



# Individual & Small Group Preferred Drug List



## 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.

<b>Preventive Drug Benefits</b>
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 another 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.



## 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.

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## LIST OF COVERED PRESCRIPTION MEDICATIONS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS</b>		
<b>ADHD AGENT - SELECTIVE ALPHA ADRENERGIC AGONISTS</b>		
<i>clonidine hcl tab er 12hr 0.1 mg</i>	1	
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	1	QL 30 / 30 DAYS
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	1	QL 30 / 30 DAYS
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	1	QL 30 / 30 DAYS
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	1	QL 30 / 30 DAYS
<b>ADHD AGENT - SELECTIVE NOREPINEPHRINE REUPTAKE INHIBITOR</b>		
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	1	QL 60 / 30 DAYS
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	1	QL 30 / 30 DAYS
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	1	QL 60 / 30 DAYS
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	1	QL 60 / 30 DAYS
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	1	QL 60 / 30 DAYS
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	1	QL 30 / 30 DAYS
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	1	QL 30 / 30 DAYS
<b>AMPHETAMINE MIXTURES</b>		
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	1	QL 60 / 30 DAYS
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	1	QL 60 / 30 DAYS
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	1	QL 60 / 30 DAYS
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	1	QL 60 / 30 DAYS
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	1	QL 60 / 30 DAYS
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	1	QL 60 / 30 DAYS
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	QL 90 / 30 DAYS
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	QL 90 / 30 DAYS
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	QL 90 / 30 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	QL 90 / 30 DAYS
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	QL 90 / 30 DAYS
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	QL 90 / 30 DAYS
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	QL 90 / 30 DAYS
<b>AMPHETAMINES</b>		
<i>amphetamine tab extended release disintegrating 12.5 mg</i>	3	QL 1 / 1 day(s) PA AL1 At least 6 yrs old
<i>amphetamine tab extended release disintegrating 15.7 mg</i>	3	QL 1 / 1 day(s) PA AL1 At least 6 yrs old
<i>amphetamine tab extended release disintegrating 18.8 mg</i>	3	QL 1 / 1 day(s) PA AL1 At least 6 yrs old
<i>amphetamine tab extended release disintegrating 3.1 mg</i>	3	QL 1 / 1 day(s) PA AL1 At least 6 yrs old
<i>amphetamine tab extended release disintegrating 6.3 mg</i>	3	QL 1 / 1 day(s) PA AL1 At least 6 yrs old
<i>amphetamine tab extended release disintegrating 9.4 mg</i>	3	QL 1 / 1 day(s) PA AL1 At least 6 yrs old
<i>amphetamine sulfate tab 10 mg</i>	1	QL 60 / 30 DAYS
<i>amphetamine sulfate tab 5 mg</i>	1	QL 120 / 30 DAYS
<i>dextroamphetamine sulfate tab 10 mg</i>	1	QL 6 / 1 day(s)
<i>dextroamphetamine sulfate tab 5 mg</i>	1	QL 3 / 1 day(s)
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	1	QL 6 / 1 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	1	QL 4 / 1 day(s)
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	1	QL 60 / 30 DAYS
<i>lisdexamfetamine dimesylate cap 10 mg</i>	1	QL 1 / 1 day(s)
<i>lisdexamfetamine dimesylate chew tab 10 mg</i>	1	QL 1 / 1 day(s)
<i>lisdexamfetamine dimesylate cap 20 mg</i>	1	QL 1 / 1 day(s)
<i>lisdexamfetamine dimesylate chew tab 20 mg</i>	1	QL 1 / 1 day(s)
<i>lisdexamfetamine dimesylate cap 30 mg</i>	1	QL 1 / 1 day(s)
<i>lisdexamfetamine dimesylate chew tab 30 mg</i>	1	QL 1 / 1 day(s)
<i>lisdexamfetamine dimesylate cap 40 mg</i>	1	QL 1 / 1 day(s)
<i>lisdexamfetamine dimesylate chew tab 40 mg</i>	1	QL 1 / 1 day(s)
<i>lisdexamfetamine dimesylate cap 50 mg</i>	1	QL 1 / 1 day(s)
<i>lisdexamfetamine dimesylate chew tab 50 mg</i>	1	QL 1 / 1 day(s)
<i>lisdexamfetamine dimesylate cap 60 mg</i>	1	QL 1 / 1 day(s)
<i>lisdexamfetamine dimesylate chew tab 60 mg</i>	1	QL 1 / 1 day(s)
<i>lisdexamfetamine dimesylate cap 70 mg</i>	1	QL 1 / 1 day(s)
<b>DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)</b>		
SUNOSI 150 MG TAB	3	PA
SUNOSI 75 MG TAB	3	PA
<b>STIMULANTS - MISC.</b>		
<i>armodafinil tab 150 mg</i>	1	QL 30 / 30 DAYS
<i>armodafinil tab 200 mg</i>	1	QL 30 / 30 DAYS
<i>armodafinil tab 250 mg</i>	1	QL 30 / 30 DAYS
<i>armodafinil tab 50 mg</i>	1	QL 30 / 30 DAYS
<i>dexmethylphenidate hcl tab 10 mg</i>	1	QL 90 / 30 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>dexmethylphenidate hcl tab 2.5 mg</i>	1	QL 90 / 30 DAYS
<i>dexmethylphenidate hcl tab 5 mg</i>	1	QL 90 / 30 DAYS
<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i>	1	QL 60 / 30 DAYS
<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i>	1	QL 60 / 30 DAYS
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i>	1	QL 60 / 30 DAYS
<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i>	1	QL 60 / 30 DAYS
<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i>	1	QL 60 / 30 DAYS
<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i>	1	QL 60 / 30 DAYS
<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i>	1	QL 30 / 30 DAYS
<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i>	1	QL 30 / 30 DAYS
<i>methylphenidate td patch 10 mg/9hr</i>	2	QL 1 / 1 day(s)
<i>methylphenidate td patch 15 mg/9hr</i>	2	QL 1 / 1 day(s)
<i>methylphenidate td patch 20 mg/9hr</i>	2	QL 1 / 1 day(s)
<i>methylphenidate td patch 30 mg/9hr</i>	2	QL 1 / 1 day(s)
<i>methylphenidate hcl chew tab 10 mg</i>	1	QL 90 / 30 DAYS
<i>methylphenidate hcl tab 10 mg</i>	1	QL 90 / 30 DAYS
<i>methylphenidate hcl soln 10 mg/5ml</i>	1	QL 1350 / 30 DAYS
<i>methylphenidate hcl chew tab 2.5 mg</i>	1	QL 90 / 30 DAYS
<i>methylphenidate hcl tab 20 mg</i>	1	QL 90 / 30 DAYS
<i>methylphenidate hcl chew tab 5 mg</i>	1	QL 90 / 30 DAYS
<i>methylphenidate hcl tab 5 mg</i>	1	QL 90 / 30 DAYS
<i>methylphenidate hcl soln 5 mg/5ml</i>	1	QL 2700 / 30 DAYS
<i>methylphenidate hcl cap er 10 mg (cd)</i>	2	QL 60 / 30 DAYS
<i>methylphenidate hcl cap er 20 mg (cd)</i>	2	QL 60 / 30 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>methylphenidate hcl cap er 30 mg (cd)</i>	2	QL 60 / 30 DAYS
<i>methylphenidate hcl cap er 40 mg (cd)</i>	2	QL 60 / 30 DAYS
<i>methylphenidate hcl cap er 50 mg (cd)</i>	2	QL 30 / 30 DAYS
<i>methylphenidate hcl cap er 60 mg (cd)</i>	2	QL 30 / 30 DAYS
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	2	QL 60 / 30 DAYS
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	2	QL 60 / 30 DAYS
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	2	QL 60 / 30 DAYS
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	2	QL 30 / 30 DAYS
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	2	QL 1 / 1 day(s)
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	2	QL 2 / 1 day(s)
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	2	QL 1 / 1 day(s)
<i>methylphenidate hcl tab er osmotic release (osm) 72 mg</i>	2	QL 1 / 1 day(s)
<i>methylphenidate hcl tab er 10 mg</i>	2	QL 60 / 30 DAYS
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	2	QL 30 / 30 DAYS
METHYLPHENIDATE HCL ER 18 MG TAB ER 24H	2	QL 30 / 30 DAYS
<i>methylphenidate hcl tab er 20 mg</i>	2	QL 60 / 30 DAYS
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	2	QL 1 / 1 day(s)
METHYLPHENIDATE HCL ER 27 MG TAB ER 24H	2	QL 1 / 1 day(s)
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	2	QL 2 / 1 day(s)
METHYLPHENIDATE HCL ER 36 MG TAB ER 24H	2	QL 2 / 1 day(s)
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	2	QL 1 / 1 day(s)
METHYLPHENIDATE HCL ER 54 MG TAB ER 24H	2	QL 1 / 1 day(s)
<i>methylphenidate hcl tab er diffusion 27 mg</i>	2	QL 1 / 1 day(s)
METHYLPHENIDATE HCL ER(DIFFUS) 27 MG TAB ER	2	QL 1 / 1 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>methylphenidate hcl tab er diffusion 36 mg</i>	2	QL 2 / 1 day(s)
METHYLPHENIDATE HCL ER(DIFFUS) 36 MG TAB ER	2	QL 2 / 1 day(s)
<i>methylphenidate hcl tab er diffusion 54 mg</i>	2	QL 1 / 1 day(s)
METHYLPHENIDATE HCL ER(DIFFUS) 54 MG TAB ER	2	QL 1 / 1 day(s)
<i>modafinil tab 100 mg</i>	1	QL 30 / 30 DAYS
<i>modafinil tab 200 mg</i>	1	QL 2 / 1 day(s)
QUILLICHEW ER 20 MG CHER	3	QL 1 / 1 day(s) AL1 At least 6 yrs old
QUILLICHEW ER 30 MG CHER	3	QL 1 / 1 day(s) AL1 At least 6 yrs old
QUILLICHEW ER 40 MG CHER	3	QL 1 / 1 day(s) AL1 At least 6 yrs old
QUILLIVANT XR 25 MG/5ML SRER	3	QL 360 / 30 day(s) AL1 6 to 99 yrs old
<b>AMINOGLYCOSIDES</b>		
GENTAMICIN IN SALINE 1.2-0.9 MG/ML-% SOLUTION	2	
<i>neomycin sulfate tab 500 mg</i>	1	
TOBRAMYCIN 300 MG/5ML NEBU SOLN	4	PA S
<i>tobramycin nebu soln 300 mg/5ml</i>	4	PA S
TOBRAMYCIN SULFATE 1.2 GM RECON SOLN	4	PA
<i>tobramycin sulfate for inj 1.2 gm</i>	4	PA
<i>tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)</i>	4	PA S
TOBRAMYCIN SULFATE 10 MG/ML SOLUTION	4	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TOBRAMYCIN SULFATE 2 GM/50ML SOLUTION	4	PA S
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i>	4	PA S
<b>ANALGESICS - ANTI-INFLAMMATORY ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES</b>		
HADLIMA 40 MG/0.4ML SOLN PRSYR	4	PA S
HADLIMA 40 MG/0.8ML SOLN PRSYR	4	PA S
HADLIMA PUSHTOUCH 40 MG/0.4ML SOLN A-INJ	4	PA S
HADLIMA PUSHTOUCH 40 MG/0.8ML SOLN A-INJ	4	PA S
SIMLANDI (1 PEN) 40 MG/0.4ML AUT-IJ KIT	4	PA S
SIMLANDI (1 PEN) 80 MG/0.8ML AUT-IJ KIT	4	PA S
SIMLANDI (1 SYRINGE) 80 MG/0.8ML PREF SY KT	4	PA S
SIMLANDI (2 PEN) 40 MG/0.4ML AUT-IJ KIT	4	PA S
SIMLANDI (2 SYRINGE) 20 MG/0.2ML PREF SY KT	4	PA S
SIMLANDI (2 SYRINGE) 40 MG/0.4ML PREF SY KT	4	PA S
SIMPONI 100 MG/ML SOLN A-INJ	4	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SIMPONI 100 MG/ML SOLN PRSYR	4	PA S
SIMPONI 50 MG/0.5ML SOLN A-INJ	4	PA S
SIMPONI 50 MG/0.5ML SOLN PRSYR	4	PA S
<b>ANTIRHEUMATIC - JANUS KINASE (JAK) INHIBITORS</b>		
OLUMIANT 1 MG TAB	4	PA S
OLUMIANT 2 MG TAB	4	PA S
RINVOQ 15 MG TAB ER 24H	4	PA S
RINVOQ 30 MG TAB ER 24H	4	PA S
RINVOQ 45 MG TAB ER 24H	4	PA S
RINVOQ LQ 1 MG/ML SOLUTION	4	PA S
XELJANZ 1 MG/ML SOLUTION	4	PA S
XELJANZ 10 MG TAB	4	PA S
XELJANZ 5 MG TAB	4	PA S
XELJANZ XR 11 MG TAB ER 24H	4	PA S
XELJANZ XR 22 MG TAB ER 24H	4	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>ANTIRHEUMATIC ANTIMETABOLITES</b>		
OTREXUP 10 MG/0.4ML SOLN A-INJ	3	PA
OTREXUP 12.5 MG/0.4ML SOLN A-INJ	3	PA
OTREXUP 15 MG/0.4ML SOLN A-INJ	3	PA
OTREXUP 17.5 MG/0.4ML SOLN A-INJ	3	PA
OTREXUP 20 MG/0.4ML SOLN A-INJ	3	PA
OTREXUP 22.5 MG/0.4ML SOLN A-INJ	3	PA
OTREXUP 25 MG/0.4ML SOLN A-INJ	3	PA
RASUVO 10 MG/0.2ML SOLN A-INJ	2	
RASUVO 12.5 MG/0.25ML SOLN A-INJ	2	
RASUVO 15 MG/0.3ML SOLN A-INJ	2	
RASUVO 17.5 MG/0.35ML SOLN A-INJ	2	
RASUVO 20 MG/0.4ML SOLN A-INJ	2	
RASUVO 22.5 MG/0.45ML SOLN A-INJ	2	
RASUVO 25 MG/0.5ML SOLN A-INJ	2	
RASUVO 30 MG/0.6ML SOLN A-INJ	2	
RASUVO 7.5 MG/0.15ML SOLN A-INJ	2	
<b>CYCLOOXYGENASE 2 (COX-2) INHIBITORS</b>		
<i>celecoxib cap 100 mg</i>	1	
<i>celecoxib cap 200 mg</i>	1	QL 60 / 30 DAYS
<i>celecoxib cap 400 mg</i>	1	QL 60 / 30 DAYS
<i>celecoxib cap 50 mg</i>	1	
<b>INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)</b>		
KINERET 100 MG/0.67ML SOLN PRSYR	4	PA S
<b>INTERLEUKIN-6 RECEPTOR INHIBITORS</b>		
ACTEMRA 162 MG/0.9ML SOLN PRSYR	4	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ACTEMRA ACTPEN 162 MG/0.9ML SOLN A-INJ	4	PA S
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENT COMBINATIONS</b>		
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	1	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	1	
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)</b>		
<i>diclofenac potassium tab 50 mg</i>	1	
<i>diclofenac potassium tab 50 mg</i>	1	
<i>diclofenac sodium tab delayed release 25 mg</i>	1	
<i>diclofenac sodium tab delayed release 50 mg</i>	1	
<i>diclofenac sodium tab delayed release 75 mg</i>	1	
<i>diclofenac sodium tab er 24hr 100 mg</i>	1	
<i>etodolac cap 200 mg</i>	1	
<i>etodolac cap 300 mg</i>	1	
<i>etodolac tab 400 mg</i>	1	
<i>etodolac tab 500 mg</i>	1	
<i>etodolac tab er 24hr 400 mg</i>	1	
<i>etodolac tab er 24hr 500 mg</i>	1	
<i>etodolac tab er 24hr 600 mg</i>	1	
FENOPROFEN CALCIUM 400 MG CAP	1	
<i>fenoprofen calcium cap 400 mg</i>	1	
FENOPROFEN CALCIUM 600 MG TAB	1	
FLURBIPROFEN 100 MG TAB	1	
<i>flurbiprofen tab 100 mg</i>	1	
FLURBIPROFEN 50 MG TAB	1	
<i>ibuprofen tab 400 mg</i>	1	
<i>ibuprofen tab 600 mg</i>	1	
<i>ibuprofen tab 800 mg</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ibuprofen tab 400 mg</i>	1	
<i>ibuprofen tab 600 mg</i>	1	
<i>ibuprofen tab 800 mg</i>	1	
<i>indomethacin cap 25 mg</i>	1	QL 120 / 30 DAYS
<i>indomethacin cap 50 mg</i>	1	
<i>indomethacin cap er 75 mg</i>	1	
KETOPROFEN 50 MG CAP	1	
KETOPROFEN 75 MG CAP	1	
<i>ketorolac tromethamine tab 10 mg</i>	1	QL 20 / 0 DAYS MFL 1 / 30 day(s) MD 5 / 1 day(s)
<i>ketorolac tromethamine im inj 60 mg/2ml (30 mg/ml)</i>	1	QL 4 / 28 DAYS
MECLOFENAMATE SODIUM 100 MG CAP	1	
MECLOFENAMATE SODIUM 50 MG CAP	1	
<i>mefenamic acid cap 250 mg</i>	1	
<i>meloxicam tab 15 mg</i>	1	QL 30 / 30 DAYS
<i>meloxicam tab 7.5 mg</i>	1	QL 30 / 30 DAYS
<i>nabumetone tab 500 mg</i>	1	
<i>nabumetone tab 750 mg</i>	1	
<i>naproxen susp 125 mg/5ml</i>	1	
<i>naproxen tab 250 mg</i>	1	
<i>naproxen tab 375 mg</i>	1	
<i>naproxen tab ec 375 mg</i>	1	
<i>naproxen tab 500 mg</i>	1	
<i>naproxen sodium tab 275 mg</i>	1	
<i>naproxen sodium tab 550 mg</i>	1	
<i>oxaprozin tab 600 mg</i>	1	
<i>piroxicam cap 10 mg</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>piroxicam cap 20 mg</i>	1	
<i>nabumetone tab 500 mg</i>	1	
<i>nabumetone tab 750 mg</i>	1	
<i>sulindac tab 150 mg</i>	1	
<i>sulindac tab 200 mg</i>	1	
TOLMETIN SODIUM 400 MG CAP	2	
<b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>		
OTEZLA 10 & 20 & 30 MG TAB THPK	4	PA S
OTEZLA 20 MG TAB	4	PA S
OTEZLA 30 MG TAB	4	PA S
OTEZLA 4 X 10 & 51 X20 MG TAB THPK	4	PA S
OTEZLA XR 75 MG TAB ER 24H	4	PA S
OTEZLA/OTEZLA XR INITIATION PK 10&20&30&(ER)75 MG TAB THPK	4	PA S
<b>PYRIMIDINE SYNTHESIS INHIBITORS</b>		
<i>leflunomide tab 10 mg</i>	1	QL 30 / 30 DAYS
<i>leflunomide tab 20 mg</i>	1	QL 30 / 30 DAYS
<b>SELECTIVE COSTIMULATION MODULATORS</b>		
ORENCIA 125 MG/ML SOLN PRSYR	4	PA S
ORENCIA 50 MG/0.4ML SOLN PRSYR	4	PA S
ORENCIA 87.5 MG/0.7ML SOLN PRSYR	4	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ORENCIA CLICKJECT 125 MG/ML SOLN A-INJ	4	PA S
<b>SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS</b>		
ENBREL 25 MG RECON SOLN	4	PA S
ENBREL 25 MG/0.5ML SOLN PRSYR	4	PA S
ENBREL 25 MG/0.5ML SOLUTION	4	PA S
ENBREL 50 MG/ML SOLN PRSYR	4	PA S
ENBREL MINI 50 MG/ML SOLN CART	4	PA S
ENBREL SURECLICK 50 MG/ML SOLN A-INJ	4	PA S
<b>ANALGESICS - NONNARCOTIC ANALGESICS-SEDATIVES</b>		
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	1	
<i>butalbital-acetaminophen tab 50-325 mg</i>	1	
<i>butalbital-acetaminophen-caffeine cap 50-300-40 mg</i>	1	QL 6 capsules / 1 day(s)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	1	
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	1	
<b>SALICYLATES</b>		
<i>aspirin tab delayed release 81 mg</i>	1	PRE Preventative
<i>aspirin chew tab 81 mg</i>	1	PRE Preventative
<i>aspirin tab delayed release 81 mg</i>	1	PRE Preventative
<i>aspirin chew tab 81 mg</i>	1	PRE Preventative
<i>aspirin tab delayed release 81 mg</i>	1	PRE Preventative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>aspirin tab delayed release 81 mg</i>	1	PRE Preventative
<i>aspirin tab delayed release 81 mg</i>	1	PRE Preventative
<i>aspirin chew tab 81 mg</i>	1	PRE Preventative
<i>aspirin tab delayed release 81 mg</i>	1	PRE Preventative
<i>aspirin tab delayed release 81 mg</i>	1	PRE Preventative
<i>aspirin tab delayed release 81 mg</i>	1	PRE Preventative
<i>aspirin chew tab 81 mg</i>	1	PRE Preventative
<i>aspirin tab delayed release 81 mg</i>	1	PRE Preventative
<i>aspirin tab delayed release 81 mg</i>	1	PRE Preventative
<i>aspirin tab delayed release 81 mg</i>	1	PRE Preventative
<i>aspirin chew tab 81 mg</i>	1	PRE Preventative
<i>aspirin tab delayed release 81 mg</i>	1	PRE Preventative
<i>aspirin chew tab 81 mg</i>	1	PRE Preventative
<i>aspirin chew tab 81 mg</i>	1	PRE Preventative
<i>aspirin tab delayed release 81 mg</i>	1	PRE Preventative
<i>aspirin tab delayed release 81 mg</i>	1	PRE Preventative
<i>aspirin tab delayed release 81 mg</i>	1	PRE Preventative
<i>aspirin tab delayed release 81 mg</i>	1	PRE Preventative
<i>aspirin tab delayed release 81 mg</i>	1	PRE Preventative
<i>diflunisal tab 500 mg</i>	1	
<i>aspirin tab delayed release 81 mg</i>	1	PRE Preventative
<i>aspirin tab delayed release 81 mg</i>	1	PRE Preventative
<i>aspirin chew tab 81 mg</i>	1	PRE Preventative
<i>aspirin tab delayed release 81 mg</i>	1	PRE Preventative
<i>aspirin chew tab 81 mg</i>	1	PRE Preventative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>aspirin tab delayed release 81 mg</i>	1	PRE Preventative
<i>aspirin chew tab 81 mg</i>	1	PRE Preventative
<i>aspirin tab delayed release 81 mg</i>	1	PRE Preventative
<i>aspirin chew tab 81 mg</i>	1	PRE Preventative
<i>aspirin tab delayed release 81 mg</i>	1	PRE Preventative
<i>aspirin tab delayed release 81 mg</i>	1	PRE Preventative
<i>aspirin chew tab 81 mg</i>	1	PRE Preventative
<i>aspirin tab delayed release 81 mg</i>	1	PRE Preventative
<i>aspirin tab delayed release 81 mg</i>	1	PRE Preventative
<i>aspirin chew tab 81 mg</i>	1	PRE Preventative
<i>aspirin tab delayed release 81 mg</i>	1	PRE Preventative
<i>aspirin tab delayed release 81 mg</i>	1	PRE Preventative
<i>aspirin tab delayed release 81 mg</i>	1	PRE Preventative
<i>aspirin tab delayed release 81 mg</i>	1	PRE Preventative
<i>aspirin chew tab 81 mg</i>	1	PRE Preventative
<i>aspirin tab delayed release 81 mg</i>	1	PRE Preventative
<i>aspirin chew tab 81 mg</i>	1	PRE Preventative
<i>aspirin tab delayed release 81 mg</i>	1	PRE Preventative
<i>aspirin chew tab 81 mg</i>	1	PRE Preventative
<i>aspirin chew tab 81 mg</i>	1	PRE Preventative
<i>aspirin chew tab 81 mg</i>	1	PRE Preventative
<i>aspirin tab delayed release 81 mg</i>	1	PRE Preventative
<i>aspirin tab delayed release 81 mg</i>	1	PRE Preventative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SALSALATE 500 MG TAB	1	
<i>salsalate tab 500 mg</i>	1	
<i>aspirin chew tab 81 mg</i>	1	PRE Preventative
<i>aspirin tab delayed release 81 mg</i>	1	PRE Preventative
<i>aspirin chew tab 81 mg</i>	1	PRE Preventative
<i>aspirin tab delayed release 81 mg</i>	1	PRE Preventative
<i>aspirin tab delayed release 81 mg</i>	1	PRE Preventative
<i>aspirin chew tab 81 mg</i>	1	PRE Preventative
<i>aspirin tab delayed release 81 mg</i>	1	PRE Preventative
<i>aspirin chew tab 81 mg</i>	1	PRE Preventative
<i>aspirin tab delayed release 81 mg</i>	1	PRE Preventative
<i>aspirin chew tab 81 mg</i>	1	PRE Preventative
<i>aspirin tab delayed release 81 mg</i>	1	PRE Preventative
<i>aspirin chew tab 81 mg</i>	1	PRE Preventative
<i>aspirin tab delayed release 81 mg</i>	1	PRE Preventative
<b>ANALGESICS - OPIOID CODEINE COMBINATIONS</b>		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	1	QL 90 ml / 1 day(s) MFL 1 / 60 day(s) MD 7 / 1 day(s)
ACETAMINOPHEN-CODEINE 120-12 MG/5ML SOLUTION	1	QL 90 ml / 1 day(s) MFL 1 / 60 day(s) MD 7 / 1 day(s)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	1	QL 240 / 30 DAYS MFL 1 / 60 day(s) MD 7 / 1 day(s)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	1	QL 240 / 30 DAYS MFL 1 / 60 day(s)
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	1	QL 90 ml / 1 day(s) MFL 1 / 60 day(s) MD 7 / 1 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ACETAMINOPHEN-CODEINE 300-30 MG/12.5ML SOLUTION	1	<ul style="list-style-type: none"> <li>QL 90 ml / 1 day(s)</li> <li>MFL 1 / 60 day(s)</li> <li>MD 7 / 1 day(s)</li> </ul>
<i>acetaminophen w/ codeine tab 300-60 mg</i>	1	<ul style="list-style-type: none"> <li>QL 180 / 30 DAYS</li> <li>MFL 1 / 60 day(s)</li> </ul>
