

Individual & Small Group Preferred Drug List

MOUNTAIN HEALTH CO-OP

2026

How to use the Preferred Drug List

The Preferred Drug List (PDL) (also known as a Formulary) is a list of prescription drugs covered under your plan. This contains the covered drugs, doses, and dosage forms. This list is not a complete list and additional prescription drugs may be covered. *Please note that the PDL is subject to change as new prescription drugs become available, drug categories are reviewed, and as we strive to provide the most effective and valuable therapies available for our members.*

Your pharmacy benefit has four prescription drug tiers. The tier is identified on the Preferred Drug List below. These tiers determine your out-of-pocket responsibility and correspond to the copays and/or coinsurance shown on your benefit summary. In most cases, the prescription drugs on the lower tiers will cost less.

Tier 1: Preferred Generics
Tier 2: Non-Preferred Generics/Preferred Brands
Tier 3: Non-Preferred Brands
Tier 4: Specialty (Most specialty drugs require PA and must be filled at the Plan's designated Specialty Pharmacy)
Tier 5: Preventive (see PRESCRIPTION DRUGS WITH ENHANCED BENEFITS section below)

Please note that prescription drugs covered under the Preventive Drug List* and the Value Preventive Drug List** have no cost to members and are defined below under PRESCRIPTION DRUGS WITH ENHANCED BENEFITS.

If you have any questions about the PDL or your pharmacy benefits please, contact Pharmacy Customer Service at the number listed on the back of your ID Card. Pharmacy Customer Service is available 24 hours/7 days a week/365 days a year. You can also view additional information by logging into the pharmacy member portal. If you need assistance in registering for the portal, please contact Pharmacy Customer Service. The pharmacy member portal provides information such as how to find a pharmacy; look up prescription drug information like benefit tier, limits, and drug interactions; shop for best price of a prescription drug at different pharmacies; check the status of a prescription; print your prescription drug fill history; and how to set up mail order.

HOW PRESCRIPTION DRUGS ARE CHOSEN FOR THE PDL

Prescription drugs approved by the United States (U.S.) Food and Drug Administration (FDA) are reviewed and considered for the PDL by the Pharmacy & Therapeutics (P&T) Committee utilizing the following criteria:

a) The prescription drug is effective and medically necessary for the treatment, maintenance, and/or prevention of a specific medical condition
b) The PDL does not have other alternatives or similar prescription drugs that could be used in its place
c) The prescription drug shows a positive therapeutic outcome
d) The prescription drug shows safety for medical use

As the FDA approves new prescription drugs, they are reviewed within 180 days against similar drugs available on the PDL before being considered for inclusion. New prescription drugs with an FDA designation of 1P (FDA priority review – potential therapeutic gain) will automatically be reviewed for consideration for the Preferred Drug List. New prescription drugs with an FDA designation of 1S (FDA standard review – no therapeutic gain) may not be reviewed for consideration until a provider/member requests or the next therapeutic class review is done.

In addition, therapeutic classes are reviewed on a regular basis to ensure the Preferred Drug List includes the most effective and valuable prescription drugs.

Members will receive notices related to drug formulary changes at the point of sale when filling a prescription that is impacted by modifications to the PDL. Network pharmacies are required to inform the member of these messages regarding updates or changes to the program which may impact a member. In addition, members whose prescription drugs have been removed from the PDL or have a negative change such as increased tier or new limits will receive written communication of change.

PRESCRIPTION DRUGS WITH ENHANCED BENEFITS

***PREVENTIVE DRUG (PREV)**

Certain prescription drugs are considered preventive under the Affordable Care Act (ACA). ACA preventive drugs are covered at 100 percent by the Plan (no patient responsibility); although limits may apply. Drugs available under this benefit

are listed as PREV under Limits & Restrictions. For more information about your preventive drug benefits, please contact Pharmacy Customer Service at the number listed on the back of your ID Card.

Preventive Drug Benefits
Aspirin use to prevent cardiovascular disease and colorectal cancer for adults 50 to 59 years with a high cardiovascular risk
Birth control as prescribed by a health care provider for women with reproductive capacity (not including abortifacient drugs). This does not apply to health plans sponsored by certain exempt "religious employers."
PrEP (pre-exposure prophylaxis) HIV prevention medication for HIV-negative adults at high risk for getting HIV
Immunizations — doses, recommended ages, and recommended populations vary
Folic acid supplements for women who may become pregnant
Bowel prep for colorectal cancer screening
Smoking cessation medications
Statin preventive medication for adults 40 to 75 at high risk
Breast cancer risk reduction medications
Fluoride supplements for children without fluoride in their water source

****VALUE PREVENTIVE DRUG LIST (VAL)**

Value Preventive Drugs List provides coverage for designated prescription drugs in specific categories even before you meet your deductible or out-of-pocket expenses. Members will not have any cost-share for prescription drugs listed in our value-based preventive drug list. This is in addition to the no-cost share coverage for preventive drugs listed in the Affordable Care Act (ACA) and expands preventive drug coverage. Drugs available under this benefit are listed as VAL under Limits & Restrictions.

PRESCRIPTION DRUG LIMITS & REQUIREMENTS

AGE

Some prescription drugs have a minimum or maximum age limit requirement under the Plan. Only members within those limits are able to fill those prescription drugs.

PRIOR AUTHORIZATION (PA)

To ensure appropriate utilization, some generic and brand prescription drugs and all specialty drugs require Prior Authorization to be eligible for coverage under the member's prescription drug benefit. The P&T Committee establishes the PA criteria. In order for a member to receive coverage for a prescription drug requiring PA, the member or member's provider should contact Pharmacy Customer Service at the number listed on the back of your ID Card. Your provider will be required to complete a PA form and provide clinical documentation to show why this prescription drug is needed for treatment of your disease state or medical condition. A letter of medical necessity is also recommended. Your provider should also include your diagnosis and previous therapies that have failed in the letter. If a PA is not received or if the prescription drug is filled prior to approval, the cost of the prescription drug will be full member responsibility. In addition, PAs cannot be backdated.

QUANTITY LIMIT (QL)

Quantity Limit is a program that ensures members do not receive a prescription for a quantity that exceeds recommended Plan or safety limits. Limits are set because some prescription drugs have the potential to be abused, misused, shared, or have a manufacturer's limit on the recommended maximum dose. Quantity limits are based on FDA approved dosing, current medical practices, evidence-based clinical guidelines, and peer-reviewed medical literature related to a particular prescription drug. Prior Authorization is required for any quantities that exceed Plan limits.

STEP THERAPY (ST)

Step Therapy is a program for prescription drugs that are taken on a regular basis to treat an ongoing medical condition. The program is developed around effectiveness, safety, and value. In ST, the covered prescription drugs are arranged in a series of "steps". The program typically starts with generic prescription drugs as the "first step." These generics are rigorously tested and approved by the FDA and allow you to have safe, effective treatment with prescription drug that is more affordable. More expensive brand-name prescription drugs are usually considered in the "second step". Step Therapy is developed under the guidance and direction of the P&T Committee. They review the most current research on thousands of drugs tested and approved by the FDA for safety and efficacy. The first time you submit a prescription that is not for a first-step drug, your pharmacist will receive a message to tell you that the Plan requires ST. This means if you don't want to pay full price for your prescription drug, your doctor needs to write a new prescription for a "first-step" drug. With ST, if you've already tried and failed the "first-step" drug, can't take the "first-step" drug (because of an allergy, etc.), and/or your

provider can show medical necessity for the second step products, your provider can submit a request for Prior Authorization review.

ADDITIONAL POLICIES AND PROCESSES

THERAPEUTIC INTERCHANGE (TI)
Therapeutic interchange is the practice of replacing, with your physician's approval, a prescription drug originally prescribed with a chemically different but therapeutically equivalent prescription drug. Prescription drugs used in therapeutic interchange programs are expected to produce similar levels of effectiveness and results. Therapeutic interchange programs are based on scientific evidence. These programs are developed under the guidance of the P&T Committee. The program is designed to work along with other tools that medical professionals use to promote safe and effective drug therapy. If therapeutic interchange is required on a prescription drug, your pharmacist will receive a message to request a therapeutic interchange from your provider. If you or your provider feel the interchange is not right for you and you do not want to pay full price for your prescription, your provider can submit a request for Prior Authorization review.

BRAND-GENERIC CHARGE (Ancillary Charge)
A Brand-Generic Charge is applied to your cost if you receive a brand name prescription drug, regardless of reason or medical necessity, if your provider prescribes a brand name drug when a generic is available. A Brand-Generic Charge is the difference between the cost of the generic and the cost of the brand name prescription drug. This penalty is in addition to the regular cost sharing outlined in your benefits summary. The Brand-Generic Charge does not apply towards Deductibles or Out-of-Pocket Maximum.

MANDATORY GENERIC
The Plan mandates generic prescription drugs wherever available. If a brand-name prescription drug is requested when a generic is available, the generic will be available without a Prior Authorization. If brand is still desired, PA will be required, even if not indicated on the PDL below. If brand is approved through the PA process, the Brand-Generic penalty will still be applied.

MAIL ORDER
Mail order is when a 90-day supply of a generic or brand name prescription drug is mailed directly to you through a designated Mail Order Pharmacy. Not all prescription drugs are available through Mail Order. Contact Pharmacy Customer Service at the number listed on the back of your ID card for more information or to get started on the Mail Order program.

SPECIALTY PHARMACY
The Plan requires that all prescription drugs noted as *Specialty* must be filled through the Plan's designated Specialty Pharmacies. These drugs are usually listed on Tier 4, but certain generics of brand name specialty products may be placed in a lower tier but still be considered specialty. In cases where prescription drugs are available only through a limited distribution channel from the manufacturer, these prescription drugs will be directed by the Plan to anther designated specialty pharmacy.

OFF-LABEL USE OF PRESCRIPTION DRUGS
The FDA requires that prescription drugs used in the U.S. be safe and effective. The label information of a prescription drug outlines use for "approved" doses and specific conditions or disease states. The use of a prescription drug for a disease state or condition not listed on the label, or in a dose or therapy not listed on the label, is considered to be a "non-approved" or "off-label" use of the prescription drug. Off-label use of a prescription drug is not covered unless it meets the Plan's off-label use policy. A Prior Authorization is required when a prescription drug is used outside of its FDA indication, dosage, or treatment. Coverage will be reviewed under the off-label use policy and subject to the same conditions and limitations as any other prescription drug. Therapies deemed investigational or experimental are not a covered benefit.

NON-FORMULARY (not covered) OR EXCEPTON REQUESTS FOR PRESCRIPTION DRUGS
For prescription drugs that are not covered by the Plan (non-formulary), you or your provider can submit an exception request. Your provider will be required to complete a formulary exception form and provide clinical documentation to show why this prescription drug is needed/required for treatment of your disease state or medical condition. A letter of medical necessity is also recommended. Your provider should also include in his/her letter your diagnosis and previous therapies that have been tried and failed. If an exception request approval is not received or the prescription drug is filled prior to approval, the cost of the prescription drug will be full member responsibility. Contact Pharmacy Customer Service at the number listed on the back of your ID card for more information.

PAPER CLAIMS FILING LIMITS

Point-of-sale claims are generally submitted electronically at the time of dispensing. However, there may be mitigating reasons that require a claim to be submitted via a paper claim after being dispensed. The timely filing limit for paper claims submission is within 365 days from the date of service for all original claims. Paper claims will be reimbursed based on what the contractual discount would have been if claim had processed through the system, so member will be responsible for any difference in paid cost.

INSULIN PRESCRIPTION PRICING CAP INFORMATION FOR MONTANA RESIDENTS ONLY

A member will pay no more than $35 for up to a 30-day supply of insulin covered on Our Formulary. The $35 will count towards the Member's Deductible and Out-of-Pocket Maximum.

TIER		DESCRIPTION
1	Preferred Generics	
2	Preferred Brands/Non-Preferred Generics	
3	Non-Preferred Brands	
4	Preferred Specialty	

TYPE		DESCRIPTION
QL	Quantity Limit	There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.
PA	Prior Authorization	You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
ST	Step Therapy	In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition.
GL	Gender Limit	This prescription drug may only be covered for a single gender.
AL1	Age Limit	This prescription drug may only be covered if you meet the minimum or maximum age limit.
MFL	Max Fill Limit	There is a limit on the number of times this drug can be refilled.
MDS	Max Days Supply	There is a limit on the amount of this drug that is covered.
S	Specialty Drug	Specialty drugs are high-cost drugs used to treat complex or rare conditions, such as multiple sclerosis, rheumatoid arthritis, hepatitis C, and hemophilia.
VAL	Value Preventive List	Value Preventive Drugs List provides coverage for designated prescription drugs in specific categories even before you meet your deductible or out-of-pocket expenses. Members will not have any cost-share for prescription drugs listed in our value-based preventive drug list. This is in addition to the no-cost share coverage for preventive drugs listed in the Affordable Care Act (ACA) and expands preventive drug coverage.

PREV	Preventative	Certain medications are considered preventive under the Affordable Care Act (ACA). ACA preventive drugs are covered at 100 percent (no patient responsibility), although limits may apply. For more information about your preventive drug benefits, please contact Pharmacy Customer Service at the number listed on the back of your ID Card.

LIST OF COVERED PRESCRIPTION MEDICATIONS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
ADHD AGENT - SELECTIVE ALPHA ADRENERGIC AGONISTS		
clonidine hcl (adhd)	1	
guanfacine hcl (adhd)	1	QL 30 / 30 DAYS
ADHD AGENT - SELECTIVE NOREPINEPHRINE REUPTAKE INHIBITOR		
ATOMOXETINE HCL	3	QL 300 / 30 day(s) AL1 At least 6 yrs old
atomoxetine hcl (cap 10 mg, cap 18 mg, cap 25 mg, cap 40 mg)	1	QL 60 / 30 DAYS
atomoxetine hcl (cap 60 mg, cap 80 mg, cap 100 mg)	1	QL 30 / 30 DAYS
AMPHETAMINE MIXTURES		
amphetamine-dextroamphetamine (cap er 24hr 10 mg, cap er 24hr 15 mg, cap er 24hr 20 mg, cap er 24hr 25 mg, cap er 24hr 30 mg, cap er 24hr 5 mg)	1	QL 60 / 30 DAYS
amphetamine-dextroamphetamine (tab 5 mg, tab 7.5 mg, tab 10 mg, tab 12.5 mg, tab 15 mg, tab 20 mg, tab 30 mg)	1	QL 90 / 30 DAYS
AMPHETAMINES		
amphetamine	3	QL 1 / 1 day(s) PA AL1 At least 6 yrs old
amphetamine sulfate tab 10 mg	1	QL 60 / 30 DAYS
amphetamine sulfate tab 5 mg	1	QL 120 / 30 DAYS
dextroamphetamine sulfate (cap er 24hr 10 mg, tab 10 mg)	1	QL 6 / 1 day(s)
dextroamphetamine sulfate cap er 24hr 15 mg	1	QL 4 / 1 day(s)
dextroamphetamine sulfate cap er 24hr 5 mg	1	QL 60 / 30 DAYS
dextroamphetamine sulfate tab 5 mg	1	QL 3 / 1 day(s)
lisdexamfetamine dimesylate	1	QL 1 / 1 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
STIMULANTS - MISC.		
armodafinil	1	QL 30 / 30 DAYS
dexmethylphenidate hcl (cap er 24 hr 10 mg, cap er 24 hr 15 mg, cap er 24 hr 20 mg, cap er 24 hr 25 mg, cap er 24 hr 30 mg, cap er 24 hr 35 mg)	1	QL 60 / 30 DAYS
dexmethylphenidate hcl (cap er 24 hr 40 mg, cap er 24 hr 5 mg)	1	QL 30 / 30 DAYS
dexmethylphenidate hcl (tab 2.5 mg, tab 5 mg, tab 10 mg)	1	QL 90 / 30 DAYS
methylphenidate	2	QL 1 / 1 day(s)
methylphenidate hcl (cap er 10 mg (cd), cap er 20 mg (cd), cap er 24hr 20 mg (la), cap er 24hr 30 mg (la), cap er 24hr 40 mg (la), cap er 30 mg (cd), cap er 40 mg (cd), tab er 10 mg, tab er 20 mg)	2	QL 60 / 30 DAYS
methylphenidate hcl (cap er 50 mg (cd), cap er 60 mg (cd), tab er osmotic release (osm) 18 mg)	2	QL 30 / 30 DAYS
methylphenidate hcl (chew tab 2.5 mg, chew tab 5 mg, chew tab 10 mg, tab 5 mg, tab 10 mg, tab 20 mg)	1	QL 90 / 30 DAYS
methylphenidate hcl (tab er diffusion 27 mg, tab er diffusion 54 mg, tab er osmotic release (osm) 27 mg, tab er osmotic release (osm) 54 mg, tab er osmotic release (osm) 72 mg)	2	QL 1 / 1 day(s)
methylphenidate hcl (tab er diffusion 36 mg, tab er osmotic release (osm) 36 mg)	2	QL 2 / 1 day(s)
METHYLPHENIDATE HCL ER (ER 27 MG TAB ER 24H, ER 54 MG TAB ER 24H)	2	QL 1 / 1 day(s)
METHYLPHENIDATE HCL ER 18 MG TAB ER 24H	2	QL 30 / 30 DAYS
METHYLPHENIDATE HCL ER 36 MG TAB ER 24H	2	QL 2 / 1 day(s)
METHYLPHENIDATE HCL ER(DIFFUS) (27 MG TAB ER, 54 MG TAB ER)	2	QL 1 / 1 day(s)
METHYLPHENIDATE HCL ER(DIFFUS) 36 MG TAB ER	2	QL 2 / 1 day(s)
methylphenidate hcl soln 10 mg/5ml	1	QL 1350 / 30 DAYS
methylphenidate hcl soln 5 mg/5ml	1	QL 2700 / 30 DAYS
modafinil tab 100 mg	1	QL 30 / 30 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
modafinil tab 200 mg	1	QL 2 / 1 day(s)
QUILLICHEW ER	3	QL 1 / 1 day(s) AL1 At least 6 yrs old
QUILLIVANT XR	3	QL 360 / 30 day(s) AL1 6 to 99 yrs old
AMINOGLYCOSIDES		
GENTAMICIN IN SALINE 1.2-0.9 MG/ML-% SOLUTION	2	
neomycin sulfate	1	
TOBRAMYCIN (, NEBU SOLN 300 MG/5ML)	4	PA S
tobramycin sulfate (1.2 gm recon soln, for inj 1.2 gm)	4	PA
TOBRAMYCIN SULFATE (INJ 1.2 GM/30ML (40 MG/ML) (BASE EQUIV), 2 GM/50ML SOLUTION, 10 MG/ML SOLUTION, INJ 80 MG/2ML (40 MG/ML) (BASE EQUIV))	4	PA S
ANALGESICS - ANTI-INFLAMMATORY **ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES**		
HADLIMA	4	PA S
HADLIMA PUSHTOUCH	4	PA S
SIMLANDI (1 PEN)	4	PA S
SIMLANDI (1 SYRINGE)	4	PA S
SIMLANDI (2 PEN)	4	PA S
SIMLANDI (2 SYRINGE)	4	PA S
SIMPONI	4	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIRHEUMATIC - JANUS KINASE (JAK) INHIBITORS		
OLUMIANT (1 MG TAB, 2 MG TAB)	4	PA S
RINVOQ	4	PA S
RINVOQ LQ	4	PA S
tofacitinib citrate (oral soln 1 mg/ml, tab 5 mg, tab 10 mg, tab er 24hr 11 mg, tab er 24hr 22 mg)	4	PA S
ANTIRHEUMATIC ANTIMETABOLITES		
OTREXUP	3	PA
RASUVO	2	
CYCLOOXYGENASE 2 (COX-2) INHIBITORS		
celecoxib (cap 200 mg, cap 400 mg)	1	QL 60 / 30 DAYS
celecoxib (cap 50 mg, cap 100 mg)	1	
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)		
KINERET	4	PA S
INTERLEUKIN-6 RECEPTOR INHIBITORS		
AVTOZMA (162 MG/0.9ML SOLN A-INJ, 162 MG/0.9ML SOLN PRSYR)	4	PA S
TYENNE (162 MG/0.9ML SOLN A-INJ, 162 MG/0.9ML SOLN PRSYR)	4	PA S
NONSTEROIDAL ANTI-INFLAMMATORY AGENT COMBINATIONS		
diclofenac w/ misoprostol	1	
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
diclofenac potassium tab 50 mg	1	
diclofenac sodium (tab delayed release 25 mg, tab delayed release 50 mg, tab delayed release 75 mg, tab er 24hr 100 mg)	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
etodolac (cap 200 mg, cap 300 mg, tab 400 mg, tab 500 mg, tab er 24hr 400 mg, tab er 24hr 500 mg, tab er 24hr 600 mg)	1	
FENOPROFEN CALCIUM (400 MG CAP, CAP 400 MG, 600 MG TAB)	1	
FLURBIPROFEN	1	
ibuprofen (tab 400 mg, tab 600 mg, tab 800 mg)	1	
indomethacin (cap 50 mg, cap er 75 mg)	1	
indomethacin cap 25 mg	1	QL 120 / 30 DAYS
KETOPROFEN (50 MG CAP, 75 MG CAP)	1	
ketorolac tromethamine im inj 60 mg/2ml (30 mg/ml)	1	QL 4 / 28 DAYS
ketorolac tromethamine tab 10 mg	1	QL 20 / 0 DAYS MFL 1 / 30 day(s) MD 5 / 1 DAY(S) PER DAY
MECLOFENAMATE SODIUM	1	
mefenamic acid	1	
meloxicam (tab 7.5 mg, tab 15 mg)	1	QL 30 / 30 DAYS
nabumetone	1	
naproxen (susp 125 mg/5ml, tab 250 mg, tab 375 mg, tab 500 mg, tab ec 375 mg)	1	
naproxen sodium (tab 275 mg, tab 550 mg)	1	
oxaprozin	1	
piroxicam	1	
sulindac	1	
TOLMETIN SODIUM 400 MG CAP	2	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA	4	PA S
OTEZLA XR	4	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OTEZLA/OTEZLA XR INITIATION PK	4	PA S
PYRIMIDINE SYNTHESIS INHIBITORS		
leflunomide	1	QL 30 / 30 DAYS
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA (50 MG/0.4ML SOLN PRSYR, 87.5 MG/0.7ML SOLN PRSYR, 125 MG/ML SOLN PRSYR)	4	PA S
ORENCIA CLICKJECT	4	PA S
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL (25 MG RECON SOLN, 25 MG/0.5ML SOLN PRSYR, 25 MG/0.5ML SOLUTION, 50 MG/ML SOLN PRSYR)	4	PA S
ENBREL MINI	4	PA S
ENBREL SURECLICK	4	PA S
ANALGESICS - NONNARCOTIC ANALGESICS-SEDATIVES		
butalbital-acetaminophen tab 50-325 mg	1	
butalbital-acetaminophen-caffeine cap 50-300-40 mg	1	QL 6 capsules / 1 day(s)
butalbital-acetaminophen-caffeine tab 50-325-40 mg	1	
butalbital-aspirin-caffeine	1	
SALICYLATES		
aspirin (chew tab 81 mg, tab delayed release 81 mg)	1	PRE Preventative
diflunisal	1	
salsalate (500 mg tab, tab 500 mg)	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANALGESICS - OPIOID		
CODEINE COMBINATIONS		
acetaminophen w/ codeine soln 120-12 mg/5ml	1	QL 90 / 1 day MFL 1 / 60 day(s) MD 7 / 1 DAY(S) PER DAY
acetaminophen w/ codeine tab 300-15 mg	1	QL 8 / 1 day MFL 1 / 60 day(s) MD 7 / 1 DAY(S) PER DAY
acetaminophen w/ codeine tab 300-30 mg	1	QL 8 / 1 day MFL 1 / 60 day(s)
acetaminophen w/ codeine tab 300-60 mg	1	QL 6 / 1 day MFL 1 / 60 day(s)
ACETAMINOPHEN-CODEINE	1	QL 90 / 1 day MFL 1 / 60 day(s) MD 7 / 1 DAY(S) PER DAY
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	1	QL 6 / 1 day
butalbital-aspirin-caffeine w/cod	1	QL 6 / 1 day
HYDROCODONE COMBINATIONS		
hydrocodone-acetaminophen (tab 7.5-300 mg, tab 7.5-325 mg)	1	QL 6 / 1 day MFL 1 / 60 day(s) MD 7 / 1 DAY(S) PER DAY
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	1	QL 90 / 1 day MFL 1 / 60 day(s) MD 7 / 1 DAY(S) PER DAY
hydrocodone-acetaminophen tab 10-325 mg	1	QL 4 / 1 day MFL 1 / 60 day(s) MD 7 / 1 DAY(S) PER DAY
hydrocodone-acetaminophen tab 5-325 mg	1	QL 8 / 1 day MFL 1 / 60 day(s) MD 7 / 1 DAY(S) PER DAY

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HYDROCODONE-IBUPROFEN	1	QL 4 / 1 day MFL 1 / 60 day(s) MD 7 / 1 DAY(S) PER DAY
OPIOID AGONISTS		
codeine sulfate (, 15 mg tab, 60 mg tab)	1	QL 6 / 1 day MFL 1 / 60 day(s) MD 7 / 1 DAY(S) PER DAY
fentanyl (patch 72hr 100 mcg/hr, patch 72hr 12 mcg/hr, patch 72hr 25 mcg/hr, patch 72hr 50 mcg/hr, patch 72hr 75 mcg/hr)	1	QL 15 / 30 DAYS PA
FENTANYL CITRATE (100 MCG TAB, 200 MCG LOZ HANDLE, 200 MCG TAB, LOZENGE ON A HANDLE 200 MCG, 400 MCG LOZ HANDLE, 400 MCG TAB, LOZENGE ON A HANDLE 400 MCG, 600 MCG LOZ HANDLE, 600 MCG TAB, LOZENGE ON A HANDLE 600 MCG, 800 MCG LOZ HANDLE, 800 MCG TAB, LOZENGE ON A HANDLE 800 MCG, 1200 MCG LOZ HANDLE, LOZENGE ON A HANDLE 1200 MCG)	2	QL 4 / 1 day PA MFL 1 / 60 day(s) MD 7 / 1 DAY(S) PER DAY
fentanyl citrate (1600 mcg loz handle, lozenge on a handle 1600 mcg)	2	QL 1 / 1 day PA MFL 1 / 60 day(s) MD 7 / 1 DAY(S) PER DAY
hydrocodone bitartrate	2	QL 2 / 1 day PA
HYDROCODONE BITARTRATE ER	2	QL 2 / 1 day PA
hydromorphone hcl (tab 2 mg, tab 4 mg, tab 8 mg)	1	QL 3 / 1 day MFL 1 / 60 day(s) MD 7 / 1 DAY(S) PER DAY
hydromorphone hcl (tab er 24hr 12 mg, tab er 24hr 16 mg, tab er 24hr 32 mg, tab er 24hr 8 mg)	2	QL 1 / 1 day PA
hydromorphone hcl liqd 1 mg/ml	1	QL 15 / 1 day MFL 1 / 60 day(s) MD 7 / 1 DAY(S) PER DAY

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LAZANDA	4	PA MFL 1 / 60 day(s) MD 7 / 1 DAY(S) PER DAY
METHADONE HCL (10 MG/ML SOLUTION, INJ 10 MG/ML)	2	QL 8 / 1 day
METHADONE HCL (5 MG/5ML SOLUTION, SOLN 5 MG/5ML, SOLN 10 MG/5ML)	2	QL 8 / 1 day PA
methadone hcl (tab 5 mg, tab 10 mg)	1	QL 2 / 1 day PA
methadone hcl conc 10 mg/ml	2	QL 2 / 1 day PA
MORPHINE SULFATE (10 MG/5ML SOLUTION, ORAL SOLN 10 MG/5ML)	1	QL 30 / 1 day MFL 1 / 60 day(s) MD 7 / 1 DAY(S) PER DAY
morphine sulfate (20 mg/5ml solution, oral soln 20 mg/5ml)	1	QL 16 / 1 day AL1 Up to 8 yrs old MFL 1 / 60 day(s) MD 7 / 1 DAY(S) PER DAY
MORPHINE SULFATE (CONCENTRATE)	1	QL 4 / 1 day MFL 1 / 60 day(s) MD 7 / 1 DAY(S) PER DAY
MORPHINE SULFATE (PF) 2 MG/ML SOLUTION	1	
morphine sulfate (tab er 30 mg, tab er 60 mg, tab er 100 mg, tab er 200 mg)	1	QL 2 / 1 day PA
MORPHINE SULFATE ER	2	QL 2 / 1 day PA
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	1	QL 4 / 1 day MFL 1 / 60 day(s) MD 7 / 1 DAY(S) PER DAY
morphine sulfate tab 15 mg	1	QL 6 / 1 day MFL 1 / 60 day(s) MD 7 / 1 DAY(S) PER DAY

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
morphine sulfate tab 30 mg	1	QL 3 / 1 day MFL 1 / 60 day(s) MD 7 / 1 DAY(S) PER DAY
morphine sulfate tab er 15 mg	1	QL 3 / 1 day PA
oxycodone hcl (cap 5 mg, tab 5 mg)	1	QL 8 / 1 day MFL 1 / 60 day(s) MD 7 / 1 DAY(S) PER DAY
oxycodone hcl (conc 100 mg/5ml (20 mg/ml), tab 10 mg, tab 15 mg, tab 20 mg, tab 30 mg)	1	QL 3 / 1 day MFL 1 / 60 day(s) MD 7 / 1 DAY(S) PER DAY
OXYCODONE HCL ER (ER 10 MG TB12 DETER, ER 20 MG TB12 DETER, ER 40 MG TB12 DETER)	1	QL 2 / 1 day PA MFL 1 / 60 DAYS
OXYCODONE HCL ER 80 MG TB12 DETER	1	QL 2 / 1 day PA MFL 1 / 60 day(s)
oxycodone hcl soln 5 mg/5ml	1	QL 60 / 1 day MFL 1 / 60 day(s) MD 7 / 1 DAY(S) PER DAY
OXYCONTIN	2	QL 2 / 1 day PA MFL 1 / 60 day(s)
OXYMORPHONE HCL ER	3	QL 2 / 1 day PA
oxymorphone hcl tab 10 mg	1	QL 3 / 1 day MFL 1 / 60 day(s) MD 7 / 1 DAY(S) PER DAY
oxymorphone hcl tab 5 mg	1	QL 2 / 1 day MFL 1 / 60 day(s) MD 7 / 1 DAY(S) PER DAY

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SUBSYS (100 MCG LIQUID, 200 MCG LIQUID, 400 MCG LIQUID, 600 MCG LIQUID)	4	PA
SUBSYS 800 MCG LIQUID	4	PA MFL 1 / 60 day(s) MD 7 / 1 DAY(S) PER DAY
tapentadol hcl	2	QL 3 / 1 day PA MFL 1 / 60 day(s) MD 7 / 1 DAY(S) PER DAY
TAPENTADOL HCL ER	2	QL 2 / 1 day
TRAMADOL HCL (ER BIPHASIC)	1	QL 1 / 1 day
tramadol hcl (tab er 24hr 100 mg, tab er 24hr 200 mg, tab er 24hr 300 mg)	1	QL 1 / 1 day
tramadol hcl tab 50 mg	1	QL 8 / 1 day
OPIOID COMBINATIONS		
oxycodone w/ acetaminophen (w/ tab 2.5-325 mg, w/ tab 5-325 mg)	1	QL 8 / 1 day MFL 1 / 60 day(s) MD 7 / 1 DAY(S) PER DAY
oxycodone w/ acetaminophen tab 10-325 mg	1	QL 4 / 1 day MFL 1 / 60 day(s) MD 7 / 1 DAY(S) PER DAY
oxycodone w/ acetaminophen tab 7.5-325 mg	1	QL 6 / 1 day MFL 1 / 60 day(s) MD 7 / 1 DAY(S) PER DAY
OPIOID PARTIAL AGONISTS		
BELBUCA	3	QL 2 / 1 day ST
BRIXADI	3	S
BRIXADI (WEEKLY)	3	S
buprenorphine	1	QL 4 / 28 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
buprenorphine hcl (sl tab 2 mg, sl tab 8 mg)	1	QL 3 / 1 day
buprenorphine hcl-naloxone hcl dihydrate (sl film 4-1 mg, sl film 8-2 mg, sl tab 2-0.5 mg, sl tab 8-2 mg)	1	QL 3 / 1 day
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	1	QL 2 / 1 day
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	1	
butorphanol tartrate	1	QL 2.5 / 30 DAYS MD 7 / 1 DAY(S) PER DAY
nalbuphine hcl inj 10 mg/ml	2	PA
SUBLOCADE	3	S
TRAMADOL COMBINATIONS		
tramadol-acetaminophen	1	QL 4 / 1 day
ANDROGENS-ANABOLIC ANABOLIC STEROIDS		
oxandrolone (2.5 mg tab, tab 2.5 mg)	1	PA
ANDROGENS		
danazol	2	
METHITEST	2	PA
methyltestosterone	2	PA
testosterone (12.5 mg/act gel, td gel 12.5 mg/act)	1	
testosterone cypionate (, im inj in oil 100 mg/ml, im inj in oil 200 mg/ml)	1	
TESTOSTERONE ENANTHATE	1	
testosterone td gel 20.25 mg/act (1.62%)	1	QL 150 / 30 DAYS
testosterone td soln 30 mg/act	1	QL 180 / 30 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANORECTAL AND RELATED PRODUCTS		
INTRARECTAL STEROIDS		
budesonide rectal foam 2 mg/act	2	QL 133.6 / 30 day(s)
hydrocortisone (intrarectal)	1	
NITRATE VASODILATING AGENTS		
nitroglycerin (intra-anal)	2	QL 30 / 365 day(s)
RECTAL ANESTHETIC/STEROIDS		
LIDOCAINE-HYDROCORT (PERIANAL)	1	
lidocaine-hydrocortisone acetate perianal cream 3-0.5%	1	
LIDOCORT	1	
RECTAL STEROIDS		
ANUCORT-HC	1	
ANUSOL-HC 25 MG SUPPOS	1	
HEMMOREX-HC	1	
hydrocortisone (rectal)	1	
HYDROCORTISONE ACETATE (25 MG SUPPOS, 30 MG SUPPOS)	1	
hydrocortisone acetate (rectal)	1	
ANTHELMINTICS		
albendazole	2	QL 4 / 30 day(s)
EMVERM	3	QL 6 / 3 DAYS PA
ivermectin	1	QL 6 / 1 day(s) MFL 1 / 365 day(s) MD 2 / 1 DAY(S) PER DAY
ANTI-INFECTIVE AGENTS - MISC.		
LIKMEZ	3	AL1 Up to 8 yrs old
metronidazole (cap 375 mg, tab 250 mg, tab 500 mg)	1	
pentamidine isethionate for nebulization soln 300 mg	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
tinidazole tab 500 mg	1	
trimethoprim	1	
XIFAXAN 200 MG TAB	3	QL 9 / 30 DAYS PA
XIFAXAN 550 MG TAB	3	QL 90 / 30 DAYS PA
ANTI-INFECTIVE MISC. - COMBINATIONS		
sulfamethoxazole-trimethoprim (iv soln 400-80 mg/5ml, susp 200-40 mg/5ml, tab 400-80 mg, tab 800-160 mg)	1	
ANTIPROTOZOAL AGENTS		
ALINIA 100 MG/5ML RECON SUSP	3	PA
atovaquone	2	
LAMPIT	3	
nitazoxanide	2	QL 20 / 10 day(s)
CARBAPENEM COMBINATIONS		
imipenem-cilastatin	2	
GLYCOPEPTIDES		
FIRVANQ 25 MG/ML RECON SOLN	1	AL1 0 to 8 yrs old
FIRVANQ 50 MG/ML RECON SOLN	3	
vancomycin hcl (cap 125 mg, cap 250 mg, for oral soln 25 mg/ml, for oral soln 50 mg/ml)	2	
LEPROSTATICS		
dapsone	1	
LINCOSAMIDES		
clindamycin hcl	1	
clindamycin palmitate hydrochloride	1	
MONOBACTAMS		
CAYSTON	4	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OXAZOLIDINONES		
linezolid tab 600 mg	1	QL 56 / 28 DAYS
URINARY ANTI-INFECTIVES		
fosfomycin tromethamine	2	
methenamine hippurate	1	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohyd macro	1	
nitrofurantoin susp 25 mg/5ml	1	AL1 Up to 8 yrs old
ANTIANGINAL AGENTS **ANTIANGINALS-OTHER**		
ranolazine	1	QL 60 / 30 DAYS
NITRATES		
isosorbide dinitrate (tab 5 mg, tab 10 mg, tab 20 mg, tab 30 mg)	1	VAL Value Preventive List
isosorbide mononitrate (tab 10 mg, tab 20 mg, tab er 24hr 120 mg, tab er 24hr 30 mg, tab er 24hr 60 mg)	1	VAL Value Preventive List
nitroglycerin (sl tab 0.3 mg, td patch 24hr 0.1 mg/hr, td patch 24hr 0.2 mg/hr, td patch 24hr 0.4 mg/hr, td patch 24hr 0.6 mg/hr, tl soln 0.4 mg/spray (400 mcg/spray))	1	VAL Value Preventive List
nitroglycerin (sl tab 0.4 mg, sl tab 0.6 mg)	1	QL 30 / 30 DAYS VAL Value Preventive List
nitroglycerin oint 2%	2	
NITROLINGUAL	1	VAL Value Preventive List
ANTIANXIETY AGENTS **ANTIANXIETY AGENTS - MISC.**		
buspirone hcl	1	
hydroxyzine hcl (syrup 10 mg/5ml, tab 10 mg, tab 25 mg, tab 50 mg)	1	
HYDROXYZINE PAMOATE	1	
meprobamate	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BENZODIAZEPINES		
alprazolam (orally disintegrating tab 0.25 mg, orally disintegrating tab 0.5 mg, orally disintegrating tab 1 mg, orally disintegrating tab 2 mg, tab 0.25 mg, tab 2 mg, tab er 24hr 0.5 mg, tab er 24hr 1 mg, tab er 24hr 2 mg, tab er 24hr 3 mg)	1	QL 90 / 30 DAYS
alprazolam (tab 0.5 mg, tab 1 mg)	1	QL 5 / 1 day(s)
ALPRAZOLAM INTENSOL	2	AL1 Up to 8 yrs old
chlordiazepoxide hcl	1	
clorazepate dipotassium	1	
diazepam (tab 5 mg, tab 10 mg)	1	QL 4 / 1 day(s)
diazepam conc 5 mg/ml	1	QL 90 / 30 DAYS AL1 Up to 8 yrs old
diazepam oral soln 1 mg/ml	1	QL 500 / 30 day(s) AL1 Up to 8 yrs old
diazepam tab 2 mg	1	QL 2 / 1 day(s)
lorazepam (tab 0.5 mg, tab 1 mg)	1	QL 5 / 1 day(s)
lorazepam conc 2 mg/ml	1	
lorazepam tab 2 mg	1	QL 90 / 30 DAYS
oxazepam	1	QL 90 / 30 day(s)
ANTIARRHYTHMICS **ANTIARRHYTHMICS TYPE I-A**		
disopyramide phosphate	1	VAL Value Preventive List
NORPACE CR	3	
quinidine gluconate	1	VAL Value Preventive List
QUINIDINE SULFATE	1	VAL Value Preventive List
ANTIARRHYTHMICS TYPE I-B		
mexiletine hcl	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIARRHYTHMICS TYPE I-C		
flecainide acetate	1	VAL Value Preventive List
propafenone hcl (cap er 12hr 225 mg, cap er 12hr 325 mg, cap er 12hr 425 mg, tab 150 mg, tab 225 mg, tab 300 mg)	1	VAL Value Preventive List
ANTIARRHYTHMICS TYPE III		
amiodarone hcl (tab 100 mg, tab 200 mg, tab 400 mg)	1	VAL Value Preventive List
dofetilide	2	
MULTAQ	3	QL 60 / 30 DAYS
ANTIASTHMATIC AND BRONCHODILATOR AGENTS 5-LIPOXYGENASE INHIBITORS		
zileuton	4	PA
ADRENERGIC COMBINATIONS		
ANORO ELLIPTA	2	QL 60 / 30 day(s) VAL Value Preventive List
BREO ELLIPTA	2	QL 60 / 30 day(s) VAL Value Preventive List
BREZTRI AEROSPHERE	2	QL 10.7 / 30 day(s)
COMBIVENT RESPIMAT	2	QL 4 / 30 DAYS VAL Value Preventive List
fluticasone-salmeterol	2	QL 60 / 30 day(s) VAL Value Preventive List
FLUTICASONE-SALMETEROL (55-14 MCG/ACT AER POW BA, 113-14 MCG/ACT AER POW BA, 232-14 MCG/ACT AER POW BA)	1	QL 1 / 30 day(s) VAL Value Preventive List
ipratropium-albuterol	1	VAL Value Preventive List
STIOLTO RESPIMAT	2	QL 4 / 30 day(s) VAL Value Preventive List
SYMBICORT 160-4.5 MCG/ACT AEROSOL	2	QL 6 / 30 DAYS VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SYMBICORT 80-4.5 MCG/ACT AEROSOL	2	QL 6.9 / 30 DAYS VAL Value Preventive List
TRELEGY ELLIPTA	2	QL 2 / 1 day(s) VAL Value Preventive List
ANTI-IGE MONOCLONAL ANTIBODIES		
XOLAIR (75 MG/0.5ML SOLN A-INJ, 75 MG/0.5ML SOLN PRSYR, 150 MG RECON SOLN, 150 MG/ML SOLN A-INJ, 150 MG/ML SOLN PRSYR, 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR)	4	PA S
ANTI-INFLAMMATORY AGENTS		
cromolyn sodium	1	QL 240 / 30 DAYS VAL Value Preventive List
BETA ADRENERGICS		
albuterol sulfate (, soln nebu 0.5% (5 mg/ml), syrup 2 mg/5ml, tab 2 mg, tab 4 mg)	1	VAL Value Preventive List
albuterol sulfate (soln nebu 0.083% (2.5 mg/3ml), soln nebu 0.63 mg/3ml (base equiv), soln nebu 1.25 mg/3ml (base equiv))	1	QL 360 / 30 DAYS VAL Value Preventive List
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	1	QL 18 / 15 DAYS VAL Value Preventive List
levalbuterol hcl (soln nebu 0.31 mg/3ml, soln nebu 1.25 mg/3ml)	1	QL 270 / 30 DAYS VAL Value Preventive List
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)	1	QL 270 / 30 day(s) VAL Value Preventive List
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)	1	VAL Value Preventive List
LEVALBUTEROL TARTRATE	1	QL 30 / 30 DAYS VAL Value Preventive List
SEREVENT DISKUS	2	QL 60 / 30 DAYS VAL Value Preventive List
STRIVERDI RESPIMAT	3	QL 4 / 30 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
terbutaline sulfate (tab 2.5 mg, tab 5 mg)	1	VAL Value Preventive List
BRONCHODILATORS - ANTICHOLINERGICS		
INCRUSE ELLIPTA	2	QL 30 / 30 DAYS VAL Value Preventive List
ipratropium bromide	1	VAL Value Preventive List
ipratropium bromide hfa	2	QL 25.8 / 28 day(s) VAL Value Preventive List
SPIRIVA RESPIMAT	2	QL 4 / 30 day(s) VAL Value Preventive List
tiotropium bromide	1	QL 30 / 30 day(s) VAL Value Preventive List
YUPELRI	3	QL 90 / 30 day(s)
INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)		
EXDENSUR	4	PA S
FASENRA	4	PA S
FASENRA PEN	4	PA S
NUCALA (40 MG/0.4ML SOLN PRSYR, 100 MG RECON SOLN, 100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR)	4	PA S
LEUKOTRIENE RECEPTOR ANTAGONISTS		
montelukast sodium (chew tab 4 mg, chew tab 5 mg, tab 10 mg)	1	QL 30 / 30 DAYS VAL Value Preventive List
montelukast sodium oral granules packet 4 mg (base equiv)	1	QL 30 / 30 DAYS AL1 Up to 4 yrs old VAL Value Preventive List
zafirlukast	1	QL 60 / 30 DAYS VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
roflumilast	1	
STEROID INHALANTS		
ARNUITY ELLIPTA	2	QL 1 / 1 day(s) VAL Value Preventive List
budesonide (inhalation) (susp 0.25 mg/2ml, susp 0.5 mg/2ml)	1	QL 120 / 30 DAYS VAL Value Preventive List
budesonide inhalation susp 1 mg/2ml	1	VAL Value Preventive List
QVAR REDIHALER	2	QL 10.6 / 30 DAYS VAL Value Preventive List
THYMIC STROMAL LYMPHOPOIETIN (TSLP) ANTAGONISTS		
TEZSPIRE	4	PA S
XANTHINES		
THEO-24	2	VAL Value Preventive List
theophylline (tab er 12hr 300 mg, tab er 12hr 450 mg, tab er 24hr 400 mg, tab er 24hr 600 mg)	1	VAL Value Preventive List
theophylline elixir 80 mg/15ml	2	AL1 Up to 8 yrs old VAL Value Preventive List
theophylline soln 80 mg/15ml	1	AL1 Up to 8 yrs old VAL Value Preventive List
ANTICOAGULANTS **COUMARIN ANTICOAGULANTS**		
warfarin sodium	1	VAL Value Preventive List
DIRECT FACTOR XA INHIBITORS		
ELIQUIS (1.5 MG PACK)	2	QL 12 / 1 day(s) AL1 Up to 8 yrs old
ELIQUIS (2 MG PACK)	2	QL 16 / 1 day(s) AL1 Up to 8 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ELIQUIS 0.15 MG CAP SPRINK	2	QL 2.5 / 1 day(s) AL1 Up to 8 yrs old
ELIQUIS 0.5 MG TAB SOL	2	QL 16 / 1 day(s) AL1 Up to 8 yrs old
ELIQUIS 2.5 MG TAB	2	QL 2 / 1 day(s) VAL Value Preventive List
ELIQUIS 5 MG TAB	2	QL 2.5 / 1 day(s) VAL Value Preventive List
ELIQUIS DVT/PE STARTER PACK	2	QL 2.5 / 1 day(s) VAL Value Preventive List
rivaroxaban for susp 1 mg/ml	2	VAL Value Preventive List
rivaroxaban tab 2.5 mg	2	QL 60 / 30 day(s) VAL Value Preventive List
SAVAYSA	3	QL 30 / 30 DAYS ST
XARELTO (10 MG TAB, 20 MG TAB)	2	QL 30 / 30 DAYS VAL Value Preventive List
XARELTO 15 MG TAB	2	QL 42 / 30 day(s) VAL Value Preventive List
XARELTO STARTER PACK	2	QL 51 / 30 DAYS VAL Value Preventive List
HEPARINS AND HEPARINOID-LIKE AGENTS		
BD HEPARIN POSIFLUSH 100 UNIT/ML SOLUTION	1	
HEPARIN NA (PORK) LOCK FLSH PF (10 UNIT/ML SOLUTION, 100 UNIT/ML SOLUTION)	1	
HEPARIN SOD (PORK) LOCK FLUSH	1	
heparin sodium (porcine) (inj 1000 unit/ml, inj 5000 unit/ml, inj 10000 unit/ml, pf inj 1000 unit/ml, pf inj 5000 unit/0.5ml)	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LOW MOLECULAR WEIGHT HEPARINS		
enoxaparin sodium (inj soln pref syr 100 mg/ml, inj soln pref syr 150 mg/ml)	2	QL 2 / 1 day(s)
enoxaparin sodium (inj soln pref syr 80 mg/0.8ml, inj soln pref syr 120 mg/0.8ml)	2	QL 1.6 / 1 day(s)
enoxaparin sodium inj 300 mg/3ml	2	QL 3 / 1 day(s) MFL 1 / 30 DAYS
enoxaparin sodium inj soln pref syr 30 mg/0.3ml	2	QL 0.6 / 1 day(s)
enoxaparin sodium inj soln pref syr 40 mg/0.4ml	2	QL 0.8 / 1 day(s)
enoxaparin sodium inj soln pref syr 60 mg/0.6ml	2	QL 1.2 / 1 day(s)
FRAGMIN (10000 UNIT/4ML SOLUTION, 10000 UNIT/ML SOLN PRSYR)	3	QL 2 / 1 day(s)
FRAGMIN (2500 UNIT/0.2ML SOLN PRSYR, 5000 UNIT/0.2ML SOLN PRSYR)	3	QL 0.4 / 1 day(s)
FRAGMIN 12500 UNIT/0.5ML SOLN PRSYR	3	QL 1 / 1 day(s)
FRAGMIN 15000 UNIT/0.6ML SOLN PRSYR	3	QL 1.2 / 1 day(s)
FRAGMIN 18000 UNT/0.72ML SOLN PRSYR	3	QL 1.44 / 1 day(s)
FRAGMIN 7500 UNIT/0.3ML SOLN PRSYR	3	QL 0.6 / 1 day(s)
FRAGMIN 95000 UNIT/3.8ML SOLUTION	3	QL 7.6 / 1 day(s)
SYNTHETIC HEPARINOID-LIKE AGENTS		
fondaparinux sodium subcutaneous inj 10 mg/0.8ml	2	QL 0.8 / 1 day(s)
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml	2	QL 0.5 / 1 day(s)
fondaparinux sodium subcutaneous inj 5 mg/0.4ml	2	QL 0.4 / 1 day(s)
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml	2	QL 0.6 / 1 day(s)
THROMBIN INHIBITORS - SELECTIVE DIRECT & REVERSIBLE		
dabigatran etexilate mesylate	2	QL 60 / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTICONVULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
perampanel (tab 2 mg, tab 4 mg, tab 6 mg, tab 8 mg, tab 10 mg, tab 12 mg)	2	QL 1 tablet / 1 day(s) ST
perampanel susp 0.5 mg/ml	2	QL 1 / 1 day(s) ST
ANTICONVULSANTS - BENZODIAZEPINES		
clobazam (suspension 2.5 mg/ml, tab 10 mg, tab 20 mg)	1	
CLONAZEPAM	1	AL1 Up to 8 yrs old
clonazepam (orally disintegrating tab 1 mg, tab 0.5 mg, tab 1 mg, tab 2 mg)	1	QL 90 / 30 DAYS
clonazepam (tab 0.125 mg, tab 0.25 mg, tab 0.5 mg, tab 2 mg)	1	
diazepam (anticonvulsant)	2	QL 5 / 30 day(s)
NAYZILAM	3	QL 10 / 365 day(s) ST
ONFI (10 MG TAB, 20 MG TAB)	3	
VALTOCO 10 MG DOSE	3	QL 10 / 30 day(s) ST
VALTOCO 15 MG DOSE	3	QL 20 / 30 day(s) ST
VALTOCO 20 MG DOSE	3	QL 20 / 30 day(s) ST
VALTOCO 5 MG DOSE	3	QL 10 / 30 day(s) ST
ANTICONVULSANTS - MISC.		
brivaracetam (oral soln 10 mg/ml, tab 10 mg, tab 25 mg, tab 50 mg, tab 75 mg, tab 100 mg)	2	ST

