINGE	3	
VERIFINE INSULIN PEN NEEDLE	3	PREV Preventive
VERIFINE INSULIN SYRINGE	3	PREV Preventive
VERIFINE PLUS PEN NEEDLE	3	PREV Preventive
VERIFINE SAFE LANCET MINI 21G	3	PREV Preventive
VERIFINE SAFE LANCET MINI 23G	3	PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VERIFINE SAFE LANCET MINI 28G	3	PREV Preventive
VERIFINE SAFE LANCET MINI 30G	3	PREV Preventive
VERIFINE UNIVERSAL LANCETS 28G	3	PREV Preventive
VERIFINE UNIVERSAL LANCETS 30G	3	PREV Preventive
VERIFINE UNIVERSAL LANCETS 33G	3	PREV Preventive
VIDA MIA AUTOLET LANCING DEV	3	PREV Preventive
VIDA MIA UNIFINE PENTIPS	3	PREV Preventive
VIDA MIA UNILET LANCETS 28G	3	PREV Preventive
VIDA MIA UNILET LANCETS 30G	3	PREV Preventive
VIVAGUARD LANCETS	3	PREV Preventive
VIVAGUARD LANCETS 30G	3	PREV Preventive
VIVAGUARD LANCING DEVICE	3	PREV Preventive
VIVAGUARD SAFETY LANCETS 28G	3	PREV Preventive
VOWST	5	PA QL
VP INSULIN SYRINGE	3	PREV Preventive
WALGREENS ADV TRAVEL LANCETS	3	PREV Preventive
WALGREENS LANCETS	3	PREV Preventive
WALGREENS LANCETS MICRO THIN	3	PREV Preventive
WALGREENS LANCETS SUPER THIN	3	PREV Preventive
WALGREENS THIN LANCETS	3	PREV Preventive
WALGREENS ULTRA THIN LANCETS	3	PREV Preventive
WEGMANS UNIFINE PENTIPS PLUS	3	PREV Preventive
WIDE-SEAL DIAPHRAGM 60	3	ACA Affordable Care Act Medications PREV Preventive
WIDE-SEAL DIAPHRAGM 65	3	ACA Affordable Care Act Medications PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
WIDE-SEAL DIAPHRAGM 70	3	ACA Affordable Care Act Medications PREV Preventive
WIDE-SEAL DIAPHRAGM 75	3	ACA Affordable Care Act Medications PREV Preventive
WIDE-SEAL DIAPHRAGM 80	3	ACA Affordable Care Act Medications PREV Preventive
WIDE-SEAL DIAPHRAGM 85	3	ACA Affordable Care Act Medications PREV Preventive
WIDE-SEAL DIAPHRAGM 90	3	ACA Affordable Care Act Medications PREV Preventive
WIDE-SEAL DIAPHRAGM 95	3	ACA Affordable Care Act Medications PREV Preventive
YALE DISP NEEDLES	3	
ZEVRX INSULIN SYRINGE	3	PREV Preventive
ZEVRX PEN NEEDLES	3	PREV Preventive
ZEVRX TWIST TOP LANCETS 30G	3	PREV Preventive
OPHTHALMIC AGENTS		
OPHTHALMIC AGENTS, OTHER		
ATROPINE SULFATE 1 % SOLUTION	4	
<i>atropine sulfate ophth soln 1%</i>	2	
<i>bacitracin-poly-neomycin-hc</i>	2	
<i>bacitracin-polymyxin b (ophth)</i>	1	
<i>brimonidine tartrate-timolol maleate</i>	2	
CYCLOGYL (CYCLOGYL 0.5 % SOLUTION, CYCLOGYL 2 % SOLUTION)	4	
CYCLOMYDRIL	4	
<i>cyclopentolate hcl (cyclopentolate hcl ophth soln 0.5%, cyclopentolate hcl ophth soln 1%)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>cyclopentolate hcl ophth soln 2%</i>	2	
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	1	
ISOPTO ATROPINE	4	
LACRISERT	4	
<i>neomycin-bacitracin zn-polymyxin</i>	2	
<i>neomycin-polymy-dexameth (neomycin-polymyxin-dexamethasone ophth oint 0.1%, neomycin-polymyxin-dexamethasone ophth susp 0.1%)</i>	1	
NEOMYCIN-POLYMYXIN-GRAMICIDIN	4	
OXERVATE	5	PA QL
<i>phenylephrine hcl (mydriatic)</i>	2	
PRED-G	4	
PRED-G S.O.P.	4	
SULFACETAMIDE-PREDNISOLONE	4	
<i>tetracaine hcl (ophth)</i>	2	
TOBRADEX 0.3-0.1 % OINTMENT	4	
<i>tobramycin-dexamethasone</i>	2	
XIIDRA	4	QL PA AL
ZYLET	4	
OPHTHALMIC ANTI-ALLERGY AGENTS		
ALOCRIL	4	ST
ALOMIDE	4	
<i>azelastine hcl (ophth)</i>	1	
<i>bepotastine besilate</i>	2	
<i>cromolyn sodium (ophth)</i>	1	
CROMOLYN SODIUM 4 % SOLUTION	4	
<i>epinastine hcl (ophth)</i>	2	
LASTACAFT	4	ST



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	1	
OPHTHALMIC ANTI-INFECTIVES		
AZASITE	4	
BACITRACIN 500 UNIT/GM OINTMENT	3	
<i>erythromycin (ophth)</i>	1	ACA Affordable Care Act Medications
<i>gatifloxacin (ophth)</i>	2	
GENTAK	4	
<i>gentamicin sulfate (ophth)</i>	1	
<i>levofloxacin (ophth)</i>	2	
LEVOFLOXACIN 0.5 % SOLUTION	4	
<i>moxifloxacin hcl (ophth)</i>	2	
NATACYN	3	
<i>ofloxacin (ophth)</i>	1	
<i>polymyxin b-trimethoprim</i>	1	
<i>sulfacetamide sodium (ophth)</i>	2	
SULFACETAMIDE SODIUM 10 % OINTMENT	4	
<i>tobramycin (ophth)</i>	1	
OPHTHALMIC ANTI-INFLAMMATORIES		
ALREX	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)</i>	1	
<i>difluprednate</i>	2	
FLAREX	4	
<i>fluorometholone (ophth)</i>	2	
FLURBIPROFEN SODIUM	4	
ILEVRO	4	