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>	1	<ul style="list-style-type: none"> <li>QL 180 / 30 DAYS</li> </ul>
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	1	<ul style="list-style-type: none"> <li>QL 180 / 30 DAYS</li> </ul>
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>	1	<ul style="list-style-type: none"> <li>QL 180 / 30 DAYS</li> </ul>
HYDROCODONE COMBINATIONS		
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1	<ul style="list-style-type: none"> <li>QL 120 / 30 day(s)</li> <li>MFL 1 / 60 day(s)</li> <li>MD 7 / 1 day(s)</li> </ul>
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1	<ul style="list-style-type: none"> <li>QL 90 ml / 1 day(s)</li> <li>MFL 1 / 60 day(s)</li> <li>MD 7 / 1 day(s)</li> </ul>
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1	<ul style="list-style-type: none"> <li>QL 90 ml / 1 day(s)</li> <li>MFL 1 / 60 day(s)</li> <li>MD 7 / 1 day(s)</li> </ul>
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1	<ul style="list-style-type: none"> <li>QL 240 / 30 day(s)</li> <li>MFL 1 / 60 day(s)</li> <li>MD 7 / 1 day(s)</li> </ul>
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	1	<ul style="list-style-type: none"> <li>QL 180 / 30 day(s)</li> <li>MFL 1 / 60 day(s)</li> <li>MD 7 / 1 day(s)</li> </ul>
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1	<ul style="list-style-type: none"> <li>QL 180 / 30 day(s)</li> <li>MFL 1 / 60 day(s)</li> <li>MD 7 / 1 day(s)</li> </ul>
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1	<ul style="list-style-type: none"> <li>QL 90 ml / 1 day(s)</li> <li>MFL 1 / 60 day(s)</li> <li>MD 7 / 1 day(s)</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HYDROCODONE-IBUPROFEN 10-200 MG TAB	1	<ul style="list-style-type: none"> <li>QL 120 / 30 day(s)</li> <li>MFL 1 / 60 day(s)</li> <li>MD 7 / 1 day(s)</li> </ul>
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	1	<ul style="list-style-type: none"> <li>QL 120 / 30 DAYS</li> <li>MFL 1 / 60 day(s)</li> <li>MD 7 / 1 day(s)</li> </ul>
HYDROCODONE-IBUPROFEN 5-200 MG TAB	1	<ul style="list-style-type: none"> <li>QL 120 / 30 day(s)</li> <li>MFL 1 / 60 day(s)</li> <li>MD 7 / 1 day(s)</li> </ul>
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	1	<ul style="list-style-type: none"> <li>QL 120 / 30 DAYS</li> <li>MFL 1 / 60 day(s)</li> <li>MD 7 / 1 day(s)</li> </ul>
<b>OPIOID AGONISTS</b>		
CODEINE SULFATE 15 MG TAB	1	<ul style="list-style-type: none"> <li>QL 180 / 30 DAYS</li> <li>MFL 1 / 60 day(s)</li> <li>MD 7 / 1 day(s)</li> </ul>
<i>codeine sulfate tab 30 mg</i>	1	<ul style="list-style-type: none"> <li>QL 180 / 30 DAYS</li> <li>MFL 1 / 60 day(s)</li> <li>MD 7 / 1 day(s)</li> </ul>
CODEINE SULFATE 60 MG TAB	1	<ul style="list-style-type: none"> <li>QL 180 / 30 DAYS</li> <li>MFL 1 / 60 day(s)</li> <li>MD 7 / 1 day(s)</li> </ul>
<i>fentanyl td patch 72hr 100 mcg/hr</i>	1	<ul style="list-style-type: none"> <li>QL 15 / 30 DAYS</li> <li>PA</li> </ul>
<i>fentanyl td patch 72hr 12 mcg/hr</i>	1	<ul style="list-style-type: none"> <li>QL 15 / 30 DAYS</li> <li>PA</li> </ul>
<i>fentanyl td patch 72hr 25 mcg/hr</i>	1	<ul style="list-style-type: none"> <li>QL 15 / 30 DAYS</li> <li>PA</li> </ul>
<i>fentanyl td patch 72hr 50 mcg/hr</i>	1	<ul style="list-style-type: none"> <li>QL 15 / 30 DAYS</li> <li>PA</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fentanyl td patch 72hr 75 mcg/hr</i>	1	<ul style="list-style-type: none"> <li>QL 15 / 30 DAYS</li> <li>PA</li> </ul>
FENTANYL CITRATE 100 MCG TAB	2	<ul style="list-style-type: none"> <li>QL 112 / 28 day(s)</li> <li>PA</li> <li>MFL 1 / 60 day(s)</li> <li>MD 7 / 1 day(s)</li> </ul>
FENTANYL CITRATE 1200 MCG LOZ HANDLE	2	<ul style="list-style-type: none"> <li>QL 30 / 30 day(s)</li> <li>PA</li> <li>MFL 1 / 60 day(s)</li> <li>MD 7 / 1 day(s)</li> </ul>
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	2	<ul style="list-style-type: none"> <li>QL 120 / 30 DAYS</li> <li>PA</li> <li>MFL 1 / 60 day(s)</li> <li>MD 7 / 1 day(s)</li> </ul>
FENTANYL CITRATE 1600 MCG LOZ HANDLE	2	<ul style="list-style-type: none"> <li>QL 30 / 30 day(s)</li> <li>PA</li> <li>MFL 1 / 60 day(s)</li> <li>MD 7 / 1 day(s)</li> </ul>
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	2	<ul style="list-style-type: none"> <li>QL 30 / 30 DAYS</li> <li>PA</li> <li>MFL 1 / 60 day(s)</li> <li>MD 7 / 1 day(s)</li> </ul>
FENTANYL CITRATE 200 MCG LOZ HANDLE	2	<ul style="list-style-type: none"> <li>QL 30 / 30 day(s)</li> <li>PA</li> <li>MFL 1 / 60 day(s)</li> <li>MD 7 / 1 day(s)</li> </ul>
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	2	<ul style="list-style-type: none"> <li>QL 120 / 30 DAYS</li> <li>PA</li> <li>MFL 1 / 60 day(s)</li> <li>MD 7 / 1 day(s)</li> </ul>
FENTANYL CITRATE 200 MCG TAB	2	<ul style="list-style-type: none"> <li>QL 112 / 28 day(s)</li> <li>PA</li> <li>MFL 1 / 60 day(s)</li> <li>MD 7 / 1 day(s)</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FENTANYL CITRATE 400 MCG LOZ HANDLE	2	<ul style="list-style-type: none"> <li>QL 30 / 30 day(s)</li> <li>PA</li> <li>MFL 1 / 60 day(s)</li> <li>MD 7 / 1 day(s)</li> </ul>
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	2	<ul style="list-style-type: none"> <li>QL 120 / 30 DAYS</li> <li>PA</li> <li>MFL 1 / 60 day(s)</li> <li>MD 7 / 1 day(s)</li> </ul>
FENTANYL CITRATE 400 MCG TAB	2	<ul style="list-style-type: none"> <li>QL 112 / 28 day(s)</li> <li>PA</li> <li>MFL 1 / 60 day(s)</li> <li>MD 7 / 1 day(s)</li> </ul>
FENTANYL CITRATE 600 MCG LOZ HANDLE	2	<ul style="list-style-type: none"> <li>QL 30 / 30 day(s)</li> <li>PA</li> <li>MFL 1 / 60 day(s)</li> <li>MD 7 / 1 day(s)</li> </ul>
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	2	<ul style="list-style-type: none"> <li>QL 120 / 30 DAYS</li> <li>PA</li> <li>MFL 1 / 60 day(s)</li> <li>MD 7 / 1 day(s)</li> </ul>
FENTANYL CITRATE 600 MCG TAB	2	<ul style="list-style-type: none"> <li>QL 112 / 28 day(s)</li> <li>PA</li> <li>MFL 1 / 60 day(s)</li> <li>MD 7 / 1 day(s)</li> </ul>
FENTANYL CITRATE 800 MCG LOZ HANDLE	2	<ul style="list-style-type: none"> <li>QL 30 / 30 day(s)</li> <li>PA</li> <li>MFL 1 / 60 day(s)</li> <li>MD 7 / 1 day(s)</li> </ul>
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	2	<ul style="list-style-type: none"> <li>QL 120 / 30 DAYS</li> <li>PA</li> <li>MFL 1 / 60 day(s)</li> <li>MD 7 / 1 day(s)</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FENTANYL CITRATE 800 MCG TAB	2	QL 112 / 28 day(s) PA MFL 1 / 60 day(s) MD 7 / 1 day(s)
HYDROCODONE BITARTRATE ER 10 MG CAP ER 12H	2	QL 2 / 1 day(s) PA
<i>hydrocodone bitartrate tab er 24hr deter 100 mg</i>	2	QL 2 / 1 day(s) PA
HYDROCODONE BITARTRATE ER 120 MG TB24 DETER	2	QL 2 / 1 day(s) PA
HYDROCODONE BITARTRATE ER 15 MG CAP ER 12H	2	QL 2 / 1 day(s) PA
HYDROCODONE BITARTRATE ER 20 MG CAP ER 12H	2	QL 2 / 1 day(s) PA
<i>hydrocodone bitartrate tab er 24hr deter 20 mg</i>	2	QL 2 / 1 day(s) PA
HYDROCODONE BITARTRATE ER 30 MG CAP ER 12H	2	QL 2 / 1 day(s) PA
<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i>	2	QL 2 / 1 day(s) PA
HYDROCODONE BITARTRATE ER 40 MG CAP ER 12H	2	QL 2 / 1 day(s) PA
<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i>	2	QL 2 / 1 day(s) PA
HYDROCODONE BITARTRATE ER 50 MG CAP ER 12H	2	QL 2 / 1 day(s) PA
<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i>	2	QL 2 / 1 day(s) PA
<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i>	2	QL 2 / 1 day(s) PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>hydromorphone hcl liqd 1 mg/ml</i>	1	<ul style="list-style-type: none"> <li>QL 15 ml / 1 day(s)</li> <li>MFL 1 / 60 day(s)</li> <li>MD 7 / 1 day(s)</li> </ul>
<i>hydromorphone hcl tab 2 mg</i>	1	<ul style="list-style-type: none"> <li>QL 90 / 30 day(s)</li> <li>MFL 1 / 60 day(s)</li> <li>MD 7 / 1 day(s)</li> </ul>
<i>hydromorphone hcl tab 4 mg</i>	1	<ul style="list-style-type: none"> <li>QL 90 / 30 day(s)</li> <li>MFL 1 / 60 day(s)</li> <li>MD 7 / 1 day(s)</li> </ul>
<i>hydromorphone hcl tab 8 mg</i>	1	<ul style="list-style-type: none"> <li>QL 90 / 30 day(s)</li> <li>MFL 1 / 60 day(s)</li> <li>MD 7 / 1 day(s)</li> </ul>
<i>hydromorphone hcl tab er 24hr 12 mg</i>	2	<ul style="list-style-type: none"> <li>QL 30 / 30 day(s)</li> <li>PA</li> </ul>
<i>hydromorphone hcl tab er 24hr 16 mg</i>	2	<ul style="list-style-type: none"> <li>QL 30 / 30 day(s)</li> <li>PA</li> </ul>
<i>hydromorphone hcl tab er 24hr 32 mg</i>	2	<ul style="list-style-type: none"> <li>QL 30 / 30 day(s)</li> <li>PA</li> </ul>
<i>hydromorphone hcl tab er 24hr 8 mg</i>	2	<ul style="list-style-type: none"> <li>QL 30 / 30 day(s)</li> <li>PA</li> </ul>
LAZANDA 100 MCG/ACT SOLUTION	4	<ul style="list-style-type: none"> <li>PA</li> <li>MFL 1 / 60 day(s)</li> <li>MD 7 / 1 day(s)</li> </ul>
LAZANDA 400 MCG/ACT SOLUTION	4	<ul style="list-style-type: none"> <li>PA</li> <li>MFL 1 / 60 day(s)</li> <li>MD 7 / 1 day(s)</li> </ul>
<i>methadone hcl tab 10 mg</i>	1	<ul style="list-style-type: none"> <li>QL 60 / 30 DAYS</li> <li>PA</li> </ul>
<i>methadone hcl soln 10 mg/5ml</i>	2	<ul style="list-style-type: none"> <li>QL 240 / 30 DAYS</li> <li>PA</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>methadone hcl conc 10 mg/ml</i>	2	QL 60 / 30 DAYS PA
METHADONE HCL 10 MG/ML SOLUTION	2	QL 240 / 30 day(s)
<i>methadone hcl inj 10 mg/ml</i>	2	QL 240 / 30 day(s)
<i>methadone hcl tab 5 mg</i>	1	QL 60 / 30 DAYS PA
METHADONE HCL 5 MG/5ML SOLUTION	2	QL 240 / 30 day(s) PA
<i>methadone hcl soln 5 mg/5ml</i>	2	QL 240 / 30 DAYS PA
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	1	QL 120 / 30 DAYS MFL 1 / 60 day(s) MD 7 / 1 day(s)
MORPHINE SULFATE (CONCENTRATE) 100 MG/5ML SOLUTION	1	QL 120 / 30 day(s) MFL 1 / 60 day(s) MD 7 / 1 day(s)
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	1	QL 120 / 30 DAYS MFL 1 / 60 day(s) MD 7 / 1 day(s)
MORPHINE SULFATE (PF) 2 MG/ML SOLUTION	1	
MORPHINE SULFATE 10 MG/5ML SOLUTION	1	QL 30 ml / 1 day(s) MFL 1 / 60 day(s) MD 7 / 1 day(s)
<i>morphine sulfate oral soln 10 mg/5ml</i>	1	QL 30 ml / 1 day(s) MFL 1 / 60 day(s) MD 7 / 1 day(s)
<i>morphine sulfate tab 15 mg</i>	1	QL 180 / 30 day(s) MFL 1 / 60 day(s) MD 7 / 1 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MORPHINE SULFATE 20 MG/5ML SOLUTION	1	<ul style="list-style-type: none"> <li>QL 480 / 30 day(s)</li> <li>AL1 Up to 8 yrs old</li> <li>MFL 1 / 60 day(s)</li> <li>MD 7 / 1 day(s)</li> </ul>
<i>morphine sulfate oral soln 20 mg/5ml</i>	1	<ul style="list-style-type: none"> <li>QL 480 / 30 day(s)</li> <li>AL1 Up to 8 yrs old</li> <li>MFL 1 / 60 day(s)</li> <li>MD 7 / 1 day(s)</li> </ul>
<i>morphine sulfate tab 30 mg</i>	1	<ul style="list-style-type: none"> <li>QL 90 / 30 day(s)</li> <li>MFL 1 / 60 day(s)</li> <li>MD 7 / 1 day(s)</li> </ul>
MORPHINE SULFATE ER 10 MG CAP ER 24H	2	<ul style="list-style-type: none"> <li>QL 60 / 30 day(s)</li> <li>PA</li> </ul>
MORPHINE SULFATE ER 100 MG CAP ER 24H	2	<ul style="list-style-type: none"> <li>QL 60 / 30 day(s)</li> <li>PA</li> </ul>
<i>morphine sulfate tab er 100 mg</i>	1	<ul style="list-style-type: none"> <li>QL 60 / 30 day(s)</li> <li>PA</li> </ul>
<i>morphine sulfate tab er 15 mg</i>	1	<ul style="list-style-type: none"> <li>QL 90 / 30 DAYS</li> <li>PA</li> </ul>
MORPHINE SULFATE ER 20 MG CAP ER 24H	2	<ul style="list-style-type: none"> <li>QL 60 / 30 day(s)</li> <li>PA</li> </ul>
<i>morphine sulfate tab er 200 mg</i>	1	<ul style="list-style-type: none"> <li>QL 60 / 30 DAYS</li> <li>PA</li> </ul>
MORPHINE SULFATE ER 30 MG CAP ER 24H	2	<ul style="list-style-type: none"> <li>QL 60 / 30 day(s)</li> <li>PA</li> </ul>
<i>morphine sulfate tab er 30 mg</i>	1	<ul style="list-style-type: none"> <li>QL 60 / 30 DAYS</li> <li>PA</li> </ul>
MORPHINE SULFATE ER 50 MG CAP ER 24H	2	<ul style="list-style-type: none"> <li>QL 60 / 30 day(s)</li> <li>PA</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MORPHINE SULFATE ER 60 MG CAP ER 24H	2	<ul style="list-style-type: none"> <li>QL 60 / 30 day(s)</li> <li>PA</li> </ul>
<i>morphine sulfate tab er 60 mg</i>	1	<ul style="list-style-type: none"> <li>QL 2 / 1 day(s)</li> <li>PA</li> </ul>
MORPHINE SULFATE ER 80 MG CAP ER 24H	2	<ul style="list-style-type: none"> <li>QL 60 / 30 day(s)</li> <li>PA</li> </ul>
NUCYNTA 100 MG TAB	3	<ul style="list-style-type: none"> <li>QL 90 / 30 day(s)</li> <li>PA</li> <li>MFL 1 / 60 day(s)</li> <li>MD 7 / 1 day(s)</li> </ul>
NUCYNTA 50 MG TAB	3	<ul style="list-style-type: none"> <li>QL 90 / 30 day(s)</li> <li>PA</li> <li>MFL 1 / 60 day(s)</li> <li>MD 7 / 1 day(s)</li> </ul>
NUCYNTA 75 MG TAB	3	<ul style="list-style-type: none"> <li>QL 90 / 30 day(s)</li> <li>PA</li> <li>MFL 1 / 60 day(s)</li> <li>MD 7 / 1 day(s)</li> </ul>
NUCYNTA ER 100 MG TAB ER 12H	3	<ul style="list-style-type: none"> <li>QL 60 / 30 DAYS</li> <li>PA</li> </ul>
NUCYNTA ER 150 MG TAB ER 12H	3	<ul style="list-style-type: none"> <li>QL 60 / 30 DAYS</li> <li>PA</li> </ul>
NUCYNTA ER 200 MG TAB ER 12H	3	<ul style="list-style-type: none"> <li>QL 60 / 30 DAYS</li> <li>PA</li> </ul>
NUCYNTA ER 250 MG TAB ER 12H	3	<ul style="list-style-type: none"> <li>QL 60 / 30 DAYS</li> <li>PA</li> </ul>
NUCYNTA ER 50 MG TAB ER 12H	3	<ul style="list-style-type: none"> <li>QL 60 / 30 DAYS</li> <li>PA</li> </ul>
<i>oxycodone hcl tab 10 mg</i>	1	<ul style="list-style-type: none"> <li>QL 90 / 30 day(s)</li> <li>MFL 1 / 60 day(s)</li> <li>MD 7 / 1 day(s)</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	1	<ul style="list-style-type: none"> <li>QL 90 / 30 day(s)</li> <li>MFL 1 / 60 day(s)</li> <li>MD 7 / 1 day(s)</li> </ul>
<i>oxycodone hcl tab 15 mg</i>	1	<ul style="list-style-type: none"> <li>QL 90 / 30 day(s)</li> <li>MFL 1 / 60 day(s)</li> <li>MD 7 / 1 day(s)</li> </ul>
<i>oxycodone hcl tab 20 mg</i>	1	<ul style="list-style-type: none"> <li>QL 90 / 30 day(s)</li> <li>MFL 1 / 60 day(s)</li> <li>MD 7 / 1 day(s)</li> </ul>
<i>oxycodone hcl tab 30 mg</i>	1	<ul style="list-style-type: none"> <li>QL 90 / 30 day(s)</li> <li>MFL 1 / 60 day(s)</li> <li>MD 7 / 1 day(s)</li> </ul>
<i>oxycodone hcl cap 5 mg</i>	1	<ul style="list-style-type: none"> <li>QL 240 / 30 DAYS</li> <li>MFL 1 / 60 day(s)</li> <li>MD 7 / 1 day(s)</li> </ul>
<i>oxycodone hcl tab 5 mg</i>	1	<ul style="list-style-type: none"> <li>QL 240 / 30 day(s)</li> <li>MFL 1 / 60 day(s)</li> <li>MD 7 / 1 day(s)</li> </ul>
<i>oxycodone hcl soln 5 mg/5ml</i>	1	<ul style="list-style-type: none"> <li>QL 1800 / 30 day(s)</li> <li>MFL 1 / 60 day(s)</li> <li>MD 7 / 1 day(s)</li> </ul>
OXYCODONE HCL ER 10 MG TB12 DETER	1	<ul style="list-style-type: none"> <li>QL 60 / 30 DAYS</li> <li>PA</li> <li>MFL 1 / 60 DAYS</li> </ul>
OXYCODONE HCL ER 20 MG TB12 DETER	1	<ul style="list-style-type: none"> <li>QL 60 / 30 DAYS</li> <li>PA</li> <li>MFL 1 / 60 DAYS</li> </ul>
OXYCODONE HCL ER 40 MG TB12 DETER	1	<ul style="list-style-type: none"> <li>QL 60 / 30 DAYS</li> <li>PA</li> <li>MFL 1 / 60 DAYS</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OXYCODONE HCL ER 80 MG TB12 DETER	1	<ul style="list-style-type: none"> <li>QL 60 / 30 day(s)</li> <li>PA</li> <li>MFL 1 / 60 day(s)</li> </ul>
OXYCONTIN 10 MG TB12 DETER	2	<ul style="list-style-type: none"> <li>QL 60 / 30 day(s)</li> <li>PA</li> <li>MFL 1 / 60 day(s)</li> </ul>
OXYCONTIN 15 MG TB12 DETER	2	<ul style="list-style-type: none"> <li>QL 60 / 30 day(s)</li> <li>PA</li> <li>MFL 1 / 60 day(s)</li> </ul>
OXYCONTIN 20 MG TB12 DETER	2	<ul style="list-style-type: none"> <li>QL 60 tablets / 30 day(s)</li> <li>PA</li> <li>MFL 1 / 60 day(s)</li> </ul>
OXYCONTIN 30 MG TB12 DETER	2	<ul style="list-style-type: none"> <li>QL 60 / 30 day(s)</li> <li>PA</li> <li>MFL 1 / 60 day(s)</li> </ul>
OXYCONTIN 40 MG TB12 DETER	2	<ul style="list-style-type: none"> <li>QL 60 tablets / 30 day(s)</li> <li>PA</li> <li>MFL 1 / 60 day(s)</li> </ul>
OXYCONTIN 60 MG TB12 DETER	2	<ul style="list-style-type: none"> <li>QL 60 / 30 day(s)</li> <li>PA</li> <li>MFL 1 / 60 day(s)</li> </ul>
OXYCONTIN 80 MG TB12 DETER	2	<ul style="list-style-type: none"> <li>QL 60 / 30 day(s)</li> <li>PA</li> <li>MFL 1 / 60 day(s)</li> </ul>
<i>oxymorphone hcl tab 10 mg</i>	1	<ul style="list-style-type: none"> <li>QL 90 / 30 day(s)</li> <li>MFL 1 / 60 day(s)</li> <li>MD 7 / 1 day(s)</li> </ul>
<i>oxymorphone hcl tab 5 mg</i>	1	<ul style="list-style-type: none"> <li>QL 60 / 30 day(s)</li> <li>MFL 1 / 60 day(s)</li> <li>MD 7 / 1 day(s)</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OXYMORPHONE HCL ER 10 MG TAB ER 12H	3	QL 60 / 30 day(s) PA
OXYMORPHONE HCL ER 15 MG TAB ER 12H	3	QL 60 / 30 day(s) PA
OXYMORPHONE HCL ER 20 MG TAB ER 12H	3	QL 60 / 30 day(s) PA
OXYMORPHONE HCL ER 30 MG TAB ER 12H	3	QL 60 / 30 day(s) PA
OXYMORPHONE HCL ER 40 MG TAB ER 12H	3	QL 60 / 30 day(s) PA
OXYMORPHONE HCL ER 5 MG TAB ER 12H	3	QL 60 / 30 day(s) PA
OXYMORPHONE HCL ER 7.5 MG TAB ER 12H	3	QL 60 / 30 day(s) PA
SUBSYS 100 MCG LIQUID	4	PA
SUBSYS 200 MCG LIQUID	4	PA
SUBSYS 400 MCG LIQUID	4	PA
SUBSYS 600 MCG LIQUID	4	PA
SUBSYS 800 MCG LIQUID	4	PA MFL 1 / 60 day(s) MD 7 / 1 day(s)
<i>tapentadol hcl tab 100 mg</i>	2	QL 90 / 30 day(s) PA MFL 1 / 60 day(s) MD 7 / 1 day(s)
<i>tapentadol hcl tab 50 mg</i>	2	QL 90 / 30 day(s) PA MFL 1 / 60 day(s) MD 7 / 1 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>tapentadol hcl tab 75 mg</i>	2	QL 90 / 30 day(s) PA MFL 1 / 60 day(s) MD 7 / 1 day(s)
TRAMADOL HCL (ER BIPHASIC) 100 MG TAB ER 24H	1	QL 1 / 1 day(s)
TRAMADOL HCL (ER BIPHASIC) 200 MG TAB ER 24H	1	QL 1 / 1 day(s)
TRAMADOL HCL (ER BIPHASIC) 300 MG TAB ER 24H	1	QL 1 / 1 day(s)
<i>tramadol hcl tab 50 mg</i>	1	QL 240 / 30 DAYS
<i>tramadol hcl tab er 24hr 100 mg</i>	1	QL 1 / 1 day(s)
<i>tramadol hcl tab er 24hr 200 mg</i>	1	QL 1 / 1 day(s)
<i>tramadol hcl tab er 24hr 300 mg</i>	1	QL 1 / 1 day(s)
<b>OPIOID COMBINATIONS</b>		
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	QL 120 / 30 day(s) MFL 1 / 60 day(s) MD 7 / 1 day(s)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1	QL 240 / 30 day(s) MFL 1 / 60 day(s) MD 7 / 1 day(s)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	QL 240 / 30 day(s) MFL 1 / 60 day(s) MD 7 / 1 day(s)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1	QL 180 / 30 day(s) MFL 1 / 60 day(s) MD 7 / 1 day(s)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	QL 120 / 30 day(s) MFL 1 / 60 day(s) MD 7 / 1 day(s)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1	QL 240 / 30 day(s) MFL 1 / 60 day(s) MD 7 / 1 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	<span>QL</span> 240 / 30 day(s) <span>MFL</span> 1 / 60 day(s) <span>MD</span> 7 / 1 day(s)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1	<span>QL</span> 180 / 30 day(s) <span>MFL</span> 1 / 60 day(s) <span>MD</span> 7 / 1 day(s)
OPIOID PARTIAL AGONISTS		
BELBUCA 150 MCG FILM	3	<span>QL</span> 2 / 1 day(s) <span>ST</span>
BELBUCA 300 MCG FILM	3	<span>QL</span> 2 / 1 day(s) <span>ST</span>
BELBUCA 450 MCG FILM	3	<span>QL</span> 2 / 1 day(s) <span>ST</span>
BELBUCA 600 MCG FILM	3	<span>QL</span> 2 / 1 day(s) <span>ST</span>
BELBUCA 75 MCG FILM	3	<span>QL</span> 2 / 1 day(s) <span>ST</span>
BELBUCA 750 MCG FILM	3	<span>QL</span> 2 / 1 day(s) <span>ST</span>
BELBUCA 900 MCG FILM	3	<span>QL</span> 2 / 1 day(s) <span>ST</span>
BRIXADI (WEEKLY) 16 MG/0.32ML SOLN PRSYR	3	<span>S</span>
BRIXADI (WEEKLY) 24 MG/0.48ML SOLN PRSYR	3	<span>S</span>
BRIXADI (WEEKLY) 32 MG/0.64ML SOLN PRSYR	3	<span>S</span>
BRIXADI (WEEKLY) 8 MG/0.16ML SOLN PRSYR	3	<span>S</span>
BRIXADI 128 MG/0.36ML SOLN PRSYR	3	<span>S</span>
BRIXADI 64 MG/0.18ML SOLN PRSYR	3	<span>S</span>
BRIXADI 96 MG/0.27ML SOLN PRSYR	3	<span>S</span>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>buprenorphine td patch weekly 10 mcg/hr</i>	1	QL 4 / 28 DAYS
<i>buprenorphine td patch weekly 15 mcg/hr</i>	1	QL 4 / 28 DAYS
<i>buprenorphine td patch weekly 20 mcg/hr</i>	1	QL 4 / 28 DAYS
<i>buprenorphine td patch weekly 5 mcg/hr</i>	1	QL 4 / 28 DAYS
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	1	QL 4 / 28 DAYS
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	1	QL 90 / 30 DAYS
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	1	QL 90 / 30 DAYS