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
carbamazepine (cap er 12hr 100 mg, cap er 12hr 200 mg, cap er 12hr 300 mg, chew tab 100 mg, susp 100 mg/5ml, tab 200 mg, tab er 12hr 100 mg, tab er 12hr 200 mg, tab er 12hr 400 mg)	1	
EPIDIOLEX	4	PA S
gabapentin (cap 100 mg, cap 300 mg, cap 400 mg, oral soln 250 mg/5ml, tab 600 mg, tab 800 mg)	1	
lacosamide (tab 50 mg, tab 100 mg, tab 150 mg, tab 200 mg)	2	QL 60 / 30 day(s)
lacosamide oral solution 10 mg/ml	2	QL 40 / 1 day(s) ST AL1 0 to 8 yrs old
lamotrigine (tab 25 mg, tab 25 mg (42) & 100 mg (7) starter kit, tab 35 x 25 mg starter kit, tab 84 x 25 mg & 14 x 100 mg starter kit, tab 100 mg, tab 150 mg, tab 200 mg, tab chewable dispersible 5 mg, tab chewable dispersible 25 mg)	1	
lamotrigine (tab er 24hr 200 mg, tab er 24hr 25 mg, tab er 24hr 50 mg)	1	QL 3 / 1 day(s)
lamotrigine (tab er 24hr 250 mg, tab er 24hr 300 mg)	1	QL 2 / 1 day(s)
lamotrigine tab er 24hr 100 mg	1	QL 30 / 30 DAYS
levetiracetam (oral soln 100 mg/ml, tab 250 mg, tab 500 mg, tab 750 mg, tab 1000 mg)	1	
levetiracetam tab er 24hr 500 mg	1	QL 180 / 30 DAYS
levetiracetam tab er 24hr 750 mg	1	QL 120 / 30 DAYS
LYRICA 20 MG/ML SOLUTION	3	QL 900 / 30 DAYS PA
oxcarbazepine (susp 300 mg/5ml (60 mg/ml), tab 150 mg, tab 300 mg, tab 600 mg)	1	
pregabalin (cap 225 mg, cap 300 mg)	1	QL 60 / 30 DAYS
pregabalin (cap 25 mg, cap 50 mg, cap 75 mg, cap 100 mg, cap 150 mg)	1	QL 120 / 30 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
pregabalin cap 200 mg	1	QL 90 / 30 DAYS
pregabalin soln 20 mg/ml	1	QL 900 / 30 day(s)
PRIMIDONE	1	
rufinamide (tab 200 mg, tab 400 mg)	2	QL 240 / 30 day(s)
rufinamide susp 40 mg/ml	2	
TEGRETOL (100 MG/5ML SUSPENSION, 200 MG TAB)	3	PA
TEGRETOL-XR	3	PA
topiramate (cap er 24hr 150 mg, cap er 24hr 200 mg)	2	QL 2 / 1 day(s)
topiramate (sprinkle cap 25 mg, tab 25 mg)	1	QL 480 / 30 DAYS
topiramate cap er 24hr sprinkle 100 mg	2	QL 4 / 1 day(s)
topiramate cap er 24hr sprinkle 25 mg	2	QL 16 / 1 day(s)
topiramate cap er 24hr sprinkle 50 mg	2	QL 8 / 1 day(s)
topiramate oral soln 25 mg/ml	2	QL 16 / 1 day(s) AL1 Up to 8 yrs old
topiramate sprinkle cap 15 mg	1	QL 375 / 30 DAYS
topiramate tab 100 mg	1	QL 120 / 30 DAYS
topiramate tab 200 mg	1	QL 60 / 30 DAYS
topiramate tab 50 mg	1	QL 240 / 30 DAYS
zonisamide	1	
CARBAMATES		
felbamate (susp 600 mg/5ml, tab 400 mg, tab 600 mg)	2	
XCOPRI	3	QL 1 / 1 day(s) ST
XCOPRI (250 MG DAILY DOSE)	3	QL 1 / 1 day(s) ST
XCOPRI (350 MG DAILY DOSE)	3	QL 1 / 1 day(s) ST

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GABA MODULATORS		
tiagabine hcl	1	
vigabatrin	2	QL 180 / 30 DAYS PA S
HYDANTOINS		
DILANTIN 30 MG CAP	3	
phenytoin	1	
phenytoin sodium extended	1	
SUCCINIMIDES		
ethosuximide (cap 250 mg, soln 250 mg/5ml)	1	
methsuximide	2	
VALPROIC ACID		
divalproex sodium (cap delayed release sprinkle 125 mg, tab delayed release 125 mg, tab delayed release 250 mg, tab delayed release 500 mg, tab er 24 hr 250 mg, tab er 24 hr 500 mg)	1	
valproate sodium	1	
valproic acid	1	
ANTIDEPRESSANTS **ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)**		
mirtazapine	1	QL 30 / 30 DAYS
ANTIDEPRESSANTS - MISC.		
APLENZIN	3	QL 30 / 30 DAYS ST
bupropion hcl (tab 100 mg, tab er 12hr 100 mg, tab er 12hr 200 mg, tab er 24hr 300 mg)	1	QL 60 / 30 DAYS
bupropion hcl (tab er 12hr 150 mg, tab er 24hr 150 mg)	1	QL 3 / 1 day(s)
bupropion hcl tab 75 mg	1	QL 180 / 30 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID		
ZURZUVAE	4	PA S
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
EMSAM	3	ST
MARPLAN	3	
PHENELZINE SULFATE	1	
tranylcypromine sulfate	2	
N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS		
SPRAVATO (56 MG DOSE)	3	QL 16 / 28 DAYS PA
SPRAVATO (84 MG DOSE)	3	QL 16 / 28 DAYS PA
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
citalopram hydrobromide (tab 10 mg, tab 40 mg)	1	QL 30 / 30 DAYS VAL Value Preventive List
citalopram hydrobromide oral soln 10 mg/5ml	1	QL 600 / 30 DAYS VAL Value Preventive List
citalopram hydrobromide tab 20 mg (base equiv)	1	QL 45 / 30 DAYS VAL Value Preventive List
escitalopram oxalate (tab 10 mg, tab 20 mg)	1	QL 60 / 30 DAYS VAL Value Preventive List
escitalopram oxalate soln 5 mg/5ml (base equiv)	1	QL 620 / 30 DAYS VAL Value Preventive List
escitalopram oxalate tab 5 mg (base equiv)	1	QL 120 / 30 DAYS VAL Value Preventive List
fluoxetine hcl (cap 10 mg, cap 20 mg, tab 10 mg, tab 20 mg)	1	QL 90 / 30 DAYS VAL Value Preventive List
FLUOXETINE HCL 90 MG CAP DR	1	QL 4 / 28 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
fluoxetine hcl cap 40 mg	1	QL 60 / 30 DAYS VAL Value Preventive List
fluoxetine hcl solution 20 mg/5ml	1	QL 600 / 30 DAYS VAL Value Preventive List
fluoxetine hcl tab 60 mg	2	QL 30 / 30 DAYS
fluvoxamine maleate tab 100 mg	1	QL 90 / 30 DAYS VAL Value Preventive List
fluvoxamine maleate tab 25 mg	1	QL 360 / 30 DAYS VAL Value Preventive List
fluvoxamine maleate tab 50 mg	1	QL 180 / 30 DAYS VAL Value Preventive List
paroxetine hcl (tab 20 mg, tab 30 mg, tab er 24hr 12.5 mg, tab er 24hr 25 mg, tab er 24hr 37.5 mg)	1	QL 60 / 30 DAYS VAL Value Preventive List
paroxetine hcl tab 10 mg	1	QL 90 / 30 DAYS VAL Value Preventive List
paroxetine hcl tab 40 mg	1	QL 45 / 30 DAYS VAL Value Preventive List
sertraline hcl oral concentrate for solution 20 mg/ml	1	QL 300 / 30 DAYS VAL Value Preventive List
sertraline hcl tab 100 mg	1	QL 60 / 30 DAYS VAL Value Preventive List
sertraline hcl tab 25 mg	1	QL 240 / 30 DAYS VAL Value Preventive List
sertraline hcl tab 50 mg	1	QL 120 / 30 DAYS VAL Value Preventive List
SEROTONIN MODULATORS		
NEFAZODONE HCL 100 MG TAB	1	QL 180 / 30 DAYS
NEFAZODONE HCL 150 MG TAB	1	QL 120 / 30 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NEFAZODONE HCL 200 MG TAB	1	QL 90 / 30 DAYS
NEFAZODONE HCL 250 MG TAB	1	QL 72 / 30 DAYS
NEFAZODONE HCL 50 MG TAB	1	QL 360 / 30 DAYS
trazodone hcl (tab 50 mg, tab 100 mg, tab 150 mg)	1	
TRINTELLIX	3	QL 30 / 30 DAYS ST
vilazodone hcl	1	QL 30 / 30 day(s)
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
DESVENLAFAXINE ER	1	QL 30 / 30 DAYS
desvenlafaxine succinate	1	QL 30 / 30 DAYS
duloxetine hcl enteric coated pellets cap 20 mg (base eq)	1	QL 180 / 30 DAYS
duloxetine hcl enteric coated pellets cap 30 mg (base eq)	1	QL 120 / 30 DAYS
duloxetine hcl enteric coated pellets cap 60 mg (base eq)	1	QL 60 / 30 DAYS
FETZIMA	3	QL 30 / 30 DAYS ST
FETZIMA TITRATION	3	QL 1 cap / 1 day(s) ST
venlafaxine hcl (cap er 24hr 37.5 mg, cap er 24hr 75 mg)	1	
venlafaxine hcl (tab 25 mg, tab 100 mg)	1	QL 30 / 30 DAYS
venlafaxine hcl (tab 50 mg, tab 75 mg)	1	QL 150 / 30 DAYS
venlafaxine hcl cap er 24hr 150 mg (base equivalent)	1	QL 60 / 30 DAYS
venlafaxine hcl tab 37.5 mg (base equivalent)	1	QL 90 / 30 DAYS
TRICYCLIC AGENTS		
amitriptyline hcl	1	
amoxapine	2	
clomipramine hcl	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
desipramine hcl	1	
doxepin hcl (10 mg/ml conc, conc 10 mg/ml)	1	AL1 Up to 8 yrs old
doxepin hcl (cap 10 mg, cap 25 mg, cap 50 mg, cap 75 mg, cap 100 mg, 150 mg cap, cap 150 mg)	1	
imipramine hcl	1	
imipramine pamoate	1	
nortriptyline hcl (cap 10 mg, cap 25 mg, cap 50 mg, cap 75 mg)	1	
protriptyline hcl	1	
trimipramine maleate	2	
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
acarbose	1	QL 90 / 30 DAYS
MIGLITOL	1	
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN 120	3	QL 10 / 30 DAYS PA
SYMLINPEN 60	3	QL 10 / 30 DAYS PA
BIGUANIDES		
metformin hcl (tab 500 mg, tab er 24hr 500 mg)	1	QL 150 / 30 DAYS VAL Value Preventive List
metformin hcl (tab 850 mg, tab 1000 mg, tab er 24hr 750 mg)	1	QL 90 / 30 DAYS VAL Value Preventive List
metformin hcl oral soln 500 mg/5ml	2	AL1 0 to 8 yrs old
DIABETIC OTHER		
BAQSIMI ONE PACK	2	QL 2 / 60 day(s)
BAQSIMI TWO PACK	2	QL 2 / 60 day(s)
GLUCAGEN HYPOKIT	2	QL 2 / 60 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
glucagon	2	QL 2 / 60 day(s)
GVOKE HYPOPEN 1-PACK 0.5 MG/0.1ML SOLN A-INJ	2	QL 0.2 / 60 day(s)
GVOKE HYPOPEN 1-PACK 1 MG/0.2ML SOLN A-INJ	2	QL 0.4 / 60 day(s)
GVOKE HYPOPEN 2-PACK 0.5 MG/0.1ML SOLN A-INJ	2	QL 0.2 / 60 day(s)
GVOKE HYPOPEN 2-PACK 1 MG/0.2ML SOLN A-INJ	2	QL 0.4 / 60 day(s)
GVOKE KIT	2	QL 2 / 60 day(s)
GVOKE PFS 0.5 MG/0.1ML SOLN PRSYR	2	QL 0.2 / 60 day(s)
GVOKE PFS 1 MG/0.2ML SOLN PRSYR	2	QL 0.4 / 60 day(s)
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
ALOGLIPTIN BENZOATE	3	QL 30 / 30 day(s) ST
sitagliptin phosphate	2	QL 1 / 1 day(s) ST
TRADJENTA	2	QL 1 / 1 day(s) ST
DIPEPTIDYL PEPTIDASE-4 INHIBITOR-BIGUANIDE COMBINATIONS		
JENTADUETO	2	QL 2 / 1 day(s) ST
JENTADUETO XR 2.5-1000 MG TAB ER 24H	2	QL 2 / 1 day(s) ST
JENTADUETO XR 5-1000 MG TAB ER 24H	2	QL 1 / 1 day(s) ST
sitagliptin phosphate-metformin hcl (tab 50-1000 mg, tab 50-500 mg, tab er 24hr 50-1000 mg)	2	QL 2 / 1 day(s) ST
sitagliptin phosphate-metformin hcl tab er 24hr 100-1000 mg	2	QL 1 / 1 day(s) ST
sitagliptin phosphate-metformin hcl tab er 24hr 50-500 mg	2	QL 30 / 30 day(s) ST

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HUMAN INSULIN		
HUMALOG	1	QL 2 / 1 day(s) VAL Value Preventive List
HUMALOG JUNIOR KWIKPEN	1	QL 2 / 1 day(s) VAL Value Preventive List
HUMALOG KWIKPEN 100 UNIT/ML SOLN PEN	1	QL 2 / 1 day(s) VAL Value Preventive List
HUMALOG KWIKPEN 200 UNIT/ML SOLN PEN	1	QL 1 / 1 day(s) VAL Value Preventive List
HUMALOG MIX 50/50	1	QL 2 / 1 day(s) VAL Value Preventive List
HUMALOG MIX 50/50 KWIKPEN	1	QL 2 / 1 day(s) VAL Value Preventive List
HUMALOG MIX 75/25	1	QL 2 / 1 day(s) VAL Value Preventive List
HUMALOG MIX 75/25 KWIKPEN	1	QL 2 / 1 day(s) VAL Value Preventive List
HUMULIN 70/30	1	QL 2 / 1 day(s) VAL Value Preventive List
HUMULIN 70/30 KWIKPEN	1	QL 2 / 1 day(s) VAL Value Preventive List
HUMULIN N	1	QL 2 / 1 day(s) VAL Value Preventive List
HUMULIN N KWIKPEN	1	QL 2 / 1 day(s) VAL Value Preventive List
HUMULIN R	1	QL 2 / 1 day(s) VAL Value Preventive List
HUMULIN R U-500 (CONCENTRATED)	1	QL 2 / 1 day(s) VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HUMULIN R U-500 KWIKPEN	1	QL 1 / 1 day(s) VAL Value Preventive List
INSULIN DEGLUDEC	3	QL 2 / 1 day(s)
INSULIN DEGLUDEC FLEXTOUCH 100 UNIT/ML SOLN PEN	3	QL 2 / 1 day(s)
INSULIN DEGLUDEC FLEXTOUCH 200 UNIT/ML SOLN PEN	3	QL 0.9 / 1 day(s)
INSULIN GLARGINE	3	QL 2 / 1 day(s)
INSULIN GLARGINE SOLOSTAR 100 UNIT/ML SOLN PEN	3	QL 2 / 1 day(s)
INSULIN LISPRO	1	QL 2 / 1 day(s) VAL Value Preventive List
INSULIN LISPRO (1 UNIT DIAL)	1	QL 2 / 1 day(s) VAL Value Preventive List
INSULIN LISPRO JUNIOR KWIKPEN	1	QL 2 / 1 day(s) VAL Value Preventive List
INSULIN LISPRO PROT & LISPRO	1	QL 2 / 1 day(s) VAL Value Preventive List
LEVEMIR	3	QL 2 / 1 day(s) PA
LEVEMIR FLEXPEN	3	QL 2 / 1 day(s) PA
LEVEMIR FLEXTOUCH	3	QL 2 / 1 day(s) PA
REZVOGLAR KWIKPEN	2	QL 2 / 1 day(s) VAL Value Preventive List
TRESIBA	3	QL 2 / 1 day(s)
TRESIBA FLEXTOUCH 100 UNIT/ML SOLN PEN	3	QL 2 / 1 day(s)
TRESIBA FLEXTOUCH 200 UNIT/ML SOLN PEN	3	QL 0.9 / 1 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
INCRETIN MIMETIC AGENTS (GIP & GLP-1 RECEPTOR AGONISTS)		
MOUNJARO	2	QL 2 / 28 day(s) PA
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
liraglutide	2	QL 9 ml / 30 day(s) PA
OZEMPIC	2	QL 30 / 30 day(s) PA
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/1.5ML SOLN PEN	2	QL 1.5 / 28 day(s) PA
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	2	QL 3 / 28 day(s) PA
OZEMPIC (1 MG/DOSE)	2	QL 3 / 28 day(s) PA
OZEMPIC (2 MG/DOSE)	2	QL 3 / 28 day(s) PA
RYBELSUS	2	QL 30 / 30 day(s) PA
TRULICITY	2	QL 2 / 28 day(s) PA
INSULIN-INCRETIN MIMETIC COMBINATIONS		
SOLIQUA	2	QL 0.6 / 1 day(s) ST
XULTOPHY	3	QL 0.5 / 1 day(s) PA
MEGLITINIDE ANALOGUES		
nateglinide	1	QL 90 / 30 DAYS VAL Value Preventive List
repaglinide (tab 0.5 mg, tab 1 mg)	1	QL 240 / 30 DAYS VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
repaglinide tab 2 mg	1	QL 120 / 30 DAYS VAL Value Preventive List
SGLT2 INHIBITOR - DPP-4 INHIBITOR - BIGUANIDE COMB		
TRIJARDY XR (10-5-1000 MG TAB ER 24H, 25-5-1000 MG TAB ER 24H)	2	QL 1 / 1 day(s) ST
TRIJARDY XR (5-2.5-1000 MG TAB ER 24H, 12.5-2.5-1000 MG TAB ER 24H)	2	QL 2 / 1 day(s) ST
SGLT2 INHIBITOR - DPP-4 INHIBITOR COMBINATIONS		
GLYXAMBI	2	QL 30 / 30 day(s) ST
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
dapagliflozin	1	QL 1 / 1 day(s)
JARDIANCE	2	QL 30 / 30 DAYS ST
SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB		
dapagliflozin free base-metformin hcl	1	QL 30 / 30 day(s)
SYNJARDY	2	QL 60 / 30 DAYS ST
SYNJARDY XR	2	QL 60 / 30 days ST
XIGDUO XR 2.5-1000 MG TAB ER 24H	2	QL 30 / 30 day(s) ST
SULFONYLUREA-BIGUANIDE COMBINATIONS		
glipizide-metformin hcl	1	VAL Value Preventive List
glyburide-metformin	1	VAL Value Preventive List
SULFONYLUREAS		
glimepiride	1	QL 60 / 30 DAYS VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
glipizide (tab 5 mg, tab er 24hr 2.5 mg)	1	QL 240 / 30 DAYS VAL Value Preventive List
glipizide (tab er 24hr 10 mg, tab er 24hr 5 mg)	1	QL 60 / 30 DAYS VAL Value Preventive List
glipizide tab 10 mg	1	QL 120 / 30 DAYS VAL Value Preventive List
GLYBURIDE MICRONIZED 1.5 MG TAB	1	QL 120 / 30 day(s) VAL Value Preventive List
GLYBURIDE MICRONIZED 3 MG TAB	1	QL 60 / 30 day(s) VAL Value Preventive List
GLYBURIDE MICRONIZED 6 MG TAB	1	QL 30 / 30 day(s) VAL Value Preventive List
glyburide tab 1.25 mg	1	QL 480 / 30 DAYS VAL Value Preventive List
glyburide tab 2.5 mg	1	QL 240 / 30 DAYS VAL Value Preventive List
glyburide tab 5 mg	1	QL 120 / 30 DAYS VAL Value Preventive List
THIAZOLIDINEDIONE-BIGUANIDE COMBINATIONS		
pioglitazone hcl-metformin hcl tab 15-500 mg	1	VAL Value Preventive List
pioglitazone hcl-metformin hcl tab 15-850 mg	1	QL 90 / 30 DAYS VAL Value Preventive List
THIAZOLIDINEDIONES		
pioglitazone hcl	1	QL 30 / 30 DAYS VAL Value Preventive List
ANTIDIARRHEAL/PROBIOTIC AGENTS ANTIPERISTALTIC AGENTS		
diphenoxylate w/ atropine	1	QL 80 / 10 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MOTOFEN	3	QL 16 / 30 day(s)
OPIUM	1	QL 15 / 5 day(s) MFL 2 / 30 day(s) MD 7 / 1 DAY(S) PER DAY
ANTIDOTES AND SPECIFIC ANTAGONISTS **ANTIDOTES - CHELATING AGENTS**		
CHEMET	3	PA
deferasirox (granules packet 90 mg, granules packet 180 mg, granules packet 360 mg, tab for oral susp 125 mg, tab for oral susp 250 mg, tab for oral susp 500 mg)	4	PA
deferasirox (tab 90 mg, tab 180 mg, tab 360 mg)	4	
deferiprone	4	PA S
FERRIPROX 100 MG/ML SOLUTION	4	PA S
FERRIPROX TWICE-A-DAY	4	PA S
acetylcysteine (antidote)	1	
RADIOGARDASE	2	
OPIOID ANTAGONISTS		
KLOXXADO	1	QL 2 / 30 day(s)
naloxone hcl (, inj 0.4 mg/ml, nasal spray 4 mg/0.1ml)	1	QL 2 / 30 day(s)
naloxone hcl inj 4 mg/10ml	1	QL 10 / 30 day(s)
naloxone hcl soln prefilled syringe 0.4 mg/ml	1	QL 4 PRSYR / 30 day(s)
naloxone hcl soln prefilled syringe 2 mg/2ml	1	QL 4 / 30 day(s)
naltrexone hcl	1	QL 60 / 30 DAYS
OPVEE	1	QL 2 / 30 day(s)
REXTOVY	1	QL 2 / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VIVITROL	4	QL 1 / 0 day(s) MFL 1 / 28 day(s) S
ZIMHI	2	QL 1 / 30 day(s)
ZURNAI	1	QL 1 / 30 day(s)
ANTIEMETICS **5-HT3 RECEPTOR ANTAGONISTS**		
ANZEMET	3	QL 7 / 30 DAYS PA
granisetron hcl tab 1 mg	1	QL 14 / 30 DAYS
ondansetron	1	QL 180 / 30 DAYS
ondansetron hcl (4 mg/2ml soln prsyr, inj 4 mg/2ml (2 mg/ml))	2	PA
ondansetron hcl (tab 4 mg, tab 8 mg)	1	QL 180 / 30 DAYS
ONDANSETRON HCL +RFID	2	PA
ondansetron hcl oral soln 4 mg/5ml	1	QL 100 / 30 DAYS
SUSTOL	3	PA S
ZUPLENZ	3	PA
ANTIEMETIC COMBINATIONS		
AKYNZEO 300-0.5 MG CAP	3	QL 1 / 0 DAYS PA
ANTIEMETICS - ANTICHOLINERGIC		
meclizine hcl tab 25 mg	1	
scopolamine	1	
trimethobenzamide hcl cap 300 mg	1	
ANTIEMETICS - MISCELLANEOUS		
dronabinol	2	QL 60 / 30 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
aprepitant capsule 125 mg	1	QL 1 / 21 day(s)
aprepitant capsule 80 mg	1	QL 2 / 21 day(s)
aprepitant capsule therapy pack 80 & 125 mg	1	QL 3 / 21 day(s)
VARUBI (180 MG DOSE)	3	PA
ANTIFUNGALS **ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (TRITERPENOIDS)**		
BREXAFEMME	3	QL 4 / 30 day(s) ST GL Female AL1 At least 12 yrs old
griseofulvin microsize susp 125 mg/5ml	1	
griseofulvin microsize tab 500 mg	2	QL 30 / 30 DAYS
griseofulvin ultramicrosize	2	
nystatin	1	
terbinafine hcl	1	QL 30 / 30 DAYS
IMIDAZOLES		
ketoconazole	1	
TRIAZOLES		
fluconazole (for susp 10 mg/ml, for susp 40 mg/ml, tab 50 mg, tab 100 mg, tab 200 mg)	1	
fluconazole tab 150 mg	1	QL 180 / 30 DAYS
itraconazole cap 100 mg	1	
posaconazole susp 40 mg/ml	4	PA S
posaconazole tab delayed release 100 mg	2	QL 4 tablets / 1 day(s)
voriconazole for susp 40 mg/ml	1	AL1 Up to 8 yrs old
voriconazole tab 200 mg	2	QL 60 / 30 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
voriconazole tab 50 mg	1	QL 120 / 30 DAYS
ANTIHISTAMINES **ANTIHISTAMINES - ETHANOLAMINES**		
CARBINOXAMINE MALEATE (4 MG/5ML SOLUTION, TAB 4 MG)	1	
diphenhydramine hcl (, elixir 12.5 mg/5ml, inj 50 mg/ml)	1	
ANTIHISTAMINES - NON-SEDATING		
DESLORATADINE (, 2.5 MG TAB DISP, 5 MG TAB DISP)	1	QL 30 / 30 DAYS
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)	1	QL 300 / 30 DAYS
levocetirizine dihydrochloride tab 5 mg	1	QL 30 / 30 DAYS
QUZYTTIR	4	PA
ANTIHISTAMINES - PHENOTHIAZINES		
promethazine hcl (oral soln 6.25 mg/5ml, suppos 12.5 mg, tab 12.5 mg, tab 25 mg, tab 50 mg)	1	
promethazine hcl suppos 25 mg	1	QL 30 / 30 DAYS
ANTIHISTAMINES - PIPERIDINES		
cyproheptadine hcl (syrup 2 mg/5ml, tab 4 mg)	1	
ANTIHYPERLIPIDEMICS **ACL INHIB-INTESTINAL CHOLESTEROL ABSORPTION INHIB COMB**		
NEXLIZET	3	PA
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL	3	PA
ANTIHYPERLIPIDEMICS - MISC.		
icosapent ethyl cap 0.5 gm	2	QL 8 / 1 day(s)
icosapent ethyl cap 1 gm	2	QL 4 / 1 day(s)
omega-3-acid ethyl esters	1	
BILE ACID SEQUESTRANTS		
cholestyramine (powder 4 gm/dose, powder packets 4 gm)	1	VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
cholestyramine light (powder 4 gm/dose, powder packets 4 gm)	1	VAL Value Preventive List
colesevelam hcl packet for susp 3.75 gm	2	QL 30 / 30 day(s) AL1 Up to 8 yrs old VAL Value Preventive List
colesevelam hcl tab 625 mg	2	QL 180 / 30 DAYS VAL Value Preventive List
colestipol hcl (granule packets 5 gm, granules 5 gm, tab 1 gm)	1	VAL Value Preventive List
FIBRIC ACID DERIVATIVES		
choline fenofibrate	1	QL 30 / 30 DAYS VAL Value Preventive List
fenofibrate (tab 40 mg, tab 48 mg, tab 54 mg, tab 120 mg, tab 145 mg, tab 160 mg)	1	QL 30 / 30 DAYS VAL Value Preventive List
FENOFIBRATE 150 MG CAP	3	QL 30 / 30 day(s)
FENOFIBRATE 50 MG CAP	3	QL Quantity Limit
fenofibrate micronized (cap 43 mg, cap 67 mg, cap 130 mg, cap 134 mg, cap 200 mg)	1	QL 30 / 30 DAYS VAL Value Preventive List
FENOFIBRIC ACID 35 MG TAB	1	QL 30 / 30 day(s)
gemfibrozil	1	VAL Value Preventive List
LIPOFEN 150 MG CAP	3	QL 30 / 30 day(s)
LIPOFEN 50 MG CAP	3	QL Quantity Limit
HMG COA REDUCTASE INHIBITORS		
atorvastatin calcium (tab 10 mg, tab 20 mg, tab 40 mg, tab 80 mg)	1	QL 30 / 30 DAYS VAL Value Preventive List
fluvastatin sodium (cap 20 mg, tab er 24 hr 80 mg)	1	QL 30 / 30 DAYS PRE Preventative
fluvastatin sodium cap 40 mg (base equivalent)	1	QL 60 / 30 DAYS PRE Preventative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
lovastatin (tab 10 mg, tab 20 mg)	1	QL 30 / 30 DAYS PRE Preventative
lovastatin tab 40 mg	1	QL 60 / 30 DAYS PRE Preventative
pitavastatin calcium	1	QL 1 / 1 day(s)
pravastatin sodium (tab 10 mg, tab 20 mg, tab 80 mg)	1	QL 30 / 30 DAYS PRE Preventative
pravastatin sodium tab 40 mg	1	QL 60 / 30 DAYS PRE Preventative
rosuvastatin calcium (tab 5 mg, tab 10 mg, tab 20 mg, tab 40 mg)	1	QL 30 / 30 DAYS PRE Preventative
simvastatin (tab 5 mg, tab 10 mg, tab 20 mg, tab 40 mg, tab 80 mg)	1	QL 30 / 30 DAYS PRE Preventative
INTEST CHOLEST ABSORP INHIB-HMG COA REDUCTASE INHIB COMB		
EZETIMIBE-ROSUVASTATIN	1	QL 1 / 1 day(s)
ezetimibe-simvastatin	1	QL 30 / 30 DAYS VAL Value Preventive List
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
ezetimibe	1	QL 30 / 30 DAYS VAL Value Preventive List
NICOTINIC ACID DERIVATIVES		
niacin (antihyperlipidemic)	1	VAL Value Preventive List
NIACOR	3	
PCSK9 INHIBITORS		
REPATHA	2	ST
REPATHA PUSHTRONEX SYSTEM	2	ST
REPATHA SURECLICK	2	ST

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SMALL INTERFERING RNA (SIRNA) PCSK9 INHIBITORS		
LEQVIO	4	PA S
ANTIHYPERTENSIVES **ACE INHIBITOR & CALCIUM CHANNEL BLOCKER COMBINATIONS**		
amlodipine besylate-benazepril hcl (cap 5-10 mg, cap 5-20 mg, cap 5-40 mg, cap 10-20 mg, cap 10-40 mg)	1	VAL Value Preventive List
amlodipine besylate-benazepril hcl cap 2.5-10 mg	1	QL 30 / 30 DAYS VAL Value Preventive List
TRANDOLAPRIL-VERAPAMIL HCL ER (ER 1-240 MG TAB ER, ER 2-180 MG TAB ER, ER 4-240 MG TAB ER)	1	VAL Value Preventive List
TRANDOLAPRIL-VERAPAMIL HCL ER 2-240 MG TAB ER	1	QL 30 / 30 day(s) VAL Value Preventive List
ACE INHIBITORS		
benazepril hcl	1	VAL Value Preventive List
captopril	1	VAL Value Preventive List
enalapril maleate (tab 2.5 mg, tab 5 mg, tab 10 mg, tab 20 mg)	1	VAL Value Preventive List
enalapril maleate oral soln 1 mg/ml	2	AL1 Up to 8 yrs old
fosinopril sodium	1	VAL Value Preventive List
lisinopril	1	VAL Value Preventive List
moexipril hcl	1	VAL Value Preventive List
perindopril erbumine	1	VAL Value Preventive List
QBRELIS	2	AL1 Up to 8 yrs old
quinapril hcl	1	VAL Value Preventive List
ramipril (cap 1.25 mg, cap 2.5 mg, cap 5 mg)	1	QL 30 / 30 DAYS VAL Value Preventive List
ramipril cap 10 mg	1	QL 60 / 30 DAYS VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
trandolapril (tab 1 mg, tab 2 mg)	1	QL 30 / 30 DAYS VAL Value Preventive List
trandolapril tab 4 mg	1	QL 60 / 30 DAYS VAL Value Preventive List
ACE INHIBITORS & THIAZIDE/THIAZIDE-LIKE		
benazepril & hydrochlorothiazide	1	VAL Value Preventive List
CAPTOPRIL-HYDROCHLOROTHIAZIDE	1	VAL Value Preventive List
enalapril maleate & hydrochlorothiazide	1	VAL Value Preventive List
fosinopril sodium & hydrochlorothiazide	1	VAL Value Preventive List
lisinopril & hydrochlorothiazide	1	VAL Value Preventive List
quinapril-hydrochlorothiazide (, tab 20-12.5 mg)	1	VAL Value Preventive List
AGENTS FOR PHEOCHROMOCYTOMA		
phenoxybenzamine hcl	4	PA
ALDOSTERONE SYNTHASE INHIBITORS		
BAXFENDY	3	PA
ANGIOTENSIN II RECEPTOR ANT-CA CHANNEL BLOCKER-THIAZIDES		
olmesartan medoxomil-amlodipine-hydrochlorothiazide	1	VAL Value Preventive List
ANGIOTENSIN II RECEPTOR ANTAG & CA CHANNEL BLOCKER COMB		
amlodipine besylate-olmesartan medoxomil	1	VAL Value Preventive List
amlodipine besylate-valsartan (tab 10-160 mg, tab 10-320 mg)	1	VAL Value Preventive List
amlodipine besylate-valsartan (tab 5-160 mg, tab 5-320 mg)	1	QL 30 / 30 DAYS VAL Value Preventive List
TELMISARTAN-AMLODIPINE	1	QL 30 / 30 DAYS VAL Value Preventive List
ANGIOTENSIN II RECEPTOR ANTAG & THIAZIDE/THIAZIDE-LIKE		
candesartan cilexetil-hydrochlorothiazide	1	VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
irbesartan-hydrochlorothiazide	1	VAL Value Preventive List
losartan potassium & hydrochlorothiazide	1	VAL Value Preventive List
olmesartan medoxomil-hydrochlorothiazide (tab 20-12.5 mg, tab 40-12.5 mg)	1	QL 30 / 30 DAYS VAL Value Preventive List
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	1	VAL Value Preventive List
telmisartan-hydrochlorothiazide	1	QL 30 / 30 DAYS VAL Value Preventive List
valsartan-hydrochlorothiazide	1	VAL Value Preventive List
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
ARBLI	2	QL 165 / 60 day(s) AL1 Up to 8 yrs old
candesartan cilexetil	1	QL 30 / 30 DAYS VAL Value Preventive List
irbesartan	1	QL 30 / 30 DAYS VAL Value Preventive List
losartan potassium	1	QL 60 / 30 DAYS VAL Value Preventive List
olmesartan medoxomil	1	VAL Value Preventive List
telmisartan	1	VAL Value Preventive List
valsartan (tab 40 mg, tab 320 mg)	1	QL 90 / 30 DAYS VAL Value Preventive List
valsartan (tab 80 mg, tab 160 mg)	1	QL 30 / 30 DAYS VAL Value Preventive List
ANTIADRENERGICS - CENTRALLY ACTING		
clonidine	1	VAL Value Preventive List
clonidine hcl (tab 0.1 mg, tab 0.2 mg, tab 0.3 mg)	1	VAL Value Preventive List
guanfacine hcl	1	VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
METHYLDOPA	1	VAL Value Preventive List
ANTIADRENERGICS - PERIPHERALLY ACTING		
doxazosin mesylate (tab 1 mg, tab 2 mg, tab 4 mg)	1	QL 30 / 30 DAYS VAL Value Preventive List
doxazosin mesylate tab 8 mg	1	QL 60 / 30 DAYS VAL Value Preventive List
prazosin hcl	1	VAL Value Preventive List
terazosin hcl (cap 1 mg, cap 2 mg, cap 5 mg)	1	QL 30 / 30 DAYS VAL Value Preventive List
terazosin hcl cap 10 mg (base equivalent)	1	QL 60 / 30 DAYS VAL Value Preventive List
BETA BLOCKER & DIURETIC COMBINATIONS		
atenolol & chlorthalidone	1	VAL Value Preventive List
bisoprolol & hydrochlorothiazide	1	VAL Value Preventive List
metoprolol & hydrochlorothiazide	1	VAL Value Preventive List
DIRECT RENIN INHIBITORS		
aliskiren fumarate	2	VAL Value Preventive List
DOPAMINE D1 RECEPTOR AGONISTS		
CORLOPAM 20 MG/2ML SOLUTION	3	PA
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
eplerenone	1	QL 60 / 30 DAYS VAL Value Preventive List
VASODILATORS		
hydralazine hcl (tab 10 mg, tab 25 mg, tab 50 mg, tab 100 mg)	1	VAL Value Preventive List
minoxidil	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
atovaquone-proguanil hcl	1	
COARTEM	2	
CHLOROQUINE PHOSPHATE	1	
HYDROXYCHLOROQUINE SULFATE	1	
mefloquine hcl	1	
primaquine phosphate	1	
pyrimethamine	4	PA S
quinine sulfate	1	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
pyridostigmine bromide oral soln 60 mg/5ml	2	PA
pyridostigmine bromide tab 60 mg	1	
pyridostigmine bromide tab er 180 mg	2	
ANTIMYCOBACTERIAL AGENTS		
CYCLOSERINE	2	
ethambutol hcl	1	
isoniazid (syrup 50 mg/5ml, tab 100 mg, tab 300 mg)	1	
PRETOMANID	3	
PRIFTIN	3	
pyrazinamide	2	
rifabutin	2	
rifampin (cap 150 mg, cap 300 mg)	1	
rifapentine	3	
SIRTURO	4	PA S
TRECATOR	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
MYLERAN	4	PA S
ANDROGEN BIOSYNTHESIS INHIBITORS		
abiraterone acetate tab 250 mg	2	
ANTIADRENALS		
LYSODREN	4	PA S
ANTIANDROGENS		
bicalutamide	1	QL 30 / 30 DAYS
ERLEADA	4	PA S
FLUTAMIDE	1	S
nilutamide	2	QL 60 / 30 DAYS
NILUTAMIDE	2	QL 60 / 30 day(s)
XTANDI	4	PA S
ANTIESTROGENS		
tamoxifen citrate	1	PRE Preventative
toremifene citrate	2	QL 30 / 30 DAYS
ANTIMETABOLITES		
capecitabine	2	
mercaptopurine susp 2000 mg/100ml (20 mg/ml)	4	PA S
mercaptopurine tab 50 mg	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
methotrexate sodium (, for inj 1 gm, inj pf 50 mg/2ml (25 mg/ml), inj pf 250 mg/10ml (25 mg/ml), inj pf 1000 mg/40ml (25 mg/ml), tab 2.5 mg (base equiv))	1	
METHOTREXATE SODIUM (PF)	1	
TABLOID	4	PA S
TREXALL	4	PA S
ANTINEOPLASTIC - ALK INHIBITORS		
ALECENSA	4	PA S
XALKORI	4	PA S
ZYKADIA	4	PA S
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
TUKYSA	4	PA S
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA	4	PA S
VENCLEXTA STARTING PACK	4	PA S
ANTINEOPLASTIC - BCR-ABL KINASE INHIBITORS		
BOSULIF (100 MG CAP, 100 MG TAB, 400 MG TAB, 500 MG TAB)	4	PA S
BOSULIF 50 MG CAP	4	QL 1 / 1 day(s) PA S
dasatinib	4	QL 1 tab / 1 day(s) PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ICLUSIG	4	PA S
imatinib mesylate tab 100 mg (base equivalent)	2	QL 6 tablets / 1 day(s)
imatinib mesylate tab 400 mg (base equivalent)	2	QL 60 / 30 DAYS
nilotinib hcl	4	PA S
SCEMBLIX	4	PA S
ANTINEOPLASTIC - BRAF KINASE INHIBITORS		
BRAFTOVI	4	PA S
TAFINLAR	4	PA S
ZELBORAF	4	PA S
ANTINEOPLASTIC - BTK INHIBITORS		
BRUKINSA	4	PA S
CALQUENCE (100 MG CAP, 100 MG TAB)	4	PA S
IMBRUVICA (70 MG CAP, 70 MG/ML SUSPENSION, 140 MG CAP, 420 MG TAB, 560 MG TAB)	4	PA S
JAYPIRCA	4	PA S
ANTINEOPLASTIC - EGFR INHIBITORS		
erlotinib hcl	4	PA
EXKIVITY	4	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
gefitinib	4	PA S
GILOTRIF	4	PA S
TAGRISSO	4	PA S
ANTINEOPLASTIC - FGFR KINASE INHIBITORS		
BALVERSA	4	PA S
LYTGOBI (12 MG DAILY DOSE)	4	PA S
LYTGOBI (16 MG DAILY DOSE)	4	PA S
LYTGOBI (20 MG DAILY DOSE)	4	PA S
PEMAZYRE	4	PA S
TRUSELTIQ (100MG DAILY DOSE)	4	PA S
TRUSELTIQ (125MG DAILY DOSE)	4	PA S
TRUSELTIQ (50MG DAILY DOSE)	4	PA S
TRUSELTIQ (75MG DAILY DOSE)	4	PA S
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
ERIVEDGE	4	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ODOMZO	4	PA S
ANTINEOPLASTIC - HIF-2-ALPHA INHIBITORS		
WELIREG	4	PA S
ANTINEOPLASTIC - HISTONE DEACETYLASE INHIBITORS		
FARYDAK	4	PA S
ZOLINZA	4	PA S
ANTINEOPLASTIC - HORMONAL AND RELATED AGENT COMBINATIONS		
AKEEGA	4	PA S
ANTINEOPLASTIC - IMMUNOMODULATORS		
pomalidomide	4	PA S
ANTINEOPLASTIC - KRAS INHIBITORS		
KRAZATI	4	PA S
LUMAKRAS	4	PA S
ANTINEOPLASTIC - MEK INHIBITORS		
COTELLIC	4	PA S
KOSELUGO	4	PA S
MEKINIST (0.05 MG/ML RECON SOLN, 0.5 MG TAB, 2 MG TAB)	4	PA S
MEKTOVI	4	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTINEOPLASTIC - MET INHIBITORS		
TABRECTA	4	PA S
TEPMETKO	4	PA S
ANTINEOPLASTIC - METHYLTRANSFERASE INHIBITORS		
TAZVERIK	4	PA S
ANTINEOPLASTIC - MTOR KINASE INHIBITORS		
everolimus	4	PA S
ANTINEOPLASTIC - MULTIKINASE INHIBITORS		
CABOMETYX	4	PA S
CAPRELSA	4	PA S
COMETRIQ (100 MG DAILY DOSE)	4	PA S
COMETRIQ (140 MG DAILY DOSE)	4	PA S
COMETRIQ (60 MG DAILY DOSE)	4	PA S
FOTIVDA	4	PA S
lapatinib ditosylate	4	PA S
NERLYNX	4	PA S
pazopanib hcl	4	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
QINLOCK	4	PA S
RYDAPT	4	PA S
sorafenib tosylate	4	PA S
STIVARGA	4	PA S
sunitinib malate	4	PA S
TURALIO	4	PA S
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS		
AYVAKIT	4	PA S
ANTINEOPLASTIC - RET INHIBITORS		
GAVRETO	4	PA S
RETEVMO	4	PA S
ANTINEOPLASTIC - TROPOMYOSIN RECEPTOR KINASE INHIBITORS		
ROZLYTREK	4	PA S
ANTINEOPLASTIC - XPO1 INHIBITORS		
XPOVIO (100 MG ONCE WEEKLY)	4	PA S
XPOVIO (40 MG ONCE WEEKLY)	4	PA S
XPOVIO (40 MG TWICE WEEKLY)	4	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XPOVIO (60 MG ONCE WEEKLY)	4	PA S
XPOVIO (60 MG TWICE WEEKLY)	4	PA S
XPOVIO (80 MG ONCE WEEKLY)	4	PA S
XPOVIO (80 MG TWICE WEEKLY)	4	PA S
ANTINEOPLASTIC COMBINATIONS		
INQOVI	4	PA S
KISQALI FEMARA (200 MG DOSE)	4	PA S
KISQALI FEMARA (400 MG DOSE)	4	PA S
KISQALI FEMARA (600 MG DOSE)	4	PA S
LONSURF	4	PA S
ANTINEOPLASTICS MISC.		
ACTIMMUNE	4	PA S
hydroxyurea	1	
MATULANE	4	PA S
AROMATASE INHIBITORS		
anastrozole	1	QL 1 tablet / 1 day(s) PRE Preventative
exemestane	1	QL 60 / 30 DAYS GL Female