<i>ketorolac tromethamine ophth soln 0.4%</i>	2	
<i>ketorolac tromethamine ophth soln 0.5%</i>	1	
LOTEMAX 0.5 % OINTMENT	4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LOTEMAX SM	4	
<i>loteprednol etabonate (loteprednol etabonate ophth gel 0.5%, loteprednol etabonate ophth susp 0.5%)</i>	2	
<i>loteprednol etabonate ophth susp 0.2%</i>	2	
MAXIDEX	4	
PREDNISOLONE ACETATE 1 % SUSPENSION	3	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	4	
OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS		
<i>betaxolol hcl (ophth)</i>	2	
BETAXOLOL HCL 0.5 % SOLUTION	4	
CARTEOLOL HCL	4	
LEVOBUNOLOL HCL	4	
<i>timolol maleate (ophth) (timolol maleate ophth soln 0.25%, timolol maleate ophth soln 0.5%)</i>	1	
OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER		
<i>acetazolamide cap er 12hr 500 mg</i>	2	PREV Preventive
APRACLONIDINE HCL 0.5 % SOLUTION	4	
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	2	
<i>brimonidine tartrate ophth soln 0.2%</i>	1	
<i>brinzolamide</i>	2	
<i>dorzolamide hcl ophth soln 2%</i>	1	
<i>methazolamide (methazolamide tab 25 mg, methazolamide tab 50 mg)</i>	2	PREV Preventive
<i>pilocarpine hcl (pilocarpine hcl ophth soln 1%, pilocarpine hcl ophth soln 2%, pilocarpine hcl ophth soln 4%)</i>	2	
RHOPRESSA	4	QL
SIMBRINZA	3	
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS		
<i>bimatoprost ophth soln 0.03%</i>	2	QL
<i>latanoprost ophth soln 0.005%</i>	1	QL
<i>tafluprost</i>	2	QL

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>travoprost</i>	2	QL
OTIC AGENTS		
CETRAXAL	4	
CIPROFLOXACIN HCL 0.2 % SOLUTION	4	
<i>ciprofloxacin-dexamethasone</i>	2	
CIPROFLOXACIN-FLUOCINOLONE PF	4	
CORTISPORIN-TC	4	
<i>fluocinolone acetonide (otic)</i>	2	
<i>hydrocortisone w/acetic acid</i>	2	
<i>neomycin-polymyxin-hc (otic) (neomycin-polymyxin-hc otic soln 1%, neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%)</i>	2	
<i>ofloxacin (otic)</i>	2	
OTOVEL	4	
RESPIRATORY TRACT/PULMONARY AGENTS		
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
ARNUIITY ELLIPTA	3	QL PREV Preventive
ASMANEX (120 METERED DOSES)	3	QL PREV Preventive
ASMANEX (30 METERED DOSES)	3	QL PREV Preventive
ASMANEX (60 METERED DOSES)	3	QL PREV Preventive
ASMANEX HFA	3	QL PREV Preventive
<i>budesonide (inhalation)</i>	2	PREV Preventive
<i>fluticasone propionate (nasal)</i>	1	QL AL
QVAR REDIHALER	3	QL PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XHANCE	4	QL PA
ANTIHISTAMINES		
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	1	QL
CARBINOXAMINE MALEATE 4 MG/5ML SOLUTION	4	AL
<i>carbinoxamine maleate tab 4 mg</i>	2	AL
CLEMASTINE FUMARATE 2.68 MG TAB	4	AL
<i>cyproheptadine hcl (cyproheptadine hcl syrup 2 mg/5ml, cyproheptadine hcl tab 4 mg)</i>	1	AL
<i>desloratadine tab 5 mg</i>	1	
<i>hydroxyzine hcl (hydroxyzine hcl tab 10 mg, hydroxyzine hcl tab 25 mg, hydroxyzine hcl tab 50 mg)</i>	1	AL
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	2	
<i>hydroxyzine pamoate (hydroxyzine pamoate cap 25 mg, hydroxyzine pamoate cap 50 mg)</i>	1	AL
HYDROXYZINE PAMOATE 100 MG CAP	4	
<i>levocetirizine dihydrochloride tab 5 mg</i>	1	
<i>olopatadine hcl (nasal)</i>	2	QL
<i>promethazine hcl oral soln 6.25 mg/5ml</i>	1	AL
RYCLORA	4	AL
ZERVIAE	4	ST
ANTILEUKOTRIENES		
<i>montelukast sodium (montelukast sodium chew tab 4 mg (base equiv), montelukast sodium chew tab 5 mg (base equiv), montelukast sodium tab 10 mg (base equiv))</i>	1	PREV Preventive
<i>zafirlukast</i>	2	PREV Preventive
<i>zileuton</i>	2	PREV Preventive
BRONCHODILATORS, ANTICHOLINERGIC		
ATROVENT HFA	4	QL PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
INCRUSE ELLIPTA	3	QL PREV Preventive
<i>ipratropium bromide (nasal)</i>	2	QL
<i>ipratropium bromide inhal soln 0.02%</i>	1	PREV Preventive
SPIRIVA HANDIHALER	2	QL PREV Preventive
SPIRIVA RESPIMAT	3	QL PREV Preventive
BRONCHODILATORS, SYMPATHOMIMETIC		
<i>albuterol sulfate (albuterol sulfate soln nebu 0.083% (2.5 mg/3ml), albuterol sulfate syrup 2 mg/5ml)</i>	1	PREV Preventive
<i>albuterol sulfate (albuterol sulfate soln nebu 0.5% (5 mg/ml), albuterol sulfate soln nebu 0.63 mg/3ml (base equiv), albuterol sulfate soln nebu 1.25 mg/3ml (base equiv), albuterol sulfate tab 2 mg, albuterol sulfate tab 4 mg)</i>	2	PREV Preventive