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	1	QL 60 / 30 DAYS
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	1	
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	1	QL 90 / 30 DAYS
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	1	QL 90 / 30 DAYS
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	1	QL 90 / 30 DAYS
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	1	QL 90 / 30 DAYS
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	1	QL 2.5 / 30 DAYS MD 7 / 1 day(s)
<i>nalbuphine hcl inj 10 mg/ml</i>	2	PA
SUBLOCADE 100 MG/0.5ML SOLN PRSYR	3	S
SUBLOCADE 300 MG/1.5ML SOLN PRSYR	3	S
<b>TRAMADOL COMBINATIONS</b>		
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	1	QL 120 / 30 DAYS
<b>ANDROGENS-ANABOLIC ANABOLIC STEROIDS</b>		
OXANDROLONE 2.5 MG TAB	1	PA
<i>oxandrolone tab 2.5 mg</i>	1	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>ANDROGENS</b>		
<i>danazol cap 100 mg</i>	2	
<i>danazol cap 200 mg</i>	2	
<i>danazol cap 50 mg</i>	2	
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	1	
METHITEST 10 MG TAB	2	PA
<i>methyltestosterone cap 10 mg</i>	2	PA
<i>testosterone td gel 20.25 mg/act (1.62%)</i>	1	QL 150 / 30 DAYS
TESTOSTERONE 12.5 MG/ACT (1%) GEL	1	
<i>testosterone td gel 12.5 mg/act (1%)</i>	1	
<i>testosterone td gel 20.25 mg/act (1.62%)</i>	1	QL 150 / 30 DAYS
<i>testosterone td soln 30 mg/act</i>	1	QL 180 / 30 DAYS
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	1	
TESTOSTERONE CYPIONATE 200 MG/ML SOLUTION	1	
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	1	
TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION	1	
<b>ANORECTAL AND RELATED PRODUCTS</b>		
<b>INTRARECTAL STEROIDS</b>		
<i>budesonide rectal foam 2 mg/act</i>	2	QL 133.6 / 30 day(s)
<i>budesonide rectal foam 2 mg/act</i>	2	QL 133.6 / 30 day(s)
<i>hydrocortisone enema 100 mg/60ml</i>	1	
<b>NITRATE VASODILATING AGENTS</b>		
<i>nitroglycerin oint 0.4%</i>	2	QL 30 / 365 day(s)
<b>RECTAL ANESTHETIC/STEROIDS</b>		
LIDOCAINE-HYDROCORT (PERIANAL) 3-0.5 % CREAM	1	
<i>lidocaine-hydrocortisone acetate perianal cream 3-0.5%</i>	1	
LIDOCORT 3-0.5 % CREAM	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>RECTAL STEROIDS</b>		
ANUCORT-HC 25 MG SUPPOS	1	
ANUSOL-HC 25 MG SUPPOS	1	
HEMMOREX-HC 25 MG SUPPOS	1	
HEMMOREX-HC 30 MG SUPPOS	1	
<i>hydrocortisone perianal cream 2.5%</i>	1	
HYDROCORTISONE ACETATE 25 MG SUPPOS	1	
<i>hydrocortisone acetate suppos 25 mg</i>	1	
HYDROCORTISONE ACETATE 30 MG SUPPOS	1	
<i>hydrocortisone acetate suppos 30 mg</i>	1	
<i>hydrocortisone perianal cream 2.5%</i>	1	
<i>hydrocortisone perianal cream 2.5%</i>	1	
<i>hydrocortisone perianal cream 2.5%</i>	1	
<b>ANTHELMINTICS</b>		
<i>albendazole tab 200 mg</i>	2	QL 4 / 30 day(s)
EMVERM 100 MG CHEW TAB	3	QL 6 / 3 DAYS PA
<i>ivermectin tab 3 mg</i>	1	QL 6 / 1 day(s) MFL 1 / 365 day(s) MD 2 / 1 day(s)
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
<i>metronidazole tab 250 mg</i>	1	
<i>metronidazole cap 375 mg</i>	1	
<i>metronidazole tab 500 mg</i>	1	
<i>pentamidine isethionate for nebulization soln 300 mg</i>	1	
<i>tinidazole tab 500 mg</i>	1	
TRIMETHOPRIM 100 MG TAB	1	
<i>trimethoprim tab 100 mg</i>	1	
XIFAXAN 200 MG TAB	3	QL 9 / 30 DAYS PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XIFAXAN 550 MG TAB	3	QL 90 / 30 DAYS PA
<b>ANTI-INFECTIVE MISC. - COMBINATIONS</b>		
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	
<b>ANTIPROTOZOAL AGENTS</b>		
ALINIA 100 MG/5ML RECON SUSP	3	PA
<i>atovaquone susp 750 mg/5ml</i>	2	
LAMPIT 120 MG TAB	3	
LAMPIT 30 MG TAB	3	
<i>nitazoxanide tab 500 mg</i>	2	QL 20 / 10 day(s)
<b>CARBAPENEM COMBINATIONS</b>		
IMIPENEM-CILASTATIN 250 MG RECON SOLN	2	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	2	
<b>GLYCOPEPTIDES</b>		
FIRVANQ 25 MG/ML RECON SOLN	1	AL1 0 to 8 yrs old
FIRVANQ 50 MG/ML RECON SOLN	3	AL1 0 to 8 yrs old
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	2	QL 56 / 14 DAYS
<i>vancomycin hcl for oral soln 25 mg/ml (base equivalent)</i>	2	AL1 0 to 8 yrs old
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	2	QL 56 / 14 DAYS
<i>vancomycin hcl for oral soln 50 mg/ml (base equivalent)</i>	2	AL1 0 to 8 yrs old
<i>vancomycin hcl for oral soln 50 mg/ml (base equivalent)</i>	2	AL1 0 to 8 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>LEPROSTATICS</b>		
<i>dapsone tab 100 mg</i>	1	
<i>dapsone tab 25 mg</i>	1	
<b>LINCOSAMIDES</b>		
<i>clindamycin hcl cap 150 mg</i>	1	
<i>clindamycin hcl cap 300 mg</i>	1	
<i>clindamycin hcl cap 75 mg</i>	1	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	1	
<b>MONOBACTAMS</b>		
CAYSTON 75 MG RECON SOLN	4	PA S
<b>OXAZOLIDINONES</b>		
<i>linezolid tab 600 mg</i>	1	QL 56 / 28 DAYS
<b>URINARY ANTI-INFECTIVES</b>		
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	2	
<i>methenamine hippurate tab 1 gm</i>	1	
<i>nitrofurantoin susp 25 mg/5ml</i>	1	AL1 Up to 8 yrs old
<i>nitrofurantoin susp 25 mg/5ml</i>	1	AL1 Up to 8 yrs old
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	1	
<i>nitrofurantoin macrocrystalline cap 25 mg</i>	1	
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	1	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	1	
<b>ANTIANGINAL AGENTS</b>		
<b>ANTIANGINALS-OTHER</b>		
<i>ranolazine tab er 12hr 1000 mg</i>	1	QL 60 / 30 DAYS
<i>ranolazine tab er 12hr 500 mg</i>	1	QL 60 / 30 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>NITRATES</b>		
<i>isosorbide dinitrate tab 10 mg</i>	1	VAL Value Preventive List
<i>isosorbide dinitrate tab 20 mg</i>	1	VAL Value Preventive List
<i>isosorbide dinitrate tab 30 mg</i>	1	VAL Value Preventive List
<i>isosorbide dinitrate tab 5 mg</i>	1	VAL Value Preventive List
<i>isosorbide mononitrate tab 10 mg</i>	1	VAL Value Preventive List
<i>isosorbide mononitrate tab 20 mg</i>	1	VAL Value Preventive List
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	1	VAL Value Preventive List
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	1	VAL Value Preventive List
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	1	VAL Value Preventive List
<i>nitroglycerin oint 2%</i>	2	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	1	VAL Value Preventive List
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	1	VAL Value Preventive List
<i>nitroglycerin sl tab 0.3 mg</i>	1	VAL Value Preventive List
<i>nitroglycerin sl tab 0.4 mg</i>	1	OL 30 / 30 DAYS VAL Value Preventive List
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	1	VAL Value Preventive List
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	1	VAL Value Preventive List
<i>nitroglycerin sl tab 0.6 mg</i>	1	OL 30 / 30 DAYS VAL Value Preventive List
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	1	VAL Value Preventive List
<i>nitroglycerin oint 2%</i>	2	
NITROLINGUAL 0.4 MG/SPRAY SOLUTION	1	VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>ANTI-ANXIETY AGENTS</b>		
<b>ANTI-ANXIETY AGENTS - MISC.</b>		
<i>bupirone hcl tab 10 mg</i>	1	
<i>bupirone hcl tab 15 mg</i>	1	
<i>bupirone hcl tab 30 mg</i>	1	
<i>bupirone hcl tab 5 mg</i>	1	
<i>bupirone hcl tab 7.5 mg</i>	1	
<i>hydroxyzine hcl tab 10 mg</i>	1	
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	1	
<i>hydroxyzine hcl tab 25 mg</i>	1	
<i>hydroxyzine hcl tab 50 mg</i>	1	
HYDROXYZINE PAMOATE 100 MG CAP	1	
<i>hydroxyzine pamoate cap 25 mg</i>	1	
<i>hydroxyzine pamoate cap 50 mg</i>	1	
<i>meprobamate tab 200 mg</i>	2	
<i>meprobamate tab 400 mg</i>	2	
<b>BENZODIAZEPINES</b>		
<i>alprazolam tab 0.25 mg</i>	1	QL 90 / 30 DAYS
<i>alprazolam orally disintegrating tab 0.25 mg</i>	1	QL 90 / 30 DAYS
<i>alprazolam tab 0.5 mg</i>	1	QL 5 / 1 day(s)
<i>alprazolam orally disintegrating tab 0.5 mg</i>	1	QL 90 / 30 DAYS
<i>alprazolam tab 1 mg</i>	1	QL 5 / 1 day(s)
<i>alprazolam orally disintegrating tab 1 mg</i>	1	QL 90 / 30 DAYS
<i>alprazolam tab 2 mg</i>	1	QL 90 / 30 DAYS
<i>alprazolam orally disintegrating tab 2 mg</i>	1	QL 90 / 30 DAYS
<i>alprazolam tab er 24hr 0.5 mg</i>	1	QL 90 / 30 DAYS
<i>alprazolam tab er 24hr 1 mg</i>	1	QL 90 / 30 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>alprazolam tab er 24hr 2 mg</i>	1	QL 90 / 30 DAYS
<i>alprazolam tab er 24hr 3 mg</i>	1	QL 90 / 30 DAYS
ALPRAZOLAM INTENSOL 1 MG/ML CONC	2	AL1 Up to 8 yrs old
<i>alprazolam tab er 24hr 0.5 mg</i>	1	QL 90 / 30 DAYS
<i>alprazolam tab er 24hr 1 mg</i>	1	QL 90 / 30 DAYS
<i>alprazolam tab er 24hr 2 mg</i>	1	QL 90 / 30 DAYS
<i>alprazolam tab er 24hr 3 mg</i>	1	QL 90 / 30 DAYS
<i>chlordiazepoxide hcl cap 10 mg</i>	1	
<i>chlordiazepoxide hcl cap 25 mg</i>	1	
<i>chlordiazepoxide hcl cap 5 mg</i>	1	
<i>clorazepate dipotassium tab 15 mg</i>	1	
<i>clorazepate dipotassium tab 3.75 mg</i>	1	
<i>clorazepate dipotassium tab 7.5 mg</i>	1	
<i>diazepam tab 10 mg</i>	1	QL 4 / 1 day(s)
<i>diazepam tab 2 mg</i>	1	QL 2 / 1 day(s)
<i>diazepam tab 5 mg</i>	1	QL 4 / 1 day(s)
<i>diazepam oral soln 1 mg/ml</i>	1	QL 500 / 30 day(s) AL1 Up to 8 yrs old
<i>diazepam conc 5 mg/ml</i>	1	QL 90 / 30 DAYS AL1 Up to 8 yrs old
<i>diazepam conc 5 mg/ml</i>	1	QL 90 / 30 DAYS AL1 Up to 8 yrs old
<i>lorazepam tab 0.5 mg</i>	1	QL 5 / 1 day(s)
<i>lorazepam tab 1 mg</i>	1	QL 5 / 1 day(s)
<i>lorazepam tab 2 mg</i>	1	QL 90 / 30 DAYS
<i>lorazepam conc 2 mg/ml</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lorazepam conc 2 mg/ml</i>	1	
<i>oxazepam cap 10 mg</i>	1	QL 90 / 30 day(s)
<i>oxazepam cap 15 mg</i>	1	QL 90 / 30 day(s)
<i>oxazepam cap 30 mg</i>	1	QL 90 / 30 day(s)
<b>ANTIARRHYTHMICS</b>		
<b>ANTIARRHYTHMICS TYPE I-A</b>		
<i>disopyramide phosphate cap 100 mg</i>	1	VAL Value Preventive List
<i>disopyramide phosphate cap 150 mg</i>	1	VAL Value Preventive List
NORPACE CR 100 MG CAP ER 12H	3	
NORPACE CR 150 MG CAP ER 12H	3	
<i>quinidine gluconate tab er 324 mg</i>	1	VAL Value Preventive List
QUINIDINE SULFATE 200 MG TAB	1	VAL Value Preventive List
QUINIDINE SULFATE 300 MG TAB	1	VAL Value Preventive List
<b>ANTIARRHYTHMICS TYPE I-B</b>		
<i>mexiletine hcl cap 150 mg</i>	1	
<i>mexiletine hcl cap 200 mg</i>	1	
<i>mexiletine hcl cap 250 mg</i>	1	
<b>ANTIARRHYTHMICS TYPE I-C</b>		
<i>flecainide acetate tab 100 mg</i>	1	VAL Value Preventive List
<i>flecainide acetate tab 150 mg</i>	1	VAL Value Preventive List
<i>flecainide acetate tab 50 mg</i>	1	VAL Value Preventive List
<i>propafenone hcl tab 150 mg</i>	1	VAL Value Preventive List
<i>propafenone hcl tab 225 mg</i>	1	VAL Value Preventive List
<i>propafenone hcl tab 300 mg</i>	1	VAL Value Preventive List
<i>propafenone hcl cap er 12hr 225 mg</i>	1	VAL Value Preventive List
<i>propafenone hcl cap er 12hr 325 mg</i>	1	VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>propafenone hcl cap er 12hr 425 mg</i>	1	VAL Value Preventive List
<b>ANTIARRHYTHMICS TYPE III</b>		
<i>amiodarone hcl tab 100 mg</i>	1	VAL Value Preventive List
<i>amiodarone hcl tab 200 mg</i>	1	VAL Value Preventive List
<i>amiodarone hcl tab 400 mg</i>	1	VAL Value Preventive List
<i>dofetilide cap 125 mcg (0.125 mg)</i>	2	
<i>dofetilide cap 250 mcg (0.25 mg)</i>	2	
<i>dofetilide cap 500 mcg (0.5 mg)</i>	2	
MULTAQ 400 MG TAB	3	QL 60 / 30 DAYS
<i>amiodarone hcl tab 100 mg</i>	1	VAL Value Preventive List
<i>amiodarone hcl tab 200 mg</i>	1	VAL Value Preventive List
<i>amiodarone hcl tab 400 mg</i>	1	VAL Value Preventive List
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS 5-LIPOXYGENASE INHIBITORS</b>		
<i>zileuton tab er 12hr 600 mg</i>	4	PA
<b>ADRENERGIC COMBINATIONS</b>		
ANORO ELLIPTA 62.5-25 MCG/ACT AER POW BA	2	QL 60 / 30 day(s) VAL Value Preventive List
BREO ELLIPTA 100-25 MCG/ACT AER POW BA	2	QL 60 / 30 day(s) VAL Value Preventive List
BREO ELLIPTA 200-25 MCG/ACT AER POW BA	2	QL 60 / 30 day(s) VAL Value Preventive List
BREO ELLIPTA 50-25 MCG/INH AER POW BA	2	QL 60 / 30 day(s) VAL Value Preventive List
BREZTRI AEROSPHERE 160-9-4.8 MCG/ACT AEROSOL	2	QL 10.7 / 30 day(s)
COMBIVENT RESPIMAT 20-100 MCG/ACT AERO SOLN	2	QL 4 / 30 DAYS VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	2	<p>QL 60 / 30 day(s)</p> <p>VAL Value Preventive List</p>
FLUTICASONE-SALMETEROL 113-14 MCG/ACT AER POW BA	1	<p>QL 1 / 30 day(s)</p> <p>VAL Value Preventive List</p>
FLUTICASONE-SALMETEROL 232-14 MCG/ACT AER POW BA	1	<p>QL 1 / 30 day(s)</p> <p>VAL Value Preventive List</p>
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	2	<p>QL 60 / 30 day(s)</p> <p>VAL Value Preventive List</p>
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	2	<p>QL 60 / 30 day(s)</p> <p>VAL Value Preventive List</p>
FLUTICASONE-SALMETEROL 55-14 MCG/ACT AER POW BA	1	<p>QL 1 / 30 day(s)</p> <p>VAL Value Preventive List</p>
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	<p>VAL Value Preventive List</p>
STIOLTO RESPIMAT 2.5-2.5 MCG/ACT AERO SOLN	2	<p>QL 4 / 30 day(s)</p> <p>VAL Value Preventive List</p>
SYMBICORT 160-4.5 MCG/ACT AEROSOL	2	<p>QL 6 / 30 DAYS</p> <p>VAL Value Preventive List</p>
SYMBICORT 80-4.5 MCG/ACT AEROSOL	2	<p>QL 6.9 / 30 DAYS</p> <p>VAL Value Preventive List</p>
TRELEGY ELLIPTA 100-62.5-25 MCG/ACT AER POW BA	2	<p>QL 2 / 1 day(s)</p> <p>VAL Value Preventive List</p>
TRELEGY ELLIPTA 200-62.5-25 MCG/ACT AER POW BA	2	<p>QL 2 / 1 day(s)</p> <p>VAL Value Preventive List</p>
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	2	<p>QL 60 / 30 day(s)</p> <p>VAL Value Preventive List</p>
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	2	<p>QL 60 / 30 day(s)</p> <p>VAL Value Preventive List</p>
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	2	<p>QL 60 / 30 day(s)</p> <p>VAL Value Preventive List</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>ANTI-IGE MONOCLONAL ANTIBODIES</b>		
XOLAIR 150 MG RECON SOLN	4	PA S
XOLAIR 150 MG/ML SOLN A-INJ	4	PA S
XOLAIR 150 MG/ML SOLN PRSYR	4	PA S
XOLAIR 300 MG/2ML SOLN A-INJ	4	PA S
XOLAIR 300 MG/2ML SOLN PRSYR	4	PA S
XOLAIR 75 MG/0.5ML SOLN A-INJ	4	PA S
XOLAIR 75 MG/0.5ML SOLN PRSYR	4	PA S
<b>ANTI-INFLAMMATORY AGENTS</b>		
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	1	QL 240 / 30 DAYS VAL Value Preventive List
<b>BETA ADRENERGICS</b>		
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	1	QL 360 / 30 DAYS VAL Value Preventive List
ALBUTEROL SULFATE (5 MG/ML) 0.5% NEBU SOLN	1	VAL Value Preventive List
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	1	VAL Value Preventive List
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	1	VAL Value Preventive List
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	1	QL 360 / 30 DAYS VAL Value Preventive List
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	1	QL 360 / 30 DAYS VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>albuterol sulfate tab 2 mg</i>	1	VAL Value Preventive List
<i>albuterol sulfate syrup 2 mg/5ml</i>	1	VAL Value Preventive List
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	1	VAL Value Preventive List
<i>albuterol sulfate tab 4 mg</i>	1	VAL Value Preventive List
<i>albuterol sulfate syrup 2 mg/5ml</i>	1	VAL Value Preventive List
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	1	QL 18 / 15 DAYS VAL Value Preventive List
ALBUTEROL SULFATE HFA 108 (90 BASE) MCG/ACT AERO SOLN	1	QL 18 / 15 DAYS VAL Value Preventive List
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	1	QL 270 / 30 DAYS VAL Value Preventive List
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	1	QL 270 / 30 day(s) VAL Value Preventive List
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	1	VAL Value Preventive List
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	1	QL 270 / 30 DAYS VAL Value Preventive List
LEVALBUTEROL TARTRATE 45 MCG/ACT AEROSOL	1	QL 30 / 30 DAYS VAL Value Preventive List
SEREVENT DISKUS 50 MCG/ACT AER POW BA	2	QL 60 / 30 DAYS VAL Value Preventive List
STRIVERDI RESPIMAT 2.5 MCG/ACT AERO SOLN	3	QL 4 / 30 DAYS
<i>terbutaline sulfate tab 2.5 mg</i>	1	VAL Value Preventive List
<i>terbutaline sulfate tab 5 mg</i>	1	VAL Value Preventive List
<b>BRONCHODILATORS - ANTICHOLINERGICS</b>		
ATROVENT HFA 17 MCG/ACT AERO SOLN	2	QL 25.8 / 28 day(s) VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
INCRUSE ELLIPTA 62.5 MCG/ACT AER POW BA	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px; border-radius: 3px;">QL</div> <div>30 / 30 DAYS</div> <div style="background-color: #27ae60; color: white; padding: 2px; border-radius: 3px;">VAL</div> <div>Value Preventive List</div> </div>
<i>ipratropium bromide inhal soln 0.02%</i>	1	<div style="background-color: #27ae60; color: white; padding: 2px; border-radius: 3px;">VAL</div> <div>Value Preventive List</div>
SPIRIVA HANDIHALER 18 MCG CAP	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px; border-radius: 3px;">QL</div> <div>30 / 30 day(s)</div> <div style="background-color: #27ae60; color: white; padding: 2px; border-radius: 3px;">VAL</div> <div>Value Preventive List</div> </div>
SPIRIVA RESPIMAT 1.25 MCG/ACT AERO SOLN	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px; border-radius: 3px;">QL</div> <div>4 / 30 day(s)</div> <div style="background-color: #27ae60; color: white; padding: 2px; border-radius: 3px;">VAL</div> <div>Value Preventive List</div> </div>
SPIRIVA RESPIMAT 2.5 MCG/ACT AERO SOLN	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px; border-radius: 3px;">QL</div> <div>4 / 30 day(s)</div> <div style="background-color: #27ae60; color: white; padding: 2px; border-radius: 3px;">VAL</div> <div>Value Preventive List</div> </div>
YUPELRI 175 MCG/3ML NEBU SOLN	3	<div style="background-color: #8e44ad; color: white; padding: 2px; border-radius: 3px;">QL</div> <div>90 / 30 day(s)</div>
<b>INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)</b>		
EXDENSUR 100 MG/ML SOLN PRSYR	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #c0392b; color: white; padding: 2px; border-radius: 3px;">S</div> </div>
FASENRA 10 MG/0.5ML SOLN PRSYR	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #c0392b; color: white; padding: 2px; border-radius: 3px;">S</div> </div>
FASENRA 30 MG/ML SOLN PRSYR	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #c0392b; color: white; padding: 2px; border-radius: 3px;">S</div> </div>
FASENRA PEN 30 MG/ML SOLN A-INJ	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #c0392b; color: white; padding: 2px; border-radius: 3px;">S</div> </div>
NUCALA 100 MG RECON SOLN	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #c0392b; color: white; padding: 2px; border-radius: 3px;">S</div> </div>
NUCALA 100 MG/ML SOLN A-INJ	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #c0392b; color: white; padding: 2px; border-radius: 3px;">S</div> </div>
NUCALA 100 MG/ML SOLN PRSYR	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #c0392b; color: white; padding: 2px; border-radius: 3px;">S</div> </div>
NUCALA 40 MG/0.4ML SOLN PRSYR	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #c0392b; color: white; padding: 2px; border-radius: 3px;">S</div> </div>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>LEUKOTRIENE RECEPTOR ANTAGONISTS</b>		
<i>montelukast sodium tab 10 mg (base equiv)</i>	1	<ul style="list-style-type: none"> <li>QL 30 / 30 DAYS</li> <li>VAL Value Preventive List</li> </ul>
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	1	<ul style="list-style-type: none"> <li>QL 30 / 30 DAYS</li> <li>VAL Value Preventive List</li> </ul>
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	1	<ul style="list-style-type: none"> <li>QL 30 / 30 DAYS</li> <li>AL1 Up to 4 yrs old</li> <li>VAL Value Preventive List</li> </ul>
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	1	<ul style="list-style-type: none"> <li>QL 30 / 30 DAYS</li> <li>VAL Value Preventive List</li> </ul>
<i>zafirlukast tab 10 mg</i>	1	<ul style="list-style-type: none"> <li>QL 60 / 30 DAYS</li> <li>VAL Value Preventive List</li> </ul>
<i>zafirlukast tab 20 mg</i>	1	<ul style="list-style-type: none"> <li>QL 60 / 30 DAYS</li> <li>VAL Value Preventive List</li> </ul>
<b>SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>		
<i>roflumilast tab 250 mcg</i>	1	
<i>roflumilast tab 500 mcg</i>	1	
<b>STEROID INHALANTS</b>		