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
letrozole	1	QL 30 / 30 DAYS GL Female
CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS		
KISQALI (200 MG DOSE)	4	PA S
KISQALI (400 MG DOSE)	4	PA S
KISQALI (600 MG DOSE)	4	PA S
VERZENIO	4	PA S
ESTROGENS-ANTINEOPLASTIC		
EMCYT	4	PA S
FOLIC ACID ANTAGONISTS RESCUE AGENTS		
LEDERLE LEUCOVORIN	1	
leucovorin calcium (tab 10 mg, tab 15 mg, tab 25 mg)	2	
leucovorin calcium tab 5 mg	1	
IMIDAZOTETRAZINES		
temozolomide	2	QL 2 / 1 day(s)
JANUS ASSOCIATED KINASE (JAK) INHIBITORS		
JAKAFI	4	PA S
JAKAFI XR	4	PA S
VONJO	4	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LHRH ANALOGS		
ELIGARD (7.5 MG KIT, 22.5 MG KIT, 30 MG KIT, 45 MG KIT)	4	PA S
leuprolide acetate	2	PA
LEUPROLIDE ACETATE (3 MONTH)	4	PA S
LUPRON DEPOT (1-MONTH)	4	PA S
LUPRON DEPOT (3-MONTH)	4	PA S
LUPRON DEPOT (4-MONTH)	4	PA S
LUPRON DEPOT (6-MONTH)	4	PA S
ZOLADEX	4	PA
MITOTIC INHIBITORS		
etoposide cap 50 mg	4	PA S
NITROGEN MUSTARDS AND RELATED ANALOGUES		
cyclophosphamide (25 mg cap, 25 mg tab, cap 25 mg, 50 mg cap, 50 mg tab, cap 50 mg)	1	
LEUKERAN	4	PA S
MELPHALAN	1	
NITROSOUREAS		
GLEOSTINE	4	PA S
lomustine	4	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS		
COPIKTRA	4	PA S
PIQRAY (200 MG DAILY DOSE)	4	PA S
PIQRAY (250 MG DAILY DOSE)	4	PA S
PIQRAY (300 MG DAILY DOSE)	4	PA S
ZYDELIG	4	PA S
POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS		
LYNPARZA	4	PA S
TALZENNA	4	PA S
ZEJULA	4	QL 1 / 1 day(s) PA S
PROGESTINS-ANTINEOPLASTIC		
megestrol acetate (susp 40 mg/ml, tab 20 mg, tab 40 mg)	1	
RETINOIDS		
tretinoin (chemotherapy)	1	PA
SELECTIVE ESTROGEN RECEPTOR DEGRADERS		
ORSERDU	4	PA S
SELECTIVE RETINOID X RECEPTOR AGONISTS		
bexarotene	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TOPOISOMERASE I INHIBITORS		
HYCAMTIN (0.25 MG CAP, 1 MG CAP)	4	PA S
VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) INHIBITORS		
INLYTA	4	PA S
LENVIMA (10 MG DAILY DOSE)	4	PA S
LENVIMA (12 MG DAILY DOSE)	4	PA S
LENVIMA (14 MG DAILY DOSE)	4	PA S
LENVIMA (18 MG DAILY DOSE)	4	PA S
LENVIMA (20 MG DAILY DOSE)	4	PA S
LENVIMA (24 MG DAILY DOSE)	4	PA S
LENVIMA (4 MG DAILY DOSE)	4	PA S
LENVIMA (8 MG DAILY DOSE)	4	PA S
ANTIPARKINSON AND RELATED THERAPY AGENTS **ANTIPARKINSON ANTICHOLINERGICS**		
benztropine mesylate (tab 0.5 mg, tab 1 mg, tab 2 mg)	1	
trihexyphenidyl hcl (tab 2 mg, tab 5 mg)	1	
trihexyphenidyl hcl oral soln 0.4 mg/ml	1	AL1 Up to 8 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIPARKINSON DOPAMINERGICS		
amantadine hcl (cap 100 mg, soln 50 mg/5ml, tab 100 mg)	1	
bromocriptine mesylate	1	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
rasagiline mesylate	2	QL 30 / 30 DAYS
selegiline hcl	1	
ZELAPAR	3	PA
CENTRAL/PERIPHERAL COMT INHIBITORS		
tolcapone	2	
DECARBOXYLASE INHIBITORS		
carbidopa	1	
LEVODOPA COMBINATIONS		
carbidopa-levodopa (orally disintegrating tab 10-100 mg, orally disintegrating tab 25-100 mg, orally disintegrating tab 25-250 mg, tab 10-100 mg, tab 25-100 mg, tab 25-250 mg, tab er 25-100 mg, tab er 50-200 mg)	1	
carbidopa-levodopa-entacapone	1	
NONERGOLINE DOPAMINE RECEPTOR AGONISTS		
apomorphine hydrochloride	4	PA S
NEUPRO	3	PA
pramipexole dihydrochloride (tab 0.125 mg, tab 0.25 mg, tab 0.5 mg, tab 0.75 mg, tab 1 mg, tab 1.5 mg)	1	QL 90 / 30 DAYS
pramipexole dihydrochloride (tab er 24hr 0.375 mg, tab er 24hr 0.75 mg, tab er 24hr 1.5 mg, tab er 24hr 2.25 mg, tab er 24hr 3 mg, tab er 24hr 3.75 mg, tab er 24hr 4.5 mg)	2	QL 30 / 30 DAYS
ropinirole hydrochloride (tab 0.25 mg, tab 0.5 mg, tab 1 mg, tab 2 mg, tab 3 mg, tab 4 mg, tab 5 mg)	1	
ropinirole hydrochloride (tab er 24hr 12 mg, tab er 24hr 2 mg, tab er 24hr 4 mg, tab er 24hr 6 mg, tab er 24hr 8 mg)	1	QL 30 / 30 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PERIPHERAL COMT INHIBITORS		
entacapone	1	QL 270 / 30 DAYS
ONGENTYS	3	PA
ANTIPSYCHOTICS/ANTIMANIC AGENTS ANTIMANIC AGENTS		
lithium	1	AL1 Up to 8 yrs old
lithium carbonate (cap 150 mg, cap 300 mg, cap 600 mg, tab 300 mg, tab er 300 mg, tab er 450 mg)	1	
ANTIPSYCHOTICS - MISC.		
CAPLYTA	3	QL 1 / 1 day(s) PA
EQUETRO 100 MG CAP ER 12H	3	QL 480 / 30 DAYS
EQUETRO 200 MG CAP ER 12H	3	QL 240 / 30 DAYS
EQUETRO 300 MG CAP ER 12H	3	QL 180 / 30 DAYS
lurasidone hcl	1	QL 1 / 1 day(s)
VRAYLAR	3	QL 1 / 1 day(s) PA
ziprasidone hcl (cap 40 mg, cap 60 mg, cap 80 mg)	1	QL 60 / 30 DAYS
ziprasidone hcl cap 20 mg	1	QL 240 / 30 DAYS
BENZISOXAZOLES		
FANAPT (1 MG TAB, 2 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB)	3	QL 2 / 1 day(s) PA
FANAPT 12 MG TAB	3	QL 60 / 30 day(s) PA
FANAPT TITRATION PACK A	3	QL 2 / 1 day(s) PA
FANAPT TITRATION PACK B	3	QL 2 / 1 day(s) PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FANAPT TITRATION PACK C	3	QL 2 / 1 day(s) PA
INVEGA HAFYERA	3	ST
INVEGA SUSTENNA	3	ST
INVEGA TRINZA	3	ST
paliperidone (tab er 24hr 1.5 mg, tab er 24hr 3 mg, tab er 24hr 9 mg)	2	QL 30 / 30 DAYS
paliperidone tab er 24hr 6 mg	2	QL 60 / 30 DAYS
risperidone (orally disintegrating tab 1 mg, orally disintegrating tab 2 mg, tab 0.25 mg, tab 0.5 mg)	1	QL 60 / 30 DAYS
risperidone (orally disintegrating tab 3 mg, tab 3 mg)	1	QL 180 / 30 DAYS
risperidone (orally disintegrating tab 4 mg, tab 4 mg)	1	QL 120 / 30 DAYS
risperidone microspheres	2	ST
risperidone orally disintegrating tab 0.25 mg	1	QL 1920 / 30 day(s)
risperidone orally disintegrating tab 0.5 mg	1	QL 960 / 30 DAYS
risperidone soln 1 mg/ml	1	AL1 Up to 8 yrs old
risperidone tab 1 mg	1	QL 480 / 30 DAYS
risperidone tab 2 mg	1	QL 240 / 30 DAYS
BUTYROPHENONES		
haloperidol	1	
haloperidol lactate oral conc 2 mg/ml	1	
DIBENZO-OXEPINO PYRROLES		
asenapine maleate	2	
DIBENZODIAZEPINES		
clozapine (tab 25 mg, tab 50 mg, tab 100 mg, tab 200 mg)	1	QL 120 / 30 DAYS
clozapine orally disintegrating tab 100 mg	1	
clozapine orally disintegrating tab 12.5 mg	1	QL 2160 / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
clozapine orally disintegrating tab 25 mg	1	QL 1080 / 30 DAYS
DIBENZOTHIAZEPINES		
quetiapine fumarate (tab 25 mg, tab 50 mg, tab 100 mg, tab 200 mg)	1	QL 90 / 30 DAYS
quetiapine fumarate (tab 300 mg, tab 400 mg, tab er 24hr 150 mg, tab er 24hr 300 mg, tab er 24hr 400 mg, tab er 24hr 50 mg)	1	QL 60 / 30 DAYS
quetiapine fumarate tab er 24hr 200 mg	1	QL 30 / 30 DAYS
DIBENZOXAZEPINES		
loxapine succinate	1	
MUSCARINIC AGENT - COMBINATIONS		
COBENFY	3	PA AL1 18 to 65 yrs old
COBENFY STARTER PACK	3	PA AL1 18 to 65 yrs old
PHENOTHIAZINES		
chlorpromazine hcl (tab 10 mg, tab 25 mg, tab 50 mg, tab 100 mg, tab 200 mg)	1	
fluphenazine hcl	1	
FLUPHENAZINE HCL (2.5 MG/5ML ELIXIR, 5 MG/ML CONC)	1	AL1 Up to 8 yrs old
perphenazine	1	
prochlorperazine	1	QL 30 / 30 DAYS
prochlorperazine maleate	1	
thioridazine hcl	1	
trifluoperazine hcl	1	
QUINOLINONE DERIVATIVES		
ABILIFY ASIMTUFII	3	ST
ABILIFY MAINTENA	3	ST
aripiprazole (tab 10 mg, tab 15 mg, tab 20 mg, tab 30 mg)	1	QL 30 / 30 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
aripiprazole oral solution 1 mg/ml	2	QL 15 ml / 1 day(s)
aripiprazole tab 2 mg	1	QL 60 / 30 day(s)
aripiprazole tab 5 mg	1	QL 2 / 1 day(s)
ARISTADA	3	ST
ARISTADA INITIO	3	ST
REXULTI	3	QL 1 / 1 day(s) PA
THIENBENZODIAZEPINES		
olanzapine (orally disintegrating tab 5 mg, orally disintegrating tab 10 mg, orally disintegrating tab 15 mg, orally disintegrating tab 20 mg, tab 2.5 mg, tab 5 mg, tab 7.5 mg, tab 10 mg, tab 15 mg, tab 20 mg)	1	QL 30 / 30 DAYS
ZYPREXA RELPREVV	3	ST
THIOXANTHENES		
thiothixene	1	
ANTIVIRALS **ANTIRETROVIRAL COMBINATIONS**		
abacavir sulfate-lamivudine	1	QL 30 / 30 DAYS
BIKTARVY 30-120-15 MG TAB	4	QL 30 / 30 day(s) S
BIKTARVY 50-200-25 MG TAB	4	QL 30 / 30 DAYS S
CABENUVA	4	S
CIMDUO	4	S
DESCOVY 120-15 MG TAB	4	QL 1 / 1 day(s) PA S
DESCOVY 200-25 MG TAB	4	QL 30 / 30 DAYS PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DOVATO	4	QL 1 / 1 day(s) S
efavirenz-emtricitabine-tenofovir disoproxil fumarate	1	
EFAVIRENZ-LAMIVUDINE-TENOFOVIR	4	S
efavirenz-lamivudine-tenofovir disoproxil fumarate	4	
emtricitabine-rilpivirine-tenofovir disoproxil fumarate	4	QL 1 / 1 day(s) S
emtricitabine-tenofovir disoproxil fumarate (tab 100-150 mg, tab 133-200 mg, tab 167-250 mg, tab 200-300 mg)	1	QL 30 / 30 day(s) PRE Preventative
EVOTAZ	4	QL 30 / 30 DAYS S
GENVOYA	4	QL 30 / 30 DAYS S
JULUCA	4	S
lamivudine-zidovudine	1	QL 60 / 30 DAYS
lopinavir-ritonavir (tab 100-25 mg, tab 200-50 mg)	4	S
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	1	
ODEFSEY	4	QL 30 / 30 DAYS S
PREZCOBIX	4	QL 1 / 1 day(s) S
STRIBILD	4	QL 30 / 30 DAYS S
SYMTUZA	4	QL 30 / 30 day(s) S
TRIUMEQ	4	QL 30 / 30 DAYS S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRIUMEQ PD	4	QL 1 / 1 day(s) S
ANTIRETROVIRALS - CAPSID INHIBITORS		
SUNLENCA (4 X 300 MG TAB THPK, 5 X 300 MG TAB THPK, 300 MG TAB, 463.5 MG/1.5ML SOLUTION)	4	PA S
YEZTUGO (300 MG TAB, 463.5 MG/1.5ML SOLUTION)	4	PA S PRE Preventative
ANTIRETROVIRALS - CCR5 ANTAGONISTS (ENTRY INHIBITOR)		
maraviroc	4	PA S
SELZENTRY (20 MG/ML SOLUTION, 25 MG TAB, 75 MG TAB)	4	PA S
ANTIRETROVIRALS - FUSION INHIBITORS		
FUZEON	4	PA S
ANTIRETROVIRALS - INTEGRASE INHIBITORS		
APRETUDE	4	PA S PRE Preventative
ISENTRESS 100 MG CHEW TAB	4	QL 180 / 30 DAYS S
ISENTRESS 100 MG PACKET	4	QL 240 / 30 DAYS S
ISENTRESS 25 MG CHEW TAB	4	QL 720 / 30 DAYS S
ISENTRESS 400 MG TAB	4	QL 60 / 30 day(s) S
ISENTRESS HD	4	QL 60 / 30 day(s) S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TIVICAY (10 MG TAB, 25 MG TAB)	4	QL 30 / 30 DAYS S
TIVICAY 50 MG TAB	4	QL 60 / 30 DAYS S
TIVICAY PD	4	PA S
ANTIRETROVIRALS - PROTEASE INHIBITORS		
APTIVUS	4	QL 120 / 30 DAYS S
atazanavir sulfate	2	
darunavir tab 600 mg	4	QL 60 / 30 day(s) S
darunavir tab 800 mg	4	QL 30 / 30 day(s) S
fosamprenavir calcium	2	
LEXIVA 50 MG/ML SUSPENSION	4	QL 1800 / 30 DAYS S
NORVIR 100 MG CAP	4	QL 360 / 30 DAYS S
NORVIR 80 MG/ML SOLUTION	4	QL 480 / 30 DAYS AL1 Up to 8 yrs old S
PREZISTA 100 MG/ML SUSPENSION	4	QL 400 / 30 day(s) S
PREZISTA 150 MG TAB	4	QL 180 / 30 day(s) S
PREZISTA 75 MG TAB	4	QL 300 / 30 day(s) S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
REYATAZ 50 MG PACKET	4	AL1 Up to 8 yrs old S
ritonavir	1	
ANTIRETROVIRALS - RTI-NON-NUCLEOSIDE ANALOGUES		
EDURANT PED	4	QL 6 tablets / 1 day(s) AL1 Up to 8 yrs old S
EFAVIRENZ	2	
etravirine tab 100 mg	4	QL 120 / 30 day(s) S
etravirine tab 200 mg	4	QL 60 / 30 day(s) S
INTELENCE 25 MG TAB	4	S
NEVIRAPINE	1	QL 1200 / 30 day(s) AL1 Up to 8 yrs old
NEVIRAPINE ER	1	QL 90 / 30 DAYS S
nevirapine tab 200 mg	1	QL 60 / 30 DAYS
nevirapine tab er 24hr 400 mg	1	QL 30 / 30 DAYS
PIFELTRO	4	S
rilpivirine hcl	4	QL 30 / 30 day(s) S
ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PURINES		
abacavir sulfate soln 20 mg/ml (base equiv)	1	AL1 Up to 8 yrs old
abacavir sulfate tab 300 mg (base equiv)	1	QL 60 / 30 DAYS
ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PYRIMIDINES		
emtricitabine	2	
EMTRIVA 10 MG/ML SOLUTION	4	QL 850 / 30 DAYS S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
lamivudine oral soln 10 mg/ml	1	
lamivudine tab 150 mg	1	QL 60 / 30 DAYS
lamivudine tab 300 mg	1	QL 30 / 30 DAYS
ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-THYMIDINES		
STAVUDINE (15 MG CAP, 20 MG CAP)	1	QL 120 / 30 DAYS S
STAVUDINE (30 MG CAP, 40 MG CAP)	1	QL 60 / 30 DAYS S
zidovudine cap 100 mg	1	QL 180 / 30 DAYS
zidovudine syrup 10 mg/ml	1	QL 1920 / 30 DAYS
zidovudine tab 300 mg	1	QL 60 / 30 DAYS
ANTIRETROVIRALS - RTI-NUCLEOTIDE ANALOGUES		
tenofovir disoproxil fumarate	1	QL 1 / 1 day(s)
VIREAD (150 MG TAB, 200 MG TAB, 250 MG TAB)	4	QL 30 / 30 DAYS S
VIREAD 40 MG/GM POWDER	4	QL 240 / 30 DAYS AL1 Up to 8 yrs old S
ANTIRETROVIRALS ADJUVANTS		
TYBOST	4	QL 30 / 30 DAYS PA S
ANTIVIRAL COMBINATIONS		
PAXLOVID (150/100)	4	QL 20 / 180 day(s)
PAXLOVID (300/100 & 150/100)	4	QL 11 / 180 day(s)
PAXLOVID (300/100)	4	QL 30 / 180 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CMV AGENTS		
LIVTENCITY	4	PA S
PREVYMIS (20 MG PACKET, 120 MG PACKET, 240 MG TAB, 480 MG TAB)	4	PA S
valganciclovir hcl for soln 50 mg/ml (base equiv)	2	AL1 Up to 8 yrs old
valganciclovir hcl tab 450 mg (base equivalent)	2	
HEPATITIS B AGENTS		
adefovir dipivoxil	4	PA
BARACLUDE 0.05 MG/ML SOLUTION	4	PA S
entecavir	1	QL 30 / 30 DAYS
lamivudine (hbv)	1	QL 30 / 30 DAYS
HEPATITIS C AGENT - COMBINATIONS		
LEDIPASVIR-SOFOSBUVIR	4	PA S
MAVYRET	2	PA S
SOFOSBUVIR-VELPATASVIR	4	PA S
HEPATITIS C AGENTS		
PEGASYS 180 MCG/0.5ML SOLN PRSYR	4	PA S
RIBAVIRIN (200 MG CAP, 200 MG TAB)	1	
HERPES AGENTS - PURINE ANALOGUES		
acyclovir (cap 200 mg, susp 200 mg/5ml, tab 400 mg, tab 800 mg)	1	
valacyclovir hcl	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HERPES AGENTS - THYMIDINE ANALOGUES		
famciclovir	1	QL 60 / 30 DAYS
INFLUENZA AGENTS		
RIMANTADINE HCL	1	
MISC. ANTIVIRALS		
LAGEVRIO	4	QL 40 / 180 day(s) PA
TEMBEXA 10 MG/ML SUSPENSION	2	QL 40 / 14 day(s)
TEMBEXA 100 MG TAB	2	QL 4 / 14 day(s)
TPOXX 200 MG CAP	2	QL 84 / 14 day(s)
NEURAMINIDASE INHIBITORS		
oseltamivir phosphate (cap 30 mg, cap 45 mg, cap 75 mg)	1	QL 20 / 0 day(s) MFL 1 / 180 day(s)
oseltamivir phosphate for susp 6 mg/ml (base equiv)	1	QL 250 / 10 day(s) MFL 1 / 180 DAYS
RELENZA DISKHALER	3	QL 20 / 10 DAYS
PA ENDONUCLEASE INHIBITORS		
XOFLUZA (40 MG DOSE) 1 X 40 MG TAB THPK	3	QL 1 / 0 day(s) MFL 1 / 180 day(s)
XOFLUZA (40 MG DOSE) 2 X 20 MG TAB THPK	3	QL 2 / 180 DAYS
XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK	3	QL 1 / 0 day(s) MFL 1 / 180 day(s)
XOFLUZA (80 MG DOSE) 2 X 40 MG TAB THPK	3	QL 2 / 180 DAYS
BETA BLOCKERS **ALPHA-BETA BLOCKERS**		
carvedilol	1	QL 4 / 1 day(s) VAL Value Preventive List
carvedilol phosphate	2	QL 30 / 30 DAYS VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
labetalol hcl (tab 100 mg, tab 200 mg, tab 300 mg)	1	VAL Value Preventive List
BETA BLOCKERS CARDIO-SELECTIVE		
acebutolol hcl	1	VAL Value Preventive List
atenolol	1	VAL Value Preventive List
betaxolol hcl	1	VAL Value Preventive List
bisoprolol fumarate	1	VAL Value Preventive List
LOPRESSOR 10 MG/ML SOLUTION	2	AL1 Up to 8 yrs old
metoprolol succinate	1	QL 60 / 30 day(s) VAL Value Preventive List
metoprolol tartrate (tab 25 mg, tab 37.5 mg, tab 50 mg, tab 75 mg, tab 100 mg)	1	VAL Value Preventive List
nebivolol hcl	2	QL 60 / 30 day(s)
BETA BLOCKERS NON-SELECTIVE		
INDERAL XL 120 MG CAP ER 24H	3	
nadolol	1	VAL Value Preventive List
pindolol	1	VAL Value Preventive List
propranolol hcl (, oral soln 20 mg/5ml)	1	AL1 Up to 8 yrs old VAL Value Preventive List
propranolol hcl (cap er 24hr 120 mg, cap er 24hr 160 mg, cap er 24hr 60 mg, cap er 24hr 80 mg, tab 10 mg, tab 20 mg, tab 40 mg, tab 60 mg, tab 80 mg)	1	VAL Value Preventive List
sotalol hcl	1	
sotalol hcl (afib/afl)	1	
SOTYLIZE	3	QL 1000 / 30 day(s) AL1 Up to 8 yrs old
TIMOLOL MALEATE	1	VAL Value Preventive List
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate	1	QL 30 / 30 DAYS VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CARDAMYST	2	QL 4 / 30 day(s) MFL 4 / 365 day(s)
diltiazem hcl (cap er 12hr 120 mg, cap er 12hr 60 mg, cap er 12hr 90 mg, cap er 24hr 120 mg, cap er 24hr 180 mg, cap er 24hr 240 mg, tab 30 mg, tab 60 mg, tab 90 mg, tab 120 mg, tab er 24hr 120 mg, tab er 24hr 180 mg, tab er 24hr 240 mg, tab er 24hr 300 mg, tab er 24hr 360 mg, tab er 24hr 420 mg)	1	VAL Value Preventive List
diltiazem hcl coated beads (beads cap er 24hr 120 mg, beads cap er 24hr 180 mg, beads cap er 24hr 240 mg, beads cap er 24hr 300 mg, beads cap er 24hr 360 mg)	1	VAL Value Preventive List
diltiazem hcl extended release beads	1	VAL Value Preventive List
felodipine	1	VAL Value Preventive List
isradipine	1	VAL Value Preventive List
KATERZIA	3	AL1 Up to 8 yrs old
nicardipine hcl (cap 20 mg, cap 30 mg)	1	VAL Value Preventive List
nifedipine (cap 10 mg, cap 20 mg, tab er 24hr 30 mg, tab er 24hr 60 mg, tab er 24hr 90 mg, tab er 24hr osmotic release 30 mg, tab er 24hr osmotic release 60 mg, tab er 24hr osmotic release 90 mg)	1	VAL Value Preventive List
nimodipine	2	
nisoldipine	1	VAL Value Preventive List
NISOLDIPINE ER	1	VAL Value Preventive List
NORLIQVA	3	AL1 Up to 8 yrs old
verapamil hcl (cap er 24hr 120 mg, cap er 24hr 180 mg, cap er 24hr 240 mg, tab 40 mg, tab 80 mg, tab 120 mg, tab er 120 mg, tab er 180 mg, tab er 240 mg)	1	VAL Value Preventive List
CARDIOTONICS **CARDIAC GLYCOSIDES**		
digoxin (oral soln 0.05 mg/ml, tab 125 mcg (0.125 mg), tab 250 mcg (0.25 mg))	1	VAL Value Preventive List
LANOXIN (125 MCG TAB, 250 MCG TAB)	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CARDIOVASCULAR AGENTS - MISC.		
CALCIUM CHANNEL BLOCKER & HMG COA REDUCTASE INHIBIT COMB		
amlodipine besylate-atorvastatin calcium	1	QL 30 / 30 day(s)
NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB		
ENTRESTO (6-6 MG CAP SPRINK, 15-16 MG CAP SPRINK)	2	QL 8 capsules / 1 day(s)
sacubitril-valsartan	1	QL 2 tablets / 1 day(s)
PROSTAGLANDIN VASODILATORS		
epoprostenol sodium	4	PA S
ORENITRAM	4	PA S
ORENITRAM MONTH 1	4	PA S
ORENITRAM MONTH 2	4	PA S
ORENITRAM MONTH 3	4	PA S
REMODULIN	4	PA S
treprostinil	4	PA S
VENTAVIS	4	PA S
PULM HYPERTEN-SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
ADEMPAS	4	PA S
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
ambrisentan	4	QL 30 / 30 DAYS PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
bosentan (tab 62.5 mg, tab 125 mg)	2	QL 60 / 30 DAYS PA S
bosentan tab for oral susp 32 mg	4	PA S
macitentan	4	PA S
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
sildenafil citrate (pulmonary hypertension) (for suspension 10 mg/ml, tab 20 mg)	1	
tadalafil (pulmonary hypertension)	1	QL 60 / 30 DAYS
TADLIQ	3	AL1 Up to 8 yrs old
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI (200 & 800 MCG TAB THPK, 200 MCG TAB, 400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB)	4	PA S
SELECTIVE CGMP PHOSPHODIESTERASE TYPE 5 INHIBITORS		
sildenafil citrate tab 50 mg	1	
tadalafil	1	
SINUS NODE INHIBITORS		
ivabradine hcl	2	QL 2 tablets / 1 day(s)
CEPHALOSPORINS **CEPHALOSPORINS - 1ST GENERATION**		
CEFADROXIL (, CAP 500 MG, FOR SUSP 250 MG/5ML, FOR SUSP 500 MG/5ML)	1	
cephalexin (cap 250 mg, cap 500 mg, for susp 125 mg/5ml, for susp 250 mg/5ml)	1	
CEPHALOSPORINS - 2ND GENERATION		
CEFACLOR (125 MG/5ML RECON SUSP, 250 MG/5ML RECON SUSP, 375 MG/5ML RECON SUSP)	1	AL1 Up to 8 yrs old
CEFACLOR (250 MG CAP, 500 MG CAP)	1	QL 30 / 10 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CEFACLOR ER	1	QL 20 / 10 DAYS
cefprozil (for susp 125 mg/5ml, for susp 250 mg/5ml, tab 250 mg, tab 500 mg)	1	
cefuroxime axetil	1	
CEPHALOSPORINS - 3RD GENERATION		
cefdinir (cap 300 mg, for susp 125 mg/5ml, for susp 250 mg/5ml)	1	
CEFIXIME (100 MG/5ML RECON SUSP, FOR SUSP 100 MG/5ML)	2	
cefixime cap 400 mg	2	QL 14 / 30 DAYS
cefixime for susp 200 mg/5ml	2	AL1 Up to 8 yrs old
CEFPODOXIME PROXETIL	1	AL1 Up to 8 yrs old
cefpodoxime proxetil	1	
CONTRACEPTIVES **BIPHASIC CONTRACEPTIVES - ORAL**		
desogestrel-ethinyl estradiol (biphasic)	1	PRE Preventative
LO LOESTRIN FE	3	QL 30 / 30 day(s)
COMBINATION CONTRACEPTIVES - ORAL		
desogestrel & ethinyl estradiol	1	PRE Preventative
drospirenone-ethinyl estradiol	1	PRE Preventative
drospirenone-ethinyl estradiol-levomefolate calcium	1	QL 1 tab / 1 day(s) PRE Preventative
ethynodiol diacet & eth estrad	1	PRE Preventative
levonorgestrel & eth estradiol (tab 0.1 mg-20 mcg, tab 0.15 mg-30 mcg)	1	PRE Preventative
levonorgestrel-ethinyl estradiol-ferrous bisglycinate	2	
levonorgestrel-ethinyl estradiol-iron	2	
NEXTSTELLIS	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
norethin acet & estrad-fe (ace & ethinyl tab 1 mg-20 mcg, ace & ethinyl tab 1.5 mg-30 mcg, ace-eth chew tab 1 mg-20 mcg (24), ace-ethinyl tab 1 mg-20 mcg (24))	1	PRE Preventative
norethindrone & eth estradiol (tab 0.4 mcg, tab 0.5 mcg, tab 1 mcg)	1	PRE Preventative
norethindrone & ethinyl estradiol-fe (chew tab 0.4 mg-35 mcg, chew tab 0.8 mg-25 mcg)	1	PRE Preventative
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)	2	
norethindrone acet & eth estra (tab 1 mg-20 mcg, tab 1.5 mg-30 mcg)	1	PRE Preventative
norgestimate-ethinyl estradiol	1	PRE Preventative
norgestrel & ethinyl estradiol	1	PRE Preventative
TYBLUME	1	PRE Preventative
VALTYA 1/50	1	PRE Preventative
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
norelgestromin-ethinyl estradiol	1	QL 3 / 21 day(s) PRE Preventative
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA	1	QL 1 / 1 day(s) MFL 1 / 365 day(s) PRE Preventative
etonogestrel-ethinyl estradiol (ring 0.12-0.015 mg/24hr, ring 0.120-0.015 mg/24hr)	1	QL 1 / 21 day(s) PRE Preventative
CONTINUOUS CONTRACEPTIVES - ORAL		
levonorgestrel-ethinyl estradiol (continuous)	1	PRE Preventative
COPPER CONTRACEPTIVES - IUD		
PARAGARD INTRAUTERINE COPPER	1	PRE Preventative
EMERGENCY CONTRACEPTIVES		
ELLA	1	QL 1 / 30 day(s) PRE Preventative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EXTENDED-CYCLE CONTRACEPTIVES - ORAL		
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg	1	PRE Preventative
levonorgestrel-ethinyl estradiol (91-day) (levonorg-eth tab 0.1-0.02mg(84) eth tab 0.01mg(7), levonorg-eth tab 0.15-0.03mg(84) eth tab 0.01mg(7), levonorgrel ethinyl radiol (91-day) tab 0.15-0.03 mg)	1	QL 91 / 91 DAYS PRE Preventative
FOUR PHASE CONTRACEPTIVES - ORAL		
NATAZIA	3	QL 28 / 26 day(s)
PROGESTIN CONTRACEPTIVES - IMPLANTS		
NEXPLANON	1	PRE Preventative
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-SUBQ PROVERA 104	1	PRE Preventative
medroxyprogesterone acetate (contraceptive)	1	PRE Preventative
PROGESTIN CONTRACEPTIVES - IUD		
KYLEENA	1	PRE Preventative
LILETTA (52 MG)	1	PRE Preventative
MIRENA (52 MG)	1	PRE Preventative
SKYLA	1	PRE Preventative
PROGESTIN CONTRACEPTIVES - ORAL		
norethindrone (contraceptive)	1	PRE Preventative
SLYND	3	
TRIPHASIC CONTRACEPTIVES - ORAL		
ARANELLE	1	PRE Preventative
levonorgestrel-eth estradiol (triphasic)	1	PRE Preventative
norethindrone acetate-ethinyl estradiol-fe	1	PRE Preventative
norethindrone-eth estradiol (triphasic) (tab 0.5-35/0.75-35/1-35, tab 0.5-35/1-35/0.5-35)	1	PRE Preventative
norgestimate-ethinyl estradiol (triphasic)	1	PRE Preventative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VELIVET	1	PRE Preventative
CORTICOSTEROIDS GLUCOCORTICOSTEROIDS		
ALKINDI SPRINKLE	3	QL 2 / 1 day(s) AL1 Up to 8 yrs old S
budesonide delayed release particles cap 3 mg	2	QL 3 CAPSULE / 1 day(s)
budesonide tab er 24hr 9 mg	2	
CORTISONE ACETATE	1	
dexamethasone (0.5 mg/5ml solution, elixir 0.5 mg/5ml, tab 0.5 mg, tab 0.75 mg, tab 1 mg, 1.5 mg (35) tab thpk, 1.5 mg (51) tab thpk, tab 1.5 mg, tab 2 mg, tab 4 mg, tab 6 mg)	1	
DEXAMETHASONE INTENSOL	1	AL1 Up to 8 yrs old
dexamethasone sodium phosphate (4 mg/ml solution, inj 4 mg/ml)	1	
hydrocortisone	1	
hydrocortisone sod succinate	2	QL 6 VIALS / 30 day(s)
KENALOG-80	3	PA
methylprednisolone	1	
prednisolone sod phosphate oral soln 20 mg/5ml (base equiv)	1	AL1 Up to 8 yrs old
prednisolone sodium phosphate (phosph soln 6.7 mg/5ml (5 mg/5ml base), phosphate soln 5 mg/5ml (base equiv), phosphate soln 10 mg/5ml (base equiv), phosphate soln 15 mg/5ml (base equiv))	1	
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	1	AL1 Age Limit
prednisolone soln 15 mg/5ml	1	
prednisone (, 5 mg/5ml solution)	1	
PREDNISONE INTENSOL	2	AL1 Up to 8 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SOLU-CORTEF (250 MG RECON SOLN, 500 MG RECON SOLN, 1000 MG RECON SOLN)	3	QL 6 VIALS / 30 day(s)
SOLU-CORTEF 100 MG RECON SOLN	2	QL 6 VIALS / 30 day(s)
TRIAMCINOLONE ACETONIDE 80 MG/ML SUSPENSION	3	PA
UCERIS 9 MG TAB ER 24H	2	QL 30 / 30 DAYS PA
MINERALOCORTICOIDS		
fludrocortisone acetate	1	
COUGH/COLD/ALLERGY ANTITUSSIVE - NONNARCOTIC		
benzonatate (cap 100 mg, cap 200 mg)	1	
ANTITUSSIVE - OPIOID		
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml	1	QL 30 / 1 day(s) MFL 1 / 60 day(s) MD 7 / 1 DAY(S) PER DAY
hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg	1	QL 6 / 1 day(s)
ANTITUSSIVE-EXPECTORANT		
guaifenesin-codeine	1	
MISC. RESPIRATORY INHALANTS		
NEBUSAL 3 % NEBU SOLN	1	
PULMOSAL	1	
SODIUM CHLORIDE (3 % NEBU SOLN, 7 % NEBU SOLN)	1	
MUCOLYTICS		
acetylcysteine	1	
NON-NARC ANTITUSSIVE-ANTIHISTAMINE		
promethazine-dm	1	
OPIOID ANTITUSSIVE-ANTIHISTAMINE		
HYDROCOD POLI-CHLORPHE POLI ER	1	QL 50 / 5 day(s) MFL 3 / 180 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
hydrocodone polistirex-chlorpheniramine polistirex	1	QL 50 / 5 DAYS MFL 3 / 180 DAYS
promethazine w/ codeine syrup 6.25-10 mg/5ml	1	QL 150 / 5 DAYS MFL 3 / 180 DAYS
DERMATOLOGICALS **ACNE ANTIBIOTICS**		
clindamycin phosphate (topical) (lotion, soln, swab)	1	
dapsone (topical)	1	
erythromycin (acne aid) (gel, soln)	1	
ERYTHROMYCIN 2 % GEL	1	
sulfacetamide sodium (acne)	1	
ACNE COMBINATIONS		
adapalene-benzoyl peroxide gel 0.1-2.5%	1	QL 90 / 30 DAYS
AVAR CLEANSER	1	
benzoyl peroxide-erythromycin	1	
clindamycin phosphate-benzoyl peroxide (refrigerate)	1	
clindamycin phosphate-benzoyl peroxide gel 1-5%	1	
clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%	2	
sulfacetamide sodium w/ sulfur cleanser 10-5%	1	
SULFACETAMIDE SODIUM-SULFUR 10-5 % LIQUID	1	
ACNE PRODUCTS		
adapalene	1	
AZELEX	3	ST
isotretinoin (cap 10 mg, cap 20 mg, cap 40 mg)	2	QL 60 / 30 DAYS
isotretinoin cap 30 mg	2	QL 60 / 30 day(s)
tretinoin (cream 0.025%, cream 0.05%, cream 0.1%, gel 0.01%, gel 0.025%)	1	QL 45 / 30 DAYS
tretinoin gel 0.05%	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
tretinoin microsphere (0.1 % gel, gel 0.1%)	1	
TRETINOIN MICROSPHERE PUMP 0.1 % GEL	1	
WINLEVI	3	ST
AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS		
VEREGEN	3	PA
ANTI-INFLAMMATORY AGENTS - TOPICAL		
DICLOFENAC EPOLAMINE	2	QL 60 / 30 DAYS PA
diclofenac sodium gel 1% (1.16% diethylamine equiv)	1	QL 500 / 30 DAYS
diclofenac sodium soln 1.5%	1	QL 150 / 30 DAYS
ANTIBIOTICS - TOPICAL		
ALTABAX	3	
gentamicin sulfate (topical)	1	
mupirocin	1	
ANTIFUNGALS - TOPICAL		
ciclopirox (gel 0.77%, shampoo 1%, solution 8%)	1	
ciclopirox olamine (cream, susp)	1	
CICLOPIROX TREATMENT	2	
LOPROX 0.77 % CREAM	3	
LOPROX 0.77 % KIT	2	
nystatin (topical) (cream 100000 unit/gm, oint 100000 unit/gm, topical powder 100000 unit/gm)	1	
ANTIFUNGALS - TOPICAL COMBINATIONS		
clotrimazole w/ betamethasone cream 1-0.05%	1	
nystatin-triamcinolone	1	
ANTINEOPLASTIC ALKYLATING AGENTS - TOPICAL		
VALCHLOR	4	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTINEOPLASTIC ANTIMETABOLITES - TOPICAL		
fluorouracil cream 5%	1	
ANTINEOPLASTIC OR PREMALIGNANT LESIONS - TOPICAL NSAID'S		
diclofenac sodium (actinic keratoses)	1	QL 500 / 30 DAYS
ANTIPRURITICS - TOPICAL		
doxepin hcl (antipruritic)	2	PA
PRUDOXIN	2	PA
ZONALON	2	PA
ANTIPSORIATICS		
CALCIPOTRIENE 0.005 % SOLUTION	1	QL 60 / 30 day(s)
calcipotriene cream 0.005%	1	QL 120 / 30 DAYS
calcipotriene soln 0.005% (50 mcg/ml)	1	QL 60 / 30 DAYS
CALCITRIOL 3 MCG/GM OINTMENT	2	
tazarotene cream 0.05%	2	PA
tazarotene cream 0.1%	1	
VTAMA	3	QL 60 / 30 day(s) PA
ANTIPSORIATICS - SYSTEMIC		
acitretin	2	QL 30 / 30 DAYS
BIMZELX	4	PA S
METHOXSALEN RAPID	2	PA
SKYRIZI (55 MG/0.37ML SOLN PRSYR, 150 MG/ML SOLN PRSYR)	4	PA S
SKYRIZI PEN	4	PA S
TALTZ	4	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TREMFYA 100 MG/ML SOLN PRSYR	4	PA S
TREMFYA ONE-PRESS	4	PA S
TREMFYA PEN 100 MG/ML SOLN A-INJ	4	PA S
WEZLANA (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION, 90 MG/ML SOLN PRSYR)	4	PA S
YESINTEK (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION, 90 MG/ML SOLN PRSYR)	4	PA S
ANTISEBORRHEIC PRODUCTS		
selenium sulfide (2.25 % shampoo, 2.5 % lotion, lotion 2.5%, shampoo 2.25%)	1	
ANTIVIRALS - TOPICAL		
acyclovir oint 5%	1	QL 30 / 30 DAYS
ASTRINGENTS		
XERAC AC	1	
ATOPIC DERMATITIS - JANUS KINASE (JAK) INHIBITORS		
ANZUPGO	3	PA
OPZELURA	3	QL 60 / 30 day(s) PA
ATOPIC DERMATITIS - MONOCLONAL ANTIBODIES		
ADBRY	4	PA S
DUPIXENT	4	PA S
BURN PRODUCTS		
mafenide acetate	1	
silver sulfadiazine	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SULFAMYLON	3	
CORTICOSTEROIDS - TOPICAL		
ALCLOMETASONE DIPROPIONATE	1	
AMCINONIDE (0.1 % CREAM, 0.1 % LOTION)	1	
betamethasone dipropionate (topical) (cream, lotion, oint)	1	
BETAMETHASONE DIPROPIONATE AUG	1	
betamethasone dipropionate augmented (cream, lotion, oint)	1	
betamethasone valerate (, cream 0.1% (base equivalent), lotion 0.1% (base equivalent), oint 0.1% (base equivalent))	1	
clobetasol propionate (cream, foam, gel, lotion, oint, shampoo, soln, spray)	1	
clobetasol propionate emollient base	1	
clobetasol propionate emulsion	1	
CORDRAN 4 MCG/SQCM TAPE	3	QL 1 / 30 DAYS
desonide (cream, lotion, oint)	1	
desoximetasone (, cream 0.05%, cream 0.25%, oint 0.05%, oint 0.25%)	1	
diflorasone diacetate	2	QL 60 / 30 DAYS
DIFLORASONE DIACETATE	2	
fluocinolone acetonide (cream 0.01%, cream 0.025%, oil 0.01% (body oil), oil 0.01% (scalp oil), oint 0.025%, soln 0.01%)	1	
fluocinonide (cream, gel, oint, soln)	1	
fluocinonide cream 0.1%	2	
fluocinonide emulsified base	1	
FLURANDRENOLIDE 0.05 % LOTION	1	
fluticasone propionate (, lotion 0.05%)	2	
fluticasone propionate (cream 0.05%, oint 0.005%)	1	
halobetasol propionate	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
hydrocortisone (topical) (cream 2.5%, lotion 2.5%, oint 1%, oint 2.5%)	1	
HYDROCORTISONE 2.5 % LOTION	1	
HYDROCORTISONE BUTYR LIPO BASE	2	
HYDROCORTISONE BUTYRATE (0.1 % CREAM, 0.1 % OINTMENT, OINT 0.1%)	1	
HYDROCORTISONE BUTYRATE 0.1 % SOLUTION	2	
hydrocortisone butyrate hydrophilic lipo base	2	
hydrocortisone valerate cream 0.2%	1	
mometasone furoate (cream, oint, solution (lotion))	1	
PREDNICARBATE	1	
triamcinolone acetonide (topical) (cream 0.025%, cream 0.1%, cream 0.5%, lotion 0.025%, lotion 0.1%, oint 0.025%, oint 0.1%, oint 0.5%)	1	
TRIAMCINOLONE ACETONIDE 0.025 % LOTION	1	
ENZYMES - TOPICAL		
SANTYL	3	QL 30 / 30 DAYS
IMIDAZOLE-RELATED ANTIFUNGALS - TOPICAL		
clotrimazole soln 1%	1	
econazole nitrate	1	
ERTACZO	3	PA
EXELDERM (1 % CREAM, 1 % SOLUTION)	3	
JUBLIA	3	QL 4 / 30 day(s) ST
ketoconazole (topical) (cream, foam, shampoo)	1	
LULICONAZOLE	2	QL 60 / 30 day(s)
LUZU	2	
XOLEGEL	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
IMMUNOMODULATORS IMIDAZOQUINOLINAMINES - TOPICAL		
imiquimod cream 5%	1	
KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS		
KERALYT 6 % SHAMPOO	1	
PODOFILOX (, 0.5 % SOLUTION)	1	
SALICYLIC ACID 6 % SHAMPOO	1	
LOCAL ANESTHETICS - TOPICAL		
LIDOCAINE HCL URETHRAL/MUCOSAL	1	
lidocaine hcl urethral/mucosal gel prefilled syringe 2%	1	
lidocaine oint 5%	1	
lidocaine patch 5%	1	QL 90 / 30 DAYS
PREMIUM LIDOCAINE	1	
MACROLIDE IMMUNOSUPPRESSANTS - TOPICAL		
pimecrolimus	2	QL 60 / 30 DAYS
tacrolimus (topical)	2	
MISC. TOPICAL		
DRYSOL	2	
OXABOROLE-RELATED ANTIFUNGALS - TOPICAL		
tavaborole	2	QL 10 / 30 day(s) ST
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA	3	PA
ZORYVE (0.05 % CREAM, 0.3 % CREAM)	3	QL 60 / 30 day(s) PA
ZORYVE 0.15 % CREAM	3	QL 60 grams / 30 day(s) PA
ROSACEA AGENTS		
azelaic acid	1	QL 50 / 30 DAYS
ivermectin (rosacea)	1	QL 1.5 grams / 1 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
metronidazole (topical) (cream 0.75%, gel 0.75%, gel 1%, lotion 0.75%)	1	
SCABICIDES & PEDICULICIDES		
malathion	1	
permethrin cream 5%	1	
SPINOSAD	1	
TOPICAL ANESTHETIC COMBINATIONS		
lidocaine-prilocaine cream 2.5-2.5%	1	
SYNERA	3	
TOPICAL SELECTIVE RETINOID X RECEPTOR AGONISTS		
bexarotene (topical)	4	PA S
TYPE II 5-ALPHA REDUCTASE INHIBITORS		
finasteride (alopecia)	1	QL 1 / 1 day(s)
WOUND CARE - GROWTH FACTOR AGENTS		
REGRANEX	3	PA
DIAGNOSTIC PRODUCTS **DIAGNOSTIC DRUGS**		
GLUCAGEN DIAGNOSTIC	2	
GLUCAGON HCL (DIAGNOSTIC)	1	
DIAGNOSTIC TESTS		
ACCU-CHEK AVIVA PLUS STRIP	2	QL 250 / 30 day(s) VAL Value Preventive List
ACCU-CHEK GUIDE TEST	2	QL 250 / 30 day(s) VAL Value Preventive List
ACCU-CHEK SMARTVIEW	2	QL 250 / 30 day(s) VAL Value Preventive List
FORA GTEL BLOOD KETONE TEST	1	QL 10 / 30 day(s)
FORA TEST N'GO ADV-VOICE-6 CON	1	QL 10 / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FREESTYLE INSULINX TEST	2	QL 250 / 30 day(s) VAL Value Preventive List
FREESTYLE LITE TEST	2	QL 250 / 30 day(s) VAL Value Preventive List
FREESTYLE TEST	2	QL 250 / 30 day(s) VAL Value Preventive List
GOJJI BLOOD KETONE TEST	1	QL 10 / 30 day(s)
NOVA MAX PLUS KETONE TEST	1	QL 10 / 30 day(s)
PRECISION XTRA KETONE	1	QL 10 / 30 day(s)
INFECTION TESTS		
ACCULA SARS-COV-2	1	QL 8 / 30 day(s) PRE Preventative
BD VERITOR SYSTEM SARS-COV-2	1	QL 8 / 30 day(s) PRE Preventative
BINAXNOW COVID-19 AG CARD	1	QL 8 / 30 day(s) PRE Preventative
COBAS LIAT SARS-COV-2 ASSAY	1	QL 8 / 30 day(s) PRE Preventative
ID NOW COVID-19	1	QL 8 / 30 day(s) PRE Preventative
ID NOW COVID-19 2.0 TEST	1	QL 8 / 30 day(s) PRE Preventative
LUCIRA COVID-19 ALL-IN-ONE	1	QL 8 / 30 day(s) PRE Preventative
LYRA DIRECT SARS-COV-2 ASSAY	1	QL 8 / 30 day(s) PRE Preventative
LYRA SARS-COV-2 ASSAY	1	QL 8 / 30 day(s) PRE Preventative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
QUICKVUE SARS ANTIGEN TEST	1	QL 8 / 30 day(s) PRE Preventative
SOFIA SARS ANTIGEN FIA	1	QL 8 / 30 day(s) PRE Preventative
SOFIA2 SARS ANTIGEN FIA	1	QL 8 / 30 day(s) PRE Preventative
XPERT XPRESS SARS-COV-2	1	QL 8 / 30 day(s) PRE Preventative
DIGESTIVE AIDS **DIGESTIVE ENZYMES**		
CREON	2	PA
PANCREAZE	3	PA
ZENPEP	2	PA
DIURETICS **CARBONIC ANHYDRASE INHIBITORS**		
acetazolamide (cap er 12hr 500 mg, tab 125 mg, tab 250 mg)	1	VAL Value Preventive List
methazolamide tab 25 mg	1	QL 3 / 1 day(s) VAL Value Preventive List
methazolamide tab 50 mg	1	VAL Value Preventive List
DIURETIC COMBINATIONS		
amiloride & hydrochlorothiazide	1	VAL Value Preventive List
AMILORIDE-HYDROCHLOROTHIAZIDE	1	VAL Value Preventive List
spironolactone & hydrochlorothiazide	1	VAL Value Preventive List
triamterene & hydrochlorothiazide	1	VAL Value Preventive List
LOOP DIURETICS		
bumetanide (tab 0.5 mg, tab 1 mg, tab 2 mg)	1	VAL Value Preventive List
ethacrynic acid	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
furosemide (10 mg/ml solution, oral soln 10 mg/ml, tab 20 mg, tab 40 mg, tab 80 mg)	1	VAL Value Preventive List
FUROSEMIDE 8 MG/ML SOLUTION	1	AL1 Up to 8 yrs old VAL Value Preventive List
torsemide	1	VAL Value Preventive List
POTASSIUM SPARING DIURETICS		
amiloride hcl	1	VAL Value Preventive List
spironolactone (tab 25 mg, tab 50 mg, tab 100 mg)	1	VAL Value Preventive List
spironolactone susp 25 mg/5ml	2	AL1 0 to 8 yrs old
triamterene	1	VAL Value Preventive List
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
chlorthalidone	1	VAL Value Preventive List
DIURIL	2	AL1 Up to 8 yrs old
hydrochlorothiazide	1	VAL Value Preventive List
HYDROCHLOROTHIAZIDE	1	QL 473 / 30 day(s) AL1 Up to 8 yrs old
indapamide	1	VAL Value Preventive List
INZIRQO	2	QL 80 / 30 day(s) AL1 Up to 8 yrs old
metolazone	1	VAL Value Preventive List
ENDOCRINE AND METABOLIC AGENTS - MISC. BISPHOSPHONATES		
alendronate sodium (tab 35 mg, tab 70 mg)	1	QL 4 / 28 DAYS VAL Value Preventive List
alendronate sodium tab 10 mg	1	QL 30 / 28 DAYS VAL Value Preventive List
FOSAMAX PLUS D	3	QL 4 / 28 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ibandronate sodium tab 150 mg (base equivalent)	1	QL 1 / 28 DAYS VAL Value Preventive List
risedronate sodium (tab 5 mg, tab 35 mg)	1	QL 30 / 30 DAYS VAL Value Preventive List
risedronate sodium tab 150 mg	1	QL 1 / 30 DAYS VAL Value Preventive List
risedronate sodium tab delayed release 35 mg	1	QL 4 / 28 DAYS VAL Value Preventive List
CALCIMIMETIC AGENTS		
cinacalcet hcl	1	QL 120 / 30 day(s)
CALCITONINS		
calcitonin (salmon) inj 200 unit/ml	4	PA
calcitonin (salmon) nasal soln 200 unit/act	1	
CARNITINE REPLENISHER - AGENTS		
levocarnitine oral soln 1 gm/10ml (10%)	1	
DOPAMINE RECEPTOR AGONISTS		
cabergoline	1	
GNRH/LHRH ANTAGONISTS		
ORILISSA 200 MG TAB	4	PA S
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT (10 MG RECON SOLN, 15 MG RECON SOLN, 20 MG RECON SOLN)	4	PA S
GROWTH HORMONES		
NORDITROPIN FLEXPRO	4	PA S
OMNITROPE (5 MG/1.5ML SOLN CART, 5.8 MG RECON SOLN, 10 MG/1.5ML SOLN CART)	4	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HYPERAMMONEMIA TREATMENT - AGENTS		
carglumic acid	4	PA S
HYPERPARATHYROID TREATMENT - VITAMIN D ANALOGS		
calcitriol (cap 0.25 mcg, cap 0.5 mcg)	1	
calcitriol oral soln 1 mcg/ml	1	AL1 Up to 8 yrs old
DOXERCALCIFEROL (, CAP 0.5 MCG, CAP 1 MCG, CAP 2.5 MCG)	2	
paricalcitol (cap 1 mcg, cap 2 mcg, cap 4 mcg)	1	
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX	4	PA S
LEPTIN ANALOGUES		
MYALEPT	4	PA S
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
LUPRON DEPOT-PED (1-MONTH)	4	PA S
LUPRON DEPOT-PED (3-MONTH)	4	PA S
LUPRON DEPOT-PED (6-MONTH)	4	PA S
NEUROKININ 1 & 3 (NK1/NK3) RECEPTOR ANTAGONISTS		
LYNKUET	3	PA
NEUROKININ 3 (NK3) RECEPTOR ANTAGONISTS		
VEOZAH	3	PA
NON-STEROIDAL MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA	3	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PARATHYROID HORMONE AND DERIVATIVES		
teriparatide	4	PA S
TYMLOS	4	PA S
PHENYLKETONURIA TREATMENT - AGENTS		
PALYNZIQ	4	PA S
sapropterin dihydrochloride	4	PA S
SCLEROSTIN INHIBITORS		
EVENITY	4	PA S
SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)		
OSPHENA	3	
raloxifene hcl	1	QL 30 / 30 DAYS PRE Preventative
SELECTIVE VASOPRESSIN V2-RECEPTOR ANTAGONISTS		
tolvaptan	2	PA S
tolvaptan (hyponatremia)	2	S
SOMATOSTATIC AGENTS		
octreotide acetate (, inj 50 mcg/ml (0.05 mg/ml), inj 100 mcg/ml (0.1 mg/ml), inj 200 mcg/ml (0.2 mg/ml), inj 500 mcg/ml (0.5 mg/ml), inj 1000 mcg/ml (1 mg/ml))	2	
SIGNIFOR	4	PA S
SIGNIFOR LAR	4	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
UREA CYCLE DISORDER - AGENTS		
PHEBURANE	4	PA S
VASOPRESSIN		
DESMOPRESSIN ACETATE	2	QL 1 / 90 day(s)
desmopressin acetate (inj 4 mcg/ml, preservative free (pf) inj 4 mcg/ml, tab 0.1 mg, tab 0.2 mg)	1	
desmopressin acetate spray	1	
desmopressin acetate spray refrigerated	1	
VASOPRESSIN (, 20 UNIT/ML SOLUTION)	2	PA
VASOSTRICT 20 UNIT/ML SOLUTION	3	PA
ESTROGENS **ESTROGEN & ANDROGEN**		
COVARYX	1	
COVARYX HS	1	
EEMT	1	
EEMT HS	1	
EST ESTROGENS-METHYLTEST	1	
EST ESTROGENS-METHYLTEST DS	1	
EST ESTROGENS-METHYLTEST HS	1	
esterified estrogens & methyltestosterone (tab 0.625-1.25 mg, tab 1.25-2.5 mg)	1	
ESTRATEST H.S.	1	
ESTROGEN & PROGESTIN		
estradiol & norethindrone acetate (tab 0.5-0.1 mg, tab 1-0.5 mg)	1	
norethindrone acetate-ethinyl estradiol	1	
PREMPRO	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ESTROGEN-PROGESTIN-GNRH ANTAGONIST		
ORIAHNN	4	PA S
ESTROGEN-SELECTIVE ESTROGEN RECEPTOR MODULATOR COMB		
DUAVEE	2	QL 30 / 30 DAYS
ELESTRIN	3	QL 26 / 30 DAYS
estradiol (gel 0.25 mg/0.25gm, gel 0.5 mg/0.5gm, gel 0.75 mg/0.75gm, gel 1 mg/gm)	2	QL 30 / 30 day(s)
estradiol (patch 0.025 mg/24hr, patch 0.0375 mg/24hr (37.5 mcg/24hr), patch 0.05 mg/24hr, patch 0.06 mg/24hr, patch 0.075 mg/24hr, patch 0.1 mg/24hr)	1	QL 4 / 28 DAYS
estradiol (tab 0.5 mg, tab 1 mg, tab 2 mg, td patch twice weekly 0.025 mg/24hr, td patch twice weekly 0.0375 mg/24hr, td patch twice weekly 0.05 mg/24hr, td patch twice weekly 0.075 mg/24hr, td patch twice weekly 0.1 mg/24hr)	1	
estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)	2	QL 50 / 30 day(s)
estradiol td gel 1.25 mg/1.25gm (0.1%)	2	QL 37.5 / 30 day(s)
estradiol valerate	1	
estrogens, conjugated	2	
EVAMIST	3	QL 16.2 / 30 DAYS
MENEST	2	
MENOSTAR	3	QL 4 / 28 DAYS
FLUOROQUINOLONES		
BAXDELA 300 MG RECON SOLN	3	PA
CIPRO (250 MG/5ML (5%) RECON SUSP, 500 MG/5ML (10%) RECON SUSP)	2	AL1 Up to 8 yrs old
ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)	1	AL1 Up to 8 yrs old
ciprofloxacin hcl	1	
levofloxacin (25 mg/ml solution, iv soln 25 mg/ml)	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
levofloxacin (tab 250 mg, tab 500 mg, tab 750 mg)	1	QL 14 / 14 DAYS
levofloxacin oral soln 25 mg/ml	1	AL1 0 to 8 yrs old
moxifloxacin hcl	1	QL 14 / 0 DAYS MFL 1 / 0 DAYS
OFLOXACIN	2	
GASTROINTESTINAL AGENTS - MISC. 5-HT4 RECEPTOR AGONISTS		
prucalopride succinate	1	QL 1 tablet / 1 day(s)
CIC AGENTS - GUANYLATE CYCLASE-C (GC-C) AGONISTS		
TRULANCE	3	QL 30 / 30 DAYS PA
GALLSTONE SOLUBILIZING AGENTS		
ursodiol	1	
GASTROINTESTINAL ANTIALLERGY AGENTS		
cromolyn sodium (mastocytosis)	1	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
lubiprostone	1	QL 60 / 30 day(s)
GASTROINTESTINAL STIMULANTS		
METOCLOPRAMIDE HCL	1	QL 120 / 30 DAYS
metoclopramide hcl (soln 5 mg/5ml (10 mg/10ml) equiv), tab 5 mg equivalent), tab 10 mg equivalent))	1	
IBS AGENT - GUANYLATE CYCLASE-C (GC-C) AGONISTS		
LINZESS	2	QL 30 / 30 DAYS PA
IBS AGENT - MU-OPIOID RECEPTOR AGONISTS		
VIBERZI	3	PA
IBS AGENT - SELECTIVE 5-HT3 RECEPTOR ANTAGONISTS		
alosetron hcl	2	QL 60 / 30 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
INFLAMMATORY BOWEL AGENTS		
balsalazide disodium	1	
DIPENTUM	3	PA
MESALAMINE (, CAP DR 400 MG)	1	QL 6 / 1 day(s)
mesalamine cap er 24hr 0.375 gm	2	QL 4 / 1 day(s)
mesalamine cap er 250 mg	2	QL 90 / 30 day(s)
mesalamine cap er 500 mg	2	QL 240 / 30 day(s)
mesalamine enema 4 gm	1	QL 1680 / 28 DAYS
mesalamine suppos 1000 mg	2	QL 30 / 30 DAYS
mesalamine tab delayed release 1.2 gm	2	QL 120 / 30 DAYS
mesalamine tab delayed release 800 mg	2	QL 6 tab / 1 day(s)
mesalamine w/ cleanser	1	QL 1 / 1 day(s)
PENTASA 250 MG CAP ER	2	QL 90 / 30 day(s)
sulfasalazine	1	
INTERLEUKIN ANTAGONISTS		
OMVOH	4	PA S
OMVOH (300 MG DOSE)	4	PA S
SKYRIZI (180 MG/1.2ML SOLN CART, 360 MG/2.4ML SOLN CART, 600 MG/10ML SOLUTION)	4	PA S
TREMFYA 200 MG/2ML SOLN PRSYR	4	PA S
TREMFYA PEN 200 MG/2ML SOLN A-INJ	4	PA S
TREMFYA-CD/UC INDUCTION	4	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
INTESTINAL ACIDIFIERS		
lactulose (encephalopathy)	1	
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
MOVANTIK	2	QL 30 / 30 DAYS PA
SYMPROIC	3	QL 30 / 30 DAYS PA
PHOSPHATE BINDER AGENTS		
calcium acetate (phosphate binder) (cap 667 mg (169 mg ca), tab 667 mg)	1	
lanthanum carbonate (chew tab 500 mg, chew tab 750 mg)	1	
lanthanum carbonate chew tab 1000 mg (elemental)	2	
PHOSLYRA	3	AL1 Up to 8 yrs old
sevelamer carbonate (packet 0.8 gm, packet 2.4 gm)	1	AL1 Up to 8 yrs old
sevelamer carbonate tab 800 mg	1	
TUMOR NECROSIS FACTOR ALPHA BLOCKERS		
CIMZIA	4	PA S
CIMZIA (1 SYRINGE)	4	PA S
CIMZIA (2 SYRINGE)	4	PA S
CIMZIA-STARTER	4	PA S
GENITOURINARY AGENTS - MISCELLANEOUS 5-ALPHA REDUCTASE INHIBITORS		
dutasteride	1	QL 30 / 30 DAYS
finasteride	1	QL 1 / 1 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ALPHA 1-ADRENOCEPTOR ANTAGONISTS		
alfuzosin hcl	1	QL 60 / 30 DAYS
CARDURA XL	3	
silodosin cap 4 mg	1	QL 60 / 30 DAYS
silodosin cap 8 mg	1	QL 30 / 30 DAYS
tamsulosin hcl	1	QL 60 / 30 DAYS
CITRATES		
potassium citrate (alkalinizer)	1	
POTASSIUM CITRATE-CITRIC ACID	1	
CYSTINOSIS AGENTS		
CYSTAGON	4	PA S
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON	3	PA
PHOSPHATES		
K-PHOS NO 2	2	
URINARY ANALGESICS		
phenazopyridine hcl (, tab 100 mg, tab 200 mg)	1	
GOUT AGENTS **GOUT AGENT COMBINATIONS**		
colchicine w/ probenecid	1	
allopurinol (tab 100 mg, tab 300 mg)	1	
colchicine tab 0.6 mg	2	QL 60 / 30 DAYS
febuxostat tab 40 mg	1	QL 3 / 1 day(s)
febuxostat tab 80 mg	1	QL 1.5 / 1 day(s)
URICOSURICS		
probenecid	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HEMATOLOGICAL AGENTS - MISC.		
ANTI-VON WILLEBRAND FACTOR AGENTS		
CABLIVI	4	PA S
ANTIHEMOPHILIC PRODUCTS		
ADVATE	4	PA S
ADYNOVATE	4	PA S
AFSTYLA	4	PA S
ALPHANATE	4	PA S
ALPHANINE SD	4	PA S
ALPROLIX	4	PA S
BENEFIX	4	PA S
ELOCTATE	4	PA S
ESPEROCT	4	PA S
HEMOFIL M	4	PA S
HUMATE-P	4	PA S
IDELVION	4	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
IXINITY	4	PA S
JIVI	4	PA S
KOATE	4	PA S
KOATE-DVI	4	PA S
KOGENATE FS	4	PA S
KOVALTRY	4	PA S
NOVOEIGHT	4	PA S
NUWIQ	4	PA S
OBIZUR	4	PA S
REBINYN	4	PA S
RECOMBINATE	4	PA S
RIXUBIS	4	PA S
WILATE	4	PA S
XYNTHA	4	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XYNTHA SOLOFUSE	4	PA S
ANTIHEMOPHILIC PRODUCTS - MONOCLONAL ANTIBODIES		
HEMLIBRA	4	PA S
BRADYKININ B2 RECEPTOR ANTAGONISTS		
icatibant acetate	4	PA S
C1 ESTERASE INHIBITORS		
BERINERT	4	PA S
HAEGARDA	4	PA S
DIRECT-ACTING P2Y12 INHIBITORS		
ticagrelor tab 60 mg	1	QL 2 / 1 day(s)
ticagrelor tab 90 mg	1	QL 2 tablets / 1 day(s)
HEMATORHEOLOGIC AGENTS		
pentoxifylline	1	
PHOSPHODIESTERASE III INHIBITORS		
cilostazol	1	VAL Value Preventive List
PLASMA KALLIKREIN INHIBITORS		
ORLADEYO	4	PA S
PLATELET AGGREGATION INHIBITOR COMBINATIONS		
aspirin-dipyridamole	2	
PLATELET AGGREGATION INHIBITORS		
dipyridamole	1	VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PROTEASE-ACTIVATED RECEPTOR-1 (PAR-1) ANTAGONISTS		
ZONTIVITY	3	QL 30 / 30 DAYS PA
QUINAZOLINE AGENTS		
anagrelide hcl	1	
THIENOPYRIDINE DERIVATIVES		
clopidogrel bisulfate	1	VAL Value Preventive List
prasugrel hcl	1	VAL Value Preventive List
HEMATOPOIETIC AGENTS **AGENTS FOR GAUCHER DISEASE**		
CERDELGA	4	PA S
AMINO ACIDS		
glutamine (sickle cell)	2	
COBALAMINS		
cyanocobalamin inj 1000 mcg/ml	1	
HYDROXOCOBALAMIN ACETATE	1	
CYTOTOXIC AGENTS		
DROXIA	2	
XROMI	2	AL1 Up to 8 yrs old
ERYTHROPOIESIS-STIMULATING AGENTS (ESAS)		
ARANESP (ALBUMIN FREE)	4	PA S
MIRCERA	4	PA
PROCRIT	4	PA
RETACRIT	4	PA
FOLIC ACID/FOLATES		
folic acid tab 1 mg	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GRANULOCYTE COLONY-STIMULATING FACTORS (G-CSF)		
FULPHILA	2	QL 1.2 / 28 day(s) S
FYLNETRA	2	QL 1.2 / 28 day(s) S
GRANIX 300 MCG/0.5ML SOLN PRSYR	2	QL 10 / 28 day(s) S
GRANIX 300 MCG/ML SOLUTION	2	QL 20 / 28 day(s) S
GRANIX 480 MCG/0.8ML SOLN PRSYR	2	QL 16 / 28 day(s) S
GRANIX 480 MCG/1.6ML SOLUTION	2	QL 32 / 28 day(s) S
NIVESTYM 300 MCG/0.5ML SOLN PRSYR	2	QL 10 / 28 day(s) S
NIVESTYM 300 MCG/ML SOLUTION	2	QL 20 / 28 day(s) S
NIVESTYM 480 MCG/0.8ML SOLN PRSYR	2	QL 16 / 28 day(s) S
NIVESTYM 480 MCG/1.6ML SOLUTION	2	QL 32 / 28 day(s) S
NYPOZI 300 MCG/0.5ML SOLN PRSYR	2	QL 10 / 28 day(s) S
NYPOZI 480 MCG/0.8ML SOLN PRSYR	2	QL 16 / 28 day(s) S
NYVEPRIA	2	QL 1.2 / 28 day(s) S
RELEUKO 300 MCG/0.5ML SOLN PRSYR	2	QL 10 / 28 day(s) S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RELEUKO 300 MCG/ML SOLUTION	2	QL 20 / 28 day(s) S
RELEUKO 480 MCG/0.8ML SOLN PRSYR	2	QL 16 / 28 day(s) S
RELEUKO 480 MCG/1.6ML SOLUTION	2	QL 32 / 28 day(s) S
UDENYCA	2	QL 1.2 / 28 day(s) S
UDENYCA ONBODY	2	QL 1.2 ML / 28 day(s) S
ZARXIO 300 MCG/0.5ML SOLN PRSYR	2	QL 10 / 28 day(s) S
ZARXIO 480 MCG/0.8ML SOLN PRSYR	2	QL 16 / 28 day(s) S
ZIEXTENZO	2	QL 1.2 / 28 day(s) S
THROMBOPOIETIN (TPO) RECEPTOR AGONISTS		
eltrombopag olamine	4	PA S
HEMOSTATICS **HEMOSTATICS - SYSTEMIC**		
aminocaproic acid (oral soln 0.25 gm/ml, tab 500 mg, tab 1000 mg)	2	
tranexamic acid tab 650 mg	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
BARBITURATE HYPNOTICS		
PHENOBARBITAL (15 MG TAB, 16.2 MG TAB, 20 MG/5ML ELIXIR, ELIXIR 20 MG/5ML, TAB 15 MG, TAB 16.2 MG, 30 MG TAB, 30 MG/7.5ML ELIXIR, TAB 30 MG, 32.4 MG TAB, TAB 32.4 MG, 60 MG TAB, 60 MG/15ML ELIXIR, TAB 60 MG, 64.8 MG TAB, TAB 64.8 MG, 97.2 MG TAB, TAB 97.2 MG, 100 MG TAB, TAB 100 MG)	1	
BENZODIAZEPINE HYPNOTICS		
FLURAZEPAM HCL	1	QL 30 / 30 day(s)
midazolam hcl (inj 5 mg/ml, inj 10 mg/2ml)	1	
temazepam (cap 7.5 mg, cap 15 mg, cap 30 mg)	1	QL 30 / 30 DAYS
temazepam cap 22.5 mg	2	QL 30 / 30 DAYS
triazolam	1	QL 30 / 30 DAYS
HYPNOTICS - TRICYCLIC AGENTS		
doxepin hcl (sleep)	1	
NON-BENZODIAZEPINE - GABA-RECEPTOR MODULATORS		
eszopiclone (tab 2 mg, tab 3 mg)	1	QL 30 / 30 DAYS
eszopiclone tab 1 mg	1	QL 3 / 1 day(s)
zaleplon cap 10 mg	1	QL 60 / 30 DAYS
zaleplon cap 5 mg	1	QL 4 / 1 day(s)
zolpidem tartrate (tab 10 mg, tab er 6.25 mg, tab er 12.5 mg)	1	QL 30 / 30 DAYS
zolpidem tartrate tab 5 mg	1	QL 2 / 1 day(s)
OREXIN RECEPTOR ANTAGONISTS		
BELSOMRA	3	QL 1 / 1 day(s) ST
DAYVIGO	3	QL 1 / 1 day(s) ST