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	1	QL PREV Preventive
<i>arformoterol tartrate</i>	2	PREV Preventive
AUVI-Q (AUVI-Q 0.1 MG/0.1ML SOLN A-INJ, AUVI-Q 0.15 MG/0.15ML SOLN A-INJ)	3	
AUVI-Q 0.3 MG/0.3ML SOLN A-INJ	3	
<i>epinephrine (anaphylaxis) (epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000), epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000))</i>	2	
<i>levalbuterol hcl (levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv), levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv), levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv), levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv))</i>	2	PREV Preventive
SEREVENT DISKUS	3	QL PREV Preventive
STRIVERDI RESPIMAT	3	QL PREV Preventive
SYMJEPI	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>terbutaline sulfate (terbutaline sulfate tab 2.5 mg, terbutaline sulfate tab 5 mg)</i>	2	PREV Preventive
VENTOLIN HFA	2	QL PREV Preventive
CYSTIC FIBROSIS AGENTS		
CAYSTON	5	
KALYDECO	5	QL PA
KITABIS PAK	5	
ORKAMBI (ORKAMBI 100-125 MG PACKET, ORKAMBI 100-125 MG TAB, ORKAMBI 150-188 MG PACKET, ORKAMBI 200-125 MG TAB)	5	QL PA
ORKAMBI 75-94 MG PACKET	5	QL PA AL
PULMOZYME	5	
SYMDEKO	5	QL PA
TOBI PODHALER	5	
<i>tobramycin (tobramycin 300 mg/5ml nebu soln, tobramycin nebu soln 300 mg/4ml, tobramycin nebu soln 300 mg/5ml)</i>	5	
TRIKAFTA (TRIKAFTA 50-25-37.5 & 75 MG TAB THPK, TRIKAFTA 80-40-60 & 59.5 MG THER PACK, TRIKAFTA 100-50-75 & 150 MG TAB THPK, TRIKAFTA 100-50-75 & 75 MG THER PACK)	5	QL PA
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE		
<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	2	
<i>roflumilast</i>	2	PREV Preventive
THEO-24	4	PREV Preventive
<i>theophylline (theophylline elixir 80 mg/15ml, theophylline soln 80 mg/15ml, theophylline tab er 12hr 300 mg, theophylline tab er 12hr 450 mg, theophylline tab er 24hr 400 mg, theophylline tab er 24hr 600 mg)</i>	2	PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PULMONARY ANTIHYPERTENSIVES		
ADEMPAS	5	QL PA
<i>ambrisentan</i>	5	QL PA
<i>bosentan</i>	5	QL PA
OPSUMIT	5	QL PA
ORENITRAM	5	PA
ORENITRAM MONTH 1	5	PA QL
ORENITRAM MONTH 2	5	PA QL
ORENITRAM MONTH 3	5	PA QL
<i>sildenafil citrate tab 20 mg</i>	5	QL PA AL
<i>tadalafil (pulmonary hypertension)</i>	5	QL PA
TRACLEER 32 MG TAB SOL	5	QL PA
TYVASO	5	QL PA
TYVASO REFILL	5	QL PA
TYVASO STARTER	5	PA QL

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
UPTRAVI (UPTRAVI 200 & 800 MCG TAB THPK, UPTRAVI 200 MCG TAB, UPTRAVI 400 MCG TAB, UPTRAVI 600 MCG TAB, UPTRAVI 800 MCG TAB, UPTRAVI 1000 MCG TAB, UPTRAVI 1200 MCG TAB, UPTRAVI 1400 MCG TAB, UPTRAVI 1600 MCG TAB)	5	QL PA AL
VENTAVIS	5	QL PA
PULMONARY FIBROSIS AGENTS		
OFEV	5	QL PA
<i>pirfenidone (pirfenidone cap 267 mg, pirfenidone tab 267 mg, pirfenidone tab 801 mg)</i>	5	QL PA
PIRFENIDONE 534 MG TAB	5	PA QL
RESPIRATORY TRACT AGENTS, OTHER		
<i>acetylcysteine (acetylcysteine inhal soln 10%, acetylcysteine inhal soln 20%)</i>	2	
ADVAIR HFA	1	QL PREV Preventive
ANORO ELLIPTA	3	QL PREV Preventive
BREO ELLIPTA (BREO ELLIPTA 100-25 MCG/ACT AER POW BA, BREO ELLIPTA 200-25 MCG/ACT AER POW BA)	3	QL PREV Preventive
BREO ELLIPTA 50-25 MCG/INH AER POW BA	3	QL AL PREV Preventive
BREZTRI AEROSPHERE	3	QL PREV Preventive
COMBIVENT RESPIMAT	3	QL PREV Preventive
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	2	PREV Preventive



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CUROSURF	4	
DULERA	3	QL PREV Preventive
FASENRA PEN	5	QL PA AL
FLUTICASONE-SALMETEROL (FLUTICASONE-SALMETEROL 55-14 MCG/ACT AER POW BA, FLUTICASONE-SALMETEROL 113-14 MCG/ACT AER POW BA, FLUTICASONE-SALMETEROL 232-14 MCG/ACT AER POW BA)	2	QL AL PREV Preventive
<i>fluticasone-salmeterol (fluticasone-salmeterol aer powder ba 100-50 mcg/act, fluticasone-salmeterol aer powder ba 250-50 mcg/act, fluticasone-salmeterol aer powder ba 500-50 mcg/act)</i>	2	QL PREV Preventive
GRASTEK	4	QL PA
HYDROCOD POLI-CHLORPHE POLI ER	2	AL
<i>hydrocodone polistirex-chlorpheniramine polistirex</i>	2	AL