ARNUITY ELLIPTA 100 MCG/ACT AER POW BA	2	<ul style="list-style-type: none"> <li>QL 1 / 1 day(s)</li> <li>VAL Value Preventive List</li> </ul>
ARNUITY ELLIPTA 200 MCG/ACT AER POW BA	2	<ul style="list-style-type: none"> <li>QL 1 / 1 day(s)</li> <li>VAL Value Preventive List</li> </ul>
ARNUITY ELLIPTA 50 MCG/ACT AER POW BA	2	<ul style="list-style-type: none"> <li>QL 1 / 1 day(s)</li> <li>VAL Value Preventive List</li> </ul>
<i>budesonide inhalation susp 0.25 mg/2ml</i>	1	<ul style="list-style-type: none"> <li>QL 120 / 30 DAYS</li> <li>VAL Value Preventive List</li> </ul>
<i>budesonide inhalation susp 0.5 mg/2ml</i>	1	<ul style="list-style-type: none"> <li>QL 120 / 30 DAYS</li> <li>VAL Value Preventive List</li> </ul>
<i>budesonide inhalation susp 1 mg/2ml</i>	1	<ul style="list-style-type: none"> <li>VAL Value Preventive List</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
QVAR REDIHALER 40 MCG/ACT AERO BA	2	<span>QL</span> 10.6 / 30 DAYS <span>VAL</span> Value Preventive List
QVAR REDIHALER 80 MCG/ACT AERO BA	2	<span>QL</span> 10.6 / 30 DAYS <span>VAL</span> Value Preventive List
<b>THYMIC STROMAL LYMPHOPOIETIN (TSLP) ANTAGONISTS</b>		
TEZSPIRE 210 MG/1.91ML SOLN A-INJ	4	<span>PA</span> <span>S</span>
TEZSPIRE 210 MG/1.91ML SOLN PRSYR	4	<span>PA</span> <span>S</span>
<b>XANTHINES</b>		
<i>theophylline elixir 80 mg/15ml</i>	2	<span>AL1</span> Up to 8 yrs old <span>VAL</span> Value Preventive List
THEO-24 100 MG CAP ER 24H	2	<span>VAL</span> Value Preventive List
THEO-24 200 MG CAP ER 24H	2	<span>VAL</span> Value Preventive List
THEO-24 300 MG CAP ER 24H	2	<span>VAL</span> Value Preventive List
THEO-24 400 MG CAP ER 24H	2	<span>VAL</span> Value Preventive List
<i>theophylline elixir 80 mg/15ml</i>	1	<span>AL1</span> Up to 8 yrs old <span>VAL</span> Value Preventive List
<i>theophylline soln 80 mg/15ml</i>	1	<span>AL1</span> Up to 8 yrs old <span>VAL</span> Value Preventive List
<i>theophylline tab er 12hr 300 mg</i>	1	<span>VAL</span> Value Preventive List
<i>theophylline tab er 24hr 400 mg</i>	1	<span>VAL</span> Value Preventive List
<i>theophylline tab er 12hr 450 mg</i>	1	<span>VAL</span> Value Preventive List
<i>theophylline tab er 24hr 600 mg</i>	1	<span>VAL</span> Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>ANTICOAGULANTS</b>		
<b>COUMARIN ANTICOAGULANTS</b>		
<i>warfarin sodium tab 1 mg</i>	1	VAL Value Preventive List
<i>warfarin sodium tab 10 mg</i>	1	VAL Value Preventive List
<i>warfarin sodium tab 2 mg</i>	1	VAL Value Preventive List
<i>warfarin sodium tab 2.5 mg</i>	1	VAL Value Preventive List
<i>warfarin sodium tab 3 mg</i>	1	VAL Value Preventive List
<i>warfarin sodium tab 4 mg</i>	1	VAL Value Preventive List
<i>warfarin sodium tab 5 mg</i>	1	VAL Value Preventive List
<i>warfarin sodium tab 6 mg</i>	1	VAL Value Preventive List
<i>warfarin sodium tab 7.5 mg</i>	1	VAL Value Preventive List
<i>warfarin sodium tab 1 mg</i>	1	VAL Value Preventive List
<i>warfarin sodium tab 10 mg</i>	1	VAL Value Preventive List
<i>warfarin sodium tab 2 mg</i>	1	VAL Value Preventive List
<i>warfarin sodium tab 2.5 mg</i>	1	VAL Value Preventive List
<i>warfarin sodium tab 3 mg</i>	1	VAL Value Preventive List
<i>warfarin sodium tab 4 mg</i>	1	VAL Value Preventive List
<i>warfarin sodium tab 5 mg</i>	1	VAL Value Preventive List
<i>warfarin sodium tab 6 mg</i>	1	VAL Value Preventive List
<i>warfarin sodium tab 7.5 mg</i>	1	VAL Value Preventive List
<b>DIRECT FACTOR XA INHIBITORS</b>		
ELIQUIS (1.5 MG PACK) 3 X 0.5 MG TAB SOL	2	QL 12 / 1 day(s) AL1 Up to 8 yrs old
ELIQUIS (2 MG PACK) 4 X 0.5 MG TAB SOL	2	QL 16 / 1 day(s) AL1 Up to 8 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ELIQUIS 0.15 MG CAP SPRINK	2	<span>QL</span> 2.5 / 1 day(s) <span>AL1</span> Up to 8 yrs old
ELIQUIS 0.5 MG TAB SOL	2	<span>QL</span> 16 / 1 day(s) <span>AL1</span> Up to 8 yrs old
ELIQUIS 2.5 MG TAB	2	<span>QL</span> 2 / 1 day(s) <span>VAL</span> Value Preventive List
ELIQUIS 5 MG TAB	2	<span>QL</span> 2.5 / 1 day(s) <span>VAL</span> Value Preventive List
ELIQUIS DVT/PE STARTER PACK 5 MG TAB THPK	2	<span>QL</span> 2.5 / 1 day(s) <span>VAL</span> Value Preventive List
<i>rivaroxaban for susp 1 mg/ml</i>	2	
<i>rivaroxaban tab 2.5 mg</i>	2	<span>QL</span> 60 / 30 day(s) <span>VAL</span> Value Preventive List
SAVAYSA 15 MG TAB	3	<span>QL</span> 30 / 30 DAYS <span>ST</span>
SAVAYSA 30 MG TAB	3	<span>QL</span> 30 / 30 DAYS <span>ST</span>
SAVAYSA 60 MG TAB	3	<span>QL</span> 30 / 30 DAYS <span>ST</span>
XARELTO 1 MG/ML RECON SUSP	2	<span>VAL</span> Value Preventive List
XARELTO 10 MG TAB	2	<span>QL</span> 30 / 30 DAYS <span>VAL</span> Value Preventive List
XARELTO 15 MG TAB	2	<span>QL</span> 42 / 30 day(s) <span>VAL</span> Value Preventive List
XARELTO 2.5 MG TAB	2	<span>QL</span> 60 / 30 day(s) <span>VAL</span> Value Preventive List
XARELTO 20 MG TAB	2	<span>QL</span> 30 / 30 DAYS <span>VAL</span> Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XARELTO STARTER PACK 15 & 20 MG TAB THPK	2	<span>QL</span> 51 / 30 DAYS <span>VAL</span> Value Preventive List
<b>HEPARINS AND HEPARINOID-LIKE AGENTS</b>		
BD HEPARIN POSIFLUSH 100 UNIT/ML SOLUTION	1	
HEPARIN NA (PORK) LOCK FLSH PF 10 UNIT/ML SOLUTION	1	
HEPARIN NA (PORK) LOCK FLSH PF 100 UNIT/ML SOLUTION	1	
HEPARIN SOD (PORK) LOCK FLUSH 10 UNIT/ML SOLUTION	1	
HEPARIN SOD (PORK) LOCK FLUSH 100 UNIT/ML SOLUTION	1	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	1	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	1	
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	1	
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	1	
<i>heparin sodium (porcine) pf inj 1000 unit/ml</i>	1	
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	1	
<b>LOW MOLECULAR WEIGHT HEPARINS</b>		
<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>	2	<span>QL</span> 2 / 1 day(s)
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>	2	<span>QL</span> 1.6 / 1 day(s)
<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>	2	<span>QL</span> 2 / 1 day(s)
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	2	<span>QL</span> 0.6 / 1 day(s)
<i>enoxaparin sodium inj 300 mg/3ml</i>	2	<span>QL</span> 3 / 1 day(s) <span>MFL</span> 1 / 30 DAYS
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	2	<span>QL</span> 0.8 / 1 day(s)
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	2	<span>QL</span> 1.2 / 1 day(s)
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	2	<span>QL</span> 1.6 / 1 day(s)
FRAGMIN 10000 UNIT/4ML SOLUTION	3	<span>QL</span> 2 / 1 day(s)
FRAGMIN 10000 UNIT/ML SOLN PRSYR	3	<span>QL</span> 2 / 1 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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 2500 UNIT/0.2ML SOLN PRSYR	3	QL 0.4 / 1 day(s)
FRAGMIN 5000 UNIT/0.2ML SOLN PRSYR	3	QL 0.4 / 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)
<b>SYNTHETIC HEPARINOID-LIKE AGENTS</b>		
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	2	QL 0.8 / 1 day(s)
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	2	QL 0.5 / 1 day(s)
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	2	QL 0.4 / 1 day(s)
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	2	QL 0.6 / 1 day(s)
<b>THROMBIN INHIBITORS - SELECTIVE DIRECT &amp; REVERSIBLE</b>		
<i>dabigatran etexilate mesylate cap 110 mg (etexilate base eq)</i>	2	QL 60 / 30 day(s)
<i>dabigatran etexilate mesylate cap 150 mg (etexilate base eq)</i>	2	QL 60 / 30 day(s)
<i>dabigatran etexilate mesylate cap 75 mg (etexilate base eq)</i>	2	QL 60 / 30 day(s)
<b>ANTICONVULSANTS</b>		
<b>AMPA GLUTAMATE RECEPTOR ANTAGONISTS</b>		
FYCOMPA 0.5 MG/ML SUSPENSION	3	QL 30 / 30 day(s) ST
FYCOMPA 10 MG TAB	3	QL 1 tablet / 1 day(s) ST
FYCOMPA 12 MG TAB	3	QL 1 tablet / 1 day(s) ST
FYCOMPA 2 MG TAB	3	QL 1 tablet / 1 day(s) ST

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FYCOMPA 4 MG TAB	3	QL 1 tablet / 1 day(s) ST
FYCOMPA 6 MG TAB	3	QL 1 tablet / 1 day(s) ST
FYCOMPA 8 MG TAB	3	QL 1 tablet / 1 day(s) ST
<i>perampanel susp 0.5 mg/ml</i>	3	QL 1 / 1 day(s) ST
<i>perampanel tab 10 mg</i>	3	QL 1 tablet / 1 day(s) ST
<i>perampanel tab 12 mg</i>	3	QL 1 tablet / 1 day(s) ST
<i>perampanel tab 2 mg</i>	3	QL 1 tablet / 1 day(s) ST
<i>perampanel tab 4 mg</i>	3	QL 1 tablet / 1 day(s) ST
<i>perampanel tab 6 mg</i>	3	QL 1 tablet / 1 day(s) ST
<i>perampanel tab 8 mg</i>	3	QL 1 tablet / 1 day(s) ST
<b>ANTICONVULSANTS - BENZODIAZEPINES</b>		
<i>clobazam tab 10 mg</i>	1	
<i>clobazam suspension 2.5 mg/ml</i>	1	
<i>clobazam tab 20 mg</i>	1	
<i>clonazepam orally disintegrating tab 0.125 mg</i>	1	
<i>clonazepam orally disintegrating tab 0.25 mg</i>	1	
<i>clonazepam tab 0.5 mg</i>	1	QL 90 / 30 DAYS
<i>clonazepam orally disintegrating tab 0.5 mg</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>clonazepam tab 1 mg</i>	1	QL 90 / 30 DAYS
<i>clonazepam orally disintegrating tab 1 mg</i>	1	QL 90 / 30 DAYS
<i>clonazepam tab 2 mg</i>	1	QL 90 / 30 DAYS
<i>clonazepam orally disintegrating tab 2 mg</i>	1	
<i>diazepam rectal gel delivery system 10 mg</i>	2	QL 5 / 30 day(s)
<i>diazepam rectal gel delivery system 2.5 mg</i>	2	QL 5 / 30 day(s)
<i>diazepam rectal gel delivery system 20 mg</i>	2	QL 5 / 30 day(s)
NAYZILAM 5 MG/0.1ML SOLUTION	3	QL 10 / 365 day(s) ST
ONFI 10 MG TAB	3	
ONFI 20 MG TAB	3	
VALTOCO 10 MG DOSE 10 MG/0.1ML LIQUID	3	QL 10 / 365 day(s) ST
VALTOCO 15 MG DOSE 2 X 7.5 MG/0.1ML LIQD THPK	3	QL 10 / 365 day(s) ST
VALTOCO 20 MG DOSE 2 X 10 MG/0.1ML LIQD THPK	3	QL 10 / 365 day(s) ST
VALTOCO 5 MG DOSE 5 MG/0.1ML LIQUID	3	QL 10 / 365 day(s) ST
<b>ANTICONVULSANTS - MISC.</b>		
<i>brivaracetam tab 10 mg</i>	2	ST
<i>brivaracetam oral soln 10 mg/ml</i>	2	ST
<i>brivaracetam tab 100 mg</i>	2	ST
<i>brivaracetam tab 25 mg</i>	2	ST
<i>brivaracetam tab 50 mg</i>	2	ST
<i>brivaracetam tab 75 mg</i>	2	ST

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BRIVIACT 10 MG TAB	3	ST
BRIVIACT 10 MG/ML SOLUTION	3	ST
BRIVIACT 100 MG TAB	3	ST
BRIVIACT 25 MG TAB	3	ST
BRIVIACT 50 MG TAB	3	ST
BRIVIACT 75 MG TAB	3	ST
<i>carbamazepine chew tab 100 mg</i>	1	
<i>carbamazepine susp 100 mg/5ml</i>	1	
<i>carbamazepine tab 200 mg</i>	1	
<i>carbamazepine susp 100 mg/5ml</i>	1	
<i>carbamazepine cap er 12hr 100 mg</i>	1	
<i>carbamazepine tab er 12hr 100 mg</i>	1	
<i>carbamazepine cap er 12hr 200 mg</i>	1	
<i>carbamazepine tab er 12hr 200 mg</i>	1	
<i>carbamazepine cap er 12hr 300 mg</i>	1	
<i>carbamazepine tab er 12hr 400 mg</i>	1	
EPIDIOLEX 100 MG/ML SOLUTION	4	PA S
<i>carbamazepine tab 200 mg</i>	1	
EPRONTIA 25 MG/ML SOLUTION	2	QL 16 / 1 day(s) AL1 Up to 8 yrs old
<i>gabapentin cap 100 mg</i>	1	
<i>gabapentin oral soln 250 mg/5ml</i>	1	
<i>gabapentin cap 300 mg</i>	1	
<i>gabapentin oral soln 250 mg/5ml</i>	1	
<i>gabapentin cap 400 mg</i>	1	
<i>gabapentin tab 600 mg</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>gabapentin tab 800 mg</i>	1	
<i>lacosamide oral solution 10 mg/ml</i>	2	<ul style="list-style-type: none"> <li>QL 40 / 1 day(s)</li> <li>ST</li> <li>AL1 0 to 8 yrs old</li> </ul>
<i>lacosamide tab 100 mg</i>	2	<ul style="list-style-type: none"> <li>QL 60 / 30 day(s)</li> </ul>
<i>lacosamide oral solution 10 mg/ml</i>	2	<ul style="list-style-type: none"> <li>QL 40 / 1 day(s)</li> <li>ST</li> <li>AL1 0 to 8 yrs old</li> </ul>
<i>lacosamide tab 150 mg</i>	2	<ul style="list-style-type: none"> <li>QL 60 / 30 day(s)</li> </ul>
<i>lacosamide tab 200 mg</i>	2	<ul style="list-style-type: none"> <li>QL 60 / 30 day(s)</li> </ul>
<i>lacosamide tab 50 mg</i>	2	<ul style="list-style-type: none"> <li>QL 60 / 30 day(s)</li> </ul>
<i>lacosamide oral solution 10 mg/ml</i>	2	<ul style="list-style-type: none"> <li>QL 40 / 1 day(s)</li> <li>ST</li> <li>AL1 0 to 8 yrs old</li> </ul>
<i>lamotrigine tab 100 mg</i>	1	
<i>lamotrigine tab 150 mg</i>	1	
<i>lamotrigine tab 200 mg</i>	1	
<i>lamotrigine tab chewable dispersible 25 mg</i>	1	
<i>lamotrigine tab 25 mg</i>	1	
<i>lamotrigine tab chewable dispersible 5 mg</i>	1	
<i>lamotrigine tab er 24hr 100 mg</i>	1	<ul style="list-style-type: none"> <li>QL 30 / 30 DAYS</li> </ul>
<i>lamotrigine tab er 24hr 200 mg</i>	1	<ul style="list-style-type: none"> <li>QL 3 / 1 day(s)</li> </ul>
<i>lamotrigine tab er 24hr 25 mg</i>	1	<ul style="list-style-type: none"> <li>QL 3 / 1 day(s)</li> </ul>
<i>lamotrigine tab er 24hr 250 mg</i>	1	<ul style="list-style-type: none"> <li>QL 2 / 1 day(s)</li> </ul>
<i>lamotrigine tab er 24hr 300 mg</i>	1	<ul style="list-style-type: none"> <li>QL 2 / 1 day(s)</li> </ul>
<i>lamotrigine tab er 24hr 50 mg</i>	1	<ul style="list-style-type: none"> <li>QL 3 / 1 day(s)</li> </ul>
<i>lamotrigine tab 35 x 25 mg starter kit</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lamotrigine tab 84 x 25 mg &amp; 14 x 100 mg starter kit</i>	1	
<i>lamotrigine tab 25 mg (42) &amp; 100 mg (7) starter kit</i>	1	
<i>levetiracetam oral soln 100 mg/ml</i>	1	
<i>levetiracetam tab 1000 mg</i>	1	
<i>levetiracetam tab 250 mg</i>	1	
<i>levetiracetam tab 500 mg</i>	1	
<i>levetiracetam oral soln 100 mg/ml</i>	1	
<i>levetiracetam tab 750 mg</i>	1	
<i>levetiracetam tab er 24hr 500 mg</i>	1	QL 180 / 30 DAYS
<i>levetiracetam tab er 24hr 750 mg</i>	1	QL 120 / 30 DAYS
LYRICA 20 MG/ML SOLUTION	3	QL 900 / 30 DAYS PA
<i>oxcarbazepine tab 150 mg</i>	1	
<i>oxcarbazepine tab 300 mg</i>	1	
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	1	
<i>oxcarbazepine tab 600 mg</i>	1	
<i>pregabalin cap 100 mg</i>	1	QL 120 / 30 DAYS
<i>pregabalin cap 150 mg</i>	1	QL 120 / 30 DAYS
<i>pregabalin soln 20 mg/ml</i>	1	QL 900 / 30 day(s)
<i>pregabalin cap 200 mg</i>	1	QL 90 / 30 DAYS
<i>pregabalin cap 225 mg</i>	1	QL 60 / 30 DAYS
<i>pregabalin cap 25 mg</i>	1	QL 120 / 30 DAYS
<i>pregabalin cap 300 mg</i>	1	QL 60 / 30 DAYS
<i>pregabalin cap 50 mg</i>	1	QL 120 / 30 DAYS
<i>pregabalin cap 75 mg</i>	1	QL 120 / 30 DAYS
PRIMIDONE 125 MG TAB	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>primidone tab 250 mg</i>	1	
<i>primidone tab 50 mg</i>	1	
<i>gabapentin cap 300 mg</i>	1	
<i>gabapentin cap 400 mg</i>	1	
<i>levetiracetam tab 500 mg</i>	1	
<i>rufinamide tab 200 mg</i>	2	QL 240 / 30 day(s)
<i>rufinamide susp 40 mg/ml</i>	2	
<i>rufinamide tab 400 mg</i>	2	QL 240 / 30 day(s)
<i>lamotrigine tab 100 mg</i>	1	
<i>lamotrigine tab 150 mg</i>	1	
<i>lamotrigine tab 200 mg</i>	1	
<i>lamotrigine tab 25 mg</i>	1	
TEGRETOL 100 MG/5ML SUSPENSION	3	PA
TEGRETOL 200 MG TAB	3	PA
TEGRETOL-XR 100 MG TAB ER 12H	3	PA
TEGRETOL-XR 200 MG TAB ER 12H	3	PA
TEGRETOL-XR 400 MG TAB ER 12H	3	PA
<i>topiramate tab 100 mg</i>	1	QL 120 / 30 DAYS
<i>topiramate sprinkle cap 15 mg</i>	1	QL 375 / 30 DAYS
<i>topiramate tab 200 mg</i>	1	QL 60 / 30 DAYS
<i>topiramate sprinkle cap 25 mg</i>	1	QL 480 / 30 DAYS
<i>topiramate tab 25 mg</i>	1	QL 480 / 30 DAYS
<i>topiramate oral soln 25 mg/ml</i>	2	QL 16 / 1 day(s) AL1 Up to 8 yrs old
<i>topiramate tab 50 mg</i>	1	QL 240 / 30 DAYS
<i>topiramate cap er 24hr sprinkle 100 mg</i>	2	QL 4 / 1 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>topiramate cap er 24hr sprinkle 150 mg</i>	2	QL 2 / 1 day(s)
<i>topiramate cap er 24hr sprinkle 200 mg</i>	2	QL 2 / 1 day(s)
<i>topiramate cap er 24hr sprinkle 25 mg</i>	2	QL 16 / 1 day(s)
<i>topiramate cap er 24hr sprinkle 50 mg</i>	2	QL 8 / 1 day(s)
<i>zonisamide cap 100 mg</i>	1	
<i>zonisamide cap 25 mg</i>	1	
<i>zonisamide cap 50 mg</i>	1	
<b>CARBAMATES</b>		
<i>felbamate tab 400 mg</i>	2	
<i>felbamate tab 600 mg</i>	2	
<i>felbamate susp 600 mg/5ml</i>	2	
XCOPRI (250 MG DAILY DOSE) 100 & 150 MG TAB THPK	3	QL 1 / 1 day(s) ST
XCOPRI (350 MG DAILY DOSE) 150 & 200 MG TAB THPK	3	QL 1 / 1 day(s) ST
XCOPRI 100 MG TAB	3	QL 1 / 1 day(s) ST
XCOPRI 14 X 12.5 MG & 14 X 25 MG TAB THPK	3	QL 1 / 1 day(s) ST
XCOPRI 14 X 150 MG & 14 X200 MG TAB THPK	3	QL 1 / 1 day(s) ST
XCOPRI 14 X 50 MG & 14 X100 MG TAB THPK	3	QL 1 / 1 day(s) ST
XCOPRI 150 MG TAB	3	QL 1 / 1 day(s) ST
XCOPRI 200 MG TAB	3	QL 1 / 1 day(s) ST
XCOPRI 25 MG TAB	3	QL 1 / 1 day(s) ST

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XCOPRI 50 MG TAB	3	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #2e7d32; color: white; padding: 2px 5px; border-radius: 3px;">ST</div> </div> <div>1 / 1 day(s)</div> </div>
<b>GABA MODULATORS</b>		
TIAGABINE HCL 12 MG TAB	1	
<i>tiagabine hcl tab 12 mg</i>	1	
TIAGABINE HCL 16 MG TAB	1	
<i>tiagabine hcl tab 16 mg</i>	1	
<i>tiagabine hcl tab 2 mg</i>	1	
<i>tiagabine hcl tab 4 mg</i>	1	
<i>vigabatrin powd pack 500 mg</i>	2	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #c0392b; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> <div>180 / 30 DAYS</div> </div>
<i>vigabatrin tab 500 mg</i>	2	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #c0392b; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> <div>180 / 30 DAYS</div> </div>
<i>vigabatrin tab 500 mg</i>	2	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #c0392b; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> <div>180 / 30 DAYS</div> </div>
<b>HYDANTOINS</b>		
DILANTIN 30 MG CAP	3	
<i>phenytoin susp 125 mg/5ml</i>	1	
<i>phenytoin susp 125 mg/5ml</i>	1	
<i>phenytoin chew tab 50 mg</i>	1	
<i>phenytoin chew tab 50 mg</i>	1	
<i>phenytoin sodium extended cap 100 mg</i>	1	
<i>phenytoin sodium extended cap 200 mg</i>	1	
<i>phenytoin sodium extended cap 300 mg</i>	1	
<b>SUCCINIMIDES</b>		
<i>ethosuximide cap 250 mg</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ethosuximide soln 250 mg/5ml</i>	1	
<i>methsuximide cap 300 mg</i>	2	
<b>VALPROIC ACID</b>		
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	1	
<i>divalproex sodium tab delayed release 125 mg</i>	1	
<i>divalproex sodium tab delayed release 250 mg</i>	1	
<i>divalproex sodium tab delayed release 500 mg</i>	1	
<i>divalproex sodium tab er 24 hr 250 mg</i>	1	
<i>divalproex sodium tab er 24 hr 500 mg</i>	1	
<i>valproic acid cap 250 mg</i>	1	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	1	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	1	
<b>ANTIDEPRESSANTS</b>		
<b>ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)</b>		
<i>mirtazapine tab 15 mg</i>	1	QL 30 / 30 DAYS
<i>mirtazapine orally disintegrating tab 15 mg</i>	1	QL 30 / 30 DAYS
<i>mirtazapine tab 30 mg</i>	1	QL 30 / 30 DAYS
<i>mirtazapine orally disintegrating tab 30 mg</i>	1	QL 30 / 30 DAYS
<i>mirtazapine tab 45 mg</i>	1	QL 30 / 30 DAYS
<i>mirtazapine orally disintegrating tab 45 mg</i>	1	QL 30 / 30 DAYS
<i>mirtazapine tab 7.5 mg</i>	1	QL 30 / 30 DAYS
<b>ANTIDEPRESSANTS - MISC.</b>		
APLENZIN 174 MG TAB ER 24H	3	QL 30 / 30 DAYS ST
APLENZIN 348 MG TAB ER 24H	3	QL 30 / 30 DAYS ST
APLENZIN 522 MG TAB ER 24H	3	QL 30 / 30 DAYS ST

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>bupropion hcl tab 100 mg</i>	1	QL 60 / 30 DAYS
<i>bupropion hcl tab 75 mg</i>	1	QL 180 / 30 DAYS
<i>bupropion hcl tab er 12hr 100 mg</i>	1	QL 60 / 30 DAYS
<i>bupropion hcl tab er 12hr 150 mg</i>	1	QL 3 / 1 day(s)
<i>bupropion hcl tab er 12hr 200 mg</i>	1	QL 60 / 30 DAYS
<i>bupropion hcl tab er 24hr 150 mg</i>	1	QL 3 / 1 day(s)
<i>bupropion hcl tab er 24hr 300 mg</i>	1	QL 60 / 30 DAYS
<b>GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID</b>		
ZURZUVAE 20 MG CAP	4	PA S
ZURZUVAE 25 MG CAP	4	PA S
ZURZUVAE 30 MG CAP	4	PA S
<b>MONOAMINE OXIDASE INHIBITORS (MAOIS)</b>		
EMSAM 12 MG/24HR PATCH 24HR	3	ST
EMSAM 6 MG/24HR PATCH 24HR	3	ST
EMSAM 9 MG/24HR PATCH 24HR	3	ST
MARPLAN 10 MG TAB	3	
PHENELZINE SULFATE 15 MG TAB	1	
<i>tranylcypromine sulfate tab 10 mg</i>	2	
<b>N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS</b>		
SPRAVATO (56 MG DOSE) 28 MG/DEVICE SOLN THPK	3	QL 16 / 28 DAYS PA
SPRAVATO (84 MG DOSE) 28 MG/DEVICE SOLN THPK	3	QL 16 / 28 DAYS PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)</b>		
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	1	<span>QL</span> 30 / 30 DAYS <span>VAL</span> Value Preventive List
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	1	<span>QL</span> 600 / 30 DAYS <span>VAL</span> Value Preventive List
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	1	<span>QL</span> 45 / 30 DAYS <span>VAL</span> Value Preventive List
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	1	<span>QL</span> 600 / 30 DAYS <span>VAL</span> Value Preventive List