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SELECTIVE MELATONIN RECEPTOR AGONISTS		
ramelteon	1	QL 30 / 30 DAYS
LAXATIVES **BOWEL EVACUANT COMBINATIONS**		
GAVILYTE-C	2	
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate	1	PRE Preventative
peg 3350-potassium chloride-sod bicarbonate-sod chloride	1	PRE Preventative
sodium sulfate-potassium sulfate-magnesium sulfate	1	QL 354 / 30 day(s)
LAXATIVES - MISCELLANEOUS		
lactulose solution 10 gm/15ml	1	
polyethylene glycol 3350 oral powder 17 gm/scoop	1	PRE Preventative
MACROLIDES **AZITHROMYCIN**		
AZITHROMYCIN	3	AL1 Up to 8 yrs old
azithromycin (tab 500 mg, tab 600 mg)	1	QL 30 / 30 DAYS
azithromycin for susp 100 mg/5ml	1	QL 30 / 5 DAYS
azithromycin for susp 200 mg/5ml	1	QL 90 / 5 DAYS
azithromycin tab 250 mg	1	QL 30 / 30 day(s)
CLARITHROMYCIN		
CLARITHROMYCIN (125 MG/5ML RECON SUSP, TAB 250 MG)	1	
clarithromycin (tab 500 mg, tab er 24hr 500 mg)	1	QL 28 / 14 DAYS
CLARITHROMYCIN 250 MG/5ML RECON SUSP	2	PA
ERYTHROMYCINS		
ERYTHROCIN STEARATE	3	PA
erythromycin ethylsuccinate for susp 200 mg/5ml	2	
erythromycin tab delayed release 250 mg	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
erythromycin tab delayed release 500 mg	2	
FIDAXOMICIN		
DIFICID 40 MG/ML RECON SUSP	4	QL 10 ml / 1 day(s) ST MD S1 10 / 1 DAY(S) PER DAY
fidaxomicin	4	QL 2 tablets / 1 day(s) ST MD S1 10 / 1 DAY(S) PER DAY
MEDICAL DEVICES AND SUPPLIES **CERVICAL CAPS**		
FEMCAP	1	PRE Preventative
CONDOMS - FEMALE		
FC2 FEMALE CONDOM	1	QL 24 / 30 DAYS PRE Preventative
DIAPHRAGMS		
CAYA	1	PRE Preventative
OMNIFLEX DIAPHRAGM	1	PRE Preventative
WIDE-SEAL DIAPHRAGM 60	1	PRE Preventative
WIDE-SEAL DIAPHRAGM 65	1	PRE Preventative
WIDE-SEAL DIAPHRAGM 70	1	PRE Preventative
WIDE-SEAL DIAPHRAGM 75	1	PRE Preventative
WIDE-SEAL DIAPHRAGM 80	1	PRE Preventative
WIDE-SEAL DIAPHRAGM 85	1	PRE Preventative
WIDE-SEAL DIAPHRAGM 90	1	PRE Preventative
WIDE-SEAL DIAPHRAGM 95	1	PRE Preventative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GLUCOSE MONITORING TEST SUPPLIES		
1ST TIER UNILET COMFORTOUCH	1	VAL Value Preventive List
ACCU-CHEK AVIVA PLUS W/DEVICE KIT	2	VAL Value Preventive List
ACCU-CHEK FASTCLIX LANCETS	1	VAL Value Preventive List
ACCU-CHEK GUIDE	2	VAL Value Preventive List
ACCU-CHEK GUIDE ME	2	VAL Value Preventive List
ACCU-CHEK SAFE-T PRO LANCETS	1	VAL Value Preventive List
ACCU-CHEK SOFTCLIX LANCETS	1	VAL Value Preventive List
ACTI-LANCE 28G	1	VAL Value Preventive List
ACTI-LANCE LITE LANCETS 28G	1	VAL Value Preventive List
ACTI-LANCE SPECIAL LANCETS 17G	1	VAL Value Preventive List
ACTI-LANCE UNIVERSAL 23G	1	VAL Value Preventive List
ADVANCED MOBILE LANCET	1	VAL Value Preventive List
ADVANTAGE SAFETY LANCETS 28G	1	VAL Value Preventive List
ADVOCATE LANCETS	1	VAL Value Preventive List
ADVOCATE LANCETS 30G	1	VAL Value Preventive List
ADVOCATE SAFETY LANCETS	1	VAL Value Preventive List
ADVOCATE SAFETY LANCETS 21G	1	VAL Value Preventive List
ADVOCATE SAFETY LANCETS 23G	1	VAL Value Preventive List
ADVOCATE SAFETY LANCETS 26G	1	VAL Value Preventive List
ADVOCATE SAFETY LANCETS 28G	1	VAL Value Preventive List
AGAMATRIX ULTRA-THIN LANCETS	1	VAL Value Preventive List
AIMSCO TWIST LANCETS 32G	1	VAL Value Preventive List
AIMSCO TWIST LANCETS 33G	1	VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AQUALANCE LANCETS 30G	1	VAL Value Preventive List
ASSURE COMFORT LANCETS 28G	1	VAL Value Preventive List
ASSURE LANCE LANCETS	1	VAL Value Preventive List
ASSURE LANCE LANCETS 21G	1	VAL Value Preventive List
ASSURE LANCE PLUS SAFETY 25G	1	VAL Value Preventive List
ASSURE LANCE PLUS SAFETY 30G	1	VAL Value Preventive List
ASSURE LANCE SAFETY LANCET 28G	1	VAL Value Preventive List
AURORA LANCET SUPER THIN 30G	1	VAL Value Preventive List
AURORA LANCET THIN 23G	1	VAL Value Preventive List
BD MICROTAINER LANCETS	1	VAL Value Preventive List
CAREONE LANCET SUPER THIN 30G	1	VAL Value Preventive List
CAREONE LANCET THIN 23G	1	VAL Value Preventive List
CARESENS LANCETS	1	VAL Value Preventive List
CARESENS LANCETS 30G	1	VAL Value Preventive List
CARETOUCH SAFETY LANCETS	1	VAL Value Preventive List
CARETOUCH SAFETY LANCETS 26G	1	VAL Value Preventive List
CARETOUCH TWIST LANCETS 28G	1	VAL Value Preventive List
CARETOUCH TWIST LANCETS 30G	1	VAL Value Preventive List
CARETOUCH TWIST LANCETS 33G	1	VAL Value Preventive List
CARETOUCH TWIST MC LANCETS 30G	1	VAL Value Preventive List
CHOSEN LANCETS 30G	1	VAL Value Preventive List
CHOSEN SAFETY LANCETS 28G	1	VAL Value Preventive List
CLEANLET LANCETS 28G	1	VAL Value Preventive List
CLEVER CHEK LANCETS	1	VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CLEVER CHOICE COMFORT EZ MISC	1	VAL Value Preventive List
CLEVER CHOICE LANCETS 21G	1	VAL Value Preventive List
CLEVER CHOICE LANCETS 23G	1	VAL Value Preventive List
CLEVER CHOICE LANCETS 28G	1	VAL Value Preventive List
COAGUCHEK LANCETS	1	VAL Value Preventive List
COMFORT ASSURED LANCETS 28G	1	VAL Value Preventive List
COMFORT ASSURED LANCETS 33G	1	VAL Value Preventive List
COMFORT LANCETS	1	VAL Value Preventive List
COMFORT TOUCH LANCETS 31G	1	VAL Value Preventive List
COMFORT TOUCH PLUS LANCETS 28G	1	VAL Value Preventive List
COMFORT TOUCH PLUS LANCETS 30G	1	VAL Value Preventive List
COMFORT TOUCH TWIST LANCET 30G	1	VAL Value Preventive List
CVS LANCETS 21G	1	VAL Value Preventive List
CVS LANCETS MICRO THIN 33G	1	VAL Value Preventive List
CVS LANCETS ORIGINAL	1	VAL Value Preventive List
CVS LANCETS THIN 26G	1	VAL Value Preventive List
CVS LANCETS ULTRA THIN 30G	1	VAL Value Preventive List
CVS LANCETS ULTRA-THIN 30G	1	VAL Value Preventive List
CVS ULTRA THIN LANCETS	1	VAL Value Preventive List
DEXCOM G6 RECEIVER	2	QL 1 / 365 day(s) PA VAL Value Preventive List
DEXCOM G6 SENSOR	2	QL 3 / 30 day(s) PA VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DEXCOM G6 TRANSMITTER	2	QL 1 / 90 day(s) PA VAL Value Preventive List
DEXCOM G7 15 DAY SENSOR	2	QL 2 / 30 day(s) PA VAL Value Preventive List
DEXCOM G7 RECEIVER	2	QL 1 / 365 day(s) PA VAL Value Preventive List
DEXCOM G7 SENSOR	2	QL 3 / 30 day(s) PA VAL Value Preventive List
DIATHRIVE LANCET ULTRA THIN 30	1	VAL Value Preventive List
DIATHRIVE LANCETS	1	VAL Value Preventive List
DROPLET LANCETS ULTRA THIN 30G	1	VAL Value Preventive List
DROPLET MEDLANCE LANCET 30G	1	VAL Value Preventive List
DROPLET PERSONAL LANCETS 30G	1	VAL Value Preventive List
DROPSAFE ACTI-LANCE 23G	1	VAL Value Preventive List
DROPSAFE ACTI-LANCE LANCET 17G	1	VAL Value Preventive List
DROPSAFE ACTI-LANCE LANCET 23G	1	VAL Value Preventive List
DROPSAFE ACTI-LANCE LANCET 28G	1	VAL Value Preventive List
DROPSAFE ERGOLANCE LANCET 21G	1	VAL Value Preventive List
DROPSAFE ERGOLANCE LANCET 25G	1	VAL Value Preventive List
DROPSAFE ERGOLANCE LANCET 30G	1	VAL Value Preventive List
DROPSAFE HAEMOLANCE LANCET 1.5	1	VAL Value Preventive List
DROPSAFE HAEMOLANCE LANCET 18G	1	VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DROPSAFE HAEMOLANCE LANCET 21G	1	VAL Value Preventive List
DROPSAFE HAEMOLANCE LANCET 25G	1	VAL Value Preventive List
DROPSAFE HAEMOLANCE LANCET 28G	1	VAL Value Preventive List
DROPSAFE MEDISAFE LANCET 23G	1	VAL Value Preventive List
DROPSAFE MEDISAFE LANCET 29G	1	VAL Value Preventive List
DROPSAFE MEDLANCE LANCET 0.8MM	1	VAL Value Preventive List
DROPSAFE MEDLANCE LANCET 21G	1	VAL Value Preventive List
DROPSAFE MEDLANCE LANCET 25G	1	VAL Value Preventive List
DROPSAFE MEDLANCE LANCET 30G	1	VAL Value Preventive List
DRUG MART LANCETS THIN 26G	1	VAL Value Preventive List
DRUG MART ON-THE-GO LANCET 30G	1	VAL Value Preventive List
DRUG MART UNILET LANCETS 28G	1	VAL Value Preventive List
DRUG MART UNILET LANCETS 30G	1	VAL Value Preventive List
DRUG MART UNILET LANCETS 33G	1	VAL Value Preventive List
E-Z JECT LANCET MICRO-THIN 33G	1	VAL Value Preventive List
E-Z JECT LANCET SUPER THIN 30G	1	VAL Value Preventive List
E-Z JECT LANCETS	1	VAL Value Preventive List
E-Z JECT LANCETS 21G	1	VAL Value Preventive List
E-Z JECT LANCETS THIN 26G	1	VAL Value Preventive List
EASY COMFORT LANCETS	1	VAL Value Preventive List
EASY COMFORT LANCETS TWIST TOP	1	VAL Value Preventive List
EASY TOUCH LANCETS 21G	1	VAL Value Preventive List
EASY TOUCH LANCETS 23G	1	VAL Value Preventive List
EASY TOUCH LANCETS 26G	1	VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EASY TOUCH LANCETS 28G	1	VAL Value Preventive List
EASY TOUCH LANCETS 28G/TWIST	1	VAL Value Preventive List
EASY TOUCH LANCETS 30G	1	VAL Value Preventive List
EASY TOUCH LANCETS 30G/TWIST	1	VAL Value Preventive List
EASY TOUCH LANCETS 32G	1	VAL Value Preventive List
EASY TOUCH LANCETS 32G/TWIST	1	VAL Value Preventive List
EASY TOUCH LANCETS 33G/TWIST	1	VAL Value Preventive List
EASY TOUCH SAFETY LANCETS 21G	1	VAL Value Preventive List
EASY TOUCH SAFETY LANCETS 23G	1	VAL Value Preventive List
EASY TOUCH SAFETY LANCETS 26G	1	VAL Value Preventive List
EASY TOUCH SAFETY LANCETS 28G	1	VAL Value Preventive List
EMBRACE LANCETS ULTRA THIN 30G	1	VAL Value Preventive List
EMBRACE PRESSURE ACTIVATED 21G	1	VAL Value Preventive List
EMBRACE PRESSURE ACTIVATED 28G	1	VAL Value Preventive List
EQL COLOR LANCETS 21G	1	VAL Value Preventive List
EQL COLOR LANCETS MICRO 33G	1	VAL Value Preventive List
EQL SUPER THIN LANCETS 30G	1	VAL Value Preventive List
EQL THIN LANCETS 26G	1	VAL Value Preventive List
EZ-LETS LANCETS 21G	1	VAL Value Preventive List
EZ-LETS LANCETS 26G	1	VAL Value Preventive List
EZ-LETS LANCETS 28G	1	VAL Value Preventive List
EZ-LETS LANCETS 30G	1	VAL Value Preventive List
FIFTY50 SAFETY SEAL LANCETS	1	VAL Value Preventive List
FIFTY50 UNILET LANCETS 33G	1	VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FINE 30	1	VAL Value Preventive List
FINGERSTIX LANCETS	1	VAL Value Preventive List
FONDCIRCLE SINGLE USE LANCETS	1	VAL Value Preventive List
FORA LANCETS	1	VAL Value Preventive List
FREDS PHARMACY UNILET LANC 28G	1	VAL Value Preventive List
FREDS PHARMACY UNILET LANC 30G	1	VAL Value Preventive List
FREESTYLE FREEDOM LITE	2	VAL Value Preventive List
FREESTYLE LANCETS	1	VAL Value Preventive List
FREESTYLE LIBRE 14 DAY READER	2	QL 1 / 365 day(s) PA VAL Value Preventive List
FREESTYLE LIBRE 14 DAY SENSOR	2	QL 2 / 28 day(s) PA VAL Value Preventive List
FREESTYLE LIBRE 2 PLUS SENSOR	2	QL 2 / 28 day(s) PA VAL Value Preventive List
FREESTYLE LIBRE 2 READER	2	QL 1 / 365 day(s) PA VAL Value Preventive List
FREESTYLE LIBRE 2 SENSOR	2	QL 2 / 28 day(s) PA VAL Value Preventive List
FREESTYLE LIBRE 3 PLUS SENSOR	2	QL 2 sensors / 30 day(s) PA VAL Value Preventive List
FREESTYLE LIBRE 3 READER	2	QL 1 / 365 day(s) PA VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FREESTYLE LIBRE 3 SENSOR	2	QL 2 / 28 day(s) PA VAL Value Preventive List
FREESTYLE LIBRE READER	2	QL 1 / 365 day(s) PA VAL Value Preventive List
FREESTYLE LITE	2	VAL Value Preventive List
FREESTYLE UNISTICK II LANCETS	1	VAL Value Preventive List
GENTEEL BUTTERFLY TOUCH LANCET	1	VAL Value Preventive List
GENTLE-LET GP LANCETS	1	VAL Value Preventive List
GENTLE-LET LANCETS	1	VAL Value Preventive List
GLOBAL INJECT EASE LANCETS 28G	1	VAL Value Preventive List
GLOBAL INJECT EASE LANCETS 30G	1	VAL Value Preventive List
GLUCOCOM LANCETS 28G	1	VAL Value Preventive List
GLUCOCOM LANCETS 30G	1	VAL Value Preventive List
GLUCOCOM LANCETS 33G	1	VAL Value Preventive List
GNP LANCETS 21G	1	VAL Value Preventive List
GNP LANCETS THIN 26G	1	VAL Value Preventive List
GNP STERILE LANCETS 28G	1	VAL Value Preventive List
GNP STERILE LANCETS 30G	1	VAL Value Preventive List
GNP STERILE LANCETS 33G	1	VAL Value Preventive List
GOJJI STERILE LANCETS	1	VAL Value Preventive List
GOODSENSE COLOR LANCETS 33G	1	VAL Value Preventive List
GOODSENSE LANCETS 26G UNIV	1	VAL Value Preventive List
GOODSENSE LANCETS 30G	1	VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GOODSENSE LANCETS 30G UNIV	1	VAL Value Preventive List
GOODSENSE LANCETS 33G	1	VAL Value Preventive List
GOODSENSE LANCETS 33G UNIV	1	VAL Value Preventive List
H-E-B INCONTROL LANCETS 28G	1	VAL Value Preventive List
H-E-B INCONTROL LANCETS 30G	1	VAL Value Preventive List
H-E-B INCONTROL LANCETS 33G	1	VAL Value Preventive List
HAEMOLANCE	1	VAL Value Preventive List
HAEMOLANCE LOW FLOW LANCETS	1	VAL Value Preventive List
HAEMOLANCE PLUS	1	VAL Value Preventive List
HAEMOLANCE PLUS HIGH FLOW	1	VAL Value Preventive List
HAEMOLANCE PLUS LOW FLOW	1	VAL Value Preventive List
HAEMOLANCE PLUS MAX FLOW	1	VAL Value Preventive List
HAEMOLANCE PLUS PEDIATRIC FLOW	1	VAL Value Preventive List
HEALTHY ACCENTS UNILET LANCETS	1	VAL Value Preventive List
HY-VEE LANCETS	1	VAL Value Preventive List
HY-VEE THIN LANCETS	1	VAL Value Preventive List
IN TOUCH STERILE LANCETS 30G	1	VAL Value Preventive List
KINNEY LANCETS	1	VAL Value Preventive List
KINNEY THIN LANCETS	1	VAL Value Preventive List
KROGER HEALTHPRO LANCET 26G	1	VAL Value Preventive List
KROGER LANCETS	1	VAL Value Preventive List
KROGER LANCETS 21G	1	VAL Value Preventive List
KROGER LANCETS MICRO THIN 33G	1	VAL Value Preventive List
KROGER LANCETS SUPER THIN	1	VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KROGER LANCETS THIN	1	VAL Value Preventive List
KROGER LANCETS THIN 26G	1	VAL Value Preventive List
KROGER LANCETS ULTRATHIN 30G	1	VAL Value Preventive List
LANCETS	1	VAL Value Preventive List
LANCETS 28G THIN	1	VAL Value Preventive List
LANCETS 30G	1	VAL Value Preventive List
LANCETS 33G	1	VAL Value Preventive List
LANCETS MICRO THIN 33G	1	VAL Value Preventive List
LANCETS SUPER THIN	1	VAL Value Preventive List
LANCETS SUPER THIN 28G	1	VAL Value Preventive List
LANCETS THIN	1	VAL Value Preventive List
LANCETS ULTRA THIN	1	VAL Value Preventive List
LANCETS ULTRA THIN 30G	1	VAL Value Preventive List
LIBERTY MEDICAL LANCETS	1	VAL Value Preventive List
LIFELINE LANCETS	1	VAL Value Preventive List
LITE TOUCH LANCETS	1	VAL Value Preventive List
LITETOUCH LANCETS	1	VAL Value Preventive List
LIVE BETTER LANCET SUPER THIN	1	VAL Value Preventive List
LIVE BETTER LANCET ULTRA THIN	1	VAL Value Preventive List
LONGS LANCETS STANDARD	1	VAL Value Preventive List
LONGS LANCETS THIN	1	VAL Value Preventive List
LONGS LANCETS ULTRA THIN	1	VAL Value Preventive List
MEDICHOICE SAFETY LANCET	1	VAL Value Preventive List
MEDICHOICE SAFETY LANCET EXTRA	1	VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MEDICHOICE SAFETY LANCET NORM	1	VAL Value Preventive List
MEDLANCE EXTRA 21G	1	VAL Value Preventive List
MEDLANCE LITE 25G	1	VAL Value Preventive List
MEDLANCE PLUS EXTRA 21G	1	VAL Value Preventive List
MEDLANCE PLUS LANCETS	1	VAL Value Preventive List
MEDLANCE PLUS LITE 25G	1	VAL Value Preventive List
MEDLANCE PLUS SPECIAL 0.8MM	1	VAL Value Preventive List
MEDLANCE PLUS SUPERLITE 30G	1	VAL Value Preventive List
MEDLANCE PLUS UNIVERSAL 21G	1	VAL Value Preventive List
MEDLANCE UNIVERSAL 21G	1	VAL Value Preventive List
MEIJER LANCETS	1	VAL Value Preventive List
MEIJER LANCETS THIN	1	VAL Value Preventive List
MEIJER LANCETS UNIVERSAL 21G	1	VAL Value Preventive List
MEIJER LANCETS UNIVERSAL 30G	1	VAL Value Preventive List
MEIJER LANCETS UNIVERSAL 33G	1	VAL Value Preventive List
MEIJER SUPER THIN LANCETS	1	VAL Value Preventive List
MICROLET LANCETS	1	VAL Value Preventive List
MICROLET NEXT LANCETS	1	VAL Value Preventive List
MM TWIST LANCETS	1	VAL Value Preventive List
MOBI CONNECT TWIST LANCETS	1	VAL Value Preventive List
MOBILE LANCETS 30G	1	VAL Value Preventive List
MONOLET LANCETS	1	VAL Value Preventive List
MONOLET OPD LANCETS	1	VAL Value Preventive List
MONOLETTOR SAFETY LANCETS	1	VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MPD SAFETY LANCET 21G	1	VAL Value Preventive List
MPD SAFETY LANCET 23G	1	VAL Value Preventive List
MPD SAFETY LANCET 28G	1	VAL Value Preventive List
MPD SAFETY LANCET 30G	1	VAL Value Preventive List
MYGLUCOHEALTH LANCETS 30G	1	VAL Value Preventive List
NOVA SAFETY LANCETS 23G	1	VAL Value Preventive List
NOVA SAFETY LANCETS 28G	1	VAL Value Preventive List
NOVA SUREFLEX LANCETS	1	VAL Value Preventive List
ONETOUCH DELICA PLUS LANCET30G	1	VAL Value Preventive List
ONETOUCH DELICA PLUS LANCET33G	1	VAL Value Preventive List
ONETOUCH DELICA PLUS LANCING	2	
ONETOUCH ULTRASOFT 2 LANCETS	1	VAL Value Preventive List
PC LANCETS SUPER THIN 30G	1	VAL Value Preventive List
PERFECT LANCETS 28G	1	VAL Value Preventive List
PERFECT LANCETS 30G	1	VAL Value Preventive List
PERFECT POINT SAFETY LANCETS	1	VAL Value Preventive List
PHARMACIST CHOICE LANCETS	1	VAL Value Preventive List
PHARMACY COUNTER LANCETS	1	VAL Value Preventive List
PIP LANCETS 28G	1	VAL Value Preventive List
PIP LANCETS 30G	1	VAL Value Preventive List
PRECISION THINS GP LANCETS	1	VAL Value Preventive List
PREFERRED PLUS LANCETS COLORED	1	VAL Value Preventive List
PREFERRED PLUS LANCETS THIN	1	VAL Value Preventive List
PRO COMFORT LANCETS 30G	1	VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PRO COMFORT LANCETS 31G	1	VAL Value Preventive List
PRO COMFORT SAFETY LANCETS 30G	1	VAL Value Preventive List
PRODIGY LANCETS 28G	1	VAL Value Preventive List
PRODIGY SAFETY LANCETS 26G	1	VAL Value Preventive List
PRODIGY TWIST TOP LANCETS 28G	1	VAL Value Preventive List
PSS SELECT GP LANCETS	1	VAL Value Preventive List
PSS SELECT SAFETY LANCETS	1	VAL Value Preventive List
PURE COMFORT LANCETS 30G	1	VAL Value Preventive List
PURE COMFORT SAFETY LANCET 30G	1	VAL Value Preventive List
PX LANCETS MICROTHIN 33G	1	VAL Value Preventive List
PX LANCETS ULTRA THIN	1	VAL Value Preventive List
PX LANCETS ULTRA THIN 28G	1	VAL Value Preventive List
QC LANCETS SUPER THIN 30G	1	VAL Value Preventive List
QC LANCETS ULTRA THIN	1	VAL Value Preventive List
QC UNILET LANCETS 28G	1	VAL Value Preventive List
QC UNILET LANCETS MICRO THIN	1	VAL Value Preventive List
RA E-ZJECT LANCETS 28G	1	VAL Value Preventive List
RA E-ZJECT LANCETS THIN 26G	1	VAL Value Preventive List
RA E-ZJECT LANCETS THIN 28G	1	VAL Value Preventive List
RA E-ZJECT LANCETS ULTRA THIN	1	VAL Value Preventive List
READYLANCE SAFETY LANCETS	1	VAL Value Preventive List
REALITY LANCETS	1	VAL Value Preventive List
REALITY TRIGGER LANCETS	1	VAL Value Preventive List
RELION LANCETS MICRO-THIN 33G	1	VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RELION LANCETS THIN 26G	1	VAL Value Preventive List
RELION LANCETS ULTRA-THIN 30G	1	VAL Value Preventive List
RELION ULTRA THIN LANCETS 30G	1	VAL Value Preventive List
RELION ULTRA THIN PLUS LANCETS	1	VAL Value Preventive List
REXALL LANCETS ULTRA THIN 30G	1	VAL Value Preventive List
RIGHTEST GL300 LANCETS	1	VAL Value Preventive List
SAFE-T-LANCE	1	VAL Value Preventive List
SAFE-T-LANCE PLUS	1	VAL Value Preventive List
SAFETY LANCET 30G/PRESSURE ACT	1	VAL Value Preventive List
SAFETY LANCETS	1	VAL Value Preventive List
SAFETY LANCETS 21G	1	VAL Value Preventive List
SAFETY LANCETS 23G	1	VAL Value Preventive List
SAFETY LANCETS 28G	1	VAL Value Preventive List
SAPS HEALTH PLUS LANCETS	1	VAL Value Preventive List
SAPS HEALTH TWIST TOP LANCETS	1	VAL Value Preventive List
SAPS TWIST TOP LANCETS	1	VAL Value Preventive List
SAPSCARE TWIST TOP LANCETS	1	VAL Value Preventive List
SB LANCETS THIN	1	VAL Value Preventive List
SB LANCETS ULTRA THIN	1	VAL Value Preventive List
SENSILANCE SAFETY LANCETS 21G	1	VAL Value Preventive List
SENSILANCE SAFETY LANCETS 26G	1	VAL Value Preventive List
SENSILANCE SAFETY LANCETS 28G	1	VAL Value Preventive List
SHOPKO ON-THE-GO LANCETS 30G	1	VAL Value Preventive List
SHOPKO UNILET LANCETS 28G	1	VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SHOPKO UNILET LANCETS 30G	1	VAL Value Preventive List
SINGLE-LET	1	VAL Value Preventive List
SM LANCETS 33G	1	VAL Value Preventive List
SMART SENSE COLOR LANCETS 33G	1	VAL Value Preventive List
SMART SENSE STANDARD LANCETS	1	VAL Value Preventive List
SMART SENSE SUPER THIN LANCETS	1	VAL Value Preventive List
SMART SENSE THIN LANCETS 26G	1	VAL Value Preventive List
SMARTEST LANCETS 28G	1	VAL Value Preventive List
SOLUS V2 LANCETS 28G	1	VAL Value Preventive List
SOLUS V2 TWIST LANCETS 30G	1	VAL Value Preventive List
STERILANCE TL	1	VAL Value Preventive List
SUPER THIN LANCETS	1	VAL Value Preventive List
SURE COMFORT LANCETS 18G	1	VAL Value Preventive List
SURE COMFORT LANCETS 21G	1	VAL Value Preventive List
SURE COMFORT LANCETS 23G	1	VAL Value Preventive List
SURE COMFORT LANCETS 28G	1	VAL Value Preventive List
SURE COMFORT LANCETS 30G	1	VAL Value Preventive List
SURELITE LANCETS	1	VAL Value Preventive List
TECHLITE AST LANCETS	1	VAL Value Preventive List
TECHLITE LANCETS	1	VAL Value Preventive List
TECHLITE LANCETS 26G	1	VAL Value Preventive List
TGT LANCET MICRO THIN 33G	1	VAL Value Preventive List
TGT LANCET THIN 26G	1	VAL Value Preventive List
TGT LANCET ULTRA THIN 30G	1	VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
THINLETS GP LANCETS	1	VAL Value Preventive List
TODAYS HEALTH THIN LANCETS 28G	1	VAL Value Preventive List
TODAYS HEALTH THIN LANCETS 30G	1	VAL Value Preventive List
TOPCARE LANCETS MICRO-THIN 33G	1	VAL Value Preventive List
TRAVEL LANCETS	1	VAL Value Preventive List
TRAVEL LANCETS ADVANCED 28G	1	VAL Value Preventive List
TRUE COMFORT SAFETY LANCETS	1	VAL Value Preventive List
TRUE COMFORT TWIST TOP LANCETS	1	VAL Value Preventive List
TRUEPLUS LANCETS 26G	1	VAL Value Preventive List
TRUEPLUS LANCETS 28G	1	VAL Value Preventive List
TRUEPLUS LANCETS 30G	1	VAL Value Preventive List
TRUEPLUS LANCETS 33G	1	VAL Value Preventive List
TRUEPLUS SAFETY LANCETS 28G	1	VAL Value Preventive List
TWIST TOP LANCETS 30G	1	VAL Value Preventive List
ULTILET CLASSIC LANCETS	1	VAL Value Preventive List
ULTILET LANCETS	1	VAL Value Preventive List
ULTILET SAFETY LANCETS	1	VAL Value Preventive List
ULTILET SAFETY LANCETS 23G	1	VAL Value Preventive List
ULTRA THIN LANCETS 31G	1	VAL Value Preventive List
ULTRA-CARE LANCETS 30G	1	VAL Value Preventive List
ULTRA-CARE SAFETY LANCETS 30G	1	VAL Value Preventive List
ULTRA-THIN II AUTO LANCET	1	VAL Value Preventive List
ULTRA-THIN II LANCETS	1	VAL Value Preventive List
UNILET COMFORTOUCH LANCET	1	VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
UNILET EXCELITE	1	VAL Value Preventive List
UNILET EXCELITE II	1	VAL Value Preventive List
UNILET G.P. LANCET	1	VAL Value Preventive List
UNILET G.P. SUPERLITE LANCET	1	VAL Value Preventive List
UNILET GP 28 ULTRA THIN	1	VAL Value Preventive List
UNILET LANCET	1	VAL Value Preventive List
UNILET MICRO-THIN 33G	1	VAL Value Preventive List
UNILET SUPER-THIN 30G	1	VAL Value Preventive List
UNILET SUPERLITE LANCET	1	VAL Value Preventive List
UNILET ULTRA-THIN 28G	1	VAL Value Preventive List
UNISTIK 3 GENTLE	1	VAL Value Preventive List
UNISTIK PRO SAFETY LANCET	1	VAL Value Preventive List
UNISTIK SAFETY LANCETS 28G	1	VAL Value Preventive List
UNISTIK SAFETY LANCETS 30G	1	VAL Value Preventive List
UNISTIK TOUCH SAFETY LANC 21G	1	VAL Value Preventive List
UNISTIK TOUCH SAFETY LANC 23G	1	VAL Value Preventive List
UNISTIK TOUCH SAFETY LANC 28G	1	VAL Value Preventive List
UNISTIK TOUCH SAFETY LANC 30G	1	VAL Value Preventive List
UNIVERSAL 1 LANCETS THIN 26G	1	VAL Value Preventive List
UNIVERSAL 1 LANCETS THIN 33G	1	VAL Value Preventive List
UNIVERSAL 1 LANCETS ULTRA THIN	1	VAL Value Preventive List
VALUE PLUS LANCET STANDARD 21G	1	VAL Value Preventive List
VALUE PLUS LANCETS SUPER THIN	1	VAL Value Preventive List
VALUE PLUS LANCETS THIN 26G	1	VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VALUMARK LANCET SUPER THIN 30G	1	VAL Value Preventive List
VALUMARK LANCET ULTRA THIN 28G	1	VAL Value Preventive List
VERIFINE SAFE LANCET MINI 21G	1	VAL Value Preventive List
VERIFINE SAFE LANCET MINI 23G	1	VAL Value Preventive List
VERIFINE SAFE LANCET MINI 28G	1	VAL Value Preventive List
VERIFINE SAFE LANCET MINI 30G	1	VAL Value Preventive List
VERIFINE UNIVERSAL LANCETS 28G	1	VAL Value Preventive List
VERIFINE UNIVERSAL LANCETS 30G	1	VAL Value Preventive List
VERIFINE UNIVERSAL LANCETS 33G	1	VAL Value Preventive List
VIDA MIA UNILET LANCETS 28G	1	VAL Value Preventive List
VIDA MIA UNILET LANCETS 30G	1	VAL Value Preventive List
VIVAGUARD LANCETS	1	VAL Value Preventive List
VIVAGUARD LANCETS 30G	1	VAL Value Preventive List
VIVAGUARD SAFETY LANCETS 28G	1	VAL Value Preventive List
WALGREENS ADV TRAVEL LANCETS	1	VAL Value Preventive List
WALGREENS LANCETS	1	VAL Value Preventive List
WALGREENS LANCETS MICRO THIN	1	VAL Value Preventive List
WALGREENS LANCETS SUPER THIN	1	VAL Value Preventive List
WALGREENS THIN LANCETS	1	VAL Value Preventive List
WALGREENS ULTRA THIN LANCETS	1	VAL Value Preventive List
ZEVRX TWIST TOP LANCETS 30G	1	VAL Value Preventive List
INSULIN ADMINISTRATION SUPPLIES		
OMNIPOD 5 DEXG7G6 INTRO GEN 5	2	
OMNIPOD 5 DEXG7G6 PODS GEN 5	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OMNIPOD 5 G7 INTRO (GEN 5)	2	
OMNIPOD 5 G7 PODS (GEN 5)	2	
OMNIPOD 5 LIBRE INTRO	2	
OMNIPOD 5 LIBRE PODS	2	
OMNIPOD CLASSIC PDM (GEN 3)	2	
OMNIPOD CLASSIC PODS (GEN 3)	2	
OMNIPOD DASH INTRO (GEN 4)	2	
OMNIPOD DASH PDM (GEN 4)	2	
OMNIPOD DASH PODS (GEN 4)	2	
NEEDLES & SYRINGES		
1ST TIER UNIFINE PENTIPS (31G 5 MISC, 31G 6 MISC, 31G 8 MISC, 32G 4 MISC, 32G 6 MISC)	1	VAL Value Preventive List
1ST TIER UNIFINE PENTIPS PLUS (31G 5 MISC, 31G 6 MISC, 31G 8 MISC, 32G 4 MISC)	1	VAL Value Preventive List
ABOUTTIME PEN NEEDLE (PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC)	1	VAL Value Preventive List
ADVOCATE INSULIN PEN NEEDLE	1	VAL Value Preventive List
ADVOCATE INSULIN PEN NEEDLES (PEN 5 MISC, PEN 8 MISC)	1	VAL Value Preventive List
ADVOCATE INSULIN SYRINGE (SYRINGE 30G 5/16" 0.3 ML MISC, SYRINGE 31G 5/16" 0.3 ML MISC, SYRINGE 31G 5/16" 0.5 ML MISC, SYRINGE 31G 5/16" 1 ML MISC)	1	VAL Value Preventive List
AQ INSULIN SYRINGE (SYRINGE 29G 1/2" 1 ML MISC, SYRINGE 30G 5/16" 0.5 ML MISC, SYRINGE 31G 5/16" 1 ML MISC)	1	
AQINJECT PEN NEEDLE	1	VAL Value Preventive List
ASSURE ID DUO PRO PEN NEEDLES	1	VAL Value Preventive List
AUM INSULIN SAFETY PEN NEEDLE 31G X 5 MM MISC	1	VAL Value Preventive List
AUM MINI INSULIN PEN NEEDLE (PEN 4 MISC, PEN 6 MISC)	1	VAL Value Preventive List
AUM PEN NEEDLE (PEN 4 MISC, PEN 6 MISC)	1	VAL Value Preventive List
AUM READYGARD DUO PEN NEEDLE	1	VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AUM SAFETY PEN NEEDLE 31G X 5 MM MISC	1	VAL Value Preventive List
AURORA PEN NEEDLES (PEN 6 MISC, PEN 8 MISC)	1	VAL Value Preventive List
AURORA UNIFINE PENTIPS	1	VAL Value Preventive List
AUTOKEEPER SAFETY PEN NEEDLE 30G X 8 MM MISC	1	VAL Value Preventive List
BD INSULIN SYR ULTRAFINE II	1	VAL Value Preventive List
BD INSULIN SYRINGE HALF-UNIT	1	VAL Value Preventive List
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 1 ML MISC	1	
BD INSULIN SYRINGE U-500	1	
BD INSULIN SYRINGE U/F 1/2UNIT	1	VAL Value Preventive List
BD INSULIN SYRINGE ULTRAFINE (SYRINGE 30G 1/2" 0.3 ML MISC, SYRINGE 31G 5/16" 0.3 ML MISC, SYRINGE 31G 5/16" 0.5 ML MISC, SYRINGE 31G 5/16" 1 ML MISC)	1	VAL Value Preventive List
BD PEN NEEDLE MICRO ULTRAFINE	1	VAL Value Preventive List
BD PEN NEEDLE MINI ULTRAFINE	1	VAL Value Preventive List
BD PEN NEEDLE NANO 2ND GEN	1	VAL Value Preventive List
BD PEN NEEDLE NANO ULTRAFINE	1	VAL Value Preventive List
BD PEN NEEDLE SHORT ULTRAFINE	1	VAL Value Preventive List
BD SAFETYGLIDE INSULIN SYRINGE (SYRINGE 5/16" 0.3 ML MISC, SYRINGE 15/64" 0.3 ML MISC, SYRINGE 15/64" 0.5 ML MISC)	1	VAL Value Preventive List
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 0.5 ML MISC	1	VAL Value Preventive List
CAREFINE PEN NEEDLES (PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 6 MISC)	1	VAL Value Preventive List
CAREONE INSULIN SYRINGE (SYRINGE 30G 1/2" 0.3 ML MISC, SYRINGE 31G 5/16" 0.3 ML MISC, SYRINGE 31G 5/16" 0.5 ML MISC, SYRINGE 31G 5/16" 1 ML MISC)	1	VAL Value Preventive List
CAREONE UNIFINE PENTIPS (31G 5 MISC, 31G 6 MISC, 31G 8 MISC, 32G 4 MISC)	1	VAL Value Preventive List
CAREONE UNIFINE PENTIPS PLUS (31G 5 MISC, 31G 6 MISC, 31G 8 MISC, 32G 4 MISC)	1	VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CARETOUCH INSULIN SYRINGE (SYRINGE 5/16" 0.3 ML MISC, SYRINGE 5/16" 0.5 ML MISC, SYRINGE 5/16" 1 ML MISC)	1	VAL Value Preventive List
CARETOUCH PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC)	1	VAL Value Preventive List
CLEVER CHOICE COMFORT EZ PLUS	1	VAL Value Preventive List
CLICKFINE PEN NEEDLES	1	VAL Value Preventive List
COMFORT ASSIST INSULIN SYRINGE	1	VAL Value Preventive List
COMFORT EZ INSULIN SYRINGE (SYRINGE 30G 1/2" 0.3 ML MISC, SYRINGE 30G 5/16" 0.3 ML MISC, SYRINGE 31G 15/64" 0.5 ML MISC, SYRINGE 31G 5/16" 0.3 ML MISC, SYRINGE 31G 5/16" 0.5 ML MISC, SYRINGE 31G 5/16" 1 ML MISC)	1	VAL Value Preventive List
COMFORT EZ MICRO PEN NEEDLES	1	VAL Value Preventive List
COMFORT EZ PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 6 MISC)	1	VAL Value Preventive List
COMFORT EZ PRO PEN NEEDLES 31G X 5 MM MISC	1	VAL Value Preventive List
COMFORT EZ SHORT PEN NEEDLES	1	VAL Value Preventive List
COMFORT TOUCH INSULIN PEN NEED (PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 6 MISC)	1	VAL Value Preventive List
DIATHRIVE PEN NEEDLE	1	VAL Value Preventive List
DROPLET INSULIN SYRINGE (SYRINGE 30G 1/2" 0.3 ML MISC, SYRINGE 30G 5/16" 0.3 ML MISC, SYRINGE 31G 15/64" 0.5 ML MISC, SYRINGE 31G 5/16" 0.3 ML MISC, SYRINGE 31G 5/16" 0.5 ML MISC, SYRINGE 31G 5/16" 1 ML MISC)	1	VAL Value Preventive List
DROPLET PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 6 MISC)	1	VAL Value Preventive List
DROPSAFE AUTOPROTECT DUO (5 MISC, 8 MISC)	1	VAL Value Preventive List
DROPSAFE SAFETY PEN NEEDLES	1	VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DROPSAFE SAFETY SYRINGE/NEEDLE (SYRINGE/NEEDLE 29G 1/2" 1 ML MISC, SYRINGE/NEEDLE 31G 15/64" 0.3 ML MISC, SYRINGE/NEEDLE 31G 15/64" 0.5 ML MISC, SYRINGE/NEEDLE 31G 15/64" 1 ML MISC, SYRINGE/NEEDLE 31G 5/16" 0.3 ML MISC, SYRINGE/NEEDLE 31G 5/16" 0.5 ML MISC, SYRINGE/NEEDLE 31G 5/16" 1 ML MISC)	1	
DRUG MART UNIFINE PENTIPS (31G 5 MISC, 31G 6 MISC, 31G 8 MISC, 32G 4 MISC)	1	VAL Value Preventive List
DRUG MART UNIFINE PENTIPS PLUS	1	VAL Value Preventive List
EASY COMFORT INSULIN SYRINGE (SYRINGE 5/16" 0.3 ML MISC, SYRINGE 5/16" 0.5 ML MISC, SYRINGE 5/16" 1 ML MISC)	1	VAL Value Preventive List
EASY COMFORT PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC)	1	VAL Value Preventive List
EASY TOUCH FLIPLOCK INSULIN SY 31G X 5/16" 1 ML MISC	1	VAL Value Preventive List
EASY TOUCH INSULIN SYRINGE (SYRINGE 30G 1/2" 0.3 ML MISC, SYRINGE 30G 5/16" 0.3 ML MISC, SYRINGE 31G 5/16" 0.3 ML MISC, SYRINGE 31G 5/16" 0.5 ML MISC, SYRINGE 31G 5/16" 1 ML MISC)	1	VAL Value Preventive List
EASY TOUCH PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 6 MISC)	1	VAL Value Preventive List
EASY TOUCH SHEATHLOCK SYRINGE 31G X 5/16" 1 ML MISC	1	VAL Value Preventive List
EMBECTA INS SYR U/F 1/2 UNIT 31G X 5/16" 0.3 ML MISC	1	VAL Value Preventive List
EMBECTA INSULIN SYR ULTRAFINE 31G X 15/64" 0.5 ML MISC	1	VAL Value Preventive List
EMBECTA INSULIN SYRINGE	1	
EMBECTA INSULIN SYRINGE U-100	1	
EMBECTA INSULIN SYRINGE U-500	1	
EMBECTA INSULIN SYRINGE U/F (SYRINGE U/F 30G 1/2" 0.3 ML MISC, SYRINGE U/F 31G 15/64" 0.5 ML MISC, SYRINGE U/F 31G 5/16" 0.3 ML MISC, SYRINGE U/F 31G 5/16" 0.5 ML MISC, SYRINGE U/F 31G 5/16" 1 ML MISC)	1	VAL Value Preventive List
EMBECTA PEN NEEDLE NANO	1	VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EMBECTA PEN NEEDLE NANO 2 GEN	1	VAL Value Preventive List
EMBECTA PEN NEEDLE ULTRAFINE (PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 6 MISC)	1	VAL Value Preventive List
EMBRACE PEN NEEDLES (PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC)	1	VAL Value Preventive List
EQL INSULIN SYRINGE (SYRINGE 30G 5/16" 0.3 ML MISC, SYRINGE 31G 5/16" 0.3 ML MISC, SYRINGE 31G 5/16" 0.5 ML MISC, SYRINGE 31G 5/16" 1 ML MISC)	1	VAL Value Preventive List
EXEL COMFORT POINT INSULIN SYR 30G X 5/16" 0.3 ML MISC	1	VAL Value Preventive List
EXEL COMFORT POINT PEN NEEDLE (EEL PEN 6 MISC, EEL PEN 8 MISC)	1	VAL Value Preventive List
FIFTY50 PEN NEEDLES	1	VAL Value Preventive List
FIFTY50 SUPERIOR COMFORT SYR	1	VAL Value Preventive List
FREDS PHARMACY UNIFINE PENTIP+	1	VAL Value Preventive List
FREDS PHARMACY UNIFINE PENTIPS	1	VAL Value Preventive List
GLOBAL EASE INJECT PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC)	1	VAL Value Preventive List
GLOBAL EASY GLIDE INSULIN SYR (SYR 5/16" 0.3 ML MISC, SYR 15/64" 0.5 ML MISC)	1	VAL Value Preventive List
GLOBAL EASY GLIDE PEN NEEDLES	1	VAL Value Preventive List
GLOBAL INJECT EASE INSULIN SYR (SYR 30G 1/2" 0.3 ML MISC, SYR 30G 5/16" 0.3 ML MISC, SYR 31G 5/16" 0.3 ML MISC, SYR 31G 5/16" 0.5 ML MISC, SYR 31G 5/16" 1 ML MISC)	1	VAL Value Preventive List
GLOBAL INSULIN SYRINGES	1	VAL Value Preventive List
GLUCOPRO INSULIN SYRINGE (SYRINGE 30G 1/2" 0.3 ML MISC, SYRINGE 30G 5/16" 0.3 ML MISC, SYRINGE 31G 5/16" 0.3 ML MISC, SYRINGE 31G 5/16" 0.5 ML MISC, SYRINGE 31G 5/16" 1 ML MISC)	1	VAL Value Preventive List
GNP CLICKFINE PEN NEEDLES	1	VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GNP INSULIN SYRINGE (SYRINGE 30G 5/16" 0.3 ML MISC, SYRINGE 31G 5/16" 0.3 ML MISC, SYRINGE 31G 5/16" 0.5 ML MISC, SYRINGE 31G 5/16" 1 ML MISC)	1	VAL Value Preventive List
GNP INSULIN SYRINGES 30GX5/16"	1	VAL Value Preventive List
GNP INSULIN SYRINGES 31GX5/16"	1	VAL Value Preventive List
GNP PEN NEEDLES	1	VAL Value Preventive List
GNP ULTICARE PEN NEEDLES	1	VAL Value Preventive List
GNP ULTIGUARD SAFEPACK NEEDLE	1	VAL Value Preventive List
GOODSENSE CLICKFINE PEN NEEDLE	1	VAL Value Preventive List
GOODSENSE PEN NEEDLE PENFINE	1	VAL Value Preventive List
H-E-B INCONTROL PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC)	1	VAL Value Preventive List
H-E-B INCONTROL UNIFINE PENTIP (31G 5 MISC, 31G 6 MISC, 31G 8 MISC, 32G 4 MISC)	1	VAL Value Preventive List
HEALTHWISE INSULIN SYR/NEEDLE (SYR/NEEDLE 30G 5/16" 0.3 ML MISC, SYR/NEEDLE 31G 5/16" 0.3 ML MISC, SYR/NEEDLE 31G 5/16" 0.5 ML MISC, SYR/NEEDLE 31G 5/16" 1 ML MISC)	1	VAL Value Preventive List
HEALTHWISE MICRON PEN NEEDLES	1	VAL Value Preventive List
HEALTHWISE MINI PEN NEEDLES	1	VAL Value Preventive List
HEALTHWISE SHORT PEN NEEDLES	1	VAL Value Preventive List
HEALTHWISE UNIFINE PENTIPS	1	VAL Value Preventive List
HEALTHY ACCENTS UNIFINE PENTIP (31G 5 MISC, 31G 6 MISC, 31G 8 MISC, 32G 4 MISC)	1	VAL Value Preventive List
HM ULTICARE INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	1	VAL Value Preventive List
HM ULTICARE MINI PEN NEEDLES	1	VAL Value Preventive List
HM ULTICARE SHORT PEN NEEDLES	1	VAL Value Preventive List
INCONTROL ULTICARE PEN NEEDLES	1	VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
INSULIN SYRINGE (SYRINGE 30G 5/16" 0.3 ML MISC, SYRINGE 31G 5/16" 0.3 ML MISC, SYRINGE 31G 5/16" 0.5 ML MISC, SYRINGE 31G 5/16" 1 ML MISC)	1	VAL Value Preventive List
INSULIN SYRINGE-NEEDLE U-100 (27G 1/2" 0.5 ML MISC, 27G 1/2" 1 ML MISC, 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC)	1	VAL Value Preventive List
INSUPEN PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC)	1	VAL Value Preventive List
INSUPEN SENSITIVE 32G X 6 MM MISC	1	VAL Value Preventive List
INSUPEN ULTRAFIN (6 MISC, 8 MISC)	1	VAL Value Preventive List
INSUPEN32G EXTR3ME	1	VAL Value Preventive List
J-TIP KIT W/VIAL ADAPTERS	2	
KINRAY INSULIN SYRINGE (SYRINGE 5/16" 0.3 ML MISC, SYRINGE 5/16" 0.5 ML MISC, SYRINGE 5/16" 1 ML MISC)	1	VAL Value Preventive List
KROGER INSULIN SYRINGE (SYRINGE 30G 5/16" 0.3 ML MISC, SYRINGE 31G 5/16" 0.3 ML MISC, SYRINGE 31G 5/16" 0.5 ML MISC, SYRINGE 31G 5/16" 1 ML MISC)	1	VAL Value Preventive List
KROGER PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC)	1	VAL Value Preventive List
LEADER INSULIN SYRINGE (SYRINGE 30G 5/16" 0.3 ML MISC, SYRINGE 31G 5/16" 0.3 ML MISC, SYRINGE 31G 5/16" 0.5 ML MISC, SYRINGE 31G 5/16" 1 ML MISC)	1	VAL Value Preventive List
LEADER UNIFINE PENTIPS	1	VAL Value Preventive List
LEADER UNIFINE PENTIPS PLUS	1	VAL Value Preventive List
LITETOUCH INSULIN SYRINGE (SYRINGE 30G 5/16" 0.3 ML MISC, SYRINGE 31G 5/16" 0.3 ML MISC, SYRINGE 31G 5/16" 0.5 ML MISC, SYRINGE 31G 5/16" 1 ML MISC)	1	VAL Value Preventive List
LITETOUCH PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC)	1	VAL Value Preventive List
LONGS INSULIN SYRINGE	1	VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MAGELLAN INSULIN SAFETY SYR (SYR 29G 1/2" 0.3 ML MISC, SYR 29G 1/2" 0.5 ML MISC, SYR 29G 1/2" 1 ML MISC, SYR 30G 5/16" 0.3 ML MISC, SYR 30G 5/16" 0.5 ML MISC, SYR 30G 5/16" 1 ML MISC)	1	VAL Value Preventive List
MARATHON MEDICAL PENTIPS	1	VAL Value Preventive List
MAXICOMFORT II PEN NEEDLE	1	VAL Value Preventive List
MEDIC INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC	1	VAL Value Preventive List
MEDICINE SHOPPE PEN NEEDLES (PEN 6 MISC, PEN 8 MISC)	1	VAL Value Preventive List
MEIJER PEN NEEDLES (PEN 6 MISC, PEN 8 MISC)	1	VAL Value Preventive List
MICRODOT PEN NEEDLE (PEN 31G 6 MISC, PEN 32G 4 MISC)	1	VAL Value Preventive List
MM INSULIN SYRINGE/NEEDLE (SYRINGE/NEEDLE 30G 5/16" 0.3 ML MISC, SYRINGE/NEEDLE 31G 5/16" 0.3 ML MISC, SYRINGE/NEEDLE 31G 5/16" 0.5 ML MISC, SYRINGE/NEEDLE 31G 5/16" 1 ML MISC)	1	VAL Value Preventive List
MM PEN NEEDLES	1	VAL Value Preventive List
MONOJECT INSULIN SYRINGE (SYRINGE 27G X 1/2" 1 ML MISC, SYRINGE 28G X 1/2" 0.5 ML MISC, SYRINGE 28G X 1/2" 1 ML MISC, SYRINGE 29G X 1/2" 0.3 ML MISC, SYRINGE 29G X 1/2" 0.5 ML MISC, SYRINGE 29G X 1/2" 1 ML MISC, SYRINGE 30G X 5/16" 0.3 ML MISC, SYRINGE 30G X 5/16" 0.5 ML MISC, SYRINGE 30G X 5/16" 1 ML MISC, SYRINGE 31G X 5/16" 1 ML MISC, SYRINGE U-100 1 ML MISC)	1	VAL Value Preventive List
MONOJECT INTRODUCER NEEDLE	2	