INFASURF	4	
<i>ipratropium-albuterol</i>	2	PREV Preventive
NUCALA (NUCALA 40 MG/0.4ML SOLN PRSYR, NUCALA 100 MG/ML SOLN A-INJ, NUCALA 100 MG/ML SOLN PRSYR)	5	QL PA AL
RAGWITEK	4	QL PA
<i>sodium chloride (inhalant) (sodium chloride soln nebu 3%, sodium chloride soln nebu 7%)</i>	1	
STIOLTO RESPIMAT	3	QL PREV Preventive
SURVANTA	4	
SYMBICORT	2	QL PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRELEGY ELLIPTA	3	QL PREV Preventive
TUZISTRA XR	4	AL
SKELETAL MUSCLE RELAXANTS		
<i>carisoprodol tab 250 mg</i>	2	
<i>carisoprodol tab 350 mg</i>	1	
<i>chlorzoxazone tab 500 mg</i>	2	
<i>cyclobenzaprine hcl (cyclobenzaprine hcl tab 5 mg, cyclobenzaprine hcl tab 10 mg)</i>	1	
<i>metaxalone</i>	2	
<i>methocarbamol (methocarbamol tab 500 mg, methocarbamol tab 750 mg)</i>	1	
<i>orphenadrine citrate tab er 12hr 100 mg</i>	2	
<i>orphenadrine w/ aspirin &amp; caffeine tab 50-770-60 mg</i>	2	
SLEEP DISORDER AGENTS		
SLEEP PROMOTING AGENTS		
BELSOMRA	3	QL ST
DAYVIGO	4	QL ST
<i>estazolam</i>	2	
<i>eszopiclone (eszopiclone tab 1 mg, eszopiclone tab 2 mg)</i>	1	QL
<i>eszopiclone tab 3 mg</i>	1	QL AL
FLURAZEPAM HCL	4	
HETLIOZ LQ	5	QL PA
<i>ramelteon</i>	2	QL
<i>tasimelteon</i>	5	QL PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>temazepam (temazepam cap 15 mg, temazepam cap 30 mg)</i>	1	
<i>triazolam tab 0.125 mg</i>	1	
<i>triazolam tab 0.25 mg</i>	2	
<i>zaleplon</i>	1	QL
<i>zolpidem tartrate (zolpidem tartrate tab 5 mg, zolpidem tartrate tab 10 mg)</i>	1	QL
<i>zolpidem tartrate (zolpidem tartrate tab er 6.25 mg, zolpidem tartrate tab er 12.5 mg)</i>	2	QL
<b>WAKEFULNESS PROMOTING AGENTS</b>		
<i>armodafinil (armodafinil tab 150 mg, armodafinil tab 200 mg, armodafinil tab 250 mg)</i>	2	
<i>armodafinil tab 50 mg</i>	1	
LUMRYZ	5	QL PA
<i>modafinil (modafinil tab 100 mg, modafinil tab 200 mg)</i>	2	
SUNOSI	3	QL PA AL
XYREM	5	QL PA
XYWAV	5	QL PA

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chlorthalidone . . . . .	62	clindamycin phosphate-benzoyl peroxide (refrigerate) . . . . .	79
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cilostazol . . . . .	54	clonidine hcl . . . . .	54
CIMDUO . . . . .	40	clonidine hcl (adhd) . . . . .	72
CIMETIDINE HCL . . . . .	87	clopidogrel bisulfate . . . . .	54
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colchicine w/ probenecid . . . . .	21	COSENTYX (300 MG DOSE) . . . . .	103
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colestipol hcl . . . . .	64	COSENTYX SENSOREADY PEN . . . . .	103
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CYSTARAN . . . . .	88	dexmethylphenidate hcl . . . . .	73
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dabigatran etexilate mesylate . . . . .	50	DIACOMIT . . . . .	12
dalfampridine . . . . .	76	DIALYSIS SAFETY SYRINGE/NEEDLE . . . . .	128
danazol . . . . .	94	DIASTAT ACUDIAL . . . . .	13
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deferiprone . . . . .	83	diazoxide . . . . .	45
DELSTRIGO . . . . .	38	diclofenac potassium . . . . .	1
demeclocycline hcl . . . . .	11	diclofenac sodium . . . . .	1
DEPO-ESTRADIOL . . . . .	94	diclofenac sodium (ophth) . . . . .	175
DEPO-SUBQ PROVERA 104 . . . . .	99	diclofenac sodium (topical) . . . . .	1
DESCOVY . . . . .	40	diclofenac w/ misoprostol . . . . .	1
desipramine hcl . . . . .	18	dicloxacillin sodium . . . . .	9
desloratadine . . . . .	178	dicyclomine hcl . . . . .	87
desmopressin acetate . . . . .	93	DIFICID . . . . .	10
desmopressin acetate spray . . . . .	93	diflunisal . . . . .	1
desmopressin acetate spray refrigerated . . . . .	93	difluprednate . . . . .	175
desogestrel & ethinyl estradiol . . . . .	94	digoxin . . . . .	60
desogestrel-ethinyl estradiol (biphasic) . . . . .	94	DIGOXIN . . . . .	60
desogestrel-ethinyl estradiol (triphasic) . . . . .	95	dihydroergotamine mesylate . . . . .	70
desonide . . . . .	79	DILANTIN . . . . .	15
desoximetasone . . . . .	79	DILANTIN INFATABS . . . . .	15
desvenlafaxine succinate . . . . .	16	DILANTIN-125 . . . . .	15
dexamethasone . . . . .	92	diltiazem hcl . . . . .	58
DEXAMETHASONE . . . . .	92	diltiazem hcl coated beads . . . . .	58