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	1	<span>QL</span> 30 / 30 DAYS <span>VAL</span> Value Preventive List
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	1	<span>QL</span> 60 / 30 DAYS <span>VAL</span> Value Preventive List
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	1	<span>QL</span> 620 / 30 DAYS <span>VAL</span> Value Preventive List
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	1	<span>QL</span> 60 / 30 DAYS <span>VAL</span> Value Preventive List
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	1	<span>QL</span> 120 / 30 DAYS <span>VAL</span> Value Preventive List
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	1	<span>QL</span> 620 / 30 DAYS <span>VAL</span> Value Preventive List
<i>fluoxetine hcl cap 10 mg</i>	1	<span>QL</span> 90 / 30 DAYS <span>VAL</span> Value Preventive List
<i>fluoxetine hcl tab 10 mg</i>	1	<span>QL</span> 90 / 30 DAYS <span>VAL</span> Value Preventive List
<i>fluoxetine hcl cap 20 mg</i>	1	<span>QL</span> 90 / 30 DAYS <span>VAL</span> Value Preventive List
<i>fluoxetine hcl tab 20 mg</i>	1	<span>QL</span> 90 / 30 DAYS <span>VAL</span> Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fluoxetine hcl solution 20 mg/5ml</i>	1	<p>QL 600 / 30 DAYS</p> <p>VAL Value Preventive List</p>
<i>fluoxetine hcl cap 40 mg</i>	1	<p>QL 60 / 30 DAYS</p> <p>VAL Value Preventive List</p>
<i>fluoxetine hcl tab 60 mg</i>	2	<p>QL 30 / 30 DAYS</p>
FLUOXETINE HCL 90 MG CAP DR	1	<p>QL 4 / 28 DAYS</p>
<i>fluvoxamine maleate tab 100 mg</i>	1	<p>QL 90 / 30 DAYS</p> <p>VAL Value Preventive List</p>
<i>fluvoxamine maleate tab 25 mg</i>	1	<p>QL 360 / 30 DAYS</p> <p>VAL Value Preventive List</p>
<i>fluvoxamine maleate tab 50 mg</i>	1	<p>QL 180 / 30 DAYS</p> <p>VAL Value Preventive List</p>
<i>paroxetine hcl tab 10 mg</i>	1	<p>QL 90 / 30 DAYS</p> <p>VAL Value Preventive List</p>
<i>paroxetine hcl tab 20 mg</i>	1	<p>QL 60 / 30 DAYS</p> <p>VAL Value Preventive List</p>
<i>paroxetine hcl tab 30 mg</i>	1	<p>QL 60 / 30 DAYS</p> <p>VAL Value Preventive List</p>
<i>paroxetine hcl tab 40 mg</i>	1	<p>QL 45 / 30 DAYS</p> <p>VAL Value Preventive List</p>
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	1	<p>QL 60 / 30 DAYS</p> <p>VAL Value Preventive List</p>
<i>paroxetine hcl tab er 24hr 25 mg</i>	1	<p>QL 60 / 30 DAYS</p> <p>VAL Value Preventive List</p>
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	1	<p>QL 60 / 30 DAYS</p> <p>VAL Value Preventive List</p>
<i>sertraline hcl tab 100 mg</i>	1	<p>QL 60 / 30 DAYS</p> <p>VAL Value Preventive List</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	1	<span>QL</span> 300 / 30 DAYS <span>VAL</span> Value Preventive List
<i>sertraline hcl tab 25 mg</i>	1	<span>QL</span> 240 / 30 DAYS <span>VAL</span> Value Preventive List
<i>sertraline hcl tab 50 mg</i>	1	<span>QL</span> 120 / 30 DAYS <span>VAL</span> Value Preventive List
<b>SEROTONIN MODULATORS</b>		
NEFAZODONE HCL 100 MG TAB	1	<span>QL</span> 180 / 30 DAYS
NEFAZODONE HCL 150 MG TAB	1	<span>QL</span> 120 / 30 DAYS
NEFAZODONE HCL 200 MG TAB	1	<span>QL</span> 90 / 30 DAYS
NEFAZODONE HCL 250 MG TAB	1	<span>QL</span> 72 / 30 DAYS
NEFAZODONE HCL 50 MG TAB	1	<span>QL</span> 360 / 30 DAYS
<i>trazodone hcl tab 100 mg</i>	1	
<i>trazodone hcl tab 150 mg</i>	1	
<i>trazodone hcl tab 50 mg</i>	1	
TRINTELLIX 10 MG TAB	3	<span>QL</span> 30 / 30 DAYS <span>ST</span>
TRINTELLIX 20 MG TAB	3	<span>QL</span> 30 / 30 DAYS <span>ST</span>
TRINTELLIX 5 MG TAB	3	<span>QL</span> 30 / 30 DAYS <span>ST</span>
<i>vilazodone hcl tab 10 mg</i>	1	<span>QL</span> 30 / 30 day(s)
<i>vilazodone hcl tab 20 mg</i>	1	<span>QL</span> 30 / 30 day(s)
<i>vilazodone hcl tab 40 mg</i>	1	<span>QL</span> 30 / 30 day(s)
<b>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)</b>		
DESVENLAFAXINE ER 100 MG TAB ER 24H	1	<span>QL</span> 30 / 30 DAYS
DESVENLAFAXINE ER 50 MG TAB ER 24H	1	<span>QL</span> 30 / 30 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	1	QL 30 / 30 DAYS
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	1	QL 30 / 30 DAYS
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	1	QL 30 / 30 DAYS
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	1	QL 180 / 30 DAYS
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	1	QL 120 / 30 DAYS
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	1	QL 60 / 30 DAYS
FETZIMA 120 MG CAP ER 24H	3	QL 30 / 30 DAYS ST
FETZIMA 20 MG CAP ER 24H	3	QL 30 / 30 DAYS ST
FETZIMA 40 MG CAP ER 24H	3	QL 30 / 30 DAYS ST
FETZIMA 80 MG CAP ER 24H	3	QL 30 / 30 DAYS ST
FETZIMA TITRATION 20 & 40 MG CP24 THPK	3	QL 1 cap / 1 day(s) ST
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	1	QL 30 / 30 DAYS
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	1	QL 30 / 30 DAYS
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	1	QL 90 / 30 DAYS
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	1	QL 150 / 30 DAYS
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	1	QL 150 / 30 DAYS
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	1	QL 60 / 30 DAYS
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	1	
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	1	
<b>TRICYCLIC AGENTS</b>		
<i>amitriptyline hcl tab 10 mg</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>amitriptyline hcl tab 100 mg</i>	1	
<i>amitriptyline hcl tab 150 mg</i>	1	
<i>amitriptyline hcl tab 25 mg</i>	1	
<i>amitriptyline hcl tab 50 mg</i>	1	
<i>amitriptyline hcl tab 75 mg</i>	1	
<i>amoxapine tab 100 mg</i>	2	
<i>amoxapine tab 150 mg</i>	2	
<i>amoxapine tab 25 mg</i>	2	
<i>amoxapine tab 50 mg</i>	2	
<i>clomipramine hcl cap 25 mg</i>	1	
<i>clomipramine hcl cap 50 mg</i>	1	
<i>clomipramine hcl cap 75 mg</i>	1	
<i>desipramine hcl tab 10 mg</i>	1	
<i>desipramine hcl tab 100 mg</i>	1	
<i>desipramine hcl tab 150 mg</i>	1	
<i>desipramine hcl tab 25 mg</i>	1	
<i>desipramine hcl tab 50 mg</i>	1	
<i>desipramine hcl tab 75 mg</i>	1	
<i>doxepin hcl cap 10 mg</i>	1	
DOXEPIN HCL 10 MG/ML CONC	1	AL1 Up to 8 yrs old
<i>doxepin hcl conc 10 mg/ml</i>	1	AL1 Up to 8 yrs old
<i>doxepin hcl cap 100 mg</i>	1	
<i>doxepin hcl cap 150 mg</i>	1	
<i>doxepin hcl cap 25 mg</i>	1	
<i>doxepin hcl cap 50 mg</i>	1	
<i>doxepin hcl cap 75 mg</i>	1	
<i>imipramine hcl tab 10 mg</i>	1	
<i>imipramine hcl tab 25 mg</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>imipramine hcl tab 50 mg</i>	1	
<i>imipramine pamoate cap 100 mg</i>	1	
<i>imipramine pamoate cap 125 mg</i>	1	
<i>imipramine pamoate cap 150 mg</i>	1	
<i>imipramine pamoate cap 75 mg</i>	1	
<i>nortriptyline hcl cap 10 mg</i>	1	
<i>nortriptyline hcl cap 25 mg</i>	1	
<i>nortriptyline hcl cap 50 mg</i>	1	
<i>nortriptyline hcl cap 75 mg</i>	1	
<i>protriptyline hcl tab 10 mg</i>	1	
<i>protriptyline hcl tab 5 mg</i>	1	
<i>trimipramine maleate cap 100 mg</i>	2	
<i>trimipramine maleate cap 25 mg</i>	2	
<i>trimipramine maleate cap 50 mg</i>	2	
<b>ANTIDIABETICS</b>		
<b>ALPHA-GLUCOSIDASE INHIBITORS</b>		
<i>acarbose tab 100 mg</i>	1	QL 90 / 30 DAYS
<i>acarbose tab 25 mg</i>	1	QL 90 / 30 DAYS
<i>acarbose tab 50 mg</i>	1	QL 90 / 30 DAYS
MIGLITOL 100 MG TAB	1	
<i>miglitol tab 100 mg</i>	1	
MIGLITOL 25 MG TAB	1	
<i>miglitol tab 25 mg</i>	1	
MIGLITOL 50 MG TAB	1	
<i>miglitol tab 50 mg</i>	1	
<b>ANTIDIABETIC - AMYLIN ANALOGS</b>		
SYMLINPEN 120 2700 MCG/2.7ML SOLN PEN	3	QL 10 / 30 DAYS PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SYMLINPEN 60 1500 MCG/1.5ML SOLN PEN	3	<span>QL</span> 10 / 30 DAYS <span>PA</span>
<b>BIGUANIDES</b>		
<i>metformin hcl tab 1000 mg</i>	1	<span>QL</span> 90 / 30 DAYS <span>VAL</span> Value Preventive List
<i>metformin hcl tab 500 mg</i>	1	<span>QL</span> 150 / 30 DAYS <span>VAL</span> Value Preventive List
<i>metformin hcl oral soln 500 mg/5ml</i>	2	<span>AL1</span> 0 to 8 yrs old
<i>metformin hcl tab 850 mg</i>	1	<span>QL</span> 90 / 30 DAYS <span>VAL</span> Value Preventive List
<i>metformin hcl tab er 24hr 500 mg</i>	1	<span>QL</span> 150 / 30 DAYS <span>VAL</span> Value Preventive List
<i>metformin hcl tab er 24hr 750 mg</i>	1	<span>QL</span> 90 / 30 DAYS <span>VAL</span> Value Preventive List
<b>DIABETIC OTHER</b>		
BAQSIMI ONE PACK 3 MG/DOSE POWDER	2	<span>QL</span> 2 / 60 day(s)
BAQSIMI TWO PACK 3 MG/DOSE POWDER	2	<span>QL</span> 2 / 60 day(s)
GLUCAGEN HYPOKIT 1 MG RECON SOLN	2	<span>QL</span> 2 / 60 day(s)
<i>glucagon for inj 1 mg</i>	2	<span>QL</span> 2 / 60 day(s)
GVOKE HYPOPEN 1-PACK 0.5 MG/0.1ML SOLN A-INJ	2	<span>QL</span> 0.2 / 60 day(s)
GVOKE HYPOPEN 1-PACK 1 MG/0.2ML SOLN A-INJ	2	<span>QL</span> 0.4 / 60 day(s)
GVOKE HYPOPEN 2-PACK 0.5 MG/0.1ML SOLN A-INJ	2	<span>QL</span> 0.2 / 60 day(s)
GVOKE HYPOPEN 2-PACK 1 MG/0.2ML SOLN A-INJ	2	<span>QL</span> 0.4 / 60 day(s)
GVOKE KIT 1 MG/0.2ML SOLUTION	2	<span>QL</span> 2 / 60 day(s)
GVOKE PFS 0.5 MG/0.1ML SOLN PRSYR	2	<span>QL</span> 0.2 / 60 day(s)
GVOKE PFS 1 MG/0.2ML SOLN PRSYR	2	<span>QL</span> 0.4 / 60 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</b>		
ALOGLIPTIN BENZOATE 12.5 MG TAB	3	QL 30 / 30 day(s) ST
ALOGLIPTIN BENZOATE 25 MG TAB	3	QL 30 / 30 day(s) ST
ALOGLIPTIN BENZOATE 6.25 MG TAB	3	QL 30 / 30 day(s) ST
JANUVIA 100 MG TAB	2	QL 1 / 1 day(s) ST
JANUVIA 25 MG TAB	2	QL 1 / 1 day(s) ST
JANUVIA 50 MG TAB	2	QL 1 / 1 day(s) ST
TRADJENTA 5 MG TAB	2	QL 1 / 1 day(s) ST
<b>DIPEPTIDYL PEPTIDASE-4 INHIBITOR-BIGUANIDE COMBINATIONS</b>		
JANUMET 50-1000 MG TAB	2	QL 2 / 1 day(s) ST
JANUMET 50-500 MG TAB	2	QL 2 / 1 day(s) ST
JANUMET XR 100-1000 MG TAB ER 24H	2	QL 1 / 1 day(s) ST
JANUMET XR 50-1000 MG TAB ER 24H	2	QL 2 / 1 day(s) ST
JANUMET XR 50-500 MG TAB ER 24H	2	QL 30 / 30 DAYS ST
JENTADUETO 2.5-1000 MG TAB	2	QL 2 / 1 day(s) ST

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
JENTADUETO 2.5-500 MG TAB	2	QL 2 / 1 day(s) ST
JENTADUETO 2.5-850 MG TAB	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
<b>HUMAN INSULIN</b>		
HUMALOG 100 UNIT/ML SOLN CART	1	QL 2 / 1 day(s) VAL Value Preventive List
HUMALOG 100 UNIT/ML SOLUTION	1	QL 2 / 1 day(s) VAL Value Preventive List
HUMALOG JUNIOR KWIKPEN 100 UNIT/ML SOLN PEN	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 (50-50) 100 UNIT/ML SUSPENSION	1	QL 2 / 1 day(s) VAL Value Preventive List
HUMALOG MIX 50/50 KWIKPEN (50-50) 100 UNIT/ML SUSP PEN	1	QL 2 / 1 day(s) VAL Value Preventive List
HUMALOG MIX 75/25 (75-25) 100 UNIT/ML SUSPENSION	1	QL 2 / 1 day(s) VAL Value Preventive List
HUMALOG MIX 75/25 KWIKPEN (75-25) 100 UNIT/ML SUSP PEN	1	QL 2 / 1 day(s) VAL Value Preventive List
HUMULIN 70/30 (70-30) 100 UNIT/ML SUSPENSION	1	QL 2 / 1 day(s) VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HUMULIN 70/30 KWIKPEN (70-30) 100 UNIT/ML SUSP PEN	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 2 / 1 day(s)</div> <div>VAL Value Preventive List</div> </div>
HUMULIN N 100 UNIT/ML SUSPENSION	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 2 / 1 day(s)</div> <div>VAL Value Preventive List</div> </div>
HUMULIN N KWIKPEN 100 UNIT/ML SUSP PEN	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 2 / 1 day(s)</div> <div>VAL Value Preventive List</div> </div>
HUMULIN R 100 UNIT/ML SOLUTION	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 2 / 1 day(s)</div> <div>VAL Value Preventive List</div> </div>
HUMULIN R U-500 (CONCENTRATED) 500 UNIT/ML SOLUTION	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 2 / 1 day(s)</div> <div>VAL Value Preventive List</div> </div>
HUMULIN R U-500 KWIKPEN 500 UNIT/ML SOLN PEN	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 1 / 1 day(s)</div> <div>VAL Value Preventive List</div> </div>
INSULIN DEGLUDEC 100 UNIT/ML SOLUTION	3	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 2 / 1 day(s)</div> </div>
INSULIN DEGLUDEC FLEXTOUCH 100 UNIT/ML SOLN PEN	3	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 2 / 1 day(s)</div> </div>
INSULIN DEGLUDEC FLEXTOUCH 200 UNIT/ML SOLN PEN	3	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 0.9 / 1 day(s)</div> </div>
INSULIN GLARGINE 100 UNIT/ML SOLUTION	3	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 2 / 1 day(s)</div> </div>
INSULIN GLARGINE SOLOSTAR 100 UNIT/ML SOLN PEN	3	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 2 / 1 day(s)</div> </div>
INSULIN LISPRO (1 UNIT DIAL) 100 UNIT/ML SOLN PEN	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 2 / 1 day(s)</div> <div>VAL Value Preventive List</div> </div>
INSULIN LISPRO 100 UNIT/ML SOLUTION	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 2 / 1 day(s)</div> <div>VAL Value Preventive List</div> </div>
INSULIN LISPRO JUNIOR KWIKPEN 100 UNIT/ML SOLN PEN	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 2 / 1 day(s)</div> <div>VAL Value Preventive List</div> </div>
INSULIN LISPRO PROT & LISPRO (75-25) 100 UNIT/ML SUSP PEN	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 2 / 1 day(s)</div> <div>VAL Value Preventive List</div> </div>
LEVEMIR 100 UNIT/ML SOLUTION	3	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 2 / 1 day(s)</div> <div>PA</div> </div>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LEVEMIR FLEXPEN 100 UNIT/ML SOLN PEN	3	QL 2 / 1 day(s) PA
LEVEMIR FLEXTOUCH 100 UNIT/ML SOLN PEN	3	QL 2 / 1 day(s) PA
REZVOGLAR KWIKPEN 100 UNIT/ML SOLN PEN	2	QL 2 / 1 day(s) VAL Value Preventive List
TRESIBA 100 UNIT/ML SOLUTION	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)
<b>INCRETIN MIMETIC AGENTS (GIP &amp; GLP-1 RECEPTOR AGONISTS)</b>		
MOUNJARO 10 MG/0.5ML SOLN A-INJ	2	QL 2 / 28 day(s) PA
MOUNJARO 12.5 MG/0.5ML SOLN A-INJ	2	QL 2 / 28 day(s) PA
MOUNJARO 15 MG/0.5ML SOLN A-INJ	2	QL 2 / 28 day(s) PA
MOUNJARO 2.5 MG/0.5ML SOLN A-INJ	2	QL 2 / 28 day(s) PA
MOUNJARO 5 MG/0.5ML SOLN A-INJ	2	QL 2 / 28 day(s) PA
MOUNJARO 7.5 MG/0.5ML SOLN A-INJ	2	QL 2 / 28 day(s) PA
<b>INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)</b>		
BYDUREON BCISE 2 MG/0.85ML A-INJ	2	QL 3.4 / 28 day(s) PA
<i>liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)</i>	2	QL 9 ml / 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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	2	QL 3 / 28 day(s) PA
OZEMPIC (1 MG/DOSE) 4 MG/3ML SOLN PEN	2	QL 3 / 28 day(s) PA
OZEMPIC (2 MG/DOSE) 8 MG/3ML SOLN PEN	2	QL 3 / 28 day(s) PA
OZEMPIC 1.5 MG TAB	2	QL 30 / 30 day(s) PA
OZEMPIC 4 MG TAB	2	QL 30 / 30 day(s) PA
OZEMPIC 9 MG TAB	2	QL 30 / 30 day(s) PA
RYBELSUS 14 MG TAB	2	QL 30 / 30 day(s) PA
RYBELSUS 3 MG TAB	2	QL 30 / 30 day(s) PA
RYBELSUS 7 MG TAB	2	QL 30 / 30 day(s) PA
TRULICITY 0.75 MG/0.5ML SOLN A-INJ	2	QL 2 / 28 day(s) PA
TRULICITY 1.5 MG/0.5ML SOLN A-INJ	2	QL 2 / 28 day(s) PA
TRULICITY 3 MG/0.5ML SOLN A-INJ	2	QL 2 / 28 day(s) PA
TRULICITY 4.5 MG/0.5ML SOLN A-INJ	2	QL 2 / 28 day(s) PA
<b>INSULIN-INCRETIN MIMETIC COMBINATIONS</b>		
SOLIQUA 100-33 UNT-MCG/ML SOLN PEN	2	QL 0.6 / 1 day(s) ST

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XULTOPHY 100-3.6 UNIT-MG/ML SOLN PEN	3	<div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>0.5 / 1 day(s)</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>
<b>MEGLITINIDE ANALOGUES</b>		
<i>nateglinide tab 120 mg</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>90 / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAL</div> <div>Value Preventive List</div> </div>
<i>nateglinide tab 60 mg</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>90 / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAL</div> <div>Value Preventive List</div> </div>
<i>repaglinide tab 0.5 mg</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>240 / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAL</div> <div>Value Preventive List</div> </div>
<i>repaglinide tab 1 mg</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>240 / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAL</div> <div>Value Preventive List</div> </div>
<i>repaglinide tab 2 mg</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>120 / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAL</div> <div>Value Preventive List</div> </div>
<b>SGLT2 INHIBITOR - DPP-4 INHIBITOR - BIGUANIDE COMB</b>		
TRIJARDY XR 10-5-1000 MG TAB ER 24H	2	<div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>1 / 1 day(s)</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">ST</div> </div>
TRIJARDY XR 12.5-2.5-1000 MG TAB ER 24H	2	<div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>2 / 1 day(s)</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">ST</div> </div>
TRIJARDY XR 25-5-1000 MG TAB ER 24H	2	<div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>1 / 1 day(s)</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">ST</div> </div>
TRIJARDY XR 5-2.5-1000 MG TAB ER 24H	2	<div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>2 / 1 day(s)</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">ST</div> </div>
<b>SGLT2 INHIBITOR - DPP-4 INHIBITOR COMBINATIONS</b>		
GLYXAMBI 10-5 MG TAB	2	<div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>30 / 30 day(s)</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">ST</div> </div>
GLYXAMBI 25-5 MG TAB	2	<div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>30 / 30 day(s)</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">ST</div> </div>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS</b>		
FARXIGA 10 MG TAB	2	QL 1 / 1 day(s) ST
FARXIGA 5 MG TAB	2	QL 1 / 1 day(s) ST
JARDIANCE 10 MG TAB	2	QL 30 / 30 DAYS ST
JARDIANCE 25 MG TAB	2	QL 30 / 30 DAYS ST
<b>SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB</b>		
SYNJARDY 12.5-1000 MG TAB	2	QL 60 / 30 DAYS ST
SYNJARDY 12.5-500 MG TAB	2	QL 60 / 30 DAYS ST
SYNJARDY 5-1000 MG TAB	2	QL 60 / 30 DAYS ST
SYNJARDY 5-500 MG TAB	2	QL 60 / 30 DAYS ST
SYNJARDY XR 10-1000 MG TAB ER 24H	2	QL 60 / 30 days ST
SYNJARDY XR 12.5-1000 MG TAB ER 24H	2	QL 60 / 30 days ST
SYNJARDY XR 25-1000 MG TAB ER 24H	2	QL 60 / 30 days ST
SYNJARDY XR 5-1000 MG TAB ER 24H	2	QL 60 / 30 days ST
XIGDUO XR 10-1000 MG TAB ER 24H	2	QL 30 / 30 day(s) ST

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XIGDUO XR 10-500 MG TAB ER 24H	2	QL 30 / 30 day(s) ST
XIGDUO XR 2.5-1000 MG TAB ER 24H	2	QL 30 / 30 day(s) ST
XIGDUO XR 5-1000 MG TAB ER 24H	2	QL 30 / 30 day(s) ST
XIGDUO XR 5-500 MG TAB ER 24H	2	QL 30 / 30 day(s) ST
<b>SULFONYLUREA-BIGUANIDE COMBINATIONS</b>		
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	VAL Value Preventive List
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	VAL Value Preventive List
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	VAL Value Preventive List
<i>glyburide-metformin tab 1.25-250 mg</i>	1	VAL Value Preventive List
<i>glyburide-metformin tab 2.5-500 mg</i>	1	VAL Value Preventive List
<i>glyburide-metformin tab 5-500 mg</i>	1	VAL Value Preventive List
<b>SULFONYLUREAS</b>		
<i>glimepiride tab 1 mg</i>	1	QL 60 / 30 DAYS VAL Value Preventive List
<i>glimepiride tab 2 mg</i>	1	QL 60 / 30 DAYS VAL Value Preventive List
<i>glimepiride tab 4 mg</i>	1	QL 60 / 30 DAYS VAL Value Preventive List
<i>glipizide tab 10 mg</i>	1	QL 120 / 30 DAYS VAL Value Preventive List
<i>glipizide tab 5 mg</i>	1	QL 240 / 30 DAYS VAL Value Preventive List
<i>glipizide tab er 24hr 10 mg</i>	1	QL 60 / 30 DAYS VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>glipizide tab er 24hr 2.5 mg</i>	1	<ul style="list-style-type: none"> <li>QL 240 / 30 DAYS</li> <li>VAL Value Preventive List</li> </ul>
<i>glipizide tab er 24hr 5 mg</i>	1	<ul style="list-style-type: none"> <li>QL 60 / 30 DAYS</li> <li>VAL Value Preventive List</li> </ul>
<i>glipizide tab er 24hr 10 mg</i>	1	<ul style="list-style-type: none"> <li>QL 60 / 30 DAYS</li> <li>VAL Value Preventive List</li> </ul>
<i>glipizide tab er 24hr 2.5 mg</i>	1	<ul style="list-style-type: none"> <li>QL 240 / 30 DAYS</li> <li>VAL Value Preventive List</li> </ul>
<i>glipizide tab er 24hr 5 mg</i>	1	<ul style="list-style-type: none"> <li>QL 60 / 30 DAYS</li> <li>VAL Value Preventive List</li> </ul>
<i>glyburide tab 1.25 mg</i>	1	<ul style="list-style-type: none"> <li>QL 480 / 30 DAYS</li> <li>VAL Value Preventive List</li> </ul>