MONOJECT MAGELLAN SAFETY NDL (21G 5/8" MISC, 23G 5/8" MISC)	2	
MONOJECT MAGELLAN SYRINGE (SYRINGE 18G 1" 6 ML MISC, SYRINGE 21G 1" 12 ML MISC, SYRINGE 22G 1-1/2" 12 ML MISC)	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MONOJECT ULTRA COMFORT SYRINGE (SYRINGE 28G 1/2" 0.5 ML MISC, SYRINGE 28G 1/2" 1 ML MISC, SYRINGE 30G 5/16" 0.3 ML MISC, SYRINGE 30G 5/16" 0.5 ML MISC, SYRINGE 31G 5/16" 0.3 ML MISC, SYRINGE 31G 5/16" 0.5 ML MISC)	1	
MS INSULIN SYRINGE	1	VAL Value Preventive List
NOVOFINE PEN NEEDLE	1	VAL Value Preventive List
NOVOFINE PLUS PEN NEEDLE	1	VAL Value Preventive List
PC UNIFINE PENTIPS (5 MISC, 6 MISC, 8 MISC)	1	VAL Value Preventive List
PEN NEEDLE/5-BEVEL TIP	1	VAL Value Preventive List
PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 6 MISC)	1	VAL Value Preventive List
PEN NEEDLES 5/16"	1	VAL Value Preventive List
PENTIPS	1	VAL Value Preventive List
PENTIPS GENERIC PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 6 MISC)	1	VAL Value Preventive List
PIP PEN NEEDLES 31G X 5MM	1	VAL Value Preventive List
PIP PEN NEEDLES 32G X 4MM	1	VAL Value Preventive List
PRECISION SURE-DOSE SYRINGE	1	VAL Value Preventive List
PREFERRED PLUS INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC	1	VAL Value Preventive List
PREFERRED PLUS UNIFINE PENTIPS (31G 5 MISC, 31G 6 MISC, 31G 8 MISC, 32G 4 MISC)	1	VAL Value Preventive List
PREVENT DROPSAFE PEN NEEDLES	1	VAL Value Preventive List
PREVENT SAFETY PEN NEEDLES	1	VAL Value Preventive List
PRO COMFORT INSULIN SYRINGE (SYRINGE 5/16" 0.5 ML MISC, SYRINGE 5/16" 1 ML MISC)	1	VAL Value Preventive List
PRO COMFORT PEN NEEDLES (PEN 4 MISC, PEN 5 MISC, PEN 6 MISC)	1	VAL Value Preventive List
PRODIGY INSULIN SYRINGE (SYRINGE 5/16" 0.3 ML MISC, SYRINGE 5/16" 0.5 ML MISC)	1	VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PURE COMFORT PEN NEEDLE (PEN 4 MISC, PEN 6 MISC)	1	VAL Value Preventive List
PURE COMFORT SAFETY PEN NEEDLE	1	VAL Value Preventive List
PX EXTRA SHORT PEN NEEDLES	1	VAL Value Preventive List
PX MINI PEN NEEDLES	1	VAL Value Preventive List
PX PEN NEEDLE 31G X 8 MM MISC	1	VAL Value Preventive List
PX SHORTLENGTH PEN NEEDLES	1	VAL Value Preventive List
QC PEN NEEDLES (PEN 6 MISC, PEN 8 MISC)	1	VAL Value Preventive List
QC UNIFINE PENTIPS	1	VAL Value Preventive List
QUICK TOUCH INSULIN PEN NEEDLE (PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 6 MISC)	1	VAL Value Preventive List
RA PEN NEEDLES	1	VAL Value Preventive List
RAYA SURE PEN NEEDLE (PEN 5 MISC, PEN 6 MISC, PEN 8 MISC)	1	VAL Value Preventive List
RELION INSULIN SYRINGE (SYRINGE 5/16" 0.3 ML MISC, SYRINGE 5/16" 0.5 ML MISC, SYRINGE 5/16" 1 ML MISC, SYRINGE 15/64" 0.5 ML MISC)	1	VAL Value Preventive List
RELION MINI PEN NEEDLES	1	VAL Value Preventive List
RELION PEN NEEDLES (PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC)	1	VAL Value Preventive List
RELION SHORT PEN NEEDLES	1	VAL Value Preventive List
SB INSULIN SYRINGE 31G X 5/16" 1 ML MISC	1	VAL Value Preventive List
SECURESAFE SAFETY PEN NEEDLES 31G X 5 MM MISC	1	VAL Value Preventive List
SHOPKO UNIFINE PENTIPS (31G 5 MISC, 31G 8 MISC, 32G 4 MISC)	1	VAL Value Preventive List
SHOPKO UNIFINE PENTIPS PLUS (31G 5 MISC, 31G 8 MISC, 32G 4 MISC)	1	VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SUPER TOUCH INSULIN SYRINGE (SYRINGE 30G 1/2" 0.3 ML MISC, SYRINGE 30G 5/16" 0.3 ML MISC, SYRINGE 31G 5/16" 0.3 ML MISC, SYRINGE 31G 5/16" 0.5 ML MISC, SYRINGE 31G 5/16" 1 ML MISC)	1	VAL Value Preventive List
SUPER TOUCH PEN NEEDLES	1	VAL Value Preventive List
SURE COMFORT INSULIN SYRINGE (SYRINGE 30G 1/2" 0.3 ML MISC, SYRINGE 30G 5/16" 0.3 ML MISC, SYRINGE 31G 5/16" 0.3 ML MISC, SYRINGE 31G 5/16" 0.5 ML MISC, SYRINGE 31G 5/16" 1 ML MISC)	1	VAL Value Preventive List
SURE COMFORT PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 6 MISC)	1	VAL Value Preventive List
TECHLITE INSULIN SYRINGE (SYRINGE 30G 5/16" 0.3 ML MISC, SYRINGE 31G 15/64" 0.5 ML MISC, SYRINGE 31G 5/16" 0.3 ML MISC, SYRINGE 31G 5/16" 0.5 ML MISC, SYRINGE 31G 5/16" 1 ML MISC)	1	VAL Value Preventive List
TECHLITE PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 6 MISC)	1	VAL Value Preventive List
TECHLITE PLUS PEN NEEDLES	1	VAL Value Preventive List
TODAYS HEALTH MINI PEN NEEDLES	1	VAL Value Preventive List
TODAYS HEALTH SHORT PEN NEEDLE	1	VAL Value Preventive List
TOPCARE CLICKFINE PEN NEEDLES	1	VAL Value Preventive List
TOPCARE ULTRA COMFORT INS SYR (SYR 30G 5/16" 0.3 ML MISC, SYR 31G 5/16" 0.3 ML MISC, SYR 31G 5/16" 0.5 ML MISC, SYR 31G 5/16" 1 ML MISC)	1	VAL Value Preventive List
TOPFINE INSULIN PEN NEEDLE	1	VAL Value Preventive List
TRUE COMFORT INSULIN SYRINGE (SYRINGE 5/16" 0.5 ML MISC, SYRINGE 5/16" 1 ML MISC)	1	VAL Value Preventive List
TRUE COMFORT PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 6 MISC)	1	VAL Value Preventive List
TRUE COMFORT PRO INSULIN SYR (SYR 5/16" 0.5 ML MISC, SYR 5/16" 1 ML MISC)	1	VAL Value Preventive List
TRUE COMFORT PRO PEN NEEDLES	1	VAL Value Preventive List
TRUE COMFORT SAFETY PEN NEEDLE	1	VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRUEPLUS 5-BEVEL PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC)	1	VAL Value Preventive List
TRUEPLUS INSULIN SYRINGE (SYRINGE 30G 5/16" 0.3 ML MISC, SYRINGE 31G 5/16" 0.3 ML MISC, SYRINGE 31G 5/16" 0.5 ML MISC, SYRINGE 31G 5/16" 1 ML MISC)	1	VAL Value Preventive List
TRUEPLUS PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC)	1	VAL Value Preventive List
ULTICARE INSULIN SAFETY SYR (SYR 1/2" 0.5 ML MISC, SYR 1/2" 1 ML MISC)	1	VAL Value Preventive List
ULTICARE INSULIN SYRINGE (SYRINGE 30G 1/2" 0.3 ML MISC, SYRINGE 30G 5/16" 0.3 ML MISC, SYRINGE 31G 5/16" 0.3 ML MISC, SYRINGE 31G 5/16" 0.5 ML MISC, SYRINGE 31G 5/16" 1 ML MISC)	1	VAL Value Preventive List
ULTICARE MICRO PEN NEEDLES	1	VAL Value Preventive List
ULTICARE MINI PEN NEEDLES (PEN 31G 6 MISC, PEN 32G 6 MISC)	1	VAL Value Preventive List
ULTICARE PEN NEEDLES 31G X 5 MM MISC	1	VAL Value Preventive List
ULTICARE SHORT PEN NEEDLES 31G X 8 MM MISC	1	VAL Value Preventive List
ULTIGUARD SAFEPACK PEN NEEDLE (PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 6 MISC)	1	VAL Value Preventive List
ULTIGUARD SAFEPACK SYR/NEEDLE (SYR/NEEDLE 30G 1/2" 0.3 ML MISC, SYR/NEEDLE 31G 5/16" 0.3 ML MISC, SYR/NEEDLE 31G 5/16" 0.5 ML MISC, SYR/NEEDLE 31G 5/16" 1 ML MISC)	1	VAL Value Preventive List
ULTILET PEN NEEDLE (PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC)	1	VAL Value Preventive List
ULTRA COMFORT INSULIN SYRINGE	1	VAL Value Preventive List
ULTRA COMFORT PEN NEEDLES	1	VAL Value Preventive List
ULTRA FLO INSULIN PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC)	1	VAL Value Preventive List
ULTRA FLO INSULIN SYR 1/2 UNIT	1	VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ULTRA FLO INSULIN SYRINGE (SYRINGE 30G 1/2" 0.3 ML MISC, SYRINGE 30G 5/16" 0.3 ML MISC, SYRINGE 31G 5/16" 0.3 ML MISC, SYRINGE 31G 5/16" 0.5 ML MISC, SYRINGE 31G 5/16" 1 ML MISC)	1	VAL Value Preventive List
ULTRA THIN PEN NEEDLES	1	VAL Value Preventive List
ULTRA-THIN II INS SYR SHORT (SYR 30G 5/16" 0.3 ML MISC, SYR 31G 5/16" 0.3 ML MISC, SYR 31G 5/16" 0.5 ML MISC, SYR 31G 5/16" 1 ML MISC)	1	VAL Value Preventive List
ULTRA-THIN II MINI PEN NEEDLE	1	VAL Value Preventive List
ULTRA-THIN II PEN NEEDLE SHORT	1	VAL Value Preventive List
ULTRACARE INSULIN SYRINGE (SYRINGE 30G 5/16" 0.3 ML MISC, SYRINGE 31G 5/16" 0.3 ML MISC, SYRINGE 31G 5/16" 0.5 ML MISC, SYRINGE 31G 5/16" 1 ML MISC)	1	VAL Value Preventive List
ULTRACARE PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 6 MISC)	1	VAL Value Preventive List
UNIFINE OTC PEN NEEDLES	1	VAL Value Preventive List
UNIFINE PEN NEEDLES	1	VAL Value Preventive List
UNIFINE PENTIPS (31G 5 MISC, 31G 6 MISC, 31G 8 MISC, 32G 4 MISC, 32G 6 MISC)	1	VAL Value Preventive List
UNIFINE PENTIPS PLUS (31G 5 MISC, 31G 6 MISC, 31G 8 MISC, 32G 4 MISC)	1	VAL Value Preventive List
UNIFINE PROTECT PEN NEEDLE 32G X 4 MM MISC	1	VAL Value Preventive List
UNIFINE SAFECONTROL PEN NEEDLE (PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC)	1	VAL Value Preventive List
UNIFINE ULTRA PEN NEEDLE (PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 6 MISC)	1	VAL Value Preventive List
VALUMARK PEN NEEDLES (PEN 6 MISC, PEN 8 MISC)	1	VAL Value Preventive List
VERIFINE INSULIN PEN NEEDLE (PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 6 MISC)	1	VAL Value Preventive List
VERIFINE INSULIN SYRINGE (SYRINGE 5/16" 0.3 ML MISC, SYRINGE 5/16" 0.5 ML MISC, SYRINGE 5/16" 1 ML MISC)	1	VAL Value Preventive List
VERIFINE PLUS PEN NEEDLE	1	VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VERISAFE SAFETY INSULIN SYR	1	VAL Value Preventive List
VIDA MIA UNIFINE PENTIPS (31G 6 MISC, 31G 8 MISC, 32G 4 MISC)	1	VAL Value Preventive List
WEGMANS UNIFINE PENTIPS PLUS	1	VAL Value Preventive List
ZEVRX PEN NEEDLES	1	VAL Value Preventive List
SPACER/AEROSOL-HOLDING CHAMBERS & SUPPLIES		
AEROCHAMBER HOLDING CHAMBER	2	
AEROCHAMBER MINI CHAMBER	2	
AEROCHAMBER MV	2	
AEROCHAMBER PLS FLOVU MTHPIECE	2	
AEROCHAMBER PLUS FLO-VU	2	
AEROCHAMBER PLUS FLO-VU INTERM	2	
AEROCHAMBER PLUS FLO-VU LARGE	2	
AEROCHAMBER PLUS FLO-VU MEDIUM	2	
AEROCHAMBER PLUS FLO-VU SMALL	2	
AEROCHAMBER PLUS FLO-VU W/MASK	2	
AEROCHAMBER PLUS FLOW VU	2	
AEROCHAMBER W/FLOWSIGNAL	2	
AEROCHAMBER Z-STAT PLUS	2	
AEROCHAMBER Z-STAT PLUS CHAMBR	2	
AEROCHAMBER Z-STAT PLUS/LARGE	2	
AEROCHAMBER Z-STAT PLUS/MEDIUM	2	
AEROCHAMBER Z-STAT PLUS/SMALL	2	
AEROCHAMBER2GO ANTI-STATIC	2	
COMPACT SPACE CHAMBER	2	
COMPACT SPACE CHAMBER/LG MASK	2	
COMPACT SPACE CHAMBER/MED MASK	2	
COMPACT SPACE CHAMBER/SM MASK	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EASIVENT	2	
EASIVENT MASK LARGE	2	
EASIVENT MASK MEDIUM	2	
EASIVENT MASK SMALL	2	
MICROCHAMBER MISC	2	
MICROSPACER	2	
OPTICHAMBER DIAMOND MISC	2	
OPTICHAMBER DIAMOND-LG MASK	2	
OPTICHAMBER DIAMOND-MD MASK	2	
OPTICHAMBER DIAMOND-SM MASK	2	
PROCHAMBER VHC	2	
MIGRAINE PRODUCTS		
CALCITONIN GENE-RELATED PEPTIDE RECEPTOR ANTAG (CGRP)		
NURTEC	3	QL 8 / 30 day(s) PA
QULIPTA	3	PA
UBRELVY	2	QL 10 / 30 day(s) PA
CGRP RECEPTOR ANTAGONISTS - MONOCOLONAL ANTIBODIES		
AIMOVIG 140 MG/ML SOLN A-INJ	3	PA
AIMOVIG 70 MG/ML SOLN A-INJ	3	QL 1 / 30 DAYS PA
AJOVY 225 MG/1.5ML SOLN A-INJ	2	QL 1.5 / 30 day(s) PA
AJOVY 225 MG/1.5ML SOLN PRSYR	2	QL 1.5 / 30 DAYS PA
EMGALITY	2	QL 1 / 30 DAYS PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EMGALITY (300 MG DOSE)	2	QL 3 / 30 day(s) PA
ERGOT COMBINATIONS		
ERGOTAMINE-CAFFEINE	1	
dihydroergotamine mesylate inj 1 mg/ml	2	QL 24 / 30 DAYS
dihydroergotamine mesylate nasal spray 4 mg/ml	2	QL 16 / 30 day(s) PA
SELECTIVE SEROTONIN AGONISTS 5-HT(1)		
almotriptan malate	1	QL 9 / 28 DAYS
eletriptan hydrobromide	1	QL 9 / 28 DAYS
frovatriptan succinate	2	QL 9 / 28 DAYS
naratriptan hcl	1	QL 9 / 30 DAYS
rizatriptan benzoate	1	QL 9 / 28 DAYS
sumatriptan	1	QL 6 / 28 DAYS
sumatriptan succinate (solution 4 mg/0.5ml, solution 6 mg/0.5ml)	2	QL 2 / 28 day(s)
sumatriptan succinate (tab 25 mg, tab 50 mg, tab 100 mg)	1	QL 9 / 30 DAYS
sumatriptan succinate inj 6 mg/0.5ml	2	QL 5 / 28 day(s)
zolmitriptan (, nasal spray 5 mg/spray unit)	3	QL 6 / 28 day(s) ST
zolmitriptan (orally disintegrating tab 2.5 mg, orally disintegrating tab 5 mg, tab 5 mg)	1	QL 9 / 30 DAYS
zolmitriptan tab 2.5 mg	1	QL 12 / 30 DAYS
SELECTIVE SEROTONIN AGONISTS 5-HT(1F)		
REYVOW	3	QL 4 / 30 day(s) PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MINERALS & ELECTROLYTES		
FLUORIDE		
SODIUM FLUORIDE (0.55 (0.25 F) MG CHEW TAB, CHEW TAB 1 MG F (FROM 2.2 MG NAF), 1.1 (0.5 F) MG CHEW TAB, 1.1 (0.5 F) MG/ML SOLUTION, 2.2 (1 F) MG CHEW TAB)	1	PRE Preventative
PHOSPHATE		
PHOSPHO-TRIN K500	1	
POTASSIUM		
EFFER-K 25 MEQ EFFER TAB	1	
KLOR-CON 10	1	
potassium bicarbonate	1	
potassium chloride (cap er 8 meq, cap er 10 meq, oral soln 10% (20 meq/15ml), oral soln 20% (40 meq/15ml), tab er 8 meq (600 mg), tab er 10 meq, tab er 20 meq (1500 mg))	1	
POTASSIUM CHLORIDE ER 8 MEQ TAB ER	1	
potassium chloride microencapsulated crystals er (crys er tab 10, crys er tab 15, crys er tab 20)	1	
potassium chloride powder packet 20 meq	2	
MISCELLANEOUS THERAPEUTIC CLASSES		
ANTILEPROTICS		
THALOMID	4	PA S
B-LYMPHOCYTE STIMULATOR (BLYS)-SPECIFIC INHIBITORS		
BENLYSTA (200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR)	4	PA S
CHELATING AGENTS		
penicillamine	4	PA S
trientine hcl	4	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CYCLOSPORINE ANALOGS		
cyclosporine cap 100 mg	2	
cyclosporine cap 25 mg	1	QL 90 / 30 DAYS
cyclosporine modified (for microemulsion) (cap 25 mg, cap 100 mg)	1	QL 4 / 1 day(s)
cyclosporine modified cap 50 mg	1	QL 120 / 30 DAYS
cyclosporine modified oral soln 100 mg/ml	1	QL 90 / 30 DAYS
NEORAL (25 MG CAP, 100 MG CAP)	4	QL 4 / 1 day(s) PA
NEORAL 100 MG/ML SOLUTION	4	PA
ENZYMES		
XIAFLEX	4	PA S
IMMUNOMODULATORS - BTK INHIBITORS		
RHAPSIDO	4	PA S
IMMUNOMODULATORS FOR MYELODYSPLASTIC SYNDROMES		
lenalidomide (cap 20 mg, caps 2.5 mg)	4	PA S
lenalidomide (cap 5 mg, cap 10 mg, cap 15 mg, cap 25 mg)	4	QL 1 / 1 day(s) PA S
INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS		
mycophenolate mofetil (cap 250 mg, tab 500 mg)	1	
mycophenolate mofetil for oral susp 200 mg/ml	2	PA AL1 Up to 8 yrs old
mycophenolate sodium	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
IRRIGATION SOLUTIONS		
irrigation solutions, physiological	3	
PHYSIOLYTE	3	
MACROLIDE IMMUNOSUPPRESSANTS		
ASTAGRAF XL	3	QL 2 / 1 day(s) PA
ENVARSUS XR	3	PA
everolimus (immunosuppressant) (tab 0.25 mg, tab 0.5 mg)	2	QL 120 / 30 day(s)
everolimus (immunosuppressant) (tab 0.75 mg, tab 1 mg)	2	QL 60 / 30 day(s)
sirolimus (tab 0.5 mg, tab 1 mg)	2	QL 1 / 1 day(s)
sirolimus oral soln 1 mg/ml	4	AL1 0 to 8 yrs old
sirolimus tab 2 mg	2	
tacrolimus (cap 0.5 mg, cap 1 mg, cap 5 mg)	1	
tacrolimus (cap er 24hr 0.5 mg, cap er 24hr 1 mg, cap er 24hr 5 mg)	2	QL 2 / 1 day(s)
MONOCLONAL ANTIBODIES		
ENSPRYNG	4	PA S
POTASSIUM REMOVING AGENTS		
LOKELMA	3	PA
*sodium polystyrene sulfonate (*sodium powder**, sodium susp 15 gm/60ml)*	1	
SPS (SODIUM POLYSTYRENE SULF)	1	
VELTASSA (16.8 GM PACKET, 25.2 GM PACKET)	3	QL 30 / 30 DAYS PA
VELTASSA 1 GM PACKET	3	QL 4 packets / 1 day(s) PA
VELTASSA 8.4 GM PACKET	3	QL 60 / 28 DAYS PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PURINE ANALOGS		
azathioprine tab 50 mg	1	
MOUTH/THROAT/DENTAL AGENTS ANESTHETICS TOPICAL ORAL		
lidocaine hcl (mouth-throat)	1	
ANTI-INFECTIVES - THROAT		
clotrimazole	1	
NYSTATIN	1	
nystatin (mouth-throat)	1	
ORAVIG	3	QL 14 / 14 DAYS PA
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate (mouth-throat)	1	
SALIVA STIMULANTS		
cevimeline hcl	1	
pilocarpine hcl (oral)	1	
STEROIDS - MOUTH/THROAT/DENTAL		
triamcinolone acetonide (mouth)	1	
MULTIVITAMINS PRENATAL MV & MIN W/FE-FA		
CO-NATAL FA	1	PRE Preventative
COMPLETENATE	2	
NEONATAL COMPLETE (27-1 MG TAB, 29-1 MG TAB)	1	
NEONATAL PLUS	1	
OB COMPLETE/DHA	2	
PNV 27-CA/FE/FA	2	
PRENATABS FA	1	PRE Preventative
PRENATAL 19 29-1 MG CHEW TAB	2	
PRENATAL 27-1 MG TAB	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PRENATAL VITAMIN PLUS LOW IRON	1	
TRINATAL RX 1	2	
VITATHELY WITH GINGER	1	
WESTAB PLUS	1	
PRENATAL MV & MIN W/FE-FA-CA-OMEGA 3 FISH OIL		
COMPLETE NATAL DHA	2	
WESNATAL DHA COMPLETE	2	
PRENATAL MV & MIN W/FE-FA-DHA		
PNV-DHA+DOCUSATE	2	
VITAFOL-OB+DHA	2	
VITAMEDMD ONE RX/QUATREFOLIC	2	
PRENATAL VITAMINS		
VITAMEDMD REDICHEW RX	2	
MUSCULOSKELETAL THERAPY AGENTS **CENTRAL MUSCLE RELAXANTS**		
baclofen (5 mg/5ml solution, oral soln 5 mg/5ml, oral soln 10 mg/5ml, susp 25 mg/5ml)	2	
baclofen tab 10 mg	1	QL 8 / 1 day(s)
baclofen tab 20 mg	1	QL 6 / 1 day(s)
baclofen tab 5 mg	1	QL 16 / 1 day(s)
carisoprodol tab 250 mg	2	PA
chlorzoxazone (tab 500 mg, tab 750 mg)	1	
cyclobenzaprine hcl (tab 5 mg, tab 10 mg)	1	
metaxalone tab 800 mg	1	QL 90 / 30 DAYS
methocarbamol (tab 500 mg, tab 750 mg)	1	
orphenadrine citrate tab er 12hr 100 mg	1	
tizanidine hcl	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DIRECT MUSCLE RELAXANTS		
dantrolene sodium (cap 25 mg, cap 50 mg, cap 100 mg)	1	
MUSCLE RELAXANT COMBINATIONS		
ORPHENGESIC FORTE	2	PA
NASAL AGENTS - SYSTEMIC AND TOPICAL ANTIHISTAMINE-STEROID		
azelastine hcl-fluticasone propionate	2	
NASAL ANTICHOLINERGICS		
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	1	QL 30 / 28 DAYS
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	1	QL 15 / 14 DAYS
NASAL ANTIHISTAMINES		
azelastine hcl (nasal spray 0.1% (137 mcg/spray), nasal spray 0.15% (205.5 mcg/spray))	1	QL 30 / 25 DAYS
olopatadine hcl (nasal)	1	QL 30.5 / 30 DAYS
NASAL STEROIDS		
flunisolide (nasal)	1	QL 25 / 25 day(s)
fluticasone propionate (nasal)	1	QL 16 / 30 DAYS
mometasone furoate (nasal)	1	QL 34 / 30 DAYS
XHANCE	2	PA
NEUROMUSCULAR AGENTS ALS AGENTS - MISCELLANEOUS		
RADICAVA ORS	4	PA S
RADICAVA ORS STARTER KIT	4	PA S
BENZATHIAZOLES		
riluzole	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NONDEPOLARIZING MUSCLE RELAXANTS		
atracurium besylate preservative free (pf) iv soln 50 mg/5ml	2	PA
SPINAL MUSCULAR ATROPHY-SMN2 SPLICING MODIFIERS		
EVRYSDI (0.75 MG/ML RECON SOLN, 5 MG TAB)	4	PA S
NUTRIENTS **LIPIDS**		
DOJOLVI	4	PA S
OPHTHALMIC AGENTS **ALPHA ADRENERGIC AGONIST & CARBONIC ANHYDRASE INHIB COMB**		
SIMBRINZA	3	
ARTIFICIAL TEAR INSERTS		
LACRISERT	3	PA
BETA-BLOCKERS - OPHTHALMIC		
BETAXOLOL HCL	1	
betaxolol hcl (ophth)	1	
BETIMOL 0.25 % SOLUTION	3	
BETOPTIC-S	3	
CARTEOLOL HCL	1	
LEVOBUNOLOL HCL	1	
timolol	2	
timolol maleate (ophth) (gel forming soln 0.25%, gel forming soln 0.5%, soln 0.25%, soln 0.5%)	1	
BETA-BLOCKERS - OPHTHALMIC COMBINATIONS		
brimonidine tartrate-timolol maleate	1	
dorzolamide hcl-timolol maleate (pf soln 2-0.5%, sol 22.3-6.8 mg/ml pf, soln 2-0.5%, soln 22.3-6.8 mg/ml)	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CYCLOPLEGIC MYDRIATICS		
ATROPINE SULFATE 1 % SOLUTION	1	
atropine sulfate ophth soln 1%	1	
cyclopentolate hcl	1	
tropicamide	1	
LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG		
XIIDRA	2	
MIOTICS - DIRECT ACTING		
pilocarpine hcl	1	
OPHTHALMIC ANTI-INFECTIVE COMBINATIONS		
BACITRACIN-POLYMYXIN B	1	
bacitracin-polymyxin b (ophth)	1	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	1	
NEOMYCIN-BACITRACIN ZN-POLYMYX	1	
NEOMYCIN-POLYMYXIN-GRAMICIDIN	1	
polymyxin b-trimethoprim	1	
OPHTHALMIC ANTIALLERGIC		
ALOCRIL	2	
ALOMIDE	2	
azelastine hcl (ophth)	1	
bepotastine besilate	2	QL 10 / 30 day(s)
CROMOLYN SODIUM	1	
cromolyn sodium (ophth)	1	
EPINASTINE HCL	1	
epinastine hcl (ophth)	1	
olopatadine hcl ophth soln 0.2% (base equivalent)	1	
OPHTHALMIC ANTIBIOTICS		
AZASITE	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BACITRACIN 500 UNIT/GM OINTMENT	1	
BESIFLOXACIN HCL	3	
ciprofloxacin hcl (ophth)	1	
erythromycin (ophth)	1	
ERYTHROMYCIN 5 MG/GM OINTMENT	1	
gatifloxacin (ophth)	1	QL 2.5 / 30 DAYS
gentamicin sulfate (ophth)	1	
levofloxacin (ophth)	1	
LEVOFLOXACIN 0.5 % SOLUTION	1	
LEVOFLOXACIN 1.5 % SOLUTION	2	
MOXIFLOXACIN HCL (2X DAY)	1	
moxifloxacin hcl (ophth)	1	
ofloxacin (ophth)	1	
tobramycin (ophth)	1	
OPHTHALMIC ANTIFUNGAL		
NATACYN	3	
OPHTHALMIC ANTIVIRALS		
TRIFLURIDINE	1	
ZIRGAN	3	
OPHTHALMIC CARBONIC ANHYDRASE INHIBITORS		
brinzolamide	2	
dorzolamide hcl	1	
OPHTHALMIC ECTOPARASITICIDE		
XDEMVY	4	PA S
OPHTHALMIC IMMUNOMODULATORS		
cyclosporine (ophth)	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OPHTHALMIC KINASE INHIBITORS - COMBINATIONS		
ROCKLATAN	3	ST
OPHTHALMIC NONSTEROIDAL ANTI-INFLAMMATORY AGENTS		
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)	1	QL 3.4 / 30 DAYS
diclofenac sodium (ophth)	1	
FLURBIPROFEN SODIUM	1	
ILEVRO	3	
ketorolac tromethamine (ophth)	1	
KETOROLAC TROMETHAMINE 0.4 % SOLUTION	1	
NEVANAC	3	
OPHTHALMIC RHO KINASE INHIBITORS		
RHOPRESSA	3	ST
OPHTHALMIC SELECTIVE ALPHA ADRENERGIC AGONISTS		
apraclonidine hcl	1	
brimonidine tartrate ophth soln 0.2%	1	
OPHTHALMIC STEROID COMBINATIONS		
BLEPHAMIDE S.O.P.	3	
neomycin-polymy-dexameth	1	
SULFACETAMIDE-PREDNISOLONE	1	
TOBRADEX 0.3-0.1 % OINTMENT	2	
tobramycin-dexamethasone	1	
OPHTHALMIC STEROIDS		
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	1	
difluprednate	1	QL 5 / 30 day(s)
FLAREX	3	
fluorometholone (ophth)	1	
FML	2	
FML FORTE	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LOTEMAX 0.5 % OINTMENT	3	ST
loteprednol etabonate ophth gel 0.5%	1	
loteprednol etabonate ophth susp 0.2%	2	ST
loteprednol etabonate ophth susp 0.5%	1	QL 15 / 30 DAYS
MAXIDEX	3	
PRED MILD	2	
prednisolone acetate (ophth)	1	QL 15 / 30 day(s)
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	1	
OPHTHALMIC SULFONAMIDES		
sulfacetamide sodium (ophth)	1	
SULFACETAMIDE SODIUM 10 % SOLUTION	1	
OPHTHALMICS - CYSTINOSIS AGENTS		
CYSTADROPS	4	PA S
CYSTARAN	4	PA S
PROSTAGLANDINS - OPHTHALMIC		
bimatoprost ophth soln 0.01%	2	QL 7 / 30 day(s)
latanoprost	1	QL 5 / 30 DAYS
tafluprost	2	QL 1 / 1 day(s)
travoprost	2	
OTIC AGENTS **OTIC AGENTS - MISCELLANEOUS**		
acetic acid (otic)	1	
OTIC ANTI-INFECTIVES		
ciprofloxacin hcl (otic)	1	
ofloxacin (otic)	1	
OTIPRIO	3	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OTIC STEROID-ANTI-INFECTIVE COMBINATIONS		
ciprofloxacin-dexamethasone	1	
ciprofloxacin-hydrocortisone	2	
neomycin-polymyxin-hc (otic) (soln 1%, susp 3.5 mg/ml-10000 unit/ml-1%)	1	
OTIC STEROIDS		
fluocinolone acetonide (otic)	1	
hydrocortisone w/acetic acid	1	
OXYTOCICS		
methylergonovine maleate tab 0.2 mg	2	QL 28 / 30 DAYS
PASSIVE IMMUNIZING AND TREATMENT AGENTS ANTIVIRAL MONOCLONAL ANTIBODIES		
BEYFORTUS 100 MG/ML SOLN PRSYR	2	QL 1 / 0 day(s) AL1 Up to 0.67 yrs old MFL 1 / 365 day(s) PRE Preventative
BEYFORTUS 50 MG/0.5ML SOLN PRSYR	2	QL 0.5 / 0 day(s) AL1 Up to 0.67 yrs old MFL 1 / 365 day(s) PRE Preventative
ENFLONSIA	2	QL 0.7 / day(s) AL1 At least 0.67 yrs old MFL 1 / 365 day(s) PRE Preventative
SYNAGIS	4	PA S
IMMUNE SERUMS		
HIZENTRA	4	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PASSIVE IMMUNIZING AGENTS - COMBINATIONS		
HYQVIA	4	PA S
PENICILLINS **AMINOPENICILLINS**		
amoxicillin (, (trihydrate) cap 250 mg, (trihydrate) cap 500 mg, (trihydrate) for susp 125 mg/5ml, (trihydrate) for susp 200 mg/5ml, (trihydrate) for susp 250 mg/5ml, (trihydrate) for susp 400 mg/5ml, (trihydrate) tab 500 mg, (trihydrate) tab 875 mg)	1	
ampicillin	1	
NATURAL PENICILLINS		
penicillin v potassium	1	
PENICILLIN COMBINATIONS		
amoxicillin & pot clavulanate (for susp 200-28.5 mg/5ml, for susp 250-62.5 mg/5ml, for susp 400-57 mg/5ml, for susp 600-42.9 mg/5ml, tab 250-125 mg, tab 500-125 mg, tab 875-125 mg)	1	
AMOXICILLIN-POT CLAVULANATE	1	
PENICILLINASE-RESISTANT PENICILLINS		
dicloxacillin sodium	1	
nafcillin sodium for inj 1 gm	2	PA
PROGESTINS		
medroxyprogesterone acetate	1	
MEGESTROL ACETATE	1	
megestrol acetate (appetite)	1	
norethindrone acetate	1	
progesterone (cap 100 mg, cap 200 mg)	1	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. **ALCOHOL DETERRENTS**		
acamprosate calcium	1	
disulfiram tab 250 mg	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
disulfiram tab 500 mg	2	
BENZODIAZEPINES & TRICYCLIC AGENTS		
CHLORDIAZEPOXIDE-AMITRIPTYLINE 5-12.5 MG TAB	1	
CHOLINOMIMETICS - ACHE INHIBITORS		
donepezil hydrochloride	1	QL 30 / 30 DAYS
GALANTAMINE HYDROBROMIDE	1	QL 180 / 30 DAYS
galantamine hydrobromide (cap er 24hr 16 mg, cap er 24hr 24 mg, cap er 24hr 8 mg)	1	QL 30 / 30 DAYS
galantamine hydrobromide (tab 4 mg, tab 8 mg, tab 12 mg)	1	QL 60 / 30 DAYS
rivastigmine	1	QL 30 / 30 DAYS
rivastigmine tartrate	1	QL 60 / 30 DAYS
FIBROMYALGIA AGENT - SNRIS		
milnacipran hcl (tab 12.5 mg, tab 25 mg, tab 50 mg, tab 100 mg)	1	QL 60 / 30 day(s)
milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak	1	QL 55 / 28 day(s)
MOVEMENT DISORDER DRUG THERAPY		
tetrabenazine	2	QL 3 / 1 day(s)
MS AGENTS - PYRIMIDINE SYNTHESIS INHIBITORS		
teriflunomide	4	PA S
MULTIPLE SCLEROSIS AGENTS		
glatiramer acetate soln prefilled syringe 20 mg/ml	4	QL 30 / 30 day(s)
glatiramer acetate soln prefilled syringe 40 mg/ml	4	QL 12 / 28 day(s)
MULTIPLE SCLEROSIS AGENTS - INTERFERONS		
REBIF	4	PA S
REBIF REBIDOSE	4	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
REBIF REBIDOSE TITRATION PACK	4	PA S
REBIF TITRATION PACK	4	PA S
MULTIPLE SCLEROSIS AGENTS - MONOCLONAL ANTIBODIES		
KESIMPTA	4	PA S
MULTIPLE SCLEROSIS AGENTS - NRF2 PATHWAY ACTIVATORS		
dimethyl fumarate (capsule delayed release 120 mg, capsule delayed release 240 mg, capsule dr starter pack 120 mg & 240 mg)	1	QL 2 / 1 day(s)
MULTIPLE SCLEROSIS AGENTS - POTASSIUM CHANNEL BLOCKERS		
dalfampridine	2	QL 60 / 30 DAYS
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONISTS		
MEMANTINE HCL	1	QL 49 / 30 day(s)
memantine hcl (cap er 24hr 14 mg, cap er 24hr 21 mg, cap er 24hr 28 mg, cap er 24hr 7 mg, oral solution 2 mg/ml)	1	QL 30 / 30 DAYS
memantine hcl tab 10 mg	1	QL 60 / 30 DAYS
memantine hcl tab 5 mg	1	QL 120 / 30 DAYS
PHENOTHIAZINES & TRICYCLIC AGENTS		
PERPHENAZINE-AMITRIPTYLINE	1	
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS - SSRIS		
FLUOXETINE HCL (PMDD)	1	QL 90 / 30 DAYS VAL Value Preventive List
ERGOLOID MESYLATES	1	
pimozide tab 1 mg	1	QL 1 / 1 day(s)
pimozide tab 2 mg	1	QL 2 / 1 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SMOKING DETERRENTS		
bupropion hcl (smoking deterrent)	1	QL 3 / 1 day(s) PRE Preventative
NICORETTE	1	PRE Preventative
NICORETTE MINI	1	PRE Preventative
NICORETTE STARTER KIT	1	PRE Preventative
nicotine	1	QL 30 / 30 DAYS PRE Preventative
NICOTINE	1	PRE Preventative
nicotine polacrilex (gum 2 mg, lozenge 4 mg)	1	QL 720 / 30 DAYS PRE Preventative
nicotine polacrilex (gum 4 mg, lozenge 2 mg)	1	PRE Preventative
NICOTROL	1	QL 672 / 30 DAYS PRE Preventative
NICOTROL NS	1	QL 120 / 30 DAYS PRE Preventative
varenicline tartrate (tab 0.5 mg, tab 1 mg)	1	QL 60 / 30 day(s) PRE Preventative
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	1	QL 53 / 0 day(s) MFL 1 / 365 day(s) PRE Preventative
SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS		
fingolimod hcl	1	QL 1 / 1 day(s)
GILENYA 0.25 MG CAP	4	PA S
MAYZENT	4	PA S
MAYZENT STARTER PACK	4	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VASOMOTOR SYMPTOM AGENTS - SSRIS		
paroxetine mesylate (vasomotor)	1	QL 30 / 30 DAYS
RESPIRATORY AGENTS - MISC. CYSTIC FIBROSIS AGENT - COMBINATIONS		
ORKAMBI	4	PA S
TRIKAFTA	4	PA S
HYDROLYTIC ENZYMES		
PULMOZYME	4	PA S
PULMONARY FIBROSIS AGENTS		
pirfenidone	2	
PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS		
nintedanib esylate	4	PA S
SULFONAMIDES		
sulfadiazine	1	
TETRACYCLINES		
demeclocycline hcl	2	
doxycycline (monohydrate) (cap 50 mg, cap 100 mg, tab 50 mg, tab 75 mg, tab 100 mg, tab 150 mg)	1	
doxycycline hyclate (50 mg tab dr, tab delayed release 50 mg, tab delayed release 75 mg, tab delayed release 100 mg, tab delayed release 150 mg)	2	
doxycycline hyclate (cap 50 mg, cap 100 mg, tab 20 mg, tab 100 mg)	1	
doxycycline monohydrate for susp 25 mg/5ml	1	AL1 Up to 8 yrs old
minocycline hcl (cap 50 mg, cap 75 mg, cap 100 mg, tab 50 mg, tab 100 mg)	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
minocycline hcl (tab er 24hr 105 mg, tab er 24hr 115 mg, tab er 24hr 135 mg, tab er 24hr 45 mg, tab er 24hr 55 mg, tab er 24hr 65 mg, tab er 24hr 80 mg, tab er 24hr 90 mg)	2	QL 30 / 30 DAYS
MINOCYCLINE HCL ER (ER 45 MG TAB ER 24H, ER 90 MG TAB ER 24H, ER 135 MG TAB ER 24H)	2	QL 30 / 30 day(s)
tetracycline hcl	1	
THYROID AGENTS		
ANTITHYROID AGENTS		
methimazole	1	
propylthiouracil	1	
THYROID HORMONES		
ARMOUR THYROID	2	
EVEXITHROID	2	
LEVOTHYROXINE SODIUM (13 MCG CAP, 25 MCG CAP, 50 MCG CAP, 75 MCG CAP, 88 MCG CAP, 100 MCG CAP, 112 MCG CAP, 125 MCG CAP, 137 MCG CAP, 150 MCG CAP, 175 MCG CAP, 200 MCG CAP)	2	
levothyroxine sodium (tab 25 mcg, tab 50 mcg, tab 75 mcg, tab 88 mcg, tab 100 mcg, tab 112 mcg, tab 125 mcg, tab 137 mcg, tab 150 mcg, tab 175 mcg, tab 200 mcg, tab 300 mcg)	1	
liothyronine sodium	1	
NIVA THYROID	1	
NP THYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB)	1	
NP THYROID 180 MG TAB	2	
RENTHYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB)	1	
RENTHYROID (45 MG TAB, 75 MG TAB)	2	
SYNTHROID	2	
THYROID	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TOXOIDS **TOXOID COMBINATIONS**		
ADACEL	1	PRE Preventative
BOOSTRIX	1	PRE Preventative
DAPTACEL	1	PRE Preventative
DIPHTHERIA-TETANUS TOXOIDS DT	1	PRE Preventative
INFANRIX	1	PRE Preventative
KINRIX	1	PRE Preventative
PEDIARIX	1	PRE Preventative
PENTACEL	1	PRE Preventative
QUADRACEL	1	PRE Preventative
TDVAX	1	PRE Preventative
TENIVAC	1	PRE Preventative
TETANUS-DIPHTHERIA TOXOIDS TD	1	PRE Preventative
VAXELIS	1	PRE Preventative
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS **ANTICHOLINERGIC COMBINATIONS**		
BELLADONNA ALKALOIDS-OPIUM 16.2-60 MG SUPPOS	2	
ANTISPASMODICS		
dicyclomine hcl (cap 10 mg, tab 20 mg)	1	
dicyclomine hcl oral soln 10 mg/5ml	1	AL1 Up to 8 yrs old
BELLADONNA ALKALOIDS		
hyoscyamine sulfate (0.125 mg sl tab, 0.125 mg tab, 0.125 mg tab disp, sl tab 0.125 mg, tab 0.125 mg, tab disint 0.125 mg, tab er 12hr 0.375 mg)	1	
hyoscyamine sulfate (0.125 mg/5ml elixir, elixir 0.125 mg/5ml)	1	AL1 Up to 8 yrs old
HYOSCYAMINE SULFATE ER	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HYOSCYAMINE SULFATE SL	1	
OSCIMIN 0.125 MG SL TAB	1	
H-2 ANTAGONISTS		
cimetidine hcl	1	AL1 Up to 8 yrs old
famotidine (for susp 40 mg/5ml, tab 20 mg, tab 40 mg)	1	
nizatidine (, 300 mg cap)	1	
MISC. ANTI-ULCER		
sucralfate susp 1 gm/10ml	2	AL1 Up to 12 yrs old
sucralfate tab 1 gm	1	
PROTON PUMP INHIBITOR-ANTACID COMBINATIONS		
KONVOMEP	3	QL 300 / 30 day(s) AL1 Up to 8 yrs old
PROTON PUMP INHIBITORS		
dexlansoprazole cap delayed release 30 mg	2	QL 1 / 1 day(s) ST
dexlansoprazole cap delayed release 60 mg	2	QL 30 / 30 day(s) ST
esomeprazole magnesium (susp pack 2.5 mg, susp packet 5 mg, susp packet 10 mg, susp packet 20 mg, susp packet 40 mg)	2	AL1 Up to 8 yrs old
esomeprazole magnesium cap delayed release 20 mg (base eq)	1	
esomeprazole magnesium cap delayed release 40 mg (base eq)	1	QL 60 / 30 DAYS
FIRST-LANSOPRAZOLE	1	QL 10 / 1 day(s) AL1 Up to 8 yrs old
FIRST-OMEPRAZOLE	1	QL 10 / 1 day(s) AL1 Up to 8 yrs old
lansoprazole (cap 15 mg, cap 30 mg)	1	QL 60 / 30 DAYS
lansoprazole (tab 15 mg, tab 30 mg)	2	QL 60 / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
omeprazole (cap 10 mg, cap 40 mg)	1	QL 60 / 30 DAYS
omeprazole cap delayed release 20 mg	1	QL 60 / 30 day(s)
pantoprazole sodium (ec tab 20 mg, ec tab 40 mg)	1	QL 60 / 30 DAYS
rabeprazole sodium	1	QL 60 / 30 DAYS
QUATERNARY ANTICHOLINERGICS		
glycopyrrolate (oral soln 1 mg/5ml, tab 1 mg, tab 2 mg)	1	
methscopolamine bromide	1	
ULCER DRUGS - PROSTAGLANDINS		
misoprostol	1	
URINARY ANTISPASMODICS **URINARY ANTISPASMODIC - ANTIMUSCARINIC (ANTICHOLINERGIC)**		
darifenacin hydrobromide tab er 24hr 15 mg (base equiv)	1	QL 30 / 30 DAYS
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)	1	
fesoterodine fumarate	1	QL 30 / 30 day(s)
GELNIQUE	3	QL 30 / 30 DAYS
oxybutynin chloride (tab er 24hr 10 mg, tab er 24hr 15 mg, tab er 24hr 5 mg)	1	
oxybutynin chloride solution 5 mg/5ml	1	QL 20 ml / 1 day(s)
oxybutynin chloride tab 2.5 mg	2	QL 1 / 1 day(s) AL1 0 to 18 yrs old
oxybutynin chloride tab 5 mg	1	QL 120 / 30 DAYS
solifenacin succinate	2	QL 30 / 30 DAYS
tolterodine tartrate (cap er 24hr 2 mg, cap er 24hr 4 mg)	1	QL 30 / 30 DAYS
tolterodine tartrate (tab 1 mg, tab 2 mg)	1	QL 60 / 30 DAYS
trospium chloride cap er 24hr 60 mg	1	
trospium chloride tab 20 mg	1	QL 60 / 30 DAYS
VESICARE LS	3	AL1 Up to 8 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
mirabegron (tab er 24 hr 25 mg, tab er 24 hr 50 mg)	2	QL 30 / 30 day(s) ST
mirabegron granules for oral extended release susp 8 mg/ml	2	QL 10 / 1 day(s) ST AL1 Up to 8 yrs old
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
bethanechol chloride	1	
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
flavoxate hcl	1	
VACCINES **BACTERIAL VACCINES**		
ACTHIB	1	PRE Preventative
BEXSERO	1	PRE Preventative
CAPVAXIVE	1	PRE Preventative
HIBERIX	1	PRE Preventative
MENACTRA	1	PRE Preventative
MENQUADFI	1	PRE Preventative
MENVEO (RECON SOLN, SOLUTION)	1	PRE Preventative
PEDVAXHIB	1	PRE Preventative
PENBRAYA	1	PRE Preventative
PENMENVY	1	PRE Preventative
PNEUMOVAX 23	1	PRE Preventative
PREVNAR 13	1	PRE Preventative
PREVNAR 20	1	PRE Preventative
TRUMENBA	1	PRE Preventative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VAXNEUVANCE	1	PRE Preventative
VIRAL VACCINE COMBINATIONS		
M-M-R II	1	PRE Preventative
PRIORIX	1	PRE Preventative
PROQUAD	1	PRE Preventative
TWINRIX	1	PRE Preventative
VIRAL VACCINES		
ABRYSVO	2	PRE Preventative
ACAM2000	2	PRE Preventative
AFLURIA	1	QL 0.5 / 0 DAYS PRE Preventative
AFLURIA PRESERVATIVE FREE	1	QL 0.5 / 0 DAYS PRE Preventative
AFLURIA QUADRIVALENT	1	QL 0.5 / 0 DAYS PRE Preventative
AREXVY	2	AL1 At least 18 yrs old PRE Preventative
AUDENZ	1	QL 1 / 0 day(s)
COMIRNATY	1	MFL 3 / 1 year(s) PRE Preventative
COMIRNATY 5-11 YEARS	2	MFL 3 / 1 year(s) PRE Preventative
ENGERIX-B	1	PRE Preventative
FLUAD	1	QL 0.5 / 0 DAYS PRE Preventative
FLUAD QUADRIVALENT	1	MFL 1 / 365 day(s) PRE Preventative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FLUARIX	1	QL 0.5 / 0 DAYS PRE Preventative
FLUARIX QUADRIVALENT	1	QL 0.5 / 0 DAYS PRE Preventative
FLUBLOK	1	QL 0.5 ml / 0 day(s) PRE Preventative
FLUBLOK QUADRIVALENT	1	QL 0.5 / 0 day(s) AL1 At least 18 yrs old PRE Preventative
FLUCELVAX	2	QL 0.5 ml / 0 day(s) PRE Preventative
FLUCELVAX QUADRIVALENT SUSPENSION	1	QL 0.5 / 0 day(s) PRE Preventative
FLUCELVAX QUADRIVALENT 0.5 ML SUSP PRSYR	1	QL 0.5 / 0 DAYS PRE Preventative
FLULAVAL	1	QL 0.5 / 0 DAYS PRE Preventative
FLULAVAL QUADRIVALENT	1	QL 0.5 / 0 DAYS PRE Preventative
FLUMIST	1	MFL 1 / 365 day(s) PRE Preventative
FLUMIST QUADRIVALENT	1	QL 0.5 / 0 DAYS PRE Preventative
FLUZONE (0.5 ML SUSP PRSYR, SUSPENSION)	1	QL 0.5 / 0 DAYS PRE Preventative
FLUZONE HIGH-DOSE	1	QL 0.5 / 0 DAYS PRE Preventative
FLUZONE HIGH-DOSE QUADRIVALENT	1	PRE Preventative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FLUZONE QUADRIVALENT	1	QL 0.5 / 0 DAYS PRE Preventative
GARDASIL 9	1	AL1 9 to 45 yrs old PRE Preventative
HAVRIX	1	PRE Preventative
HEPLISAV-B	1	PRE Preventative
IPOL	1	PRE Preventative
JYNNEOS	2	PRE Preventative
MFLUSIVA	1	QL 0.38 / 0 day(s) MFL 1 / 365 day(s)
MNEXSPIKE	1	MFL 3 / 1 year(s) PRE Preventative
MODERNA COVID-19 BIVAL 6M-5Y	1	MFL 3 / 1 year(s) PRE Preventative
MODERNA COVID-19 BIVALENT	1	MFL 3 / 1 year(s) PRE Preventative
MODERNA COVID-19 VAC (BOOSTER)	1	MFL 3 / 365 day(s) PRE Preventative
MODERNA COVID-19 VAC 6M-11Y 25 MCG/0.25ML SUSP PRSYR	1	MFL 3 / 1 year(s) PRE Preventative
MODERNA COVID-19 VAC 6M-11Y 25 MCG/0.25ML SUSPENSION	2	MFL 3 / 1 year(s) PRE Preventative
MODERNA COVID-19 VACC 6M-5Y	1	MFL 3 / 1 year(s) PRE Preventative
MODERNA COVID-19 VACCINE	1	MFL 3 / 1 year(s) PRE Preventative
MRESVIA	2	AL1 At least 18 yrs old PRE Preventative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NOVAVAX COVID-19 VACCINE	1	MFL 3 / 1 year(s) PRE Preventative
NUVAXOVID COVID-19 VACCINE	1	MFL 3 / 1 year(s) PRE Preventative
PFIZER COVID-19 BIVAL 6MO-4YR	1	MFL 3 / 1 year(s) PRE Preventative
PFIZER COVID-19 VAC BIVAL 5-11	1	MFL 3 / 1 year(s) PRE Preventative
PFIZER COVID-19 VAC BIVALENT	1	MFL 3 / 1 year(s) PRE Preventative
PFIZER COVID-19 VAC-TRIS 5-11Y 10 MCG/0.2ML SUSPENSION	1	MFL 3 / 1 year(s) PRE Preventative
PFIZER COVID-19 VAC-TRIS 5-11Y 10 MCG/0.3ML SUSPENSION	2	MFL 3 / 1 year(s) PRE Preventative
PFIZER COVID-19 VAC-TRIS 6M-4Y 3 MCG/0.2ML SUSPENSION	1	MFL 3 / 365 day(s) PRE Preventative
PFIZER COVID-19 VAC-TRIS 6M-4Y 3 MCG/0.3ML SUSPENSION	2	MFL 3 / 1 year(s) PRE Preventative
PFIZER-BIONT COVID-19 VAC-TRIS	1	MFL 3 / 1 year(s) PRE Preventative
PFIZER-BIONTECH COVID-19 VACC	1	MFL 3 / 1 year(s) PRE Preventative
PREHEVBRIO	1	PRE Preventative
RECOMBIVAX HB	1	PRE Preventative
ROTARIX	1	AL1 Up to 8 yrs old PRE Preventative
ROTATEQ	1	AL1 Up to 8 yrs old PRE Preventative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SHINGRIX (50 MCG/0.5ML RECON SUSP, 50 MCG/0.5ML SUSP PRSYR)	1	PRE Preventative
SPIKEVAX 50 MCG/0.5ML SUSP PRSYR	1	MFL 3 / 1 year(s) PRE Preventative
SPIKEVAX 50 MCG/0.5ML SUSPENSION	1	MFL 3 / 365 day(s) PRE Preventative
SPIKEVAX 6M-11Y	1	MFL 3 / 1 year(s) PRE Preventative
SPIKEVAX COVID-19 VACCINE	1	MFL 3 / 1 year(s) PRE Preventative
VAQTA	1	PRE Preventative
VARIVAX	1	PRE Preventative
VAGINAL AND RELATED PRODUCTS IMIDAZOLE-RELATED ANTIFUNGALS		
terconazole vaginal cream 0.4%	1	QL 450 / 30 DAYS
terconazole vaginal cream 0.8%	1	QL 450 / 30 day(s)
terconazole vaginal suppos 80 mg	1	QL 3 / 3 DAYS
VAGINAL ANTI-INFECTIVES		
clindamycin phosphate vaginal	1	
metronidazole vaginal	1	
VANDAZOLE	1	
VAGINAL CONTRACEPTIVE PH MODULATOR - COMBINATIONS		
PHEXX	1	QL 60 / 30 day(s) PRE Preventative
PHEXXI	1	QL 60 / 30 day(s) PRE Preventative
VAGINAL ESTROGENS		
estradiol vaginal cream 0.01%	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
estradiol vaginal tab 10 mcg	1	
ESTRING	2	QL 1 / 90 DAYS
FEMRING	3	QL 1 / 84 DAYS
PREMARIN 0.625 MG/GM CREAM	2	
VAGINAL PROGESTINS		
CRINONE	4	PA S
progesterone (vaginal)	3	
VASOPRESSORS **ANAPHYLAXIS THERAPY AGENTS**		
EPINEPHRINE (0.15 MG/0.15ML SOLN A-INJ, 0.3 MG/0.3ML SOLN A-INJ)	1	QL 4 / 365 day(s)
epinephrine (anaphylaxis)	1	QL 4 / 365 day(s)
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
droxidopa	2	
epinephrine pf inj 1 mg/ml	1	QL 120 / 365 day(s)
midodrine hcl	1	
VITAMINS **VITAMIN D**		
DRISDOL	1	
ergocalciferol cap 1.25 mg (50000 unit)	1	QL 4 / 28 day(s)
VITAMIN K		
phytonadione tab 5 mg	2	QL 5 / 30 DAYS