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disopyramide phosphate . . . . .	56	DUPIXENT . . . . .	103
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DIVIGEL . . . . .	95	dutasteride . . . . .	90
dofetilide . . . . .	56	dutasteride-tamsulosin hcl . . . . .	90
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DOPTelet . . . . .	54	<b>E</b>	
dorzolamide hcl . . . . .	176	E-Z JECT LANCET MICRO-THIN 33G . . . . .	129
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DOVATO . . . . .	38	E-Z JECT LANCETS . . . . .	129
doxazosin mesylate . . . . .	55	E-Z JECT LANCETS 21G . . . . .	129
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doxycycline hyclate . . . . .	11	EASY COMFORT INSULIN SYRINGE . . . . .	130
dronabinol . . . . .	19	EASY COMFORT LANCETS . . . . .	130
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DROPSAFE SICURA . . . . .	129	EASY TOUCH FLIPLOCK INSULIN SY . . . . .	130
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EASY TOUCH LANCETS 33G/TWIST . . . . .	134	EMGALITY (300 MG DOSE) . . . . .	70
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EASY TOUCH SAFETY LANCETS 21G . . . . .	134	emtricitabine . . . . .	40
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EASY TOUCH SAFETY LANCETS 26G . . . . .	134	emtricitabine-tenofovir disoproxil fumarate . . . . .	40
EASY TOUCH SAFETY LANCETS 28G . . . . .	134	EMTRIVA . . . . .	40
EASY TOUCH SAFETY PEN NEEDLES . . . . .	134	EMVERM . . . . .	34
EASY TOUCH SAFETY SYRINGE . . . . .	134	enalapril maleate . . . . .	55
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efavirenz-lamivudine-tenofovir disoproxil fumarate . .39		EPIDIOLEX . . . . .	12
ELESTRIN . . . . .	95	epinastine hcl (ophth) . . . . .	174
eletriptan hydrobromide . . . . .	70	epinephrine (anaphylaxis) . . . . .	179
ELIGARD . . . . .	101	EPIVIR HBV . . . . .	37
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ERMEZA	100	ezetimibe	64
ERTACZO	20	ezetimibe-simvastatin	64
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erythromycin (acne aid)	82	fa-8 0.8 mg cap	84
erythromycin (ophth)	175	famciclovir	43
erythromycin base	10	famotidine	87
ERYTHROMYCIN BASE	10	FANAPT	67
erythromycin ethylsuccinate	10	FANAPT TITRATION PACK	67
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esomeprazole magnesium	88	FARXIGA	43
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estazolam	184	FC2 FEMALE CONDOM	137
estradiol	96	febuxostat	21
estradiol & norethindrone acetate	95	FEIBA	52
estradiol vaginal	96	felbamate	12
estradiol valerate	96	felodipine	58
ESTRING	96	FEMCAP	137
ESTROGEL	96	fenofibrate	62
eszopiclone	184	fenofibrate micronized	62
ethacrynic acid	61	fenopropfen calcium	1
ethambutol hcl	21	fentanyl	2
ethosuximide	13	fentanyl citrate	4
ethynodiol diacet & eth estrad	96	FERRETT'S CHEWABLE IRON	84
etodolac	1	FERRIPROX	83
ETOPOSIDE	27	ferrous sulfate	84
etravirine	39	FETZIMA	17
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everolimus	28	FIASP	46
everolimus (immunosuppressant)	106	FIASP FLEXTOUCH	46
EVOTAZ	41	FIASP PENFILL	46
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FINGERSTIX LANCETS . . . . .	137	FLUZONE HIGH-DOSE QUADRIVALENT . . . . .	110
fingolimod hcl . . . . .	76	FLUZONE QUADRIVALENT . . . . .	110
FINTEPLA . . . . .	12	folate 400 mcg tab . . . . .	84
FIRDAPSE . . . . .	74	folic acid . . . . .	84
FLAREX . . . . .	175	folic acid 0.8 mg cap . . . . .	84
flavoxate hcl . . . . .	90	folic acid 400 mcg tab . . . . .	84
flecainide acetate . . . . .	56	folic acid 800 mcg tab . . . . .	84
FLORICAL . . . . .	84	fondaparinux sodium . . . . .	50
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FLUCELVAX QUADRIVALENT . . . . .	110	fosfomycin tromethamine . . . . .	8
fluconazole . . . . .	20	fosinopril sodium . . . . .	55
flucytosine . . . . .	20	fosinopril sodium & hydrochlorothiazide . . . . .	60
fludrocortisone acetate . . . . .	92	FOSRENOL . . . . .	83
FLULAVAL QUADRIVALENT . . . . .	110	FOTIVDA . . . . .	24
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fluphenazine hcl . . . . .	67	FULPHILA . . . . .	51