<i>glyburide tab 2.5 mg</i>	1	<ul style="list-style-type: none"> <li>QL 240 / 30 DAYS</li> <li>VAL Value Preventive List</li> </ul>
<i>glyburide tab 5 mg</i>	1	<ul style="list-style-type: none"> <li>QL 120 / 30 DAYS</li> <li>VAL Value Preventive List</li> </ul>
GLYBURIDE MICRONIZED 1.5 MG TAB	1	<ul style="list-style-type: none"> <li>QL 120 / 30 day(s)</li> <li>VAL Value Preventive List</li> </ul>
GLYBURIDE MICRONIZED 3 MG TAB	1	<ul style="list-style-type: none"> <li>QL 60 / 30 day(s)</li> <li>VAL Value Preventive List</li> </ul>
GLYBURIDE MICRONIZED 6 MG TAB	1	<ul style="list-style-type: none"> <li>QL 30 / 30 day(s)</li> <li>VAL Value Preventive List</li> </ul>
<b>THIAZOLIDINEDIONE-BIGUANIDE COMBINATIONS</b>		
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	<ul style="list-style-type: none"> <li>VAL Value Preventive List</li> </ul>
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	<ul style="list-style-type: none"> <li>QL 90 / 30 DAYS</li> <li>VAL Value Preventive List</li> </ul>
<b>THIAZOLIDINEDIONES</b>		
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	1	<ul style="list-style-type: none"> <li>QL 30 / 30 DAYS</li> <li>VAL Value Preventive List</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	1	<span>QL</span> 30 / 30 DAYS <span>VAL</span> Value Preventive List
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	1	<span>QL</span> 30 / 30 DAYS <span>VAL</span> Value Preventive List
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS</b>		
<b>ANTIPERISTALTIC AGENTS</b>		
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	1	<span>QL</span> 80 / 10 DAYS
MOTOFEN 1-0.025 MG TAB	3	<span>QL</span> 16 / 30 day(s)
OPIUM 10 MG/ML (1%) TINCTURE	1	<span>QL</span> 15 / 5 day(s) <span>MFL</span> 2 / 30 day(s) <span>MD</span> 7 / 1 day(s)
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
<b>ANTIDOTES - CHELATING AGENTS</b>		
CHEMET 100 MG CAP	3	<span>PA</span>
<i>deferasirox tab for oral susp 125 mg</i>	4	<span>PA</span>
<i>deferasirox granules packet 180 mg</i>	4	<span>PA</span>
<i>deferasirox tab 180 mg</i>	4	
<i>deferasirox tab for oral susp 250 mg</i>	4	<span>PA</span>
<i>deferasirox granules packet 360 mg</i>	4	<span>PA</span>
<i>deferasirox tab 360 mg</i>	4	
<i>deferasirox tab for oral susp 500 mg</i>	4	<span>PA</span>
<i>deferasirox granules packet 90 mg</i>	4	<span>PA</span>
<i>deferasirox tab 90 mg</i>	4	
<i>deferasirox granules packet 180 mg</i>	4	<span>PA</span>
<i>deferasirox granules packet 360 mg</i>	4	<span>PA</span>
<i>deferasirox granules packet 90 mg</i>	4	<span>PA</span>
<i>deferiprone tab 1000 mg</i>	4	<span>PA</span> <span>S</span>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>deferiprone tab 500 mg</i>	4	PA S
FERRIPROX 100 MG/ML SOLUTION	4	PA S
FERRIPROX TWICE-A-DAY 1000 MG TAB	4	PA S
<i>acetylcysteine inj 200 mg/ml</i>	1	
BRIDION 200 MG/2ML SOLUTION	3	PA
BRIDION 500 MG/5ML SOLUTION	3	PA
RADIOGARDASE 0.5 GM CAP	2	
<b>OPIOID ANTAGONISTS</b>		
KLOXXADO 8 MG/0.1ML LIQUID	1	QL 2 / 30 day(s)
NALOXONE HCL 0.4 MG/ML SOLN CART	1	QL 2 / 30 day(s)
<i>naloxone hcl soln prefilled syringe 0.4 mg/ml</i>	1	QL 4 PRSYR / 30 day(s)
<i>naloxone hcl inj 0.4 mg/ml</i>	1	QL 2 / 30 day(s)
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	1	QL 4 / 30 day(s)
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	1	QL 2 / 30 day(s)
<i>naloxone hcl inj 4 mg/10ml</i>	1	QL 10 / 30 day(s)
<i>naltrexone hcl tab 50 mg</i>	1	QL 60 / 30 DAYS
OPVEE 2.7 MG/0.1ML SOLUTION	1	QL 2 / 30 day(s)
REXTOVY 4 MG/0.25ML LIQUID	1	QL 2 / 30 day(s)
VIVITROL 380 MG RECON SUSP	4	QL 1 / 0 day(s) MFL 1 / 28 day(s) S
ZIMHI 5 MG/0.5ML SOLN PRSYR	2	QL 1 / 30 day(s)
ZURNAI 1.5 MG/0.5ML SOLN A-INJ	1	QL 1 / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>ANTIEMETICS</b>		
<b>5-HT3 RECEPTOR ANTAGONISTS</b>		
ANZEMET 50 MG TAB	3	QL 7 / 30 DAYS PA
<i>granisetron hcl tab 1 mg</i>	1	QL 14 / 30 DAYS
<i>ondansetron orally disintegrating tab 4 mg</i>	1	QL 180 / 30 DAYS
<i>ondansetron orally disintegrating tab 8 mg</i>	1	QL 180 / 30 DAYS
ONDANSETRON HCL +RFID 4 MG/2ML SOLN PRSYR	2	PA
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	2	PA
<i>ondansetron hcl tab 4 mg</i>	1	QL 180 / 30 DAYS
ONDANSETRON HCL 4 MG/2ML SOLN PRSYR	2	PA
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	2	PA
<i>ondansetron hcl oral soln 4 mg/5ml</i>	1	QL 100 / 30 DAYS
<i>ondansetron hcl tab 8 mg</i>	1	QL 180 / 30 DAYS
SUSTOL 10 MG/0.4ML PRSYR	3	PA S
ZUPLENZ 4 MG FILM	3	PA
<b>ANTIEMETIC COMBINATIONS</b>		
AKYNZEO 300-0.5 MG CAP	3	QL 1 / 0 DAYS PA
<b>ANTIEMETICS - ANTICHOLINERGIC</b>		
<i>meclizine hcl tab 25 mg</i>	1	
<i>scopolamine td patch 72hr 1 mg/3days</i>	1	
<i>trimethobenzamide hcl cap 300 mg</i>	1	
<b>ANTIEMETICS - MISCELLANEOUS</b>		
<i>dronabinol cap 10 mg</i>	2	QL 60 / 30 DAYS
<i>dronabinol cap 2.5 mg</i>	2	QL 60 / 30 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>dronabinol cap 5 mg</i>	2	QL 60 / 30 DAYS
<b>SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS</b>		
<i>aprepitant capsule 125 mg</i>	1	QL 1 / 21 day(s)
<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>	1	QL 3 / 21 day(s)
<i>aprepitant capsule 80 mg</i>	1	QL 2 / 21 day(s)
VARUBI (180 MG DOSE) 2 X 90 MG TAB THPK	3	PA
<b>ANTIFUNGALS</b>		
<b>ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (TRITERPENOID)</b>		
		QL 4 / 30 day(s)
BREXAFEMME 150 MG TAB	3	ST GL Female AL1 At least 12 yrs old
<i>griseofulvin microsize susp 125 mg/5ml</i>	1	
<i>griseofulvin microsize tab 500 mg</i>	2	QL 30 / 30 DAYS
<i>griseofulvin ultramicrosize tab 125 mg</i>	2	
<i>griseofulvin ultramicrosize tab 250 mg</i>	2	
<i>nystatin tab 500000 unit</i>	1	
<i>terbinafine hcl tab 250 mg</i>	1	QL 30 / 30 DAYS
<b>IMIDAZOLES</b>		
<i>ketoconazole tab 200 mg</i>	1	
<b>TRIAZOLES</b>		
<i>fluconazole for susp 10 mg/ml</i>	1	
<i>fluconazole tab 100 mg</i>	1	
<i>fluconazole tab 150 mg</i>	1	QL 180 / 30 DAYS
<i>fluconazole tab 200 mg</i>	1	
<i>fluconazole for susp 40 mg/ml</i>	1	
<i>fluconazole tab 50 mg</i>	1	
<i>itraconazole cap 100 mg</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>posaconazole tab delayed release 100 mg</i>	2	QL 4 tablets / 1 day(s)
<i>posaconazole susp 40 mg/ml</i>	4	PA S
<i>voriconazole tab 200 mg</i>	2	QL 60 / 30 DAYS
<i>voriconazole for susp 40 mg/ml</i>	1	AL1 Up to 8 yrs old
<i>voriconazole tab 50 mg</i>	1	QL 120 / 30 DAYS
<b>ANTIHISTAMINES</b>		
<b>ANTIHISTAMINES - ETHANOLAMINES</b>		
<i>carbinoxamine maleate tab 4 mg</i>	1	
CARBINOXAMINE MALEATE 4 MG/5ML SOLUTION	1	
DIPHENHYDRAMINE HCL 12.5 MG/5ML ELIXIR	1	
<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	1	
<i>diphenhydramine hcl inj 50 mg/ml</i>	1	
<b>ANTIHISTAMINES - NON-SEDATING</b>		
DESLORATADINE 2.5 MG TAB DISP	1	QL 30 / 30 DAYS
<i>desloratadine tab 5 mg</i>	1	QL 30 / 30 DAYS
DESLORATADINE 5 MG TAB DISP	1	QL 30 / 30 DAYS
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	1	QL 300 / 30 DAYS
<i>levocetirizine dihydrochloride tab 5 mg</i>	1	QL 30 / 30 DAYS
QUZYTIR 10 MG/ML SOLUTION	4	PA
<b>ANTIHISTAMINES - PHENOTHIAZINES</b>		
<i>promethazine hcl suppos 12.5 mg</i>	1	
<i>promethazine hcl tab 12.5 mg</i>	1	
<i>promethazine hcl oral soln 6.25 mg/5ml</i>	1	
<i>promethazine hcl suppos 25 mg</i>	1	QL 30 / 30 DAYS
<i>promethazine hcl tab 25 mg</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>promethazine hcl tab 50 mg</i>	1	
<i>promethazine hcl oral soln 6.25 mg/5ml</i>	1	
<i>promethazine hcl suppos 12.5 mg</i>	1	
<i>promethazine hcl suppos 25 mg</i>	1	QL 30 / 30 DAYS
<b>ANTIHISTAMINES - PIPERIDINES</b>		
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	1	
<i>cyproheptadine hcl tab 4 mg</i>	1	
<b>ANTIHYPERLIPIDEMICS ACL INHIB-INTESTINAL CHOLESTEROL ABSORPTION INHIB COMB</b>		
NEXLIZET 180-10 MG TAB	3	PA
<b>ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS</b>		
NEXLETOL 180 MG TAB	3	PA
<b>ANTIHYPERLIPIDEMICS - MISC.</b>		
<i>icosapent ethyl cap 0.5 gm</i>	2	QL 8 / 1 day(s)
<i>icosapent ethyl cap 1 gm</i>	2	QL 4 / 1 day(s)
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	
<b>BILE ACID SEQUESTRANTS</b>		
<i>cholestyramine powder packets 4 gm</i>	1	VAL Value Preventive List
<i>cholestyramine powder 4 gm/dose</i>	1	VAL Value Preventive List
<i>cholestyramine light powder packets 4 gm</i>	1	VAL Value Preventive List
<i>cholestyramine light powder 4 gm/dose</i>	1	VAL Value Preventive List
<i>colesevelam hcl packet for susp 3.75 gm</i>	2	QL 30 / 30 day(s) AL1 Up to 8 yrs old VAL Value Preventive List
<i>colesevelam hcl tab 625 mg</i>	2	QL 180 / 30 DAYS VAL Value Preventive List
<i>colestipol hcl tab 1 gm</i>	1	VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>colestipol hcl granules 5 gm</i>	1	VAL Value Preventive List
<i>colestipol hcl granule packets 5 gm</i>	1	VAL Value Preventive List
<i>cholestyramine light powder packets 4 gm</i>	1	VAL Value Preventive List
<i>cholestyramine light powder 4 gm/dose</i>	1	VAL Value Preventive List
<b>FIBRIC ACID DERIVATIVES</b>		
<i>fenofibrate tab 120 mg</i>	1	QL 30 / 30 DAYS
<i>fenofibrate micronized cap 134 mg</i>	1	QL 30 / 30 DAYS VAL Value Preventive List
<i>fenofibrate tab 145 mg</i>	1	QL 30 / 30 DAYS VAL Value Preventive List
FENOFIBRATE 150 MG CAP	3	QL 30 / 30 day(s)
<i>fenofibrate tab 160 mg</i>	1	QL 30 / 30 DAYS VAL Value Preventive List
<i>fenofibrate micronized cap 200 mg</i>	1	QL 30 / 30 DAYS VAL Value Preventive List
<i>fenofibrate tab 40 mg</i>	1	QL 30 / 30 DAYS
<i>fenofibrate tab 48 mg</i>	1	QL 30 / 30 DAYS VAL Value Preventive List
FENOFIBRATE 50 MG CAP	3	QL Quantity Limit
<i>fenofibrate tab 54 mg</i>	1	QL 30 / 30 DAYS VAL Value Preventive List
<i>fenofibrate micronized cap 67 mg</i>	1	QL 30 / 30 DAYS VAL Value Preventive List
<i>fenofibrate micronized cap 130 mg</i>	1	QL 30 / 30 DAYS VAL Value Preventive List
<i>fenofibrate micronized cap 134 mg</i>	1	QL 30 / 30 DAYS VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fenofibrate micronized cap 200 mg</i>	1	<span>QL</span> 30 / 30 DAYS <span>VAL</span> Value Preventive List
<i>fenofibrate micronized cap 43 mg</i>	1	<span>QL</span> 30 / 30 DAYS <span>VAL</span> Value Preventive List
<i>fenofibrate micronized cap 67 mg</i>	1	<span>QL</span> 30 / 30 DAYS <span>VAL</span> Value Preventive List
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	1	<span>QL</span> 30 / 30 DAYS <span>VAL</span> Value Preventive List
FENOFIBRIC ACID 35 MG TAB	1	<span>QL</span> 30 / 30 day(s)
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	1	<span>QL</span> 30 / 30 DAYS <span>VAL</span> Value Preventive List
<i>gemfibrozil tab 600 mg</i>	1	<span>VAL</span> Value Preventive List
LIPOFEN 150 MG CAP	3	<span>QL</span> 30 / 30 day(s)
LIPOFEN 50 MG CAP	3	<span>QL</span> Quantity Limit
<b>HMG COA REDUCTASE INHIBITORS</b>		
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	1	<span>QL</span> 30 / 30 DAYS <span>PRE</span> Preventative
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	1	<span>QL</span> 30 / 30 DAYS <span>PRE</span> Preventative
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	1	<span>QL</span> 30 / 30 DAYS <span>VAL</span> Value Preventive List
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	1	<span>QL</span> 30 / 30 DAYS <span>VAL</span> Value Preventive List
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	1	<span>QL</span> 30 / 30 DAYS <span>PRE</span> Preventative
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	1	<span>QL</span> 60 / 30 DAYS <span>PRE</span> Preventative
<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i>	1	<span>QL</span> 30 / 30 DAYS <span>PRE</span> Preventative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lovastatin tab 10 mg</i>	1	<span>QL</span> 30 / 30 DAYS <span>PRE</span> Preventative
<i>lovastatin tab 20 mg</i>	1	<span>QL</span> 30 / 30 DAYS <span>PRE</span> Preventative
<i>lovastatin tab 40 mg</i>	1	<span>QL</span> 60 / 30 DAYS <span>PRE</span> Preventative
<i>pitavastatin calcium tab 1 mg</i>	1	<span>QL</span> 1 / 1 day(s)
<i>pitavastatin calcium tab 2 mg</i>	1	<span>QL</span> 1 / 1 day(s)
<i>pitavastatin calcium tab 4 mg</i>	1	<span>QL</span> 1 / 1 day(s)
<i>pravastatin sodium tab 10 mg</i>	1	<span>QL</span> 30 / 30 DAYS <span>PRE</span> Preventative
<i>pravastatin sodium tab 20 mg</i>	1	<span>QL</span> 30 / 30 DAYS <span>PRE</span> Preventative
<i>pravastatin sodium tab 40 mg</i>	1	<span>QL</span> 60 / 30 DAYS <span>PRE</span> Preventative
<i>pravastatin sodium tab 80 mg</i>	1	<span>QL</span> 30 / 30 DAYS <span>PRE</span> Preventative
<i>rosuvastatin calcium tab 10 mg</i>	1	<span>QL</span> 30 / 30 DAYS <span>PRE</span> Preventative
<i>rosuvastatin calcium tab 20 mg</i>	1	<span>QL</span> 30 / 30 DAYS <span>VAL</span> Value Preventive List
<i>rosuvastatin calcium tab 40 mg</i>	1	<span>QL</span> 30 / 30 DAYS <span>VAL</span> Value Preventive List
<i>rosuvastatin calcium tab 5 mg</i>	1	<span>QL</span> 30 / 30 DAYS <span>PRE</span> Preventative
<i>simvastatin tab 10 mg</i>	1	<span>QL</span> 30 / 30 DAYS <span>PRE</span> Preventative
<i>simvastatin tab 20 mg</i>	1	<span>QL</span> 30 / 30 DAYS <span>PRE</span> Preventative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>simvastatin tab 40 mg</i>	1	<span>QL</span> 30 / 30 DAYS <span>PRE</span> Preventative
<i>simvastatin tab 5 mg</i>	1	<span>QL</span> 30 / 30 DAYS <span>PRE</span> Preventative
<i>simvastatin tab 80 mg</i>	1	<span>QL</span> 30 / 30 DAYS <span>VAL</span> Value Preventive List
<b>INTEST CHOLEST ABSORP INHIB-HMG COA REDUCTASE INHIB COMB</b>		
EZETIMIBE-ROSUVASTATIN 10-10 MG TAB	1	<span>QL</span> 1 / 1 day(s)
EZETIMIBE-ROSUVASTATIN 10-20 MG TAB	1	<span>QL</span> 1 / 1 day(s)
EZETIMIBE-ROSUVASTATIN 10-40 MG TAB	1	<span>QL</span> 1 / 1 day(s)
EZETIMIBE-ROSUVASTATIN 10-5 MG TAB	1	<span>QL</span> 1 / 1 day(s)
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	<span>QL</span> 30 / 30 DAYS <span>VAL</span> Value Preventive List
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	<span>QL</span> 30 / 30 DAYS <span>VAL</span> Value Preventive List
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	<span>QL</span> 30 / 30 DAYS <span>VAL</span> Value Preventive List
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	<span>QL</span> 30 / 30 DAYS <span>VAL</span> Value Preventive List
<b>INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS</b>		
<i>ezetimibe tab 10 mg</i>	1	<span>QL</span> 30 / 30 DAYS <span>VAL</span> Value Preventive List
<b>NICOTINIC ACID DERIVATIVES</b>		
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	1	<span>VAL</span> Value Preventive List
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	1	<span>VAL</span> Value Preventive List
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	1	<span>VAL</span> Value Preventive List
NIACOR 500 MG TAB	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>PCSK9 INHIBITORS</b>		
REPATHA 140 MG/ML SOLN PRSYR	2	ST
REPATHA PUSHTRONEX SYSTEM 420 MG/3.5ML SOLN CART	2	ST
REPATHA SURECLICK 140 MG/ML SOLN A-INJ	2	ST
<b>SMALL INTERFERING RNA (SIRNA) PCSK9 INHIBITORS</b>		
LEQVIO 284 MG/1.5ML SOLN PRSYR	4	PA S
<b>ANTIHYPERTENSIVES</b>		
<b>ACE INHIBITOR &amp; CALCIUM CHANNEL BLOCKER COMBINATIONS</b>		
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	VAL Value Preventive List
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	VAL Value Preventive List
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	OL 30 / 30 DAYS VAL Value Preventive List
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	VAL Value Preventive List
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	VAL Value Preventive List
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	VAL Value Preventive List
TRANDOLAPRIL-VERAPAMIL HCL ER 1-240 MG TAB ER	1	VAL Value Preventive List
TRANDOLAPRIL-VERAPAMIL HCL ER 2-180 MG TAB ER	1	VAL Value Preventive List
TRANDOLAPRIL-VERAPAMIL HCL ER 2-240 MG TAB ER	1	OL 30 / 30 day(s) VAL Value Preventive List
TRANDOLAPRIL-VERAPAMIL HCL ER 4-240 MG TAB ER	1	VAL Value Preventive List
<b>ACE INHIBITORS</b>		
<i>benazepril hcl tab 10 mg</i>	1	VAL Value Preventive List
<i>benazepril hcl tab 20 mg</i>	1	VAL Value Preventive List
<i>benazepril hcl tab 40 mg</i>	1	VAL Value Preventive List
<i>benazepril hcl tab 5 mg</i>	1	VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>captopril tab 100 mg</i>	1	VAL Value Preventive List
<i>captopril tab 12.5 mg</i>	1	VAL Value Preventive List
<i>captopril tab 25 mg</i>	1	VAL Value Preventive List
<i>captopril tab 50 mg</i>	1	VAL Value Preventive List
<i>enalapril maleate oral soln 1 mg/ml</i>	2	AL1 Up to 8 yrs old
<i>enalapril maleate tab 10 mg</i>	1	VAL Value Preventive List
<i>enalapril maleate tab 2.5 mg</i>	1	VAL Value Preventive List
<i>enalapril maleate tab 20 mg</i>	1	VAL Value Preventive List
<i>enalapril maleate tab 5 mg</i>	1	VAL Value Preventive List
<i>fosinopril sodium tab 10 mg</i>	1	VAL Value Preventive List
<i>fosinopril sodium tab 20 mg</i>	1	VAL Value Preventive List
<i>fosinopril sodium tab 40 mg</i>	1	VAL Value Preventive List
<i>lisinopril tab 10 mg</i>	1	VAL Value Preventive List
<i>lisinopril tab 2.5 mg</i>	1	VAL Value Preventive List
<i>lisinopril tab 20 mg</i>	1	VAL Value Preventive List
<i>lisinopril tab 30 mg</i>	1	VAL Value Preventive List
<i>lisinopril tab 40 mg</i>	1	VAL Value Preventive List
<i>lisinopril tab 5 mg</i>	1	VAL Value Preventive List
<i>moexipril hcl tab 15 mg</i>	1	VAL Value Preventive List
<i>moexipril hcl tab 7.5 mg</i>	1	VAL Value Preventive List
PERINDOPRIL ERBUMINE 2 MG TAB	1	VAL Value Preventive List
<i>perindopril erbumine tab 2 mg</i>	1	VAL Value Preventive List
<i>perindopril erbumine tab 4 mg</i>	1	VAL Value Preventive List
PERINDOPRIL ERBUMINE 8 MG TAB	1	VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OBRELIS 1 MG/ML SOLUTION	2	AL1 Up to 8 yrs old
<i>quinapril hcl tab 10 mg</i>	1	VAL Value Preventive List
<i>quinapril hcl tab 20 mg</i>	1	VAL Value Preventive List
<i>quinapril hcl tab 40 mg</i>	1	VAL Value Preventive List
<i>quinapril hcl tab 5 mg</i>	1	VAL Value Preventive List
<i>ramipril cap 1.25 mg</i>	1	QL 30 / 30 DAYS VAL Value Preventive List
<i>ramipril cap 10 mg</i>	1	QL 60 / 30 DAYS VAL Value Preventive List
<i>ramipril cap 2.5 mg</i>	1	QL 30 / 30 DAYS VAL Value Preventive List
<i>ramipril cap 5 mg</i>	1	QL 30 / 30 DAYS VAL Value Preventive List
<i>trandolapril tab 1 mg</i>	1	QL 30 / 30 DAYS VAL Value Preventive List
<i>trandolapril tab 2 mg</i>	1	QL 30 / 30 DAYS VAL Value Preventive List
<i>trandolapril tab 4 mg</i>	1	QL 60 / 30 DAYS VAL Value Preventive List
<b>ACE INHIBITORS &amp; THIAZIDE/THIAZIDE-LIKE</b>		
<i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg</i>	1	VAL Value Preventive List
<i>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg</i>	1	VAL Value Preventive List
<i>benazepril &amp; hydrochlorothiazide tab 20-25 mg</i>	1	VAL Value Preventive List
<i>benazepril &amp; hydrochlorothiazide tab 5-6.25 mg</i>	1	VAL Value Preventive List
CAPTOPRIL-HYDROCHLOROTHIAZIDE 25-15 MG TAB	1	VAL Value Preventive List
CAPTOPRIL-HYDROCHLOROTHIAZIDE 25-25 MG TAB	1	VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CAPTOPRIL-HYDROCHLOROTHIAZIDE 50-15 MG TAB	1	VAL Value Preventive List
CAPTOPRIL-HYDROCHLOROTHIAZIDE 50-25 MG TAB	1	VAL Value Preventive List
<i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</i>	1	VAL Value Preventive List
<i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i>	1	VAL Value Preventive List
<i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i>	1	VAL Value Preventive List
<i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i>	1	VAL Value Preventive List
<i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</i>	1	VAL Value Preventive List
<i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</i>	1	VAL Value Preventive List
<i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i>	1	VAL Value Preventive List
QUINAPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	1	VAL Value Preventive List
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	VAL Value Preventive List
QUINAPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	1	VAL Value Preventive List