Index of Covered Drugs

1

1ST TIER UNIFINE PENTIPS . . . 130
1ST TIER UNIFINE PENTIPS PLUS . . . 130
1ST TIER UNILET COMFORTOUCH . . . 112

A

abacavir sulfate . . . 70
abacavir sulfate-lamivudine . . . 66
ABILIFY ASIMTUFII . . . 65
ABILIFY MAINTENA . . . 65
abiraterone acetate . . . 50
ABOUTTIME PEN NEEDLE . . . 130
ABRYSVO . . . 168
ACAM2000 . . . 168
acamprosate calcium . . . 158
acarbose . . . 32
ACCU-CHEK AVIVA PLUS . . . 90,112
ACCU-CHEK FASTCLIX LANCETS . . . 112
ACCU-CHEK GUIDE . . . 112
ACCU-CHEK GUIDE ME . . . 112
ACCU-CHEK GUIDE TEST . . . 90
ACCU-CHEK SAFE-T PRO LANCETS . . . 112
ACCU-CHEK SMARTVIEW . . . 90
ACCU-CHEK SOFTCLIX LANCETS . . . 112
ACCULA SARS-COV-2 . . . 91
acebutolol hcl . . . 74
acetaminophen w/ codeine . . . 9
ACETAMINOPHEN-CODEINE . . . 9
acetazolamide . . . 92
acetic acid (otic) . . . 156
acetylcysteine . . . 82
acetylcysteine (antidote) . . . 39
acitretin . . . 85
ACTHIB . . . 167
ACTI-LANCE 28G . . . 112
ACTI-LANCE LITE LANCETS 28G . . . 112
ACTI-LANCE SPECIAL LANCETS 17G . . . 112
ACTI-LANCE UNIVERSAL 23G . . . 112
ACTIMMUNE . . . 57
acyclovir . . . 72
acyclovir topical . . . 86
ADACEL . . . 164
adapalene . . . 83
adapalene-benzoyl peroxide . . . 83
ADBRY . . . 86
adefovir dipivoxil . . . 72
ADEMPAS . . . 76
ADVANCED MOBILE LANCET . . . 112
ADVANTAGE SAFETY LANCETS 28G . . . 112
ADVATE . . . 103
ADVOCATE INSULIN PEN NEEDLE . . . 130
ADVOCATE INSULIN PEN NEEDLES . . . 130
ADVOCATE INSULIN SYRINGE . . . 130
ADVOCATE LANCETS . . . 112
ADVOCATE LANCETS 30G . . . 112
ADVOCATE SAFETY LANCETS . . . 112
ADVOCATE SAFETY LANCETS 21G . . . 112
ADVOCATE SAFETY LANCETS 23G . . . 112
ADVOCATE SAFETY LANCETS 26G . . . 112
ADVOCATE SAFETY LANCETS 28G . . . 112
ADYNOVATE . . . 103
AEROCHAMBER HOLDING CHAMBER . . . 143
AEROCHAMBER MINI CHAMBER . . . 143
AEROCHAMBER MV . . . 143
AEROCHAMBER PLS FLOVU MTHPIECE . . . 143
AEROCHAMBER PLUS FLO-VU . . . 143
AEROCHAMBER PLUS FLO-VU INTERM . . . 143
AEROCHAMBER PLUS FLO-VU LARGE . . . 143
AEROCHAMBER PLUS FLO-VU MEDIUM . . . 143
AEROCHAMBER PLUS FLO-VU SMALL . . . 143
AEROCHAMBER PLUS FLO-VU W/MASK . . . 143
AEROCHAMBER PLUS FLOW VU . . . 143
AEROCHAMBER W/FLOWSIGNAL . . . 143
AEROCHAMBER Z-STAT PLUS . . . 143
AEROCHAMBER Z-STAT PLUS CHAMBR . . . 143
AEROCHAMBER Z-STAT PLUS/LARGE . . . 143
AEROCHAMBER Z-STAT PLUS/MEDIUM . . . 143
AEROCHAMBER Z-STAT PLUS/SMALL . . . 143
AEROCHAMBER2GO ANTI-STATIC . . . 143
AFLURIA . . . 168
AFLURIA PRESERVATIVE FREE . . . 168

AFLURIA QUADRIVALENT . . . 168
AFSTYLA . . . 103
AGAMATRIX ULTRA-THIN LANCETS . . . 112
AIMOVIG . . . 144
AIMSCO TWIST LANCETS 32G . . . 112
AIMSCO TWIST LANCETS 33G . . . 112
AJOVY . . . 144
AKEEGA . . . 54
AKYNZEO . . . 40
albendazole . . . 15
albuterol sulfate . . . 20
ALCLOMETASONE DIPROPIONATE . . . 87
ALECENSA . . . 51
alendronate sodium . . . 93
alfuzosin hcl . . . 102
ALINIA . . . 16
aliskiren fumarate . . . 48
ALKINDI SPRINKLE . . . 81
allopurinol . . . 102
almotriptan malate . . . 145
ALOCRIL . . . 153
ALOGLIPTIN BENZOATE . . . 33
ALOMIDE . . . 153
alosetron hcl . . . 99
ALPHANATE . . . 103
ALPHANINE SD . . . 103
alprazolam . . . 18
ALPRAZOLAM INTENSOL . . . 18
ALPROLIX . . . 103
ALTABAX . . . 84
amantadine hcl . . . 62
ambrisentan . . . 76
AMCINONIDE . . . 87
amiloride & hydrochlorothiazide . . . 92
amiloride hcl . . . 93
AMILORIDE-HYDROCHLOROTHIAZIDE . . . 92
aminocaproic acid . . . 108
amiodarone hcl . . . 19
amitriptyline hcl . . . 31
amlodipine besylate . . . 74
amlodipine besylate-atorvastatin calcium . . . 76
amlodipine besylate-benazepril hcl . . . 45
amlodipine besylate-olmesartan medoxomil . . . 46
amlodipine besylate-valsartan . . . 46
amoxapine . . . 31
amoxicillin . . . 158
amoxicillin & pot clavulanate . . . 158
AMOXICILLIN-POT CLAVULANATE . . . 158
amphetamine . . . 3
amphetamine sulfate . . . 3
amphetamine-dextroamphetamine . . . 3
ampicillin . . . 158
anagrelide hcl . . . 106
anastrozole . . . 57
ANNOVERA . . . 79
ANORO ELLIPTA . . . 19
ANUCORT-HC . . . 15
ANUSOL-HC . . . 15
ANZEMET . . . 40
ANZUPGO . . . 86
APLENZIN . . . 28
apomorphine hydrochloride . . . 62
apraclonidine hcl . . . 155
aprepitant . . . 41
APRETUDE . . . 68
APTIVUS . . . 69
AQ INSULIN SYRINGE . . . 130
AQINJECT PEN NEEDLE . . . 130
AQUALANCE LANCETS 30G . . . 113
ARANELLE . . . 80
ARANESP (ALBUMIN FREE) . . . 106
ARBLI . . . 47
AREXVY . . . 168
aripiprazole . . . 65,66
ARISTADA . . . 66
ARISTADA INITIO . . . 66
armodafinil . . . 4
ARMOUR THYROID . . . 163
ARNUITY ELLIPTA . . . 22
asenapine maleate . . . 64
aspirin . . . 8
aspirin-dipyridamole . . . 105