FLUPHENAZINE HCL . . . . .	67	FUROSCIX . . . . .	61
FLURAZEPAM HCL . . . . .	184	furosemide . . . . .	61
FLURBIPROFEN . . . . .	1	FUZEON . . . . .	41
flurbiprofen . . . . .	1	FYCOMPA . . . . .	12
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# G

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galantamine hydrobromide . . . . .	66	glimepiride . . . . .	43
GALANTAMINE HYDROBROMIDE . . . . .	66	glipizide . . . . .	43
GALZIN . . . . .	84	GLIPIZIDE . . . . .	43
GARDASIL 9 . . . . .	110	glipizide-metformin hcl . . . . .	43
gatifloxacin (ophth) . . . . .	175	GLOBAL EASE INJECT PEN NEEDLES . . . . .	138
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gemfibrozil . . . . .	62	GLOBAL INJECT EASE LANCETS 30G . . . . .	138
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gentamicin sulfate (ophth) . . . . .	175	GLUCAGON EMERGENCY . . . . .	45
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montelukast sodium . . . . .	178	naltrexone hcl . . . . .	6
morphine sulfate . . . . .	3,5	naproxen . . . . .	2
MORPHINE SULFATE . . . . .	4,5	naproxen sodium . . . . .	2
MORPHINE SULFATE (CONCENTRATE) . . . . .	4	naratriptan hcl . . . . .	71
MORPHINE SULFATE ER . . . . .	3	NATACYN . . . . .	175
MOTOFEN . . . . .	87	NATAZIA . . . . .	97
MOUNJARO . . . . .	44	nateglinide . . . . .	44
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MPD SAFETY LANCET 28G . . . . .	153	NEO-SYNALAR . . . . .	81
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NITRO-DUR.....	65	NOVOLIN 70/30.....	48
NITRO-TIME.....	65	NOVOLIN 70/30 FLEXPEN.....	48
nitrofurantoin.....	8	NOVOLIN 70/30 FLEXPEN RELION.....	48
nitrofurantoin macrocrystal.....	8	NOVOLIN 70/30 RELION.....	48
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ORLISSA	101	PALFORZIA INITIAL ESCALATION	104
ORKAMBI	180	paliperidone	67
ORLADEYO	102	PALYNZIQ	89
orphenadrine citrate	184	PANRETIN	34
orphenadrine w/ aspirin & caff	184	pantoprazole sodium	88
ORSERDU	22	paricalcitol	117
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OSPHENA	98	paromomycin sulfate	7
OTEZLA	81,104	paroxetine hcl	17
OTOVEL	177	PASER	21
OTREXUP	108	PATIENT SAFE SYRINGE	155
OXANDROLONE	94	PAXLOVID (150/100)	155
oxandrolone	94	pazopanib hcl	31
oxaprozin	2	PC LANCETS SUPER THIN 30G	155
oxazepam	70	PC UNIFINE PENTIPS	155
OXBRYTA	54	PEDIARIX	112
oxcarbazepine	15	PEDVAX HIB	112
OXERVATE	174	peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid	86
oxiconazole nitrate	21	peg 3350-kcl-sod bicarb-sod chloride-sod sulfate	87
oxybutynin chloride	90	peg 3350-potassium chloride-sod bicarbonate-sod chloride	86
oxycodone hcl	5	PEG-PREP	86
oxycodone w/ acetaminophen	5	PEGASYS	105
oxymorphone hcl	5	PEMAZYRE	31
OXYMORPHONE HCL ER	3	PEN NEEDLES	155
OZEMPIC (0.25 OR 0.5 MG/DOSE)	44	PEN NEEDLES 5/16"	155
OZEMPIC (1 MG/DOSE)	44	penciclovir	82
OZEMPIC (2 MG/DOSE)	44	penicillamine	91
		PENICILLIN V POTASSIUM	10
<b>P</b>		penicillin v potassium	10
PALFORZIA (12 MG DAILY DOSE)	104	PENLET II BLOOD SAMPLER	155
PALFORZIA (120 MG DAILY DOSE)	104	PENLET II REPLACEMENT CAP	155
PALFORZIA (160 MG DAILY DOSE)	104	PENTACEL	113
PALFORZIA (20 MG DAILY DOSE)	104	pentamidine isethionate	35
PALFORZIA (200 MG DAILY DOSE)	104	PENTIPS	155
PALFORZIA (240 MG DAILY DOSE)	104	pentoxifylline	60
PALFORZIA (3 MG DAILY DOSE)	104	PERFECT LANCETS 28G	155
PALFORZIA (300 MG MAINTENANCE)	104		
PALFORZIA (300 MG TITRATION)	104		

PERFECT LANCETS 30G . . . . .	155	PLEGRIDY . . . . .	77
PERINDOPRIL ERBUMINE . . . . .	56	PLEGRIDY STARTER PACK . . . . .	77
permethrin . . . . .	82	PNEUMOVAX 23 . . . . .	114
perphenazine . . . . .	19	PODOFILOX . . . . .	81
PERPHENAZINE-AMITRIPTYLINE . . . . .	16	podofilox . . . . .	81
PFIZER COVID-19 BIVAL 6MO-4YR . . . . .	113	POLY HUB NEEDLE . . . . .	156
PFIZER COVID-19 VAC BIVAL 5-11 . . . . .	113	polymyxin b-trimethoprim . . . . .	175
PFIZER COVID-19 VAC BIVALENT . . . . .	113	POMALYST . . . . .	23
PFIZER COVID-19 VAC-TRIS 5-11Y . . . . .	113	posaconazole . . . . .	21
PFIZER COVID-19 VAC-TRIS 6M-4Y . . . . .	113	pot phosphate monobasic w/ sod phosphate dibasic & monobasic . . . . .	91