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	VAL Value Preventive List
QUINAPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	1	VAL Value Preventive List
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	VAL Value Preventive List
<b>AGENTS FOR PHEOCHROMOCYTOMA</b>		
<i>phenoxybenzamine hcl cap 10 mg</i>	4	PA
<b>ANGIOTENSIN II RECEPTOR ANT-CA CHANNEL BLOCKER-THIAZIDES</b>		
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	1	QL 30 / 30 day(s) VAL Value Preventive List
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	1	QL 30 / 30 day(s) VAL Value Preventive List
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	1	QL 30 / 30 day(s) VAL Value Preventive List
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	1	QL 30 / 30 day(s) VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	1	<span>QL</span> 30 / 30 day(s) <span>VAL</span> Value Preventive List
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	<span>VAL</span> Value Preventive List
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	<span>VAL</span> Value Preventive List
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	<span>VAL</span> Value Preventive List
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	<span>VAL</span> Value Preventive List
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	<span>VAL</span> Value Preventive List
<b>ANGIOTENSIN II RECEPTOR ANTAG &amp; CA CHANNEL BLOCKER COMB</b>		
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	<span>VAL</span> Value Preventive List
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	<span>VAL</span> Value Preventive List
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	<span>QL</span> 30 / 30 DAYS <span>VAL</span> Value Preventive List
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	<span>QL</span> 30 / 30 DAYS <span>VAL</span> Value Preventive List
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	<span>VAL</span> Value Preventive List
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	<span>VAL</span> Value Preventive List
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	<span>VAL</span> Value Preventive List
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	<span>VAL</span> Value Preventive List
TELMISARTAN-AMLODIPINE 40-10 MG TAB	1	<span>QL</span> 30 / 30 DAYS <span>VAL</span> Value Preventive List
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	<span>QL</span> 30 / 30 DAYS <span>VAL</span> Value Preventive List
TELMISARTAN-AMLODIPINE 40-5 MG TAB	1	<span>QL</span> 30 / 30 DAYS <span>VAL</span> Value Preventive List
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	<span>QL</span> 30 / 30 DAYS <span>VAL</span> Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TELMISARTAN-AMLODIPINE 80-10 MG TAB	1	<span>QL</span> 30 / 30 DAYS <span>VAL</span> Value Preventive List
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	<span>QL</span> 30 / 30 DAYS <span>VAL</span> Value Preventive List
TELMISARTAN-AMLODIPINE 80-5 MG TAB	1	<span>QL</span> 30 / 30 DAYS <span>VAL</span> Value Preventive List
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	<span>QL</span> 30 / 30 DAYS <span>VAL</span> Value Preventive List
<b>ANGIOTENSIN II RECEPTOR ANTAG &amp; THIAZIDE/THIAZIDE-LIKE</b>		
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	<span>VAL</span> Value Preventive List
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	<span>VAL</span> Value Preventive List
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	<span>VAL</span> Value Preventive List
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	<span>VAL</span> Value Preventive List
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	<span>VAL</span> Value Preventive List
<i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i>	1	<span>VAL</span> Value Preventive List
<i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i>	1	<span>VAL</span> Value Preventive List
<i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i>	1	<span>VAL</span> Value Preventive List
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	<span>QL</span> 30 / 30 DAYS <span>VAL</span> Value Preventive List
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	<span>QL</span> 30 / 30 DAYS <span>VAL</span> Value Preventive List
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	<span>VAL</span> Value Preventive List
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	<span>QL</span> 30 / 30 DAYS <span>VAL</span> Value Preventive List
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	<span>QL</span> 30 / 30 DAYS <span>VAL</span> Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	<span>QL</span> 30 / 30 DAYS <span>VAL</span> Value Preventive List
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	<span>VAL</span> Value Preventive List
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	<span>VAL</span> Value Preventive List
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	<span>VAL</span> Value Preventive List
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	<span>VAL</span> Value Preventive List
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	<span>VAL</span> Value Preventive List
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
ARB LI 10 MG/ML SUSPENSION	2	<span>QL</span> 165 / 60 day(s) <span>AL1</span> Up to 8 yrs old
<i>candesartan cilexetil tab 16 mg</i>	1	<span>QL</span> 30 / 30 DAYS <span>VAL</span> Value Preventive List
<i>candesartan cilexetil tab 32 mg</i>	1	<span>QL</span> 30 / 30 DAYS <span>VAL</span> Value Preventive List
<i>candesartan cilexetil tab 4 mg</i>	1	<span>QL</span> 30 / 30 DAYS <span>VAL</span> Value Preventive List
<i>candesartan cilexetil tab 8 mg</i>	1	<span>QL</span> 30 / 30 DAYS <span>VAL</span> Value Preventive List
<i>irbesartan tab 150 mg</i>	1	<span>QL</span> 30 / 30 DAYS <span>VAL</span> Value Preventive List
<i>irbesartan tab 300 mg</i>	1	<span>QL</span> 30 / 30 DAYS <span>VAL</span> Value Preventive List
<i>irbesartan tab 75 mg</i>	1	<span>QL</span> 30 / 30 DAYS <span>VAL</span> Value Preventive List
<i>losartan potassium tab 100 mg</i>	1	<span>QL</span> 60 / 30 DAYS <span>VAL</span> Value Preventive List
<i>losartan potassium tab 25 mg</i>	1	<span>QL</span> 60 / 30 DAYS <span>VAL</span> Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>losartan potassium tab 50 mg</i>	1	<span>QL</span> 60 / 30 DAYS <span>VAL</span> Value Preventive List
<i>olmesartan medoxomil tab 20 mg</i>	1	<span>VAL</span> Value Preventive List
<i>olmesartan medoxomil tab 40 mg</i>	1	<span>VAL</span> Value Preventive List
<i>olmesartan medoxomil tab 5 mg</i>	1	<span>VAL</span> Value Preventive List
<i>telmisartan tab 20 mg</i>	1	<span>VAL</span> Value Preventive List
<i>telmisartan tab 40 mg</i>	1	<span>VAL</span> Value Preventive List
<i>telmisartan tab 80 mg</i>	1	<span>VAL</span> Value Preventive List
<i>valsartan tab 160 mg</i>	1	<span>QL</span> 30 / 30 DAYS <span>VAL</span> Value Preventive List
<i>valsartan tab 320 mg</i>	1	<span>QL</span> 90 / 30 DAYS <span>VAL</span> Value Preventive List
<i>valsartan tab 40 mg</i>	1	<span>QL</span> 90 / 30 DAYS <span>VAL</span> Value Preventive List
<i>valsartan tab 80 mg</i>	1	<span>QL</span> 30 / 30 DAYS <span>VAL</span> Value Preventive List
<b>ANTIADRENERGICS - CENTRALLY ACTING</b>		
<i>clonidine td patch weekly 0.1 mg/24hr</i>	1	<span>VAL</span> Value Preventive List
<i>clonidine td patch weekly 0.2 mg/24hr</i>	1	<span>VAL</span> Value Preventive List
<i>clonidine td patch weekly 0.3 mg/24hr</i>	1	<span>VAL</span> Value Preventive List
<i>clonidine hcl tab 0.1 mg</i>	1	<span>VAL</span> Value Preventive List
<i>clonidine hcl tab 0.2 mg</i>	1	<span>VAL</span> Value Preventive List
<i>clonidine hcl tab 0.3 mg</i>	1	<span>VAL</span> Value Preventive List
<i>guanfacine hcl tab 1 mg</i>	1	<span>VAL</span> Value Preventive List
<i>guanfacine hcl tab 2 mg</i>	1	<span>VAL</span> Value Preventive List
METHYLDOPA 250 MG TAB	1	<span>VAL</span> Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>methyldopa tab 250 mg</i>	1	VAL Value Preventive List
METHYLDOPA 500 MG TAB	1	VAL Value Preventive List
<b>ANTIADRENERGICS - PERIPHERALLY ACTING</b>		
<i>doxazosin mesylate tab 1 mg</i>	1	QL 30 / 30 DAYS VAL Value Preventive List
<i>doxazosin mesylate tab 2 mg</i>	1	QL 30 / 30 DAYS VAL Value Preventive List
<i>doxazosin mesylate tab 4 mg</i>	1	QL 30 / 30 DAYS VAL Value Preventive List
<i>doxazosin mesylate tab 8 mg</i>	1	QL 60 / 30 DAYS VAL Value Preventive List
<i>prazosin hcl cap 1 mg</i>	1	VAL Value Preventive List
<i>prazosin hcl cap 2 mg</i>	1	VAL Value Preventive List
<i>prazosin hcl cap 5 mg</i>	1	VAL Value Preventive List
<i>terazosin hcl cap 1 mg (base equivalent)</i>	1	QL 30 / 30 DAYS VAL Value Preventive List
<i>terazosin hcl cap 10 mg (base equivalent)</i>	1	QL 60 / 30 DAYS VAL Value Preventive List
<i>terazosin hcl cap 2 mg (base equivalent)</i>	1	QL 30 / 30 DAYS VAL Value Preventive List
<i>terazosin hcl cap 5 mg (base equivalent)</i>	1	QL 30 / 30 DAYS VAL Value Preventive List
<b>BETA BLOCKER &amp; DIURETIC COMBINATIONS</b>		
<i>atenolol &amp; chlorthalidone tab 100-25 mg</i>	1	VAL Value Preventive List
<i>atenolol &amp; chlorthalidone tab 50-25 mg</i>	1	VAL Value Preventive List
<i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i>	1	VAL Value Preventive List
<i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i>	1	VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i>	1	VAL Value Preventive List
<i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i>	1	VAL Value Preventive List
<i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i>	1	VAL Value Preventive List
<i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i>	1	VAL Value Preventive List
<b>DIRECT RENIN INHIBITORS</b>		
<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	2	VAL Value Preventive List
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	2	VAL Value Preventive List
<b>DOPAMINE D1 RECEPTOR AGONISTS</b>		
CORLOPAM 20 MG/2ML SOLUTION	3	PA
<b>SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)</b>		
<i>eplerenone tab 25 mg</i>	1	QL 60 / 30 DAYS VAL Value Preventive List
<i>eplerenone tab 50 mg</i>	1	QL 60 / 30 DAYS VAL Value Preventive List
<b>VASODILATORS</b>		
<i>hydralazine hcl tab 10 mg</i>	1	VAL Value Preventive List
<i>hydralazine hcl tab 100 mg</i>	1	VAL Value Preventive List
<i>hydralazine hcl tab 25 mg</i>	1	VAL Value Preventive List
<i>hydralazine hcl tab 50 mg</i>	1	VAL Value Preventive List
<i>minoxidil tab 10 mg</i>	1	
<i>minoxidil tab 2.5 mg</i>	1	
<b>ANTIMALARIALS</b>		
<b>ANTIMALARIAL COMBINATIONS</b>		
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	1	
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	1	
COARTEM 20-120 MG TAB	2	
CHLOROQUINE PHOSPHATE 250 MG TAB	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>chloroquine phosphate tab 250 mg</i>	1	
<i>chloroquine phosphate tab 500 mg</i>	1	
<i>hydroxychloroquine sulfate tab 100 mg</i>	1	
<i>hydroxychloroquine sulfate tab 200 mg</i>	1	
<i>hydroxychloroquine sulfate tab 300 mg</i>	1	
<i>hydroxychloroquine sulfate tab 400 mg</i>	1	
<i>mefloquine hcl tab 250 mg</i>	1	
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	1	
<i>pyrimethamine tab 25 mg</i>	4	PA S
<i>quinine sulfate cap 324 mg</i>	1	
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
<i>pyridostigmine bromide tab 60 mg</i>	1	
<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	2	PA
<i>pyridostigmine bromide tab er 180 mg</i>	2	
<b>ANTIMYCOBACTERIAL AGENTS</b>		
CYCLOSERINE 250 MG CAP	2	
<i>ethambutol hcl tab 100 mg</i>	1	
<i>ethambutol hcl tab 400 mg</i>	1	
<i>isoniazid tab 100 mg</i>	1	
<i>isoniazid tab 300 mg</i>	1	
<i>isoniazid syrup 50 mg/5ml</i>	1	
PRETOMANID 200 MG TAB	3	
PRIFTIN 150 MG TAB	3	
<i>pyrazinamide tab 500 mg</i>	2	
<i>rifabutin cap 150 mg</i>	2	
<i>rifampin cap 150 mg</i>	1	
<i>rifampin cap 300 mg</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SIRTURO 100 MG TAB	4	PA S
SIRTURO 20 MG TAB	4	PA S
TRECTOR 250 MG TAB	3	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES ALKYLATING AGENTS		
MYLERAN 2 MG TAB	4	PA S
ANDROGEN BIOSYNTHESIS INHIBITORS		
<i>abiraterone acetate tab 250 mg</i>	2	
<i>abiraterone acetate tab 250 mg</i>	2	
ANTIADRENALS		
LYSODREN 500 MG TAB	4	PA S
ANTIANDROGENS		
<i>bicalutamide tab 50 mg</i>	1	QL 30 / 30 DAYS
ERLEADA 240 MG TAB	4	PA S
ERLEADA 60 MG TAB	4	PA S
FLUTAMIDE 125 MG CAP	1	S
NILUTAMIDE 150 MG TAB	2	QL 60 / 30 day(s)
<i>nilutamide tab 150 mg</i>	2	QL 60 / 30 DAYS
XTANDI 40 MG CAP	4	PA S
XTANDI 40 MG TAB	4	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XTANDI 80 MG TAB	4	PA S
<b>ANTIESTROGENS</b>		
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	1	PRE Preventative
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	1	PRE Preventative
<i>toremifene citrate tab 60 mg (base equivalent)</i>	2	QL 30 / 30 DAYS
<b>ANTIMETABOLITES</b>		
<i>capecitabine tab 150 mg</i>	2	
<i>capecitabine tab 500 mg</i>	2	
<i>mercaptopurine susp 2000 mg/100ml (20 mg/ml)</i>	4	PA S
<i>mercaptopurine tab 50 mg</i>	1	
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	1	
METHOTREXATE SODIUM (PF) 1 GM/40ML SOLUTION	1	
METHOTREXATE SODIUM (PF) 1000 MG/40ML SOLUTION	1	
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	1	
<i>methotrexate sodium for inj 1 gm</i>	1	
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	1	
METHOTREXATE SODIUM 250 MG/10ML SOLUTION	1	
METHOTREXATE SODIUM 50 MG/2ML SOLUTION	1	
TABLOID 40 MG TAB	4	PA S
TREXALL 10 MG TAB	4	PA S
TREXALL 15 MG TAB	4	PA S
TREXALL 5 MG TAB	4	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TREXALL 7.5 MG TAB	4	PA S
<b>ANTINEOPLASTIC - ALK INHIBITORS</b>		
ALECENSA 150 MG CAP	4	PA S
XALKORI 150 MG CAP SPRINK	4	PA S
XALKORI 20 MG CAP SPRINK	4	PA S
XALKORI 200 MG CAP	4	PA S
XALKORI 250 MG CAP	4	PA S
XALKORI 50 MG CAP SPRINK	4	PA S
ZYKADIA 150 MG TAB	4	PA S
<b>ANTINEOPLASTIC - ANTI-HER2 AGENTS</b>		
TUKYSA 150 MG TAB	4	PA S
TUKYSA 50 MG TAB	4	PA S
<b>ANTINEOPLASTIC - BCL-2 INHIBITORS</b>		
VENCLEXTA 10 MG TAB	4	PA S
VENCLEXTA 100 MG TAB	4	PA S
VENCLEXTA 50 MG TAB	4	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>ANTINEOPLASTIC - BCR-ABL KINASE INHIBITORS</b>		
BOSULIF 100 MG CAP	4	PA S
BOSULIF 100 MG TAB	4	PA S
BOSULIF 400 MG TAB	4	PA S
BOSULIF 50 MG CAP	4	QL 1 / 1 day(s) PA S
BOSULIF 500 MG TAB	4	PA S
<i>dasatinib tab 100 mg</i>	4	QL 1 tab / 1 day(s) PA S
<i>dasatinib tab 140 mg</i>	4	QL 1 tab / 1 day(s) PA S
<i>dasatinib tab 20 mg</i>	4	QL 1 tab / 1 day(s) PA S
<i>dasatinib tab 50 mg</i>	4	QL 1 tab / 1 day(s) PA S
<i>dasatinib tab 70 mg</i>	4	QL 1 tab / 1 day(s) PA S
<i>dasatinib tab 80 mg</i>	4	QL 1 tab / 1 day(s) PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ICLUSIG 10 MG TAB	4	PA S
ICLUSIG 15 MG TAB	4	PA S
ICLUSIG 30 MG TAB	4	PA S
ICLUSIG 45 MG TAB	4	PA S
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	2	QL 6 tablets / 1 day(s)
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	2	QL 60 / 30 DAYS
<i>nilotinib hcl cap 150 mg (base equivalent)</i>	4	PA S
<i>nilotinib hcl cap 200 mg (base equivalent)</i>	4	PA S
<i>nilotinib hcl cap 50 mg (base equivalent)</i>	4	PA S
SCEMBLIX 100 MG TAB	4	PA S
SCEMBLIX 20 MG TAB	4	PA S
SCEMBLIX 40 MG TAB	4	PA S
<b>ANTINEOPLASTIC - BRAF KINASE INHIBITORS</b>		
BRAFTOVI 75 MG CAP	4	PA S
TAFINLAR 10 MG TAB SOL	4	PA S
TAFINLAR 50 MG CAP	4	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TAFINLAR 75 MG CAP	4	PA S
ZELBORAF 240 MG TAB	4	PA S
<b>ANTINEOPLASTIC - BTK INHIBITORS</b>		
BRUKINSA 160 MG TAB	4	PA S
BRUKINSA 80 MG CAP	4	PA S
CALQUENCE 100 MG CAP	4	PA S
CALQUENCE 100 MG TAB	4	PA S
IMBRUVICA 140 MG CAP	4	PA S
IMBRUVICA 420 MG TAB	4	PA S
IMBRUVICA 560 MG TAB	4	PA S
IMBRUVICA 70 MG CAP	4	PA S
IMBRUVICA 70 MG/ML SUSPENSION	4	PA S
JAYPIRCA 100 MG TAB	4	PA S
JAYPIRCA 50 MG TAB	4	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>ANTINEOPLASTIC - EGFR INHIBITORS</b>		
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	4	PA
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	4	PA
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	4	PA
EXKIVITY 40 MG CAP	4	PA S
<i>gefitinib tab 250 mg</i>	4	PA S
GILOTRIF 20 MG TAB	4	PA S
GILOTRIF 30 MG TAB	4	PA S
GILOTRIF 40 MG TAB	4	PA S
TAGRISSO 40 MG TAB	4	PA S
TAGRISSO 80 MG TAB	4	PA S
<b>ANTINEOPLASTIC - FGFR KINASE INHIBITORS</b>		
BALVERSA 3 MG TAB	4	PA S
BALVERSA 4 MG TAB	4	PA S
BALVERSA 5 MG TAB	4	PA S
LYTGOBI (12 MG DAILY DOSE) 4 MG TAB THPK	4	PA S
LYTGOBI (16 MG DAILY DOSE) 4 MG TAB THPK	4	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LYTGOBI (20 MG DAILY DOSE) 4 MG TAB THPK	4	PA S
PEMAZYRE 13.5 MG TAB	4	PA S
PEMAZYRE 4.5 MG TAB	4	PA S
PEMAZYRE 9 MG TAB	4	PA S
TRUSELTIQ (100MG DAILY DOSE) 100 MG CAP THPK	4	PA S
TRUSELTIQ (125MG DAILY DOSE) 100 & 25 MG CAP THPK	4	PA S
TRUSELTIQ (50MG DAILY DOSE) 25 MG CAP THPK	4	PA S
TRUSELTIQ (75MG DAILY DOSE) 25 MG CAP THPK	4	PA S
<b>ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS</b>		
ERIVEDGE 150 MG CAP	4	PA S
ODOMZO 200 MG CAP	4	PA S
<b>ANTINEOPLASTIC - HIF-2-ALPHA INHIBITORS</b>		
WELIREG 40 MG TAB	4	PA S
<b>ANTINEOPLASTIC - HISTONE DEACETYLASE INHIBITORS</b>		
FARYDAK 10 MG CAP	4	PA S
FARYDAK 15 MG CAP	4	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FARYDAK 20 MG CAP	4	PA S
ZOLINZA 100 MG CAP	4	PA S
ANTINEOPLASTIC - HORMONAL AND RELATED AGENT COMBINATIONS		
AKEEGA 100-500 MG TAB	4	PA S
AKEEGA 50-500 MG TAB	4	PA S
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST 1 MG CAP	4	PA S
POMALYST 2 MG CAP	4	PA S
POMALYST 3 MG CAP	4	PA S
POMALYST 4 MG CAP	4	PA S
ANTINEOPLASTIC - KRAS INHIBITORS		
KRAZATI 200 MG TAB	4	PA S
LUMAKRAS 120 MG TAB	4	PA S
LUMAKRAS 240 MG TAB	4	PA S
LUMAKRAS 320 MG TAB	4	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>ANTINEOPLASTIC - MEK INHIBITORS</b>		
COTELLIC 20 MG TAB	4	PA S
KOSELUGO 10 MG CAP	4	PA S
KOSELUGO 25 MG CAP	4	PA S
KOSELUGO 5 MG CAP SPRINK	4	PA S
KOSELUGO 7.5 MG CAP SPRINK	4	PA S
MEKINIST 0.05 MG/ML RECON SOLN	4	PA S
MEKINIST 0.5 MG TAB	4	PA S
MEKINIST 2 MG TAB	4	PA S
MEKTOVI 15 MG TAB	4	PA S
<b>ANTINEOPLASTIC - MET INHIBITORS</b>		
TABRECTA 150 MG TAB	4	PA S
TABRECTA 200 MG TAB	4	PA S
TEPMETKO 225 MG TAB	4	PA S
<b>ANTINEOPLASTIC - METHYLTRANSFERASE INHIBITORS</b>		
TAZVERIK 200 MG TAB	4	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>ANTINEOPLASTIC - MTOR KINASE INHIBITORS</b>		
<i>everolimus tab 10 mg</i>	4	PA S
<i>everolimus tab for oral susp 2 mg</i>	4	PA S
<i>everolimus tab 2.5 mg</i>	4	PA S
<i>everolimus tab for oral susp 3 mg</i>	4	PA S
<i>everolimus tab 5 mg</i>	4	PA S
<i>everolimus tab for oral susp 5 mg</i>	4	PA S
<i>everolimus tab 7.5 mg</i>	4	PA S
<b>ANTINEOPLASTIC - MULTIKINASE INHIBITORS</b>		
CABOMETYX 20 MG TAB	4	PA S
CABOMETYX 40 MG TAB	4	PA S
CABOMETYX 60 MG TAB	4	PA S
CAPRELSA 100 MG TAB	4	PA S
CAPRELSA 300 MG TAB	4	PA S
COMETRIQ (100 MG DAILY DOSE) 80 & 20 MG KIT	4	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
COMETRIQ (140 MG DAILY DOSE) 3 X 20 MG & 80 MG KIT	4	PA S
COMETRIQ (60 MG DAILY DOSE) 20 MG KIT	4	PA S
FOTIVDA 0.89 MG CAP	4	PA S
FOTIVDA 1.34 MG CAP	4	PA S
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	4	PA S
NERLYNX 40 MG TAB	4	PA S
<i>pazopanib hcl tab 200 mg (base equiv)</i>	4	PA S
QINLOCK 50 MG TAB	4	PA S
RYDAPT 25 MG CAP	4	PA S
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	4	PA S
STIVARGA 40 MG TAB	4	PA S
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	4	PA S
<i>sunitinib malate cap 25 mg (base equivalent)</i>	4	PA S
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	4	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sunitinib malate cap 50 mg (base equivalent)</i>	4	PA S
TURALIO 125 MG CAP	4	PA S
TURALIO 200 MG CAP	4	PA S
<b>ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS</b>		
AYVAKIT 100 MG TAB	4	PA S
AYVAKIT 200 MG TAB	4	PA S
AYVAKIT 25 MG TAB	4	PA S
AYVAKIT 300 MG TAB	4	PA S
AYVAKIT 50 MG TAB	4	PA S
<b>ANTINEOPLASTIC - PROTEASOME INHIBITORS</b>		
NINLARO 2.3 MG CAP	4	PA S
NINLARO 3 MG CAP	4	PA S
NINLARO 4 MG CAP	4	PA S
<b>ANTINEOPLASTIC - RET INHIBITORS</b>		