ASSURE COMFORT LANCETS 28G . . . 113
ASSURE ID DUO PRO PEN NEEDLES . . . 130
ASSURE LANCE LANCETS . . . 113
ASSURE LANCE LANCETS 21G . . . 113
ASSURE LANCE PLUS SAFETY 25G . . . 113
ASSURE LANCE PLUS SAFETY 30G . . . 113
ASSURE LANCE SAFETY LANCET 28G . . . 113
ASTAGRAF XL . . . 148
atazanavir sulfate . . . 69
atenolol . . . 74
atenolol & chlorthalidone . . . 48
ATOMOXETINE HCL . . . 3
atomoxetine hcl . . . 3
atorvastatin calcium . . . 43
atovaquone . . . 16
atovaquone-proguanil hcl . . . 49
atracurium besylate . . . 152
ATROPINE SULFATE . . . 153
atropine sulfate (ophthalmic) . . . 153
AUDENZ . . . 168
AUM INSULIN SAFETY PEN NEEDLE . . . 130
AUM MINI INSULIN PEN NEEDLE . . . 130
AUM PEN NEEDLE . . . 130
AUM READYGARD DUO PEN NEEDLE . . . 130
AUM SAFETY PEN NEEDLE . . . 131
AURORA LANCET SUPER THIN 30G . . . 113
AURORA LANCET THIN 23G . . . 113
AURORA PEN NEEDLES . . . 131
AURORA UNIFINE PENTIPS . . . 131
AUTOKEEPER SAFETY PEN NEEDLE . . . 131
AVAR CLEANSER . . . 83
AVTOZMA . . . 6
AYVAKIT . . . 56
AZASITE . . . 153
azathioprine . . . 149
azelaic acid . . . 89
azelastine hcl . . . 151
azelastine hcl (ophth) . . . 153
azelastine hcl-fluticasone propionate . . . 151
AZELEX . . . 83
AZITHROMYCIN . . . 110
azithromycin . . . 110

B

BACITRACIN . . . 154
BACITRACIN-POLYMYXIN B . . . 153
bacitracin-polymyxin b (ophth) . . . 153
baclofen . . . 150
balsalazide disodium . . . 100
BALVERSA . . . 53
BAQSIMI ONE PACK . . . 32
BAQSIMI TWO PACK . . . 32
BARACLUDE . . . 72
BAXDELA . . . 98
BAXFENDY . . . 46
BD HEPARIN POSIFLUSH . . . 23
BD INSULIN SYR ULTRAFINE II . . . 131
BD INSULIN SYRINGE HALF-UNIT . . . 131
BD INSULIN SYRINGE MICROFINE . . . 131
BD INSULIN SYRINGE U-500 . . . 131
BD INSULIN SYRINGE U/F 1/2UNIT . . . 131
BD INSULIN SYRINGE ULTRAFINE . . . 131
BD MICROTAINER LANCETS . . . 113
BD PEN NEEDLE MICRO ULTRAFINE . . . 131
BD PEN NEEDLE MINI ULTRAFINE . . . 131
BD PEN NEEDLE NANO 2ND GEN . . . 131
BD PEN NEEDLE NANO ULTRAFINE . . . 131
BD PEN NEEDLE SHORT ULTRAFINE . . . 131
BD SAFETYGLIDE INSULIN SYRINGE . . . 131
BD VEO INSULIN SYR ULTRAFINE . . . 131
BD VERITOR SYSTEM SARS-COV-2 . . . 91
BELBUCA . . . 13
BELLADONNA ALKALOIDS-OPIUM . . . 164
BELSOMRA . . . 109
benazepril & hydrochlorothiazide . . . 46
benazepril hcl . . . 45
BENEFIX . . . 103
BENLYSTA . . . 146
benzonatate . . . 82
benzoyl peroxide-erythromycin . . . 83
benztropine mesylate . . . 61
bepotastine besilate . . . 153

BERINERT . . . 105
BESIFLOXACIN HCL . . . 154
betamethasone dipropionate (topical) . . . 87
BETAMETHASONE DIPROPIONATE AUG . . . 87
betamethasone dipropionate augmented . . . 87
betamethasone valerate . . . 87
betaxolol hcl . . . 74
BETAXOLOL HCL . . . 152
betaxolol hcl (ophth) . . . 152
bethanechol chloride . . . 167
BETIMOL . . . 152
BETOPTIC-S . . . 152
bexarotene . . . 60
bexarotene (topical) . . . 90
BEXSERO . . . 167
BEYFORTUS . . . 157
bicalutamide . . . 50
BIKTARVY . . . 66
bimatoprost . . . 156
BIMZELX . . . 85
BINAXNOW COVID-19 AG CARD . . . 91
bisoprolol & hydrochlorothiazide . . . 48
bisoprolol fumarate . . . 74
BLEPHAMIDE S.O.P. . . . 155
BOOSTRIX . . . 164
bosentan . . . 77
BOSULIF . . . 51
BRAFTOVI . . . 52
BREO ELLIPTA . . . 19
BREXAFEMME . . . 41
BREZTRI AEROSPHERE . . . 19
brimonidine tartrate . . . 155
brimonidine tartrate-timolol maleate . . . 152
brinzolamide . . . 154
brivaracetam . . . 25
BRIXADI . . . 13
BRIXADI (WEEKLY) . . . 13
bromfenac sodium (ophth) . . . 155
bromocriptine mesylate . . . 62
BRUKINSA . . . 52
budesonide . . . 81
budesonide (inhalation) . . . 22
budesonide (intrarectal) . . . 15
bumetanide . . . 92
buprenorphine . . . 13
buprenorphine hcl . . . 14
buprenorphine hcl-naloxone hcl dihydrate . . . 14
bupropion hcl . . . 28
bupropion hcl (smoking deterrent) . . . 161
buspirone hcl . . . 17
butalbital-acetaminophen . . . 8
butalbital-acetaminophen-caffeine . . . 8
butalbital-acetaminophen-caffeine w/ codeine . . . 9
butalbital-aspirin-caffeine . . . 8
butalbital-aspirin-caffeine w/cod . . . 9
butorphanol tartrate . . . 14

C

CABENUVA . . . 66
cabergoline . . . 94
CABLIVI . . . 103
CABOMETYX . . . 55
CALCIPOTRIENE . . . 85
calcipotriene . . . 85
calcitonin (salmon) . . . 94
CALCITRIOL . . . 85
calcitriol . . . 95
calcium acetate (phosphate binder) . . . 101
CALQUENCE . . . 52
candesartan cilexetil . . . 47
candesartan cilexetil-hydrochlorothiazide . . . 46
capecitabine . . . 50
CAPLYTA . . . 63
CAPRELSA . . . 55
captopril . . . 45
CAPTOPRIL-HYDROCHLOROTHIAZIDE . . . 46
CAPVAXIVE . . . 167
carbamazepine . . . 26
carbidopa . . . 62
carbidopa-levodopa . . . 62
carbidopa-levodopa-entacapone . . . 62
CARBINOXAMINE MALEATE . . . 42

CARDAMYST 75
CARDURA XL 102
CAREFINE PEN NEEDLES 131
CAREONE INSULIN SYRINGE 131
CAREONE LANCET SUPER THIN 30G 113
CAREONE LANCET THIN 23G 113
CAREONE UNIFINE PENTIPS 131
CAREONE UNIFINE PENTIPS PLUS 131
CARESENS LANCETS 113
CARESENS LANCETS 30G 113
CARETOUCH INSULIN SYRINGE 132
CARETOUCH PEN NEEDLES 132
CARETOUCH SAFETY LANCETS 113
CARETOUCH SAFETY LANCETS 26G 113
CARETOUCH TWIST LANCETS 28G 113
CARETOUCH TWIST LANCETS 30G 113
CARETOUCH TWIST LANCETS 33G 113
CARETOUCH TWIST MC LANCETS 30G 113
carglumic acid 95
carisoprodol 150
CARTEOLOL HCL 152
carvedilol 73
carvedilol phosphate 73
CAYA 111
CAYSTON 16
CEFACLOR 77
CEFACLOR ER 78
CEFADROXIL 77
cefdinir 78
CEFIXIME 78
cefixime 78
CEFPODOXIME PROXETIL 78
cefpodoxime proxetil 78
cefprozil 78
cefuroxime axetil 78
celecoxib 6
cephalexin 77
CERDELGA 106
cevimeline hcl 149
CHEMET 39
chlordiazepoxide hcl 18
CHLORDIAZEPOXIDE-AMITRIPTYLINE 159
chlorhexidine gluconate (mouth-throat) 149
CHLOROQUINE PHOSPHATE 49
chlorpromazine hcl 65
chlorthalidone 93
chlorzoxazone 150
cholestyramine 42
cholestyramine light 43
choline fenofibrate 43
CHOSEN LANCETS 30G 113
CHOSEN SAFETY LANCETS 28G 113
ciclopirox 84
ciclopirox olamine 84
CICLOPIROX TREATMENT 84
cilostazol 105
CIMDUO 66
cimetidine hcl 165
CIMZIA 101
CIMZIA (1 SYRINGE) 101
CIMZIA (2 SYRINGE) 101
CIMZIA-STARTER 101
cinacalcet hcl 94
CIPRO 98
ciprofloxacin 98
ciprofloxacin hcl 98
ciprofloxacin hcl (ophth) 154
ciprofloxacin hcl (otic) 156
ciprofloxacin-dexamethasone 157
ciprofloxacin-hydrocortisone 157
citalopram hydrobromide 29
CLARITHROMYCIN 110
clarithromycin 110
CLEANLET LANCETS 28G 113
CLEVER CHEK LANCETS 113
CLEVER CHOICE COMFORT EZ 114
CLEVER CHOICE COMFORT EZ PLUS 132
CLEVER CHOICE LANCETS 21G 114
CLEVER CHOICE LANCETS 23G 114
CLEVER CHOICE LANCETS 28G 114
CLICKFINE PEN NEEDLES 132
clindamycin hcl 16

clindamycin palmitate hydrochloride 16
clindamycin phosphate (topical) 83
clindamycin phosphate vaginal 172
clindamycin phosphate-benzoyl peroxide 83
clindamycin phosphate-benzoyl peroxide (refrigerate) 83
clobazam 25
clobetasol propionate 87
clobetasol propionate emollient base 87
clobetasol propionate emulsion 87
clomipramine hcl 31
CLONAZEPAM 25
clonazepam 25
clonidine 47
clonidine hcl 47
clonidine hcl (adhd) 3
clopidogrel bisulfate 106
clorazepate dipotassium 18
clotrimazole 149
clotrimazole (topical) 88
clotrimazole w/ betamethasone 84
clozapine 64,65
CO-NATAL FA 149
COAGUCHEK LANCETS 114
COARTEM 49
COBAS LIAT SARS-COV-2 ASSAY 91
COBENFY 65
COBENFY STARTER PACK 65
codeine sulfate 10
colchicine 102
colchicine w/ probenecid 102
colesevelam hcl 43
colestipol hcl 43
COMBIVENT RESPIMAT 19
COMETRIQ (100 MG DAILY DOSE) 55
COMETRIQ (140 MG DAILY DOSE) 55
COMETRIQ (60 MG DAILY DOSE) 55
COMFORT ASSIST INSULIN SYRINGE 132
COMFORT ASSURED LANCETS 28G 114
COMFORT ASSURED LANCETS 33G 114
COMFORT EZ INSULIN SYRINGE 132
COMFORT EZ MICRO PEN NEEDLES 132
COMFORT EZ PEN NEEDLES 132
COMFORT EZ PRO PEN NEEDLES 132
COMFORT EZ SHORT PEN NEEDLES 132
COMFORT LANCETS 114
COMFORT TOUCH INSULIN PEN NEED 132
COMFORT TOUCH LANCETS 31G 114
COMFORT TOUCH PLUS LANCETS 28G 114
COMFORT TOUCH PLUS LANCETS 30G 114
COMFORT TOUCH TWIST LANCET 30G 114
COMIRNATY 168
COMIRNATY 5-11 YEARS 168
COMPACT SPACE CHAMBER 143
COMPACT SPACE CHAMBER/LG MASK 143
COMPACT SPACE CHAMBER/MED MASK 143
COMPACT SPACE CHAMBER/SM MASK 143
COMPLETE NATAL DHA 150
COMPLETENATE 149
COPIKTRA 60
CORDRAN 87
CORLOPAM 48
CORTISONE ACETATE 81
COTELLIC 54
COVARYX 97
COVARYX HS 97
CREON 92
CRINONE 173
cromolyn sodium 20
CROMOLYN SODIUM 153
cromolyn sodium (mastocytosis) 99
cromolyn sodium (ophth) 153
CVS LANCETS 21G 114
CVS LANCETS MICRO THIN 33G 114
CVS LANCETS ORIGINAL 114
CVS LANCETS THIN 26G 114
CVS LANCETS ULTRA THIN 30G 114
CVS LANCETS ULTRA-THIN 30G 114
CVS ULTRA THIN LANCETS 114
cyanocobalamin 106
cyclobenzaprine hcl 150
cyclopentolate hcl 153

cyclophosphamide 59
CYCLOSERINE 49
cyclosporine 147
cyclosporine (ophth) 154
cyclosporine modified (for microemulsion) 147
cyproheptadine hcl 42
CYSTADROPS 156
CYSTAGON 102
CYSTARAN 156

D

dabigatran etexilate mesylate 24
dalfampridine 160
danazol 14
dantrolene sodium 151
dapagliflozin 37
dapagliflozin free base-metformin hcl 37
dapsone 16
dapsone (topical) 83
DAPTACEL 164
darifenacin hydrobromide 166
darunavir 69
dasatinib 51
DAYVIGO 109
deferasirox 39
deferiprone 39
demeclocycline hcl 162
DEPO-SUBQ PROVERA 104 80
DESCOVY 66
desipramine hcl 32
DESLORATADINE 42
DESMOPRESSIN ACETATE 97
desmopressin acetate 97
desmopressin acetate spray 97
desmopressin acetate spray refrigerated 97
desogestrel & ethinyl estradiol 78
desogestrel-ethinyl estradiol (biphasic) 78
desonide 87
desoximetasone 87
DESVENLAFAXINE ER 31
desvenlafaxine succinate 31
dexamethasone 81
DEXAMETHASONE INTENSOL 81
dexamethasone sodium phosphate 81
DEXAMETHASONE SODIUM PHOSPHATE 155
DEXCOM G6 RECEIVER 114
DEXCOM G6 SENSOR 114
DEXCOM G6 TRANSMITTER 115
DEXCOM G7 15 DAY SENSOR 115
DEXCOM G7 RECEIVER 115
DEXCOM G7 SENSOR 115
dexlansoprazole 165
dexmethylphenidate hcl 4
dextroamphetamine sulfate 3
DIATHRIVE LANCET ULTRA THIN 30 115
DIATHRIVE LANCETS 115
DIATHRIVE PEN NEEDLE 132
diazepam 18
diazepam (anticonvulsant) 25
DICLOFENAC EPOLAMINE 84
diclofenac potassium 6
diclofenac sodium 6
diclofenac sodium (actinic keratoses) 85
diclofenac sodium (ophth) 155
diclofenac sodium (topical) 84
diclofenac w/ misoprostol 6
dicloxacillin sodium 158
dicyclomine hcl 164
DIFICID 111
diflorasone diacetate 87
DIFLORASONE DIACETATE 87
diflunisal 8
difluprednate 155
digoxin 75
dihydroergotamine mesylate 145
DILANTIN 28
diltiazem hcl 75
diltiazem hcl coated beads 75
diltiazem hcl extended release beads 75
dimethyl fumarate 160
DIPENTUM 100
diphenhydramine hcl 42

diphenoxylate w/ atropine . . . 38
DIPHTHERIA-TETANUS TOXOIDS DT . . . 164
dipyridamole . . . 105
disopyramide phosphate . . . 18
disulfiram . . . 158,159
DIURIL . . . 93
divalproex sodium . . . 28
dofetilide . . . 19
DOJOLVI . . . 152
donepezil hydrochloride . . . 159
dorzolamide hcl . . . 154
dorzolamide hcl-timolol maleate . . . 152
DOVATO . . . 67
doxazosin mesylate . . . 48
doxepin hcl . . . 32
doxepin hcl (antipruritic) . . . 85
doxepin hcl (sleep) . . . 109
DOXERCALCIFEROL . . . 95
doxycycline (monohydrate) . . . 162
doxycycline hyclate . . . 162
DRISDOL . . . 173
dronabinol . . . 40
DROPLET INSULIN SYRINGE . . . 132
DROPLET LANCETS ULTRA THIN 30G . . . 115
DROPLET MEDLANCE LANCET 30G . . . 115
DROPLET PEN NEEDLES . . . 132
DROPLET PERSONAL LANCETS 30G . . . 115
DROPSAFE ACTI-LANCE 23G . . . 115
DROPSAFE ACTI-LANCE LANCET 17G . . . 115
DROPSAFE ACTI-LANCE LANCET 23G . . . 115
DROPSAFE ACTI-LANCE LANCET 28G . . . 115
DROPSAFE AUTOPROTECT DUO . . . 132
DROPSAFE ERGOLANCE LANCET 21G . . . 115
DROPSAFE ERGOLANCE LANCET 25G . . . 115
DROPSAFE ERGOLANCE LANCET 30G . . . 115
DROPSAFE HAEMOLANCE LANCET 1.5 . . . 115
DROPSAFE HAEMOLANCE LANCET 18G . . . 115
DROPSAFE HAEMOLANCE LANCET 21G . . . 116
DROPSAFE HAEMOLANCE LANCET 25G . . . 116
DROPSAFE HAEMOLANCE LANCET 28G . . . 116
DROPSAFE MEDISAFE LANCET 23G . . . 116
DROPSAFE MEDISAFE LANCET 29G . . . 116
DROPSAFE MEDLANCE LANCET 0.8MM . . . 116
DROPSAFE MEDLANCE LANCET 21G . . . 116
DROPSAFE MEDLANCE LANCET 25G . . . 116
DROPSAFE MEDLANCE LANCET 30G . . . 116
DROPSAFE SAFETY PEN NEEDLES . . . 132
DROPSAFE SAFETY SYRINGE/NEEDLE . . . 133
drospirenone-ethinyl estradiol . . . 78
drospirenone-ethinyl estradiol-levomefolate calcium . . . 78
DROXIA . . . 106
droxidopa . . . 173
DRUG MART LANCETS THIN 26G . . . 116
DRUG MART ON-THE-GO LANCET 30G . . . 116
DRUG MART UNIFINE PENTIPS . . . 133
DRUG MART UNIFINE PENTIPS PLUS . . . 133
DRUG MART UNILET LANCETS 28G . . . 116
DRUG MART UNILET LANCETS 30G . . . 116
DRUG MART UNILET LANCETS 33G . . . 116
DRYSOL . . . 89
DUAVEE . . . 98
duloxetine hcl . . . 31
DUPIXENT . . . 86
dutasteride . . . 101

E

E-Z JECT LANCET MICRO-THIN 33G . . . 116
E-Z JECT LANCET SUPER THIN 30G . . . 116
E-Z JECT LANCETS . . . 116
E-Z JECT LANCETS 21G . . . 116
E-Z JECT LANCETS THIN 26G . . . 116
EASIVENT . . . 144
EASIVENT MASK LARGE . . . 144
EASIVENT MASK MEDIUM . . . 144
EASIVENT MASK SMALL . . . 144
EASY COMFORT INSULIN SYRINGE . . . 133
EASY COMFORT LANCETS . . . 116
EASY COMFORT LANCETS TWIST TOP . . . 116
EASY COMFORT PEN NEEDLES . . . 133
EASY TOUCH FLIPLOCK INSULIN SY . . . 133
EASY TOUCH INSULIN SYRINGE . . . 133

EASY TOUCH LANCETS 21G 116
EASY TOUCH LANCETS 23G 116
EASY TOUCH LANCETS 26G 116
EASY TOUCH LANCETS 28G 117
EASY TOUCH LANCETS 28G/TWIST 117
EASY TOUCH LANCETS 30G 117
EASY TOUCH LANCETS 30G/TWIST 117
EASY TOUCH LANCETS 32G 117
EASY TOUCH LANCETS 32G/TWIST 117
EASY TOUCH LANCETS 33G/TWIST 117
EASY TOUCH PEN NEEDLES 133
EASY TOUCH SAFETY LANCETS 21G 117
EASY TOUCH SAFETY LANCETS 23G 117
EASY TOUCH SAFETY LANCETS 26G 117
EASY TOUCH SAFETY LANCETS 28G 117
EASY TOUCH SHEATHLOCK SYRINGE 133
econazole nitrate 88
EDURANT PED 70
EEMT 97
EEMT HS 97
EFAVIRENZ 70
efavirenz-emtricitabine-tenofovir disoproxil fumarate 67
EFAVIRENZ-LAMIVUDINE-TENOFOVIR 67
efavirenz-lamivudine-tenofovir disoproxil fumarate 67
EFFER-K 146
ELESTRIN 98
eletriptan hydrobromide 145
ELIGARD 59
ELIQUIS 23
ELIQUIS (1.5 MG PACK) 22
ELIQUIS (2 MG PACK) 22
ELIQUIS DVT/PE STARTER PACK 23
ELLA 79
ELMIRON 102
ELOCTATE 103
eltrombopag olamine 108
EMBECTA INS SYR U/F 1/2 UNIT 133
EMBECTA INSULIN SYR ULTRAFINE 133
EMBECTA INSULIN SYRINGE 133
EMBECTA INSULIN SYRINGE U-100 133
EMBECTA INSULIN SYRINGE U-500 133
EMBECTA INSULIN SYRINGE U/F 133
EMBECTA PEN NEEDLE NANO 133
EMBECTA PEN NEEDLE NANO 2 GEN 134
EMBECTA PEN NEEDLE ULTRAFINE 134
EMBRACE LANCETS ULTRA THIN 30G 117
EMBRACE PEN NEEDLES 134
EMBRACE PRESSURE ACTIVATED 21G 117
EMBRACE PRESSURE ACTIVATED 28G 117
EMCYT 58
EMGALITY 144
EMGALITY (300 MG DOSE) 145
EMSAM 29
emtricitabine 70
emtricitabine-rilpivirine-tenofovir disoproxil fumarate 67
emtricitabine-tenofovir disoproxil fumarate 67
EMTRIVA 70
EMVERM 15
enalapril maleate 45
enalapril maleate & hydrochlorothiazide 46
ENBREL 8
ENBREL MINI 8
ENBREL SURECLICK 8
ENFLONSIA 157
ENGERIX-B 168
enoxaparin sodium 24
ENSPRYNG 148
entacapone 63
entecavir 72
ENTRESTO 76
ENVARSUS XR 148
EPIDIOLEX 26
EPINASTINE HCL 153
epinastine hcl (ophth) 153
EPINEPHRINE 173
epinephrine 173
epinephrine (anaphylaxis) 173
eplerenone 48
epoprostenol sodium 76

EQL COLOR LANCETS 21G . . . 117
EQL COLOR LANCETS MICRO 33G . . . 117
EQL INSULIN SYRINGE . . . 134
EQL SUPER THIN LANCETS 30G . . . 117
EQL THIN LANCETS 26G . . . 117
EQUETRO . . . 63
ergocalciferol . . . 173
ERGOLOID MESYLATES . . . 160
ERGOTAMINE-CAFFEINE . . . 145
ERIVEDGE . . . 53
ERLEADA . . . 50
erlotinib hcl . . . 52
ERTACZO . . . 88
ERYTHROCIN STEARATE . . . 110
ERYTHROMYCIN . . . 83,154
erythromycin (acne aid) . . . 83
erythromycin (ophth) . . . 154
erythromycin base . . . 110,111
erythromycin ethylsuccinate . . . 110
escitalopram oxalate . . . 29
esomeprazole magnesium . . . 165
ESPEROCT . . . 103
EST ESTROGENS-METHYLTEST . . . 97
EST ESTROGENS-METHYLTEST DS . . . 97
EST ESTROGENS-METHYLTEST HS . . . 97
esterified estrogens & methyltestosterone . . . 97
estradiol . . . 98
estradiol & norethindrone acetate . . . 97
estradiol vaginal . . . 172,173
estradiol valerate . . . 98
ESTRATEST H.S. . . . 97
ESTRING . . . 173
estrogens, conjugated . . . 98
eszopiclone . . . 109
ethacrynic acid . . . 92
ethambutol hcl . . . 49
ethosuximide . . . 28
ethynodiol diacet & eth estrad . . . 78
etodolac . . . 7
etonogestrel-ethinyl estradiol . . . 79
etoposide . . . 59
etravirine . . . 70
EUCRISA . . . 89
EVAMIST . . . 98
EVENITY . . . 96
everolimus . . . 55
everolimus (immunosuppressant) . . . 148
EVEXITHROID . . . 163
EVOTAZ . . . 67
EVRYSDI . . . 152
EXDENSUR . . . 21
EXEL COMFORT POINT INSULIN SYR . . . 134
EXEL COMFORT POINT PEN NEEDLE . . . 134
EXELDERM . . . 88
exemestane . . . 57
EXKIVITY . . . 52
EZ-LETS LANCETS 21G . . . 117
EZ-LETS LANCETS 26G . . . 117
EZ-LETS LANCETS 28G . . . 117
EZ-LETS LANCETS 30G . . . 117
ezetimibe . . . 44
EZETIMIBE-ROSUVASTATIN . . . 44
ezetimibe-simvastatin . . . 44

F

famciclovir . . . 73
famotidine . . . 165
FANAPT . . . 63
FANAPT TITRATION PACK A . . . 63
FANAPT TITRATION PACK B . . . 63
FANAPT TITRATION PACK C . . . 64
FARYDAK . . . 54
FASENRA . . . 21
FASENRA PEN . . . 21
FC2 FEMALE CONDOM . . . 111
febuxostat . . . 102
felbamate . . . 27
felodipine . . . 75
FEMCAP . . . 111
FEMRING . . . 173
fenofibrate . . . 43
FENOFIBRATE . . . 43

fenofibrate micronized . . . 43
FENOFIBRIC ACID . . . 43
FENOPROFEN CALCIUM . . . 7
fentanyl . . . 10
FENTANYL CITRATE . . . 10
fentanyl citrate . . . 10
FERRIPROX . . . 39
FERRIPROX TWICE-A-DAY . . . 39
fesoterodine fumarate . . . 166
FETZIMA . . . 31
FETZIMA TITRATION . . . 31
fidaxomicin . . . 111
FIFTY50 PEN NEEDLES . . . 134
FIFTY50 SAFETY SEAL LANCETS . . . 117
FIFTY50 SUPERIOR COMFORT SYR . . . 134
FIFTY50 UNILET LANCETS 33G . . . 117
finasteride . . . 101
finasteride (alopecia) . . . 90
FINE 30 . . . 118
FINGERSTIX LANCETS . . . 118
fingolimod hcl . . . 161
FIRST-LANSOPRAZOLE . . . 165
FIRST-OMEPRAZOLE . . . 165
FIRVANQ . . . 16
FLAREX . . . 155
flavoxate hcl . . . 167
flecainide acetate . . . 19
FLUAD . . . 168
FLUAD QUADRIVALENT . . . 168
FLUARIX . . . 169
FLUARIX QUADRIVALENT . . . 169
FLUBLOK . . . 169
FLUBLOK QUADRIVALENT . . . 169
FLUCELVAX . . . 169
FLUCELVAX QUADRIVALENT . . . 169
fluconazole . . . 41
fludrocortisone acetate . . . 82
FLULAVAL . . . 169
FLULAVAL QUADRIVALENT . . . 169
FLUMIST . . . 169
FLUMIST QUADRIVALENT . . . 169
flunisolide (nasal) . . . 151
fluocinolone acetonide . . . 87
fluocinolone acetonide (otic) . . . 157
fluocinonide . . . 87
fluocinonide emulsified base . . . 87
fluorometholone (ophth) . . . 155
fluorouracil (topical) . . . 85
fluoxetine hcl . . . 29,30
FLUOXETINE HCL . . . 29
FLUOXETINE HCL (PMDD) . . . 160
fluphenazine hcl . . . 65
FLUPHENAZINE HCL . . . 65
FLURANDRENOLIDE . . . 87
FLURAZEPAM HCL . . . 109
FLURBIPROFEN . . . 7
FLURBIPROFEN SODIUM . . . 155
FLUTAMIDE . . . 50
fluticasone propionate . . . 87
fluticasone propionate (nasal) . . . 151
fluticasone-salmeterol . . . 19
FLUTICASONE-SALMETEROL . . . 19
fluvastatin sodium . . . 43
fluvoxamine maleate . . . 30
FLUZONE . . . 169
FLUZONE HIGH-DOSE . . . 169
FLUZONE HIGH-DOSE QUADRIVALENT . . . 169
FLUZONE QUADRIVALENT . . . 170
FML . . . 155
FML FORTE . . . 155
folic acid . . . 106
fondaparinux sodium . . . 24
FONDCIRCLE SINGLE USE LANCETS . . . 118
FORA GTEL BLOOD KETONE TEST . . . 90
FORA LANCETS . . . 118
FORA TEST N'GO ADV-VOICE-6 CON . . . 90
FOSAMAX PLUS D . . . 93
fosamprenavir calcium . . . 69
fosfomycin tromethamine . . . 17
fosinopril sodium . . . 45
fosinopril sodium & hydrochlorothiazide . . . 46
FOTIVDA . . . 55

FRAGMIN 24
FREDS PHARMACY UNIFINE PENTIP+ 134
FREDS PHARMACY UNIFINE PENTIPS 134
FREDS PHARMACY UNILET LANC 28G 118
FREDS PHARMACY UNILET LANC 30G 118
FREESTYLE FREEDOM LITE 118
FREESTYLE INSULINX TEST 91
FREESTYLE LANCETS 118
FREESTYLE LIBRE 14 DAY READER 118
FREESTYLE LIBRE 14 DAY SENSOR 118
FREESTYLE LIBRE 2 PLUS SENSOR 118
FREESTYLE LIBRE 2 READER 118
FREESTYLE LIBRE 2 SENSOR 118
FREESTYLE LIBRE 3 PLUS SENSOR 118
FREESTYLE LIBRE 3 READER 118
FREESTYLE LIBRE 3 SENSOR 119
FREESTYLE LIBRE READER 119
FREESTYLE LITE 119
FREESTYLE LITE TEST 91
FREESTYLE TEST 91
FREESTYLE UNISTICK II LANCETS 119
frovatriptan succinate 145
FULPHILA 107
furosemide 93
FUROSEMIDE 93
FUZEON 68
FYLNETRA 107

G

gabapentin 26
GALANTAMINE HYDROBROMIDE 159
galantamine hydrobromide 159
GARDASIL 9 170
gatifloxacin (ophth) 154
GAVILYTE-C 110
GAVRETO 56
gefitinib 53
GELNIQUE 166
gemfibrozil 43
GENTAMICIN IN SALINE 5
gentamicin sulfate (ophth) 154
gentamicin sulfate (topical) 84
GENTEEL BUTTERFLY TOUCH LANCET 119
GENTLE-LET GP LANCETS 119
GENTLE-LET LANCETS 119
GENVOYA 67
GILENYA 161
GILOTRIF 53
glatiramer acetate 159
GLEOSTINE 59
glimepiride 37
glipizide 38
glipizide-metformin hcl 37
GLOBAL EASE INJECT PEN NEEDLES 134
GLOBAL EASY GLIDE INSULIN SYR 134
GLOBAL EASY GLIDE PEN NEEDLES 134
GLOBAL INJECT EASE INSULIN SYR 134
GLOBAL INJECT EASE LANCETS 28G 119
GLOBAL INJECT EASE LANCETS 30G 119
GLOBAL INSULIN SYRINGES 134
GLUCAGEN DIAGNOSTIC 90
GLUCAGEN HYPOKIT 32
glucagon 33
GLUCAGON HCL (DIAGNOSTIC) 90
GLUCOCOM LANCETS 28G 119
GLUCOCOM LANCETS 30G 119
GLUCOCOM LANCETS 33G 119
GLUCOPRO INSULIN SYRINGE 134
glutamine (sickle cell) 106
glyburide 38
GLYBURIDE MICRONIZED 38
glyburide-metformin 37
glycopyrrolate 166
GLYXAMBI 37
GNP CLICKFINE PEN NEEDLES 134
GNP INSULIN SYRINGE 135
GNP INSULIN SYRINGES 30GX5/16" 135
GNP INSULIN SYRINGES 31GX5/16" 135
GNP LANCETS 21G 119
GNP LANCETS THIN 26G 119
GNP PEN NEEDLES 135
GNP STERILE LANCETS 28G 119

GNP STERILE LANCETS 30G 119
GNP STERILE LANCETS 33G 119
GNP ULTICARE PEN NEEDLES 135
GNP ULTIGUARD SAFEPACK NEEDLE 135
GOJJI BLOOD KETONE TEST 91
GOJJI STERILE LANCETS 119
GOODSENSE CLICKFINE PEN NEEDLE 135
GOODSENSE COLOR LANCETS 33G 119
GOODSENSE LANCETS 26G UNIV 119
GOODSENSE LANCETS 30G 119
GOODSENSE LANCETS 30G UNIV 120
GOODSENSE LANCETS 33G 120
GOODSENSE LANCETS 33G UNIV 120
GOODSENSE PEN NEEDLE PENFINE 135
granisetron hcl 40
GRANIX 107
griseofulvin microsize 41
griseofulvin ultramicrosize 41
guaifenesin-codeine 82
guanfacine hcl 47
guanfacine hcl (adhd) 3
GVOKE HYPOPEN 1-PACK 33
GVOKE HYPOPEN 2-PACK 33
GVOKE KIT 33
GVOKE PFS 33

H

H-E-B INCONTROL LANCETS 28G 120
H-E-B INCONTROL LANCETS 30G 120
H-E-B INCONTROL LANCETS 33G 120
H-E-B INCONTROL PEN NEEDLES 135
H-E-B INCONTROL UNIFINE PENTIP 135
HADLIMA 5
HADLIMA PUSHTOUCH 5
HAEGARDA 105
HAEMOLANCE 120
HAEMOLANCE LOW FLOW LANCETS 120
HAEMOLANCE PLUS 120
HAEMOLANCE PLUS HIGH FLOW 120
HAEMOLANCE PLUS LOW FLOW 120
HAEMOLANCE PLUS MAX FLOW 120
HAEMOLANCE PLUS PEDIATRIC FLOW 120
halobetasol propionate 87
haloperidol 64
haloperidol lactate 64
HAVRIX 170
HEALTHWISE INSULIN SYR/NEEDLE 135
HEALTHWISE MICRON PEN NEEDLES 135
HEALTHWISE MINI PEN NEEDLES 135
HEALTHWISE SHORT PEN NEEDLES 135
HEALTHWISE UNIFINE PENTIPS 135
HEALTHY ACCENTS UNIFINE PENTIP 135
HEALTHY ACCENTS UNILET LANCETS 120
HEMLIBRA 105
HEMMOREX-HC 15
HEMOFIL M 103
HEPARIN NA (PORK) LOCK FLSH PF 23
HEPARIN SOD (PORK) LOCK FLUSH 23
heparin sodium (porcine) 23
HEPLISAV-B 170
HIBERIX 167
HIZENTRA 157
HM ULTICARE INSULIN SYRINGE 135
HM ULTICARE MINI PEN NEEDLES 135
HM ULTICARE SHORT PEN NEEDLES 135
HUMALOG 34
HUMALOG JUNIOR KWIKPEN 34
HUMALOG KWIKPEN 34
HUMALOG MIX 50/50 34
HUMALOG MIX 50/50 KWIKPEN 34
HUMALOG MIX 75/25 34
HUMALOG MIX 75/25 KWIKPEN 34
HUMATE-P 103
HUMULIN 70/30 34
HUMULIN 70/30 KWIKPEN 34
HUMULIN N 34
HUMULIN N KWIKPEN 34
HUMULIN R 34
HUMULIN R U-500 (CONCENTRATED) 34
HUMULIN R U-500 KWIKPEN 35
HY-VEE LANCETS 120
HY-VEE THIN LANCETS 120

HYCAMTIN . . . 61
hydralazine hcl . . . 48
hydrochlorothiazide . . . 93
HYDROCHLOROTHIAZIDE . . . 93
HYDROCOD POLI-CHLORPHE POLI ER . . . 82
hydrocodone bitartrate . . . 10
HYDROCODONE BITARTRATE ER . . . 10
hydrocodone bitartrate-homatropine methylbromide . . . 82
hydrocodone polistirex-chlorpheniramine polistirex . . . 83
hydrocodone-acetaminophen . . . 9
HYDROCODONE-IBUPROFEN . . . 10
hydrocortisone . . . 81
HYDROCORTISONE . . . 88
hydrocortisone (intrarectal) . . . 15
hydrocortisone (rectal) . . . 15
hydrocortisone (topical) . . . 88
HYDROCORTISONE ACETATE . . . 15
hydrocortisone acetate (rectal) . . . 15
HYDROCORTISONE BUTYR LIPO BASE . . . 88
HYDROCORTISONE BUTYRATE . . . 88
hydrocortisone butyrate hydrophilic lipo base . . . 88
hydrocortisone sod succinate . . . 81
hydrocortisone valerate . . . 88
hydrocortisone w/acetic acid . . . 157
hydromorphone hcl . . . 10
HYDROXOCOBALAMIN ACETATE . . . 106
HYDROXYCHLOROQUINE SULFATE . . . 49
hydroxyurea . . . 57
hydroxyzine hcl . . . 17
HYDROXYZINE PAMOATE . . . 17
hyoscyamine sulfate . . . 164
HYOSCYAMINE SULFATE ER . . . 164
HYOSCYAMINE SULFATE SL . . . 165
HYQVIA . . . 158

I

ibandronate sodium . . . 94
ibuprofen . . . 7
icatibant acetate . . . 105
ICLUSIG . . . 52
icosapent ethyl . . . 42
ID NOW COVID-19 . . . 91
ID NOW COVID-19 2.0 TEST . . . 91
IDELVION . . . 103
ILEVRO . . . 155
imatinib mesylate . . . 52
IMBRUVICA . . . 52
imipenem-cilastatin . . . 16
imipramine hcl . . . 32
imipramine pamoate . . . 32
imiquimod . . . 89
IN TOUCH STERILE LANCETS 30G . . . 120
INCONTROL ULTICARE PEN NEEDLES . . . 135
INCRELEX . . . 95
INCRUSE ELLIPTA . . . 21
indapamide . . . 93
INDERAL XL . . . 74
indomethacin . . . 7
INFANRIX . . . 164
INLYTA . . . 61
INQOVI . . . 57
INSULIN DEGLUDEC . . . 35
INSULIN DEGLUDEC FLEXTOUCH . . . 35
INSULIN GLARGINE . . . 35
INSULIN GLARGINE SOLOSTAR . . . 35
INSULIN LISPRO . . . 35
INSULIN LISPRO (1 UNIT DIAL) . . . 35
INSULIN LISPRO JUNIOR KWIKPEN . . . 35
INSULIN LISPRO PROT & LISPRO . . . 35
INSULIN SYRINGE . . . 136
INSULIN SYRINGE-NEEDLE U-100 . . . 136
INSUPEN PEN NEEDLES . . . 136
INSUPEN SENSITIVE . . . 136
INSUPEN ULTRAFIN . . . 136
INSUPEN32G EXTR3ME . . . 136
INTELENCE . . . 70
INVEGA HAFYERA . . . 64
INVEGA SUSTENNA . . . 64
INVEGA TRINZA . . . 64
INZIRQO . . . 93

IPOL . . . 170
ipratropium bromide . . . 21
ipratropium bromide (nasal) . . . 151
ipratropium bromide hfa . . . 21
ipratropium-albuterol . . . 19
irbesartan . . . 47
irbesartan-hydrochlorothiazide . . . 47
irrigation solutions, physiological . . . 148
ISENTRESS . . . 68
ISENTRESS HD . . . 68
isoniazid . . . 49
isosorbide dinitrate . . . 17
isosorbide mononitrate . . . 17
isotretinoin . . . 83
isradipine . . . 75
itraconazole . . . 41
ivabradine hcl . . . 77
ivermectin . . . 15
ivermectin (rosacea) . . . 89
IXINITY . . . 104

J

J-TIP KIT W/VIAL ADAPTERS . . . 136
JAKAFI . . . 58
JAKAFI XR . . . 58
JARDIANCE . . . 37
JAYPIRCA . . . 52
JENTADUETO . . . 33
JENTADUETO XR . . . 33
JIVI . . . 104
JUBLIA . . . 88
JULUCA . . . 67
JYNNEOS . . . 170

K

K-PHOS NO 2 . . . 102
KATERZIA . . . 75
KENALOG-80 . . . 81
KERALYT . . . 89
KERENDIA . . . 95
KESIMPTA . . . 160
ketoconazole . . . 41
ketoconazole (topical) . . . 88
KETOPROFEN . . . 7
ketorolac tromethamine . . . 7
KETOROLAC TROMETHAMINE . . . 155
ketorolac tromethamine (ophth) . . . 155
KINERET . . . 6
KINNEY LANCETS . . . 120
KINNEY THIN LANCETS . . . 120
KINRAY INSULIN SYRINGE . . . 136
KINRIX . . . 164
KISQALI (200 MG DOSE) . . . 58
KISQALI (400 MG DOSE) . . . 58
KISQALI (600 MG DOSE) . . . 58
KISQALI FEMARA (200 MG DOSE) . . . 57
KISQALI FEMARA (400 MG DOSE) . . . 57
KISQALI FEMARA (600 MG DOSE) . . . 57
KLOR-CON 10 . . . 146
KLOXXADO . . . 39
KOATE . . . 104
KOATE-DVI . . . 104
KOGENATE FS . . . 104
KONVOMEP . . . 165
KOSELUGO . . . 54
KOVALTRY . . . 104
KRAZATI . . . 54
KROGER HEALTHPRO LANCET 26G . . . 120
KROGER INSULIN SYRINGE . . . 136
KROGER LANCETS . . . 120
KROGER LANCETS 21G . . . 120
KROGER LANCETS MICRO THIN 33G . . . 120
KROGER LANCETS SUPER THIN . . . 120
KROGER LANCETS THIN . . . 121
KROGER LANCETS THIN 26G . . . 121
KROGER LANCETS ULTRATHIN 30G . . . 121
KROGER PEN NEEDLES . . . 136
KYLEENA . . . 80

L

labetalol hcl . . . 74
lacosamide . . . 26

LACRISERT . . . 152
lactulose . . . 110
lactulose (encephalopathy) . . . 101
LAGEVRIO . . . 73
lamivudine . . . 71
lamivudine (hbv) . . . 72
lamivudine-zidovudine . . . 67
lamotrigine . . . 26
LAMPIT . . . 16
LANCETS . . . 121
LANCETS 28G THIN . . . 121
LANCETS 30G . . . 121
LANCETS 33G . . . 121
LANCETS MICRO THIN 33G . . . 121
LANCETS SUPER THIN . . . 121
LANCETS SUPER THIN 28G . . . 121
LANCETS THIN . . . 121
LANCETS ULTRA THIN . . . 121
LANCETS ULTRA THIN 30G . . . 121
LANOXIN . . . 75
lansoprazole . . . 165
lanthanum carbonate . . . 101
lapatinib ditosylate . . . 55
latanoprost . . . 156
LAZANDA . . . 11
LEADER INSULIN SYRINGE . . . 136
LEADER UNIFINE PENTIPS . . . 136
LEADER UNIFINE PENTIPS PLUS . . . 136
LEDERLE LEUCOVORIN . . . 58
LEDIPASVIR-SOFOSBUVIR . . . 72
leflunomide . . . 8
lenalidomide . . . 147
LENVIMA (10 MG DAILY DOSE) . . . 61
LENVIMA (12 MG DAILY DOSE) . . . 61
LENVIMA (14 MG DAILY DOSE) . . . 61
LENVIMA (18 MG DAILY DOSE) . . . 61
LENVIMA (20 MG DAILY DOSE) . . . 61
LENVIMA (24 MG DAILY DOSE) . . . 61
LENVIMA (4 MG DAILY DOSE) . . . 61
LENVIMA (8 MG DAILY DOSE) . . . 61
LEQVIO . . . 45
letrozole . . . 58
leucovorin calcium . . . 58
LEUKERAN . . . 59
leuprolide acetate . . . 59
LEUPROLIDE ACETATE (3 MONTH) . . . 59
levalbuterol hcl . . . 20
LEVALBUTEROL TARTRATE . . . 20
LEVEMIR . . . 35
LEVEMIR FLEXPEN . . . 35
LEVEMIR FLEXTOUCH . . . 35
levetiracetam . . . 26
LEVOBUNOLOL HCL . . . 152
levocarnitine (metabolic modifiers) . . . 94
levocetirizine dihydrochloride . . . 42
levofloxacin . . . 98,99
LEVOFLOXACIN . . . 154
levofloxacin (ophth) . . . 154
levonorgestrel & eth estradiol . . . 78
levonorgestrel-eth estradiol (triphasic) . . . 80
levonorgestrel-ethinyl estradiol (91-day) . . . 80
levonorgestrel-ethinyl estradiol (continuous) . . . 79
levonorgestrel-ethinyl estradiol-ferrous bisglycinate . . . 78
levonorgestrel-ethinyl estradiol-iron . . . 78
LEVOTHYROXINE SODIUM . . . 163
levothyroxine sodium . . . 163
LEXIVA . . . 69
LIBERTY MEDICAL LANCETS . . . 121
lidocaine . . . 89
lidocaine hcl . . . 89
lidocaine hcl (mouth-throat) . . . 149
LIDOCAINE HCL URETHRAL/MUCOSAL . . . 89
LIDOCAINE-HYDROCORT (PERIANAL) . . . 15
lidocaine-hydrocortisone acetate (rectal) . . . 15
lidocaine-prilocaine . . . 90
LIDOCORT . . . 15
LIFELINE LANCETS . . . 121
LIKMEZ . . . 15
LILETTA (52 MG) . . . 80
linezolid . . . 17
LINZESS . . . 99

liothyronine sodium . . . 163
LIPOFEN . . . 43
liraglutide . . . 36
lisdexamfetamine dimesylate . . . 3
lisinopril . . . 45
lisinopril & hydrochlorothiazide . . . 46
LITE TOUCH LANCETS . . . 121
LITETOUCH INSULIN SYRINGE . . . 136
LITETOUCH LANCETS . . . 121
LITETOUCH PEN NEEDLES . . . 136
lithium . . . 63
lithium carbonate . . . 63
LIVE BETTER LANCET SUPER THIN . . . 121
LIVE BETTER LANCET ULTRA THIN . . . 121
LIVTENCITY . . . 72
LO LOESTRIN FE . . . 78
LOKELMA . . . 148
lomustine . . . 59
LONGS INSULIN SYRINGE . . . 136
LONGS LANCETS STANDARD . . . 121
LONGS LANCETS THIN . . . 121
LONGS LANCETS ULTRA THIN . . . 121
LONSURF . . . 57
lopinavir-ritonavir . . . 67
LOPRESSOR . . . 74
LOPROX . . . 84
lorazepam . . . 18
losartan potassium . . . 47
losartan potassium & hydrochlorothiazide . . . 47
LOTEMAX . . . 156
loteprednol etabonate . . . 156
lovastatin . . . 44
loxapine succinate . . . 65
lubiprostone . . . 99
LUCIRA COVID-19 ALL-IN-ONE . . . 91
LULICONAZOLE . . . 88
LUMAKRAS . . . 54
LUPRON DEPOT (1-MONTH) . . . 59
LUPRON DEPOT (3-MONTH) . . . 59
LUPRON DEPOT (4-MONTH) . . . 59
LUPRON DEPOT (6-MONTH) . . . 59
LUPRON DEPOT-PED (1-MONTH) . . . 95
LUPRON DEPOT-PED (3-MONTH) . . . 95
LUPRON DEPOT-PED (6-MONTH) . . . 95
lurasidone hcl . . . 63
LUZU . . . 88
LYNKUET . . . 95
LYNPARZA . . . 60
LYRA DIRECT SARS-COV-2 ASSAY . . . 91
LYRA SARS-COV-2 ASSAY . . . 91
LYRICA . . . 26
LYSODREN . . . 50
LYTGOBI (12 MG DAILY DOSE) . . . 53
LYTGOBI (16 MG DAILY DOSE) . . . 53
LYTGOBI (20 MG DAILY DOSE) . . . 53