PFIZER-BIONT COVID-19 VAC-TRIS . . . . .	113	potassium chloride . . . . .	82
PFIZER-BIONTECH COVID-19 VACC . . . . .	113	POTASSIUM CHLORIDE ER . . . . .	83
PHARMACIST CHOICE LANCETS . . . . .	155	potassium chloride microencapsulated crystals er . . . . .	83
PHARMACY COUNTER LANCETS . . . . .	155	potassium citrate (alkalinizer) . . . . .	83
PHEBURANE . . . . .	89	potassium phosphate monobasic . . . . .	91
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phenelzine sulfate . . . . .	16	pramipexole dihydrochloride . . . . .	35
phenobarbital . . . . .	14	prasugrel hcl . . . . .	54
phenoxybenzamine hcl . . . . .	55	pravastatin sodium 10 mg tab . . . . .	63
phenylephrine hcl (mydriatic) . . . . .	174	pravastatin sodium 20 mg tab . . . . .	63
phenytoin . . . . .	15	pravastatin sodium 40 mg tab . . . . .	63
phenytoin sodium extended . . . . .	15	pravastatin sodium 80 mg tab . . . . .	63
PHEXXI . . . . .	99	praziquantel . . . . .	34
PHOSLYRA . . . . .	83	prazosin hcl . . . . .	55
phytonadione . . . . .	53	PRECISION SURE-DOSE SYRINGE . . . . .	156
pilocarpine hcl . . . . .	176	PRECISION THINS GP LANCETS . . . . .	156
pilocarpine hcl (oral) . . . . .	78	PRED-G . . . . .	174
PIMOZIDE . . . . .	68	PRED-G S.O.P. . . . .	174
pindolol . . . . .	57	PREDNICARBATE . . . . .	92
pioglitazone hcl . . . . .	44	prednisolone . . . . .	93
pioglitazone hcl-metformin hcl . . . . .	44	PREDNISOLONE ACETATE . . . . .	176
PIP LANCETS 28G . . . . .	155	prednisolone sodium phosphate . . . . .	93
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PREHEVBRIO . . . . .	114	promethazine hcl . . . . .	19,178
PREMARIN . . . . .	98	PROMETHEGAN . . . . .	19
PREMIUM CONDOMS LUBRICATED . . . . .	156	propafenone hcl . . . . .	56
PREMPHASE . . . . .	98	propranolol hcl . . . . .	57,58
PREMPRO . . . . .	98	PROPRANOLOL HCL . . . . .	57
PRENATAL 19 . . . . .	85	propylthiouracil . . . . .	102
PRENATAL PLUS . . . . .	85	PROQUAD . . . . .	114
PRENATAL VITAMIN PLUS LOW IRON . . . . .	85	protriptyline hcl . . . . .	18
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PREZCOBIX . . . . .	42	PX ADVANCED LANCING DEVICE . . . . .	157
PREZISTA . . . . .	42	PX EXTRA SHORT PEN NEEDLES . . . . .	157
PRIFTIN . . . . .	22	px folic acid 400 mcg tab . . . . .	85
primaquine phosphate . . . . .	35	PX INSULIN SYRINGE . . . . .	157
PRIMIDONE . . . . .	14	PX LANCET AUTO INJECTOR . . . . .	157
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probenecid . . . . .	21	pyridostigmine bromide . . . . .	72
prochlorperazine . . . . .	19	pyrimethamine . . . . .	35
prochlorperazine maleate . . . . .	19	PYRUKYND . . . . .	52
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PROFILNINE . . . . .	53	QC LANCETS ULTRA THIN . . . . .	157
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PROGRAF . . . . .	108	QC UNIFINE PENTIPS . . . . .	157

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risperidone . . . . .	68	SAPS TWIST TOP LANCETS . . . . .	160
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rivastigmine tartrate . . . . .	66	SB INSULIN SYRINGE . . . . .	160
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rizatriptan benzoate . . . . .	71	SB LANCETS ULTRA THIN . . . . .	160
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ropinirole hydrochloride . . . . .	36	scopolamine . . . . .	19
rosuvastatin calcium . . . . .	63	SE-NATAL 19 . . . . .	85
rosuvastatin calcium 10 mg tab . . . . .	63	SECUADO . . . . .	68
rosuvastatin calcium 5 mg tab . . . . .	63	SECURE SAFE ALLERGY TRAY . . . . .	160
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RYBELSUS . . . . .	44	selegiline hcl . . . . .	36
RYCLORA . . . . .	178	selenium sulfide . . . . .	80
RYDAPT . . . . .	31	SELZENTRY . . . . .	41
RYTARY . . . . .	36	SEMGLEE (YFGN) . . . . .	50
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SAFETY LANCET 30G/PRESSURE ACT . . . . .	159	sertraline hcl . . . . .	17
		sevelamer carbonate . . . . .	83

sevelamer hcl . . . . .	83	sodium citrate & citric acid . . . . .	91
SEVENFACT . . . . .	53	SODIUM FLUORIDE . . . . .	85
SHINGRIX . . . . .	114	sodium fluoride . . . . .	85
SHOPKO AUTOLET LANCING DEVICE . . . . .	161	sodium fluoride (dental) . . . . .	78
SHOPKO ON-THE-GO LANCETS 30G . . . . .	161	sodium fluoride-potassium nitrate . . . . .	78
SHOPKO UNIFINE PENTIPS . . . . .	161	sodium phenylbutyrate . . . . .	89
SHOPKO UNIFINE PENTIPS PLUS . . . . .	161	sodium polystyrene sulfonate . . . . .	83
SHOPKO UNILET LANCETS 28G . . . . .	162	sodium sulfate-potassium sulfate-magnesium sulfate	86
SHOPKO UNILET LANCETS 30G . . . . .	162	SOFOSBUVIR-VELPATASVIR . . . . .	37
SHUR-SEAL CONTRACEPTIVE . . . . .	91	SOHONOS . . . . .	89
SIGNIFOR . . . . .	102	solifenacin succinate . . . . .	90
SIKLOS . . . . .	24	SOLQUA . . . . .	45
sildenafil citrate (pulmonary hypertension) . . . . .	181	SOLTAMOX 10 MG/5ML SOLUTION . . . . .	23
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SIMPONI . . . . .	108	SOOLANTRA . . . . .	82
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simvastatin 10 mg tab . . . . .	63	sotalol hcl . . . . .	57
simvastatin 20 mg tab . . . . .	63	sotalol hcl (afib/af) . . . . .	56,57
simvastatin 40 mg tab . . . . .	63	SOTYKTU . . . . .	105
simvastatin 5 mg tab . . . . .	63	SOVALDI . . . . .	37
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SKYRIZI . . . . .	105	SPIRIVA RESPIMAT . . . . .	179
SKYRIZI (150 MG DOSE) . . . . .	105	spironolactone . . . . .	62
SKYTROFA . . . . .	93	spironolactone & hydrochlorothiazide . . . . .	61
sm folic acid 400 mcg tab . . . . .	85	SPRITAM . . . . .	12,13
SM LANCETS 33G . . . . .	162	SPRYCEL . . . . .	32
SM TRUEDRAW LANCING DEVICE . . . . .	162	SPS . . . . .	83
SMART DIABETES VANTAGE LANCING . . . . .	162	stannous fluoride . . . . .	78
SMART SENSE COLOR LANCETS 33G . . . . .	162	STAVUDINE . . . . .	40
SMART SENSE STANDARD LANCETS . . . . .	162	STELARA . . . . .	105
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sulfacetamide sodium (ophth).....	175	SYRINGE 5-6 ML.....	163
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sulfamethoxazole-trimethoprim.....	11	SYRINGE ECCENTRIC TIP.....	163
SULFAMYLON.....	82	SYRINGE LUER LOCK.....	164
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SUNOSI.....	185	tacrolimus.....	108
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SURE COMFORT LANCETS 28G.....	162	TAKHZYRO.....	102
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SURE COMFORT LANCING PEN.....	163	tamoxifen citrate 10 mg tab.....	23
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SURELITE LANCETS.....	163	tamsulosin hcl.....	90
SURVANTA.....	183	TASIGNA.....	32
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TECHLITE LANCETS 30G . . . . .	164	THYROID . . . . .	101
TECHLITE PEN NEEDLES . . . . .	164	tiagabine hcl . . . . .	14
TECHLITE PLUS PEN NEEDLES . . . . .	164	TIBSOVO . . . . .	32
TEGRETOL . . . . .	15	timolol maleate . . . . .	71
TEGRETOL-XR . . . . .	15	timolol maleate (ophth) . . . . .	176
TEGSEDI . . . . .	89	tinidazole . . . . .	8
telmisartan . . . . .	55	tiopronin . . . . .	91
TELMISARTAN-AMLODIPINE . . . . .	61	TIROSINT . . . . .	101
telmisartan-amlodipine . . . . .	61	TIROSINT-SOL . . . . .	101
temazepam . . . . .	185	TIVICAY . . . . .	38
TEMIXYS . . . . .	40	TIVICAY PD . . . . .	38
temozolomide . . . . .	22	tizanidine hcl . . . . .	36
TENCON . . . . .	75	TOBI PODHALER . . . . .	180
TENIVAC . . . . .	115	TOBRADEX . . . . .	174
tenofovir disoproxil fumarate . . . . .	40	tobramycin . . . . .	180
TEPMETKO . . . . .	32	tobramycin (ophth) . . . . .	175
terazosin hcl . . . . .	55	tobramycin-dexamethasone . . . . .	174
terbinafine hcl . . . . .	21	TODAY SPONGE . . . . .	91
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testosterone . . . . .	94	TODAYS HEALTH THIN LANCETS 28G . . . . .	165
testosterone cypionate . . . . .	94	TODAYS HEALTH THIN LANCETS 30G . . . . .	165
TESTOSTERONE ENANTHATE . . . . .	94	tolcapone . . . . .	35
tetrabenazine . . . . .	75	TOLMETIN SODIUM . . . . .	2
tetracaine hcl (ophth) . . . . .	174	tolterodine tartrate . . . . .	90
tetracycline hcl . . . . .	11	tolvaptan . . . . .	83
TEZSPIRE . . . . .	105	TOOMEY SYRINGE . . . . .	165
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