M

M-M-R II . . . 168
macitentan . . . 77
mafenide acetate . . . 86
MAGELLAN INSULIN SAFETY SYR . . . 137
malathion . . . 90
MARATHON MEDICAL PENTIPS . . . 137
maraviroc . . . 68
MARPLAN . . . 29
MATULANE . . . 57
MAVYRET . . . 72
MAXICOMFORT II PEN NEEDLE . . . 137
MAXIDEX . . . 156
MAYZENT . . . 161
MAYZENT STARTER PACK . . . 161
meclizine hcl . . . 40
MECLOFENAMATE SODIUM . . . 7
MEDIC INSULIN SYRINGE . . . 137
MEDICHOICE SAFETY LANCET . . . 121
MEDICHOICE SAFETY LANCET EXTRA . . . 121
MEDICHOICE SAFETY LANCET NORM . . . 122
MEDICINE SHOPPE PEN NEEDLES . . . 137
MEDLANCE EXTRA 21G . . . 122
MEDLANCE LITE 25G . . . 122
MEDLANCE PLUS EXTRA 21G . . . 122
MEDLANCE PLUS LANCETS . . . 122

MEDLANCE PLUS LITE 25G . . . 122
MEDLANCE PLUS SPECIAL 0.8MM . . . 122
MEDLANCE PLUS SUPERLITE 30G . . . 122
MEDLANCE PLUS UNIVERSAL 21G . . . 122
MEDLANCE UNIVERSAL 21G . . . 122
medroxyprogesterone acetate . . . 158
medroxyprogesterone acetate (contraceptive) . . . 80
mefenamic acid . . . 7
mefloquine hcl . . . 49
megestrol acetate . . . 60
MEGESTROL ACETATE . . . 158
megestrol acetate (appetite) . . . 158
MEIJER LANCETS . . . 122
MEIJER LANCETS THIN . . . 122
MEIJER LANCETS UNIVERSAL 21G . . . 122
MEIJER LANCETS UNIVERSAL 30G . . . 122
MEIJER LANCETS UNIVERSAL 33G . . . 122
MEIJER PEN NEEDLES . . . 137
MEIJER SUPER THIN LANCETS . . . 122
MEKINIST . . . 54
MEKTOVI . . . 54
meloxicam . . . 7
MELPHALAN . . . 59
MEMANTINE HCL . . . 160
memantine hcl . . . 160
MENACTRA . . . 167
MENEST . . . 98
MENOSTAR . . . 98
MENQUADFI . . . 167
MENVEO . . . 167
meprobamate . . . 17
mercaptopurine . . . 50
MESALAMINE . . . 100
mesalamine . . . 100
mesalamine w/ cleanser . . . 100
metaxalone . . . 150
metformin hcl . . . 32
METHADONE HCL . . . 11
methadone hcl . . . 11
methazolamide . . . 92
methenamine hippurate . . . 17
methimazole . . . 163
METHITEST . . . 14
methocarbamol . . . 150
methotrexate sodium . . . 51
METHOTREXATE SODIUM (PF) . . . 51
METHOXSALEN RAPID . . . 85
methscopolamine bromide . . . 166
methsuximide . . . 28
METHYLDOPA . . . 48
methylergonovine maleate . . . 157
methylphenidate . . . 4
methylphenidate hcl . . . 4
METHYLPHENIDATE HCL ER . . . 4
METHYLPHENIDATE HCL ER(DIFFUS) . . . 4
methylprednisolone . . . 81
methyltestosterone . . . 14
METOCLOPRAMIDE HCL . . . 99
metoclopramide hcl . . . 99
metolazone . . . 93
metoprolol & hydrochlorothiazide . . . 48
metoprolol succinate . . . 74
metoprolol tartrate . . . 74
metronidazole . . . 15
metronidazole (topical) . . . 90
metronidazole vaginal . . . 172
mexiletine hcl . . . 18
MFLUSIVA . . . 170
MICROCHAMBER . . . 144
MICRODOT PEN NEEDLE . . . 137
MICROLET LANCETS . . . 122
MICROLET NEXT LANCETS . . . 122
MICROSPACER . . . 144
midazolam hcl . . . 109
midodrine hcl . . . 173
MIGLITOL . . . 32
milnacipran hcl . . . 159
minocycline hcl . . . 162,163
MINOCYCLINE HCL ER . . . 163
minoxidil . . . 48
mirabegron . . . 167
MIRCERA . . . 106

MIRENA (52 MG) 80
mirtazapine 28
misoprostol 166
MM INSULIN SYRINGE/NEEDLE 137
MM PEN NEEDLES 137
MM TWIST LANCETS 122
MNEXSPIKE 170
MOBI CONNECT TWIST LANCETS 122
MOBILE LANCETS 30G 122
modafinil 4,5
MODERNA COVID-19 BIVAL 6M-5Y 170
MODERNA COVID-19 BIVALENT 170
MODERNA COVID-19 VAC (BOOSTER) 170
MODERNA COVID-19 VAC 6M-11Y 170
MODERNA COVID-19 VACC 6M-5Y 170
MODERNA COVID-19 VACCINE 170
moexipril hcl 45
mometasone furoate 88
mometasone furoate (nasal) 151
MONOJECT INSULIN SYRINGE 137
MONOJECT INTRODUCER NEEDLE 137
MONOJECT MAGELLAN SAFETY NDL 137
MONOJECT MAGELLAN SYRINGE 137
MONOJECT ULTRA COMFORT SYRINGE 138
MONOLET LANCETS 122
MONOLET OPD LANCETS 122
MONOLETTOR SAFETY LANCETS 122
montelukast sodium 21
MORPHINE SULFATE 11
morphine sulfate 11,12
MORPHINE SULFATE (CONCENTRATE) 11
MORPHINE SULFATE (PF) 11
MORPHINE SULFATE ER 11
MOTOFEN 39
MOUNJARO 36
MOVANTIK 101
moxifloxacin hcl 99
MOXIFLOXACIN HCL (2X DAY) 154
moxifloxacin hcl (ophth) 154
MPD SAFETY LANCET 21G 123
MPD SAFETY LANCET 23G 123
MPD SAFETY LANCET 28G 123
MPD SAFETY LANCET 30G 123
MRESVIA 170
MS INSULIN SYRINGE 138
MULTAQ 19
mupirocin 84
MYALEPT 95
mycophenolate mofetil 147
mycophenolate sodium 147
MYGLUCOHEALTH LANCETS 30G 123
MYLERAN 50

N

nabumetone 7
nadolol 74
nafcillin sodium 158
nalbuphine hcl 14
naloxone hcl 39
naltrexone hcl 39
naproxen 7
naproxen sodium 7
naratriptan hcl 145
NATACYN 154
NATAZIA 80
nateglinide 36
NAYZILAM 25
nebivolol hcl 74
NEBUSAL 82
NEFAZODONE HCL 30,31
neomycin sulfate 5
NEOMYCIN-BACITRACIN ZN-POLYMYX 153
neomycin-bacitracin zn-polymyxin 153
neomycin-polymy-dexameth 155
NEOMYCIN-POLYMYXIN-GRAMICIDIN 153
neomycin-polymyxin-hc (otic) 157
NEONATAL COMPLETE 149
NEONATAL PLUS 149
NEORAL 147
NERLYNX 55
NEUPRO 62
NEVANAC 155

NEVIRAPINE . . . 70
nevirapine . . . 70
NEVIRAPINE ER . . . 70
NEXLETOL . . . 42
NEXLIZET . . . 42
NEXPLANON . . . 80
NEXTSTELLIS . . . 78
niacin (antihyperlipidemic) . . . 44
NIACOR . . . 44
nicardipine hcl . . . 75
NICORETTE . . . 161
NICORETTE MINI . . . 161
NICORETTE STARTER KIT . . . 161
nicotine . . . 161
NICOTINE . . . 161
nicotine polacrilex . . . 161
NICOTROL . . . 161
NICOTROL NS . . . 161
nifedipine . . . 75
nilotinib hcl . . . 52
nilutamide . . . 50
NILUTAMIDE . . . 50
nimodipine . . . 75
nintedanib esylate . . . 162
nisoldipine . . . 75
NISOLDIPINE ER . . . 75
nitazoxanide . . . 16
nitrofurantoin . . . 17
nitrofurantoin macrocrystal . . . 17
nitrofurantoin monohyd macro . . . 17
nitroglycerin . . . 17
nitroglycerin (intra-anal) . . . 15
NITROLINGUAL . . . 17
NIVA THYROID . . . 163
NIVESTYM . . . 107
nizatidine . . . 165
NORDITROPIN FLEXPRO . . . 94
norelgestromin-ethinyl estradiol . . . 79
norethin acet & estrad-fe . . . 79
norethindrone & eth estradiol . . . 79
norethindrone & ethinyl estradiol-fe . . . 79
norethindrone (contraceptive) . . . 80
norethindrone acet & eth estra . . . 79
norethindrone acetate . . . 158
norethindrone acetate-ethinyl estradiol . . . 97
norethindrone acetate-ethinyl estradiol-fe . . . 80
norethindrone-eth estradiol (triphasic) . . . 80
norgestimate-ethinyl estradiol . . . 79
norgestimate-ethinyl estradiol (triphasic) . . . 80
norgestrel & ethinyl estradiol . . . 79
NORLIQVA . . . 75
NORPACE CR . . . 18
nortriptyline hcl . . . 32
NORVIR . . . 69
NOVA MAX PLUS KETONE TEST . . . 91
NOVA SAFETY LANCETS 23G . . . 123
NOVA SAFETY LANCETS 28G . . . 123
NOVA SUREFLEX LANCETS . . . 123
NOVAVAX COVID-19 VACCINE . . . 171
NOVOEIGHT . . . 104
NOVOFINE PEN NEEDLE . . . 138
NOVOFINE PLUS PEN NEEDLE . . . 138
NP THYROID . . . 163
NUCALA . . . 21
NURTEC . . . 144
NUVAXOVID COVID-19 VACCINE . . . 171
NUWIQ . . . 104
NYPOZI . . . 107
nystatin . . . 41
NYSTATIN . . . 149
nystatin (mouth-throat) . . . 149
nystatin (topical) . . . 84
nystatin-triamcinolone . . . 84
NYVEPRIA . . . 107

O

OB COMPLETE/DHA . . . 149
OBIZUR . . . 104
octreotide acetate . . . 96
ODEFSEY . . . 67
ODOMZO . . . 54
OFLOXACIN . . . 99

ofloxacin (ophth) . . . 154
ofloxacin (otic) . . . 156
olanzapine . . . 66
olmesartan medoxomil . . . 47
olmesartan medoxomil-amlodipine-hydrochlorothiazide . . . 46
olmesartan medoxomil-hydrochlorothiazide . . . 47
olopatadine hcl . . . 153
olopatadine hcl (nasal) . . . 151
OLUMIANT . . . 6
omega-3-acid ethyl esters . . . 42
omeprazole . . . 166
OMNIFLEX DIAPHRAGM . . . 111
OMNIPOD 5 DEXG7G6 INTRO GEN 5 . . . 129
OMNIPOD 5 DEXG7G6 PODS GEN 5 . . . 129
OMNIPOD 5 G7 INTRO (GEN 5) . . . 130
OMNIPOD 5 G7 PODS (GEN 5) . . . 130
OMNIPOD 5 LIBRE INTRO . . . 130
OMNIPOD 5 LIBRE PODS . . . 130
OMNIPOD CLASSIC PDM (GEN 3) . . . 130
OMNIPOD CLASSIC PODS (GEN 3) . . . 130
OMNIPOD DASH INTRO (GEN 4) . . . 130
OMNIPOD DASH PDM (GEN 4) . . . 130
OMNIPOD DASH PODS (GEN 4) . . . 130
OMNITROPE . . . 94
OMVOH . . . 100
OMVOH (300 MG DOSE) . . . 100
ondansetron . . . 40
ondansetron hcl . . . 40
ONDANSETRON HCL +RFID . . . 40
ONETOUCH DELICA PLUS LANCET30G . . . 123
ONETOUCH DELICA PLUS LANCET33G . . . 123
ONETOUCH DELICA PLUS LANCING . . . 123
ONETOUCH ULTRASOFT 2 LANCETS . . . 123
ONFI . . . 25
ONGENTYS . . . 63
OPIUM . . . 39
OPTICHAMBER DIAMOND . . . 144
OPTICHAMBER DIAMOND-LG MASK . . . 144
OPTICHAMBER DIAMOND-MD MASK . . . 144
OPTICHAMBER DIAMOND-SM MASK . . . 144
OPVEE . . . 39
OPZELURA . . . 86
ORAVIG . . . 149
ORENCIA . . . 8
ORENCIA CLICKJECT . . . 8
ORENITRAM . . . 76
ORENITRAM MONTH 1 . . . 76
ORENITRAM MONTH 2 . . . 76
ORENITRAM MONTH 3 . . . 76
ORIAHNN . . . 98
ORILISSA . . . 94
ORKAMBI . . . 162
ORLADEYO . . . 105
orphenadrine citrate . . . 150
ORPHENGESIC FORTE . . . 151
ORSERDU . . . 60
OSCIMIN . . . 165
oseltamivir phosphate . . . 73
OSPHENA . . . 96
OTEZLA . . . 7
OTEZLA XR . . . 7
OTEZLA/OTEZLA XR INITIATION PK . . . 8
OTIPRIO . . . 156
OTREXUP . . . 6
oxandrolone . . . 14
oxaprozin . . . 7
oxazepam . . . 18
oxcarbazepine . . . 26
oxybutynin chloride . . . 166
oxycodone hcl . . . 12
OXYCODONE HCL ER . . . 12
oxycodone w/ acetaminophen . . . 13
OXYCONTIN . . . 12
oxymorphone hcl . . . 12
OXYMORPHONE HCL ER . . . 12
OZEMPIC . . . 36
OZEMPIC (0.25 OR 0.5 MG/DOSE) . . . 36
OZEMPIC (1 MG/DOSE) . . . 36
OZEMPIC (2 MG/DOSE) . . . 36

P

paliperidone . . . 64
PALYNZIQ . . . 96
PANCREAZE . . . 92
pantoprazole sodium . . . 166
PARAGARD INTRAUTERINE COPPER . . . 79
paricalcitol . . . 95
paroxetine hcl . . . 30
paroxetine mesylate (vasomotor) . . . 162
PAXLOVID (150/100) . . . 71
PAXLOVID (300/100 & 150/100) . . . 71
PAXLOVID (300/100) . . . 71
pazopanib hcl . . . 55
PC LANCETS SUPER THIN 30G . . . 123
PC UNIFINE PENTIPS . . . 138
PEDIARIX . . . 164
PEDVAXHIB . . . 167
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate . . . 110
peg 3350-potassium chloride-sod bicarbonate-sod chloride . . . 110
PEGASYS . . . 72
PEMAZYRE . . . 53
PEN NEEDLE/5-BEVEL TIP . . . 138
PEN NEEDLES . . . 138
PEN NEEDLES 5/16" . . . 138
PENBRAYA . . . 167
penicillamine . . . 146
penicillin v potassium . . . 158
PENMENVY . . . 167
PENTACEL . . . 164
pentamidine isethionate . . . 15
PENTASA . . . 100
PENTIPS . . . 138
PENTIPS GENERIC PEN NEEDLES . . . 138
pentoxifylline . . . 105
perampanel . . . 25
PERFECT LANCETS 28G . . . 123
PERFECT LANCETS 30G . . . 123
PERFECT POINT SAFETY LANCETS . . . 123
perindopril erbumine . . . 45
permethrin . . . 90
perphenazine . . . 65
PERPHENAZINE-AMITRIPTYLINE . . . 160
PFIZER COVID-19 BIVAL 6MO-4YR . . . 171
PFIZER COVID-19 VAC BIVAL 5-11 . . . 171
PFIZER COVID-19 VAC BIVALENT . . . 171
PFIZER COVID-19 VAC-TRIS 5-11Y . . . 171
PFIZER COVID-19 VAC-TRIS 6M-4Y . . . 171
PFIZER-BIONT COVID-19 VAC-TRIS . . . 171
PFIZER-BIONTECH COVID-19 VACC . . . 171
PHARMACIST CHOICE LANCETS . . . 123
PHARMACY COUNTER LANCETS . . . 123
PHEBURANE . . . 97
phenazopyridine hcl . . . 102
PHENELZINE SULFATE . . . 29
PHENOBARBITAL . . . 109
phenoxybenzamine hcl . . . 46
phenytoin . . . 28
phenytoin sodium extended . . . 28
PHEXX . . . 172
PHEXXI . . . 172
PHOSLYRA . . . 101
PHOSPHO-TRIN K500 . . . 146
PHYSIOLYTE . . . 148
phytonadione . . . 173
PIFELTRO . . . 70
pilocarpine hcl . . . 153
pilocarpine hcl (oral) . . . 149
pimecrolimus . . . 89
pimozide . . . 160
pindolol . . . 74
pioglitazone hcl . . . 38
pioglitazone hcl-metformin hcl . . . 38
PIP LANCETS 28G . . . 123
PIP LANCETS 30G . . . 123
PIP PEN NEEDLES 31G X 5MM . . . 138
PIP PEN NEEDLES 32G X 4MM . . . 138
PIQRAY (200 MG DAILY DOSE) . . . 60
PIQRAY (250 MG DAILY DOSE) . . . 60
PIQRAY (300 MG DAILY DOSE) . . . 60

pirfenidone . . . 162
piroxicam . . . 7
pitavastatin calcium . . . 44
PNEUMOVAX 23 . . . 167
PNV 27-CA/FE/FA . . . 149
PNV-DHA+DOCUSATE . . . 150
PODOFILOX . . . 89
polyethylene glycol 3350 . . . 110
polymyxin b-trimethoprim . . . 153
pomalidomide . . . 54
posaconazole . . . 41
potassium bicarbonate . . . 146
potassium chloride . . . 146
POTASSIUM CHLORIDE ER . . . 146
potassium chloride microencapsulated crystals er . . . 146
potassium citrate (alkalinizer) . . . 102
POTASSIUM CITRATE-CITRIC ACID . . . 102
pramipexole dihydrochloride . . . 62
prasugrel hcl . . . 106
pravastatin sodium . . . 44
prazosin hcl . . . 48
PRECISION SURE-DOSE SYRINGE . . . 138
PRECISION THINS GP LANCETS . . . 123
PRECISION XTRA KETONE . . . 91
PRED MILD . . . 156
PREDNICARBATE . . . 88
prednisolone . . . 81
prednisolone acetate (ophth) . . . 156
prednisolone sodium phosphate . . . 81
PREDNISOLONE SODIUM PHOSPHATE . . . 156
prednisone . . . 81
PREDNISONE INTENSOL . . . 81
PREFERRED PLUS INSULIN SYRINGE . . . 138
PREFERRED PLUS LANCETS COLORED . . . 123
PREFERRED PLUS LANCETS THIN . . . 123
PREFERRED PLUS UNIFINE PENTIPS . . . 138
pregabalin . . . 26,27
PREHEVBRIO . . . 171
PREMARIN . . . 173
PREMIUM LIDOCAINE . . . 89
PREMPRO . . . 97
PRENATABS FA . . . 149
PRENATAL . . . 149
PRENATAL 19 . . . 149
PRENATAL VITAMIN PLUS LOW IRON . . . 150
PRETOMANID . . . 49
PREVENT DROPSAFE PEN NEEDLES . . . 138
PREVENT SAFETY PEN NEEDLES . . . 138
PREVNAR 13 . . . 167
PREVNAR 20 . . . 167
PREVYMIS . . . 72
PREZCOBIX . . . 67
PREZISTA . . . 69
PRIFTIN . . . 49
primaquine phosphate . . . 49
PRIMIDONE . . . 27
PRIORIX . . . 168
PRO COMFORT INSULIN SYRINGE . . . 138
PRO COMFORT LANCETS 30G . . . 123
PRO COMFORT LANCETS 31G . . . 124
PRO COMFORT PEN NEEDLES . . . 138
PRO COMFORT SAFETY LANCETS 30G . . . 124
probenecid . . . 102
PROCHAMBER VHC . . . 144
prochlorperazine . . . 65
prochlorperazine maleate . . . 65
PROCRIT . . . 106
PRODIGY INSULIN SYRINGE . . . 138
PRODIGY LANCETS 28G . . . 124
PRODIGY SAFETY LANCETS 26G . . . 124
PRODIGY TWIST TOP LANCETS 28G . . . 124
progesterone . . . 158
progesterone (vaginal) . . . 173
promethazine hcl . . . 42
promethazine w/codeine . . . 83
promethazine-dm . . . 82
propafenone hcl . . . 19
propranolol hcl . . . 74
propylthiouracil . . . 163
PROQUAD . . . 168
protriptyline hcl . . . 32

prucalopride succinate 99
PRUDOXIN 85
PSS SELECT GP LANCETS 124
PSS SELECT SAFETY LANCETS 124
PULMOSAL 82
PULMOZYME 162
PURE COMFORT LANCETS 30G 124
PURE COMFORT PEN NEEDLE 139
PURE COMFORT SAFETY LANCET 30G 124
PURE COMFORT SAFETY PEN NEEDLE 139
PX EXTRA SHORT PEN NEEDLES 139
PX LANCETS MICROTHIN 33G 124
PX LANCETS ULTRA THIN 124
PX LANCETS ULTRA THIN 28G 124
PX MINI PEN NEEDLES 139
PX PEN NEEDLE 139
PX SHORTLENGTH PEN NEEDLES 139
pyrazinamide 49
pyridostigmine bromide 49
pyrimethamine 49

Q

QBRELIS 45
QC LANCETS SUPER THIN 30G 124
QC LANCETS ULTRA THIN 124
QC PEN NEEDLES 139
QC UNIFINE PENTIPS 139
QC UNILET LANCETS 28G 124
QC UNILET LANCETS MICRO THIN 124
QINLOCK 56
QUADRACEL 164
quetiapine fumarate 65
QUICK TOUCH INSULIN PEN NEEDLE 139
QUICKVUE SARS ANTIGEN TEST 92
QUILLICHEW ER 5
QUILLIVANT XR 5
quinapril hcl 45
quinapril-hydrochlorothiazide 46
quinidine gluconate 18
QUINIDINE SULFATE 18
quinine sulfate 49
QULIPTA 144
QUZYTTIR 42
QVAR REDIHALER 22

R

RA E-ZJECT LANCETS 28G 124
RA E-ZJECT LANCETS THIN 26G 124
RA E-ZJECT LANCETS THIN 28G 124
RA E-ZJECT LANCETS ULTRA THIN 124
RA PEN NEEDLES 139
rabeprazole sodium 166
RADICAVA ORS 151
RADICAVA ORS STARTER KIT 151
RADIOGARDASE 39
raloxifene hcl 96
ramelteon 110
ramipril 45
ranolazine 17
rasagiline mesylate 62
RASUVO 6
RAYA SURE PEN NEEDLE 139
READYLANCE SAFETY LANCETS 124
REALITY LANCETS 124
REALITY TRIGGER LANCETS 124
REBIF 159
REBIF REBIDOSE 159
REBIF REBIDOSE TITRATION PACK 160
REBIF TITRATION PACK 160
REBINYN 104
RECOMBINATE 104
RECOMBIVAX HB 171
REGRANEX 90
RELENZA DISKHALER 73
RELEUKO 107,108
RELION INSULIN SYRINGE 139
RELION LANCETS MICRO-THIN 33G 124
RELION LANCETS THIN 26G 125
RELION LANCETS ULTRA-THIN 30G 125
RELION MINI PEN NEEDLES 139
RELION PEN NEEDLES 139
RELION SHORT PEN NEEDLES 139

RELION ULTRA THIN LANCETS 30G 125
RELION ULTRA THIN PLUS LANCETS 125
REMODULIN 76
RENTHYROID 163
repaglinide 36,37
REPATHA 44
REPATHA PUSHTRONEX SYSTEM 44
REPATHA SURECLICK 44
RETACRIT 106
RETEVMO 56
REXALL LANCETS ULTRA THIN 30G 125
REXTOVY 39
REXULTI 66
REYATAZ 70
REYVOW 145
REZVOGLAR KWIKPEN 35
RHAPSIDO 147
RHOPRESSA 155
RIBAVIRIN 72
rifabutin 49
rifampin 49
rifapentine 49
RIGHTEST GL300 LANCETS 125
rilpivirine hcl 70
riluzole 151
RIMANTADINE HCL 73
RINVOQ 6
RINVOQ LQ 6
risedronate sodium 94
risperidone 64
risperidone microspheres 64
ritonavir 70
rivaroxaban 23
rivastigmine 159
rivastigmine tartrate 159
RIXUBIS 104
rizatriptan benzoate 145
ROCKLATAN 155
roflumilast 22
ropinirole hydrochloride 62
rosuvastatin calcium 44
ROTARIX 171
ROTATEQ 171
ROZLYTREK 56
rufinamide 27
RYBELSUS 36
RYDAPT 56

S

sacubitril-valsartan 76
SAFE-T-LANCE 125
SAFE-T-LANCE PLUS 125
SAFETY LANCET 30G/PRESSURE ACT 125
SAFETY LANCETS 125
SAFETY LANCETS 21G 125
SAFETY LANCETS 23G 125
SAFETY LANCETS 28G 125
SALICYLIC ACID 89
salsalate 8
SANTYL 88
sapropterin dihydrochloride 96
SAPS HEALTH PLUS LANCETS 125
SAPS HEALTH TWIST TOP LANCETS 125
SAPS TWIST TOP LANCETS 125
SAPSCARE TWIST TOP LANCETS 125
SAVAYSA 23
SB INSULIN SYRINGE 139
SB LANCETS THIN 125
SB LANCETS ULTRA THIN 125
SCEMBLIX 52
scopolamine 40
SECURESAFE SAFETY PEN NEEDLES 139
selegiline hcl 62
selenium sulfide 86
SELZENTRY 68
SENSILANCE SAFETY LANCETS 21G 125
SENSILANCE SAFETY LANCETS 26G 125
SENSILANCE SAFETY LANCETS 28G 125
SEREVENT DISKUS 20
sertraline hcl 30
sevelamer carbonate 101
SHINGRIX 172

SHOPKO ON-THE-GO LANCETS 30G 125
SHOPKO UNIFINE PENTIPS 139
SHOPKO UNIFINE PENTIPS PLUS 139
SHOPKO UNILET LANCETS 28G 125
SHOPKO UNILET LANCETS 30G 126
SIGNIFOR 96
SIGNIFOR LAR 96
sildenafil citrate 77
sildenafil citrate (pulmonary hypertension) 77
silodosin 102
silver sulfadiazine 86
SIMBRINZA 152
SIMLANDI (1 PEN) 5
SIMLANDI (1 SYRINGE) 5
SIMLANDI (2 PEN) 5
SIMLANDI (2 SYRINGE) 5
SIMPONI 5
simvastatin 44
SINGLE-LET 126
sirolimus 148
SIRTURO 49
sitagliptin phosphate 33
sitagliptin phosphate-metformin hcl 33
SKYLA 80
SKYRIZI 85,100
SKYRIZI PEN 85
SLYND 80
SM LANCETS 33G 126
SMART SENSE COLOR LANCETS 33G 126
SMART SENSE STANDARD LANCETS 126
SMART SENSE SUPER THIN LANCETS 126
SMART SENSE THIN LANCETS 26G 126
SMARTEST LANCETS 28G 126
SODIUM CHLORIDE 82
SODIUM FLUORIDE 146
sodium polystyrene sulfonate 148
sodium sulfate-potassium sulfate-magnesium sulfate 110
SOFIA SARS ANTIGEN FIA 92
SOFIA2 SARS ANTIGEN FIA 92
SOFOSBUVIR-VELPATASVIR 72
solifenacin succinate 166
SOLIQUA 36
SOLU-CORTEF 82
SOLUS V2 LANCETS 28G 126
SOLUS V2 TWIST LANCETS 30G 126
SOMAVERT 94
sorafenib tosylate 56
sotalol hcl 74
sotalol hcl (afib/afl) 74
SOTYLIZE 74
SPIKEVAX 172
SPIKEVAX 6M-11Y 172
SPIKEVAX COVID-19 VACCINE 172
SPINOSAD 90
SPIRIVA RESPIMAT 21
spironolactone 93
spironolactone & hydrochlorothiazide 92
SPRAVATO (56 MG DOSE) 29
SPRAVATO (84 MG DOSE) 29
SPS (SODIUM POLYSTYRENE SULF) 148
STAVUDINE 71
STERILANCE TL 126
STIOLTO RESPIMAT 19
STIVARGA 56
STRIBILD 67
STRIVERDI RESPIMAT 20
SUBLOCADE 14
SUBSYS 13
sucralfate 165
SULFACETAMIDE SODIUM 156
sulfacetamide sodium (acne) 83
sulfacetamide sodium (ophth) 156
sulfacetamide sodium w/ sulfur 83
SULFACETAMIDE SODIUM-SULFUR 83
SULFACETAMIDE-PREDNISOLONE 155
sulfadiazine 162
sulfamethoxazole-trimethoprim 16
SULFAMYLON 87
sulfasalazine 100
sulindac 7
sumatriptan 145

sumatriptan succinate . . . 145
sunitinib malate . . . 56
SUNLENCA . . . 68
SUPER THIN LANCETS . . . 126
SUPER TOUCH INSULIN SYRINGE . . . 140
SUPER TOUCH PEN NEEDLES . . . 140
SURE COMFORT INSULIN SYRINGE . . . 140
SURE COMFORT LANCETS 18G . . . 126
SURE COMFORT LANCETS 21G . . . 126
SURE COMFORT LANCETS 23G . . . 126
SURE COMFORT LANCETS 28G . . . 126
SURE COMFORT LANCETS 30G . . . 126
SURE COMFORT PEN NEEDLES . . . 140
SURELITE LANCETS . . . 126
SUSTOL . . . 40
SYMBICORT . . . 19,20
SYMLINPEN 120 . . . 32
SYMLINPEN 60 . . . 32
SYMPROIC . . . 101
SYMTUZA . . . 67
SYNAGIS . . . 157
SYNERA . . . 90
SYNJARDY . . . 37
SYNJARDY XR . . . 37
SYNTHROID . . . 163

T

TABLOID . . . 51
TABRECTA . . . 55
tacrolimus . . . 148
tacrolimus (topical) . . . 89
tadalafil . . . 77
tadalafil (pulmonary hypertension) . . . 77
TADLIQ . . . 77
TAFINLAR . . . 52
tafluprost . . . 156
TAGRISSO . . . 53
TALTZ . . . 85
TALZENNA . . . 60
tamoxifen citrate . . . 50
tamsulosin hcl . . . 102
tapentadol hcl . . . 13
TAPENTADOL HCL ER . . . 13
tavaborole . . . 89
tazarotene . . . 85
TAZVERIK . . . 55
TDVAX . . . 164
TECHLITE AST LANCETS . . . 126
TECHLITE INSULIN SYRINGE . . . 140
TECHLITE LANCETS . . . 126
TECHLITE LANCETS 26G . . . 126
TECHLITE PEN NEEDLES . . . 140
TECHLITE PLUS PEN NEEDLES . . . 140
TEGRETOL . . . 27
TEGRETOL-XR . . . 27
telmisartan . . . 47
TELMISARTAN-AMLODIPINE . . . 46
telmisartan-hydrochlorothiazide . . . 47
temazepam . . . 109
TEMBEXA . . . 73
temozolomide . . . 58
TENIVAC . . . 164
tenofovir disoproxil fumarate . . . 71
TEPMETKO . . . 55
terazosin hcl . . . 48
terbinafine hcl . . . 41
terbutaline sulfate . . . 21
terconazole vaginal . . . 172
teriflunomide . . . 159
teriparatide . . . 96
testosterone . . . 14
testosterone cypionate . . . 14
TESTOSTERONE ENANTHATE . . . 14
TETANUS-DIPHTHERIA TOXOIDS TD . . . 164
tetrabenazine . . . 159
tetracycline hcl . . . 163
TEZSPIRE . . . 22
TGT LANCET MICRO THIN 33G . . . 126
TGT LANCET THIN 26G . . . 126
TGT LANCET ULTRA THIN 30G . . . 126
THALOMID . . . 146
THEO-24 . . . 22

theophylline . . . 22
THINLETS GP LANCETS . . . 127
thioridazine hcl . . . 65
thiothixene . . . 66
THYROID . . . 163
tiagabine hcl . . . 28
ticagrelor . . . 105
timolol . . . 152
TIMOLOL MALEATE . . . 74
timolol maleate (ophth) . . . 152
tinidazole . . . 16
tiotropium bromide . . . 21
TIVICAY . . . 69
TIVICAY PD . . . 69
tizanidine hcl . . . 150
TOBRADEX . . . 155
TOBRAMYCIN . . . 5
tobramycin (ophth) . . . 154
tobramycin sulfate . . . 5
TOBRAMYCIN SULFATE . . . 5
tobramycin-dexamethasone . . . 155
TODAYS HEALTH MINI PEN NEEDLES . . . 140
TODAYS HEALTH SHORT PEN NEEDLE . . . 140
TODAYS HEALTH THIN LANCETS 28G . . . 127
TODAYS HEALTH THIN LANCETS 30G . . . 127
tofacitinib citrate . . . 6
tolcapone . . . 62
TOLMETIN SODIUM . . . 7
tolterodine tartrate . . . 166
tolvaptan . . . 96
tolvaptan (hyponatremia) . . . 96
TOPCARE CLICKFINE PEN NEEDLES . . . 140
TOPCARE LANCETS MICRO-THIN 33G . . . 127
TOPCARE ULTRA COMFORT INS SYR . . . 140
TOPFINE INSULIN PEN NEEDLE . . . 140
topiramate . . . 27
toremifene citrate . . . 50
torsemide . . . 93
TPOXX . . . 73
TRADJENTA . . . 33
tramadol hcl . . . 13
TRAMADOL HCL (ER BIPHASIC) . . . 13
tramadol-acetaminophen . . . 14
trandolapril . . . 46
TRANDOLAPRIL-VERAPAMIL HCL ER . . . 45
tranexamic acid . . . 108
tranylcypromine sulfate . . . 29
TRAVEL LANCETS . . . 127
TRAVEL LANCETS ADVANCED 28G . . . 127
travoprost . . . 156
trazodone hcl . . . 31
TRECATOR . . . 49
TRELEGY ELLIPTA . . . 20
TREMFYA . . . 86,100
TREMFYA ONE-PRESS . . . 86
TREMFYA PEN . . . 86,100
TREMFYA-CD/UC INDUCTION . . . 100
treprostinil . . . 76
TRESIBA . . . 35
TRESIBA FLEXTOUCH . . . 35
tretinoin . . . 83
tretinoin (chemotherapy) . . . 60
tretinoin microsphere . . . 84
TRETINOIN MICROSPHERE PUMP . . . 84
TREXALL . . . 51
TRIAMCINOLONE ACETONIDE . . . 82,88
triamcinolone acetonide (mouth) . . . 149
triamcinolone acetonide (topical) . . . 88
triamterene . . . 93
triamterene & hydrochlorothiazide . . . 92
triazolam . . . 109
trientine hcl . . . 146
trifluoperazine hcl . . . 65
TRIFLURIDINE . . . 154
trihexyphenidyl hcl . . . 61
TRIJARDY XR . . . 37
TRIKAFTA . . . 162
trimethobenzamide hcl . . . 40
trimethoprim . . . 16
trimipramine maleate . . . 32
TRINATAL RX 1 . . . 150
TRINTELLIX . . . 31

TRIUMEQ 67
TRIUMEQ PD 68
tropicamide 153
trospium chloride 166
TRUE COMFORT INSULIN SYRINGE 140
TRUE COMFORT PEN NEEDLES 140
TRUE COMFORT PRO INSULIN SYR 140
TRUE COMFORT PRO PEN NEEDLES 140
TRUE COMFORT SAFETY LANCETS 127
TRUE COMFORT SAFETY PEN NEEDLE 140
TRUE COMFORT TWIST TOP LANCETS 127
TRUEPLUS 5-BEVEL PEN NEEDLES 141
TRUEPLUS INSULIN SYRINGE 141
TRUEPLUS LANCETS 26G 127
TRUEPLUS LANCETS 28G 127
TRUEPLUS LANCETS 30G 127
TRUEPLUS LANCETS 33G 127
TRUEPLUS PEN NEEDLES 141
TRUEPLUS SAFETY LANCETS 28G 127
TRULANCE 99
TRULICITY 36
TRUMENBA 167
TRUSELTIQ (100MG DAILY DOSE) 53
TRUSELTIQ (125MG DAILY DOSE) 53
TRUSELTIQ (50MG DAILY DOSE) 53
TRUSELTIQ (75MG DAILY DOSE) 53
TUKYSA 51
TURALIO 56
TWINRIX 168
TWIST TOP LANCETS 30G 127
TYBLUME 79
TYBOST 71
TYENNE 6
TYMLOS 96

U

UBRELVY 144
UCERIS 82
UDENYCA 108
UDENYCA ONBODY 108
ULTICARE INSULIN SAFETY SYR 141
ULTICARE INSULIN SYRINGE 141
ULTICARE MICRO PEN NEEDLES 141
ULTICARE MINI PEN NEEDLES 141
ULTICARE PEN NEEDLES 141
ULTICARE SHORT PEN NEEDLES 141
ULTIGUARD SAFEPACK PEN NEEDLE 141
ULTIGUARD SAFEPACK SYR/NEEDLE 141
ULTILET CLASSIC LANCETS 127
ULTILET LANCETS 127
ULTILET PEN NEEDLE 141
ULTILET SAFETY LANCETS 127
ULTILET SAFETY LANCETS 23G 127
ULTRA COMFORT INSULIN SYRINGE 141
ULTRA COMFORT PEN NEEDLES 141
ULTRA FLO INSULIN PEN NEEDLES 141
ULTRA FLO INSULIN SYR 1/2 UNIT 141
ULTRA FLO INSULIN SYRINGE 142
ULTRA THIN LANCETS 31G 127
ULTRA THIN PEN NEEDLES 142
ULTRA-CARE LANCETS 30G 127
ULTRA-CARE SAFETY LANCETS 30G 127
ULTRA-THIN II AUTO LANCET 127
ULTRA-THIN II INS SYR SHORT 142
ULTRA-THIN II LANCETS 127
ULTRA-THIN II MINI PEN NEEDLE 142
ULTRA-THIN II PEN NEEDLE SHORT 142
ULTRACARE INSULIN SYRINGE 142
ULTRACARE PEN NEEDLES 142
UNIFINE OTC PEN NEEDLES 142
UNIFINE PEN NEEDLES 142
UNIFINE PENTIPS 142
UNIFINE PENTIPS PLUS 142
UNIFINE PROTECT PEN NEEDLE 142
UNIFINE SAFECONTROL PEN NEEDLE 142
UNIFINE ULTRA PEN NEEDLE 142
UNILET COMFORTOUCH LANCET 127
UNILET EXCELITE 128
UNILET EXCELITE II 128
UNILET G.P. LANCET 128
UNILET G.P. SUPERLITE LANCET 128
UNILET GP 28 ULTRA THIN 128

UNILET LANCET . . . 128
UNILET MICRO-THIN 33G . . . 128
UNILET SUPER-THIN 30G . . . 128
UNILET SUPERLITE LANCET . . . 128
UNILET ULTRA-THIN 28G . . . 128
UNISTIK 3 GENTLE . . . 128
UNISTIK PRO SAFETY LANCET . . . 128
UNISTIK SAFETY LANCETS 28G . . . 128
UNISTIK SAFETY LANCETS 30G . . . 128
UNISTIK TOUCH SAFETY LANC 21G . . . 128
UNISTIK TOUCH SAFETY LANC 23G . . . 128
UNISTIK TOUCH SAFETY LANC 28G . . . 128
UNISTIK TOUCH SAFETY LANC 30G . . . 128
UNIVERSAL 1 LANCETS THIN 26G . . . 128
UNIVERSAL 1 LANCETS THIN 33G . . . 128
UNIVERSAL 1 LANCETS ULTRA THIN . . . 128
UPTRAVI . . . 77
ursodiol . . . 99

V

valacyclovir hcl . . . 72
VALCHLOR . . . 84
valganciclovir hcl . . . 72
valproate sodium . . . 28
valproic acid . . . 28
valsartan . . . 47
valsartan-hydrochlorothiazide . . . 47
VALTOCO 10 MG DOSE . . . 25
VALTOCO 15 MG DOSE . . . 25
VALTOCO 20 MG DOSE . . . 25
VALTOCO 5 MG DOSE . . . 25
VALTYA 1/50 . . . 79
VALUE PLUS LANCET STANDARD 21G . . . 128
VALUE PLUS LANCETS SUPER THIN . . . 128
VALUE PLUS LANCETS THIN 26G . . . 128
VALUMARK LANCET SUPER THIN 30G . . . 129
VALUMARK LANCET ULTRA THIN 28G . . . 129
VALUMARK PEN NEEDLES . . . 142
vancomycin hcl . . . 16
VANDAZOLE . . . 172
VAQTA . . . 172
varenicline tartrate . . . 161
VARIVAX . . . 172
VARUBI (180 MG DOSE) . . . 41
VASOPRESSIN . . . 97
VASOSTRICT . . . 97
VAXELIS . . . 164
VAXNEUVANCE . . . 168
VELIVET . . . 81
VELTASSA . . . 148
VENCLEXTA . . . 51
VENCLEXTA STARTING PACK . . . 51
venlafaxine hcl . . . 31
VENTAVIS . . . 76
VEOZAH . . . 95
verapamil hcl . . . 75
VEREGEN . . . 84
VERIFINE INSULIN PEN NEEDLE . . . 142
VERIFINE INSULIN SYRINGE . . . 142
VERIFINE PLUS PEN NEEDLE . . . 142
VERIFINE SAFE LANCET MINI 21G . . . 129
VERIFINE SAFE LANCET MINI 23G . . . 129
VERIFINE SAFE LANCET MINI 28G . . . 129
VERIFINE SAFE LANCET MINI 30G . . . 129
VERIFINE UNIVERSAL LANCETS 28G . . . 129
VERIFINE UNIVERSAL LANCETS 30G . . . 129
VERIFINE UNIVERSAL LANCETS 33G . . . 129
VERISAFE SAFETY INSULIN SYR . . . 143
VERZENIO . . . 58
VESICARE LS . . . 166
VIBERZI . . . 99
VIDA MIA UNIFINE PENTIPS . . . 143
VIDA MIA UNILET LANCETS 28G . . . 129
VIDA MIA UNILET LANCETS 30G . . . 129
vigabatrin . . . 28
vilazodone hcl . . . 31
VIREAD . . . 71
VITAFOL-OB+DHA . . . 150
VITAMEDMD ONE RX/QUATREFOLIC . . . 150
VITAMEDMD REDICHEW RX . . . 150
VITATHELY WITH GINGER . . . 150
VIVAGUARD LANCETS . . . 129

VIVAGUARD LANCETS 30G . . . 129
VIVAGUARD SAFETY LANCETS 28G . . . 129
VIVITROL . . . 40
VONJO . . . 58
voriconazole . . . 41,42
VRAYLAR . . . 63
VTAMA . . . 85

W

WALGREENS ADV TRAVEL LANCETS . . . 129
WALGREENS LANCETS . . . 129
WALGREENS LANCETS MICRO THIN . . . 129
WALGREENS LANCETS SUPER THIN . . . 129
WALGREENS THIN LANCETS . . . 129
WALGREENS ULTRA THIN LANCETS . . . 129
warfarin sodium . . . 22
WEGMANS UNIFINE PENTIPS PLUS . . . 143
WELIREG . . . 54
WESNATAL DHA COMPLETE . . . 150
WESTAB PLUS . . . 150
WEZLANA . . . 86
WIDE-SEAL DIAPHRAGM 60 . . . 111
WIDE-SEAL DIAPHRAGM 65 . . . 111
WIDE-SEAL DIAPHRAGM 70 . . . 111
WIDE-SEAL DIAPHRAGM 75 . . . 111
WIDE-SEAL DIAPHRAGM 80 . . . 111
WIDE-SEAL DIAPHRAGM 85 . . . 111
WIDE-SEAL DIAPHRAGM 90 . . . 111
WIDE-SEAL DIAPHRAGM 95 . . . 111
WILATE . . . 104
WINLEVI . . . 84

X

XALKORI . . . 51
XARELTO . . . 23
XARELTO STARTER PACK . . . 23
XCOPRI . . . 27
XCOPRI (250 MG DAILY DOSE) . . . 27
XCOPRI (350 MG DAILY DOSE) . . . 27
XDEMVY . . . 154
XERAC AC . . . 86
XHANCE . . . 151
XIAFLEX . . . 147
XIFAXAN . . . 16
XIGDUO XR . . . 37
XIIDRA . . . 153
XOFLUZA (40 MG DOSE) . . . 73
XOFLUZA (80 MG DOSE) . . . 73
XOLAIR . . . 20
XOLEGEL . . . 88
XPERT XPRESS SARS-COV-2 . . . 92
XPOVIO (100 MG ONCE WEEKLY) . . . 56
XPOVIO (40 MG ONCE WEEKLY) . . . 56
XPOVIO (40 MG TWICE WEEKLY) . . . 56
XPOVIO (60 MG ONCE WEEKLY) . . . 57
XPOVIO (60 MG TWICE WEEKLY) . . . 57
XPOVIO (80 MG ONCE WEEKLY) . . . 57
XPOVIO (80 MG TWICE WEEKLY) . . . 57
XROMI . . . 106
XTANDI . . . 50
XULTOPHY . . . 36
XYNTHA . . . 104
XYNTHA SOLOFUSE . . . 105

Y

YESINTEK . . . 86
YEZTUGO . . . 68
YUPELRI . . . 21

Z

zafirlukast . . . 21
zaleplon . . . 109
ZARXIO . . . 108
ZEJULA . . . 60
ZELAPAR . . . 62
ZELBORAF . . . 52
ZENPEP . . . 92
ZEVRX PEN NEEDLES . . . 143
ZEVRX TWIST TOP LANCETS 30G . . . 129
zidovudine . . . 71
ZIEXTENZO . . . 108
zileuton . . . 19

ZIMHI 40
ziprasidone hcl 63
ZIRGAN 154
ZOLADEX 59
ZOLINZA 54
zolmitriptan 145
zolpidem tartrate 109
ZONALON 85
zonisamide 27
ZONTIVITY 106
ZORYVE 89
ZUPLENZ 40
ZURNAI 40
ZURZUVAE 29
ZYDELIG 60
ZYKADIA 51
ZYPREXA RELPREVV 66