GAVRETO 100 MG CAP	4	PA S
RETEVMO 120 MG TAB	4	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RETEVMO 160 MG TAB	4	PA S
RETEVMO 40 MG CAP	4	PA S
RETEVMO 40 MG TAB	4	PA S
RETEVMO 80 MG CAP	4	PA S
RETEVMO 80 MG TAB	4	PA S
<b>ANTINEOPLASTIC - TROPOMYOSIN RECEPTOR KINASE INHIBITORS</b>		
ROZLYTREK 100 MG CAP	4	PA S
ROZLYTREK 200 MG CAP	4	PA S
ROZLYTREK 50 MG PACKET	4	PA S
<b>ANTINEOPLASTIC - XPO1 INHIBITORS</b>		
XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK	4	PA S
XPOVIO (40 MG ONCE WEEKLY) 10 MG TAB THPK	4	PA S
XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK	4	PA S
XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK	4	PA S
XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK	4	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XPOVIO (60 MG TWICE WEEKLY) 20 MG TAB THPK	4	PA S
XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	4	PA S
XPOVIO (80 MG ONCE WEEKLY) 80 MG TAB THPK	4	PA S
XPOVIO (80 MG TWICE WEEKLY) 20 MG TAB THPK	4	PA S
<b>ANTINEOPLASTIC COMBINATIONS</b>		
INQOVI 35-100 MG TAB	4	PA S
KISQALI FEMARA (200 MG DOSE) 200 & 2.5 MG TAB THPK	4	PA S
KISQALI FEMARA (400 MG DOSE) 200 & 2.5 MG TAB THPK	4	PA S
KISQALI FEMARA (600 MG DOSE) 200 & 2.5 MG TAB THPK	4	PA S
LONSURF 15-6.14 MG TAB	4	PA S
LONSURF 20-8.19 MG TAB	4	PA S
<b>ANTINEOPLASTICS MISC.</b>		
ACTIMMUNE 100 MCG/0.5ML SOLUTION	4	PA S
<i>hydroxyurea cap 500 mg</i>	1	
INTRON A 10000000 UNIT RECON SOLN	4	PA S
INTRON A 18000000 UNIT RECON SOLN	4	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
INTRON A 50000000 UNIT RECON SOLN	4	PA S
MATULANE 50 MG CAP	4	PA S
<b>AROMATASE INHIBITORS</b>		
<i>anastrozole tab 1 mg</i>	1	QL 1 tablet / 1 day(s) PRE Preventative
<i>exemestane tab 25 mg</i>	1	QL 60 / 30 DAYS GL Female
<i>letrozole tab 2.5 mg</i>	1	QL 30 / 30 DAYS GL Female
<b>CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS</b>		
KISQALI (200 MG DOSE) 200 MG TAB THPK	4	PA S
KISQALI (400 MG DOSE) 200 MG TAB THPK	4	PA S
KISQALI (600 MG DOSE) 200 MG TAB THPK	4	PA S
VERZENIO 100 MG TAB	4	PA S
VERZENIO 150 MG TAB	4	PA S
VERZENIO 200 MG TAB	4	PA S
VERZENIO 50 MG TAB	4	PA S
<b>ESTROGENS-ANTINEOPLASTIC</b>		
EMCYT 140 MG CAP	4	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>FOLIC ACID ANTAGONISTS RESCUE AGENTS</b>		
LEDERLE LEUCOVORIN 5 MG TAB	1	
<i>leucovorin calcium tab 10 mg</i>	2	
<i>leucovorin calcium tab 15 mg</i>	2	
<i>leucovorin calcium tab 25 mg</i>	2	
<i>leucovorin calcium tab 5 mg</i>	1	
<b>IMIDAZOTETRAZINES</b>		
<i>temozolomide cap 100 mg</i>	2	QL 2 / 1 day(s)
<i>temozolomide cap 140 mg</i>	2	QL 2 / 1 day(s)
<i>temozolomide cap 180 mg</i>	2	QL 2 / 1 day(s)
<i>temozolomide cap 20 mg</i>	2	QL 2 / 1 day(s)
<i>temozolomide cap 250 mg</i>	2	QL 2 / 1 day(s)
<i>temozolomide cap 5 mg</i>	2	QL 2 / 1 day(s)
<b>JANUS ASSOCIATED KINASE (JAK) INHIBITORS</b>		
JAKAFI 10 MG TAB	4	PA S
JAKAFI 15 MG TAB	4	PA S
JAKAFI 20 MG TAB	4	PA S
JAKAFI 25 MG TAB	4	PA S
JAKAFI 5 MG TAB	4	PA S
VONJO 100 MG CAP	4	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>LHRH ANALOGS</b>		
ELIGARD 22.5 MG KIT	4	PA S
ELIGARD 30 MG KIT	4	PA S
ELIGARD 45 MG KIT	4	PA S
ELIGARD 7.5 MG KIT	4	PA S
LEUPROLIDE ACETATE (3 MONTH) 22.5 MG INJECTABLE	4	PA S
<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>	2	PA
<i>leuprolide acetate inj kit 5 mg/ml</i>	2	PA
LUPRON DEPOT (1-MONTH) 3.75 MG KIT	4	PA S
LUPRON DEPOT (1-MONTH) 7.5 MG KIT	4	PA S
LUPRON DEPOT (3-MONTH) 11.25 MG KIT	4	PA S
LUPRON DEPOT (3-MONTH) 22.5 MG KIT	4	PA S
LUPRON DEPOT (4-MONTH) 30 MG KIT	4	PA S
LUPRON DEPOT (6-MONTH) 45 MG KIT	4	PA S
ZOLADEX 10.8 MG IMPLANT	4	PA
ZOLADEX 3.6 MG IMPLANT	4	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>MITOTIC INHIBITORS</b>		
ETOPOSIDE 50 MG CAP	4	PA S
<b>NITROGEN MUSTARDS AND RELATED ANALOGUES</b>		
CYCLOPHOSPHAMIDE 25 MG CAP	1	
<i>cyclophosphamide cap 25 mg</i>	1	
CYCLOPHOSPHAMIDE 25 MG TAB	1	
CYCLOPHOSPHAMIDE 50 MG CAP	1	
<i>cyclophosphamide cap 50 mg</i>	1	
CYCLOPHOSPHAMIDE 50 MG TAB	1	
LEUKERAN 2 MG TAB	4	PA S
MELPHALAN 2 MG TAB	1	
<b>NITROSOUREAS</b>		
GLEOSTINE 10 MG CAP	4	PA S
GLEOSTINE 100 MG CAP	4	PA S
GLEOSTINE 40 MG CAP	4	PA S
<i>lomustine cap 10 mg</i>	4	PA S
<i>lomustine cap 100 mg</i>	4	PA S
<i>lomustine cap 40 mg</i>	4	PA S
<b>PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS</b>		
COPIKTRA 15 MG CAP	4	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
COPIKTRA 25 MG CAP	4	PA S
ITOVEBI 3 MG TAB	4	PA S
ITOVEBI 9 MG TAB	4	PA S
PIQRAY (200 MG DAILY DOSE) 200 MG TAB THPK	4	PA S
PIQRAY (250 MG DAILY DOSE) 200 & 50 MG TAB THPK	4	PA S
PIQRAY (300 MG DAILY DOSE) 2 X 150 MG TAB THPK	4	PA S
ZYDELIG 100 MG TAB	4	PA S
ZYDELIG 150 MG TAB	4	PA S
POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS		
LYNPARZA 100 MG TAB	4	PA S
LYNPARZA 150 MG TAB	4	PA S
TALZENNA 0.1 MG CAP	4	PA S
TALZENNA 0.25 MG CAP	4	PA S
TALZENNA 0.35 MG CAP	4	PA S
TALZENNA 0.5 MG CAP	4	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TALZENNA 0.75 MG CAP	4	PA S
TALZENNA 1 MG CAP	4	PA S
ZEJULA 100 MG CAP	4	QL 1 / 1 day(s) PA S
ZEJULA 100 MG TAB	4	QL 1 / 1 day(s) PA S
ZEJULA 200 MG TAB	4	QL 1 / 1 day(s) PA S
ZEJULA 300 MG TAB	4	QL 1 / 1 day(s) PA S
<b>PROGESTINS-ANTINEOPLASTIC</b>		
<i>megestrol acetate tab 20 mg</i>	1	
<i>megestrol acetate tab 40 mg</i>	1	
<i>megestrol acetate susp 40 mg/ml</i>	1	
<i>megestrol acetate susp 40 mg/ml</i>	1	
<i>megestrol acetate susp 40 mg/ml</i>	1	
<b>RETINOIDS</b>		
<i>tretinoin cap 10 mg</i>	1	PA
<b>SELECTIVE ESTROGEN RECEPTOR DEGRADERS</b>		
ORSERDU 345 MG TAB	4	PA S
ORSERDU 86 MG TAB	4	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>SELECTIVE RETINOID X RECEPTOR AGONISTS</b>		
<i>bexarotene cap 75 mg</i>	2	
<b>TOPOISOMERASE I INHIBITORS</b>		
HYCAMTIN 0.25 MG CAP	4	PA S
HYCAMTIN 1 MG CAP	4	PA S
<b>VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) INHIBITORS</b>		
INLYTA 1 MG TAB	4	PA S
INLYTA 5 MG TAB	4	PA S
LENVIMA (10 MG DAILY DOSE) 10 MG CAP THPK	4	PA S
LENVIMA (12 MG DAILY DOSE) 3 X 4 MG CAP THPK	4	PA S
LENVIMA (14 MG DAILY DOSE) 10 & 4 MG CAP THPK	4	PA S
LENVIMA (18 MG DAILY DOSE) 10 MG & 2 X 4 MG CAP THPK	4	PA S
LENVIMA (20 MG DAILY DOSE) 2 X 10 MG CAP THPK	4	PA S
LENVIMA (24 MG DAILY DOSE) 2 X 10 MG & 4 MG CAP THPK	4	PA S
LENVIMA (4 MG DAILY DOSE) 4 MG CAP THPK	4	PA S
LENVIMA (8 MG DAILY DOSE) 2 X 4 MG CAP THPK	4	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS</b>		
<b>ANTIPARKINSON ANTICHOLINERGICS</b>		
<i>benztropine mesylate tab 0.5 mg</i>	1	
<i>benztropine mesylate tab 1 mg</i>	1	
<i>benztropine mesylate tab 2 mg</i>	1	
TRIHEXYPHENIDYL HCL 0.4 MG/ML SOLUTION	1	AL1 Up to 8 yrs old
<i>trihexyphenidyl hcl tab 2 mg</i>	1	
<i>trihexyphenidyl hcl tab 5 mg</i>	1	
<b>ANTIPARKINSON DOPAMINERGICS</b>		
<i>amantadine hcl cap 100 mg</i>	1	
<i>amantadine hcl tab 100 mg</i>	1	
<i>amantadine hcl soln 50 mg/5ml</i>	1	
<i>amantadine hcl soln 50 mg/5ml</i>	1	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	1	
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	1	
<b>ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS</b>		
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	2	QL 30 / 30 DAYS
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	2	QL 30 / 30 DAYS
<i>selegiline hcl cap 5 mg</i>	1	
<i>selegiline hcl tab 5 mg</i>	1	
ZELAPAR 1.25 MG TAB DISP	3	PA
<b>CENTRAL/PERIPHERAL COMT INHIBITORS</b>		
<i>tolcapone tab 100 mg</i>	2	
<b>DECARBOXYLASE INHIBITORS</b>		
<i>carbidopa tab 25 mg</i>	1	
<b>LEVODOPA COMBINATIONS</b>		
<i>carbidopa &amp; levodopa tab 10-100 mg</i>	1	
<i>carbidopa &amp; levodopa orally disintegrating tab 10-100 mg</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>carbidopa &amp; levodopa tab 25-100 mg</i>	1	
<i>carbidopa &amp; levodopa orally disintegrating tab 25-100 mg</i>	1	
<i>carbidopa &amp; levodopa tab 25-250 mg</i>	1	
<i>carbidopa &amp; levodopa orally disintegrating tab 25-250 mg</i>	1	
<i>carbidopa &amp; levodopa tab er 25-100 mg</i>	1	
<i>carbidopa &amp; levodopa tab er 50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1	
<b>NONERGOLINE DOPAMINE RECEPTOR AGONISTS</b>		
<i>apomorphine hcl soln cartridge 30 mg/3ml</i>	4	PA S
NEUPRO 1 MG/24HR PATCH 24HR	3	PA
NEUPRO 2 MG/24HR PATCH 24HR	3	PA
NEUPRO 3 MG/24HR PATCH 24HR	3	PA
NEUPRO 4 MG/24HR PATCH 24HR	3	PA
NEUPRO 6 MG/24HR PATCH 24HR	3	PA
NEUPRO 8 MG/24HR PATCH 24HR	3	PA
<i>pramipexole dihydrochloride tab 0.125 mg</i>	1	QL 90 / 30 DAYS
<i>pramipexole dihydrochloride tab 0.25 mg</i>	1	QL 90 / 30 DAYS
<i>pramipexole dihydrochloride tab 0.5 mg</i>	1	QL 90 / 30 DAYS
<i>pramipexole dihydrochloride tab 0.75 mg</i>	1	QL 90 / 30 DAYS
<i>pramipexole dihydrochloride tab 1 mg</i>	1	QL 90 / 30 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>pramipexole dihydrochloride tab 1.5 mg</i>	1	QL 90 / 30 DAYS
<i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i>	2	QL 30 / 30 DAYS
<i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i>	2	QL 30 / 30 DAYS
<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i>	2	QL 30 / 30 DAYS
<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i>	2	QL 30 / 30 DAYS
<i>pramipexole dihydrochloride tab er 24hr 3 mg</i>	2	QL 30 / 30 DAYS
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i>	2	QL 30 / 30 DAYS
<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i>	2	QL 30 / 30 DAYS
<i>ropinirole hydrochloride tab 0.25 mg</i>	1	
<i>ropinirole hydrochloride tab 0.5 mg</i>	1	
<i>ropinirole hydrochloride tab 1 mg</i>	1	
<i>ropinirole hydrochloride tab 2 mg</i>	1	
<i>ropinirole hydrochloride tab 3 mg</i>	1	
<i>ropinirole hydrochloride tab 4 mg</i>	1	
<i>ropinirole hydrochloride tab 5 mg</i>	1	
<i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i>	1	QL 30 / 30 DAYS
<i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)</i>	1	QL 30 / 30 DAYS
<i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</i>	1	QL 30 / 30 DAYS
<i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</i>	1	QL 30 / 30 DAYS
<i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</i>	1	QL 30 / 30 DAYS
<b>PERIPHERAL COMT INHIBITORS</b>		
<i>entacapone tab 200 mg</i>	1	QL 270 / 30 DAYS
ONGENTYS 25 MG CAP	3	PA
ONGENTYS 50 MG CAP	3	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS</b>		
<b>ANTIMANIC AGENTS</b>		
<i>lithium oral solution 8 meq/5ml</i>	1	AL1 Up to 8 yrs old
<i>lithium carbonate cap 150 mg</i>	1	
<i>lithium carbonate cap 300 mg</i>	1	
<i>lithium carbonate tab 300 mg</i>	1	
<i>lithium carbonate cap 600 mg</i>	1	
<i>lithium carbonate tab er 300 mg</i>	1	
<i>lithium carbonate tab er 450 mg</i>	1	
<b>ANTIPSYCHOTICS - MISC.</b>		
CAPLYTA 10.5 MG CAP	3	QL 1 / 1 day(s) PA
CAPLYTA 21 MG CAP	3	QL 1 / 1 day(s) PA
CAPLYTA 42 MG CAP	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
<i>lurasidone hcl tab 120 mg</i>	1	QL 1 / 1 day(s)
<i>lurasidone hcl tab 20 mg</i>	1	QL 1 / 1 day(s)
<i>lurasidone hcl tab 40 mg</i>	1	QL 1 / 1 day(s)
<i>lurasidone hcl tab 60 mg</i>	1	QL 1 / 1 day(s)
<i>lurasidone hcl tab 80 mg</i>	1	QL 1 / 1 day(s)
VRAYLAR 0.5 MG CAP	3	QL 1 / 1 day(s) PA
VRAYLAR 0.75 MG CAP	3	QL 1 / 1 day(s) PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VRAYLAR 1.5 & 3 MG CAP THPK	3	QL 1 / 1 day(s) PA
VRAYLAR 1.5 MG CAP	3	QL 1 / 1 day(s) PA
VRAYLAR 3 MG CAP	3	QL 1 / 1 day(s) PA
VRAYLAR 4.5 MG CAP	3	QL 1 / 1 day(s) PA
VRAYLAR 6 MG CAP	3	QL 1 / 1 day(s) PA
<i>ziprasidone hcl cap 20 mg</i>	1	QL 240 / 30 DAYS
<i>ziprasidone hcl cap 40 mg</i>	1	QL 60 / 30 DAYS
<i>ziprasidone hcl cap 60 mg</i>	1	QL 60 / 30 DAYS
<i>ziprasidone hcl cap 80 mg</i>	1	QL 60 / 30 DAYS
<b>BENZISOXAZOLES</b>		
FANAPT 1 MG TAB	3	QL 2 / 1 day(s) PA
FANAPT 10 MG TAB	3	QL 2 / 1 day(s) PA
FANAPT 12 MG TAB	3	QL 60 / 30 day(s) PA
FANAPT 2 MG TAB	3	QL 2 / 1 day(s) PA
FANAPT 4 MG TAB	3	QL 2 / 1 day(s) PA
FANAPT 6 MG TAB	3	QL 2 / 1 day(s) PA
FANAPT 8 MG TAB	3	QL 2 / 1 day(s) PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FANAPT TITRATION PACK A 1 & 2 & 4 & 6 MG TAB	3	QL 2 / 1 day(s) PA
FANAPT TITRATION PACK B 1 & 2 & 6 & 8 MG TAB	3	QL 2 / 1 day(s) PA
FANAPT TITRATION PACK C 1 & 2 & 6 MG TAB	3	QL 2 / 1 day(s) PA
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	3	ST
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	3	ST
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	3	ST
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	3	ST
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	3	ST
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	3	ST
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	3	ST
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	3	ST
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	3	ST
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	3	ST
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	3	ST
<i>paliperidone tab er 24hr 1.5 mg</i>	2	QL 30 / 30 DAYS
<i>paliperidone tab er 24hr 3 mg</i>	2	QL 30 / 30 DAYS
<i>paliperidone tab er 24hr 6 mg</i>	2	QL 60 / 30 DAYS
<i>paliperidone tab er 24hr 9 mg</i>	2	QL 30 / 30 DAYS
<i>risperidone tab 0.25 mg</i>	1	QL 60 / 30 DAYS
RISPERIDONE 0.25 MG TAB DISP	1	QL 1920 / 30 DAYS
<i>risperidone tab 0.5 mg</i>	1	QL 60 / 30 DAYS
<i>risperidone orally disintegrating tab 0.5 mg</i>	1	QL 960 / 30 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>risperidone tab 1 mg</i>	1	QL 480 / 30 DAYS
<i>risperidone orally disintegrating tab 1 mg</i>	1	QL 60 / 30 DAYS
<i>risperidone soln 1 mg/ml</i>	1	AL1 Up to 8 yrs old
<i>risperidone tab 2 mg</i>	1	QL 240 / 30 DAYS
<i>risperidone orally disintegrating tab 2 mg</i>	1	QL 60 / 30 DAYS
<i>risperidone tab 3 mg</i>	1	QL 180 / 30 DAYS
<i>risperidone orally disintegrating tab 3 mg</i>	1	QL 180 / 30 DAYS
<i>risperidone tab 4 mg</i>	1	QL 120 / 30 DAYS
<i>risperidone orally disintegrating tab 4 mg</i>	1	QL 120 / 30 DAYS
<i>risperidone microspheres for im extended rel susp 12.5 mg</i>	2	ST
<i>risperidone microspheres for im extended rel susp 25 mg</i>	2	ST
<i>risperidone microspheres for im extended rel susp 37.5 mg</i>	2	ST
<i>risperidone microspheres for im extended rel susp 50 mg</i>	2	ST
<b>BUTYROPHENONES</b>		
<i>haloperidol tab 0.5 mg</i>	1	
<i>haloperidol tab 1 mg</i>	1	
<i>haloperidol tab 10 mg</i>	1	
<i>haloperidol tab 2 mg</i>	1	
<i>haloperidol tab 20 mg</i>	1	
<i>haloperidol tab 5 mg</i>	1	
<i>haloperidol lactate oral conc 2 mg/ml</i>	1	
<b>DIBENZO-OXEPINO PYRROLES</b>		
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	2	
<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	2	
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>DIBENZODIAZEPINES</b>		
<i>clozapine tab 100 mg</i>	1	QL 120 / 30 DAYS
<i>clozapine orally disintegrating tab 100 mg</i>	1	
<i>clozapine orally disintegrating tab 12.5 mg</i>	1	QL 2160 / 30 day(s)
<i>clozapine tab 200 mg</i>	1	QL 120 / 30 DAYS
<i>clozapine tab 25 mg</i>	1	QL 120 / 30 DAYS
<i>clozapine orally disintegrating tab 25 mg</i>	1	QL 1080 / 30 DAYS
<i>clozapine tab 50 mg</i>	1	QL 120 / 30 DAYS
<b>DIBENZOTHIAZEPINES</b>		
<i>quetiapine fumarate tab 100 mg</i>	1	QL 90 / 30 DAYS
<i>quetiapine fumarate tab 200 mg</i>	1	QL 90 / 30 DAYS
<i>quetiapine fumarate tab 25 mg</i>	1	QL 90 / 30 DAYS
<i>quetiapine fumarate tab 300 mg</i>	1	QL 60 / 30 DAYS
<i>quetiapine fumarate tab 400 mg</i>	1	QL 60 / 30 DAYS
<i>quetiapine fumarate tab 50 mg</i>	1	QL 90 / 30 DAYS
<i>quetiapine fumarate tab er 24hr 150 mg</i>	1	QL 60 / 30 DAYS
<i>quetiapine fumarate tab er 24hr 200 mg</i>	1	QL 30 / 30 DAYS
<i>quetiapine fumarate tab er 24hr 300 mg</i>	1	QL 60 / 30 DAYS
<i>quetiapine fumarate tab er 24hr 400 mg</i>	1	QL 60 / 30 DAYS
<i>quetiapine fumarate tab er 24hr 50 mg</i>	1	QL 60 / 30 DAYS
<b>DIBENZOXAZEPINES</b>		
<i>loxapine succinate cap 10 mg</i>	1	
<i>loxapine succinate cap 25 mg</i>	1	
<i>loxapine succinate cap 5 mg</i>	1	
<i>loxapine succinate cap 50 mg</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>MUSCARINIC AGENT - COMBINATIONS</b>		
COBENFY 100-20 MG CAP	3	PA AL1 18 to 65 yrs old
COBENFY 125-30 MG CAP	3	PA AL1 18 to 65 yrs old
COBENFY 50-20 MG CAP	3	PA AL1 18 to 65 yrs old
COBENFY STARTER PACK 50-20 & 100-20 MG CAP THPK	3	PA AL1 18 to 65 yrs old
<b>PHENOTHIAZINES</b>		
<i>chlorpromazine hcl tab 10 mg</i>	1	
<i>chlorpromazine hcl tab 100 mg</i>	1	
<i>chlorpromazine hcl tab 200 mg</i>	1	
<i>chlorpromazine hcl tab 25 mg</i>	1	
<i>chlorpromazine hcl tab 50 mg</i>	1	
<i>prochlorperazine suppos 25 mg</i>	1	QL 30 / 30 DAYS
<i>fluphenazine hcl tab 1 mg</i>	1	
<i>fluphenazine hcl tab 10 mg</i>	1	
<i>fluphenazine hcl tab 2.5 mg</i>	1	
FLUPHENAZINE HCL 2.5 MG/5ML ELIXIR	1	AL1 Up to 8 yrs old
<i>fluphenazine hcl tab 5 mg</i>	1	
FLUPHENAZINE HCL 5 MG/ML CONC	1	AL1 Up to 8 yrs old
<i>perphenazine tab 16 mg</i>	1	
<i>perphenazine tab 2 mg</i>	1	
<i>perphenazine tab 4 mg</i>	1	
<i>perphenazine tab 8 mg</i>	1	
<i>prochlorperazine suppos 25 mg</i>	1	QL 30 / 30 DAYS
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	1	
<i>thioridazine hcl tab 10 mg</i>	1	
<i>thioridazine hcl tab 100 mg</i>	1	
<i>thioridazine hcl tab 25 mg</i>	1	
<i>thioridazine hcl tab 50 mg</i>	1	
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	1	
<b>QUINOLINONE DERIVATIVES</b>		
ABILIFY ASIMTUFII 720 MG/2.4ML PRSYR	3	ST
ABILIFY ASIMTUFII 960 MG/3.2ML PRSYR	3	ST
ABILIFY MAINTENA 300 MG PRSYR	3	ST
ABILIFY MAINTENA 300 MG SRER	3	ST
ABILIFY MAINTENA 400 MG PRSYR	3	ST
ABILIFY MAINTENA 400 MG SRER	3	ST
<i>aripiprazole oral solution 1 mg/ml</i>	2	QL 15 ml / 1 day(s)
<i>aripiprazole tab 10 mg</i>	1	QL 30 / 30 DAYS
<i>aripiprazole tab 15 mg</i>	1	QL 30 / 30 DAYS
<i>aripiprazole tab 2 mg</i>	1	QL 60 / 30 day(s)
<i>aripiprazole tab 20 mg</i>	1	QL 30 / 30 DAYS
<i>aripiprazole tab 30 mg</i>	1	QL 30 / 30 DAYS
<i>aripiprazole tab 5 mg</i>	1	QL 2 / 1 day(s)
ARISTADA 1064 MG/3.9ML PRSYR	3	ST
ARISTADA 441 MG/1.6ML PRSYR	3	ST
ARISTADA 662 MG/2.4ML PRSYR	3	ST

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ARISTADA 882 MG/3.2ML PRSYR	3	ST
ARISTADA INITIO 675 MG/2.4ML PRSYR	3	ST
REXULTI 0.25 MG TAB	3	QL 1 / 1 day(s) PA
REXULTI 0.5 MG TAB	3	QL 1 / 1 day(s) PA
REXULTI 1 MG TAB	3	QL 1 / 1 day(s) PA
REXULTI 2 MG TAB	3	QL 1 / 1 day(s) PA
REXULTI 3 MG TAB	3	QL 1 / 1 day(s) PA
REXULTI 4 MG TAB	3	QL 1 / 1 day(s) PA
<b>THIENBENZODIAZEPINES</b>		
<i>olanzapine tab 10 mg</i>	1	QL 30 / 30 DAYS
<i>olanzapine orally disintegrating tab 10 mg</i>	1	QL 30 / 30 DAYS
<i>olanzapine tab 15 mg</i>	1	QL 30 / 30 DAYS
<i>olanzapine orally disintegrating tab 15 mg</i>	1	QL 30 / 30 DAYS
<i>olanzapine tab 2.5 mg</i>	1	QL 30 / 30 DAYS
<i>olanzapine tab 20 mg</i>	1	QL 30 / 30 DAYS
<i>olanzapine orally disintegrating tab 20 mg</i>	1	QL 30 / 30 DAYS
<i>olanzapine tab 5 mg</i>	1	QL 30 / 30 DAYS
<i>olanzapine orally disintegrating tab 5 mg</i>	1	QL 30 / 30 DAYS
<i>olanzapine tab 7.5 mg</i>	1	QL 30 / 30 DAYS
ZYPREXA RELPREVV 210 MG RECON SUSP	3	ST

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZYPREXA RELPREVV 300 MG RECON SUSP	3	ST
ZYPREXA RELPREVV 405 MG RECON SUSP	3	ST
<b>THIOXANTHENES</b>		
<i>thiothixene cap 1 mg</i>	1	
<i>thiothixene cap 10 mg</i>	1	
<i>thiothixene cap 2 mg</i>	1	
<i>thiothixene cap 5 mg</i>	1	
<b>ANTIVIRALS</b>		
<b>ANTIRETROVIRAL COMBINATIONS</b>		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	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 400 & 600 MG/2ML SUSP	4	S
CABENUVA 600 & 900 MG/3ML SUSP	4	S
CIMDUO 300-300 MG TAB	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
DOVATO 50-300 MG TAB	4	QL 1 / 1 day(s) S
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	1	
EFAVIRENZ-LAMIVUDINE-TENOFOVIR 400-300-300 MG TAB	4	S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	4	
<i>emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg</i>	4	QL 1 / 1 day(s) S
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	1	QL 30 / 30 day(s)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	1	QL 30 / 30 day(s)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	1	QL 30 / 30 day(s)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	1	QL 30 / 30 day(s) PRE Preventative
EVOTAZ 300-150 MG TAB	4	QL 30 / 30 DAYS S
GENVOYA 150-150-200-10 MG TAB	4	QL 30 / 30 DAYS S
JULUCA 50-25 MG TAB	4	S
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	QL 60 / 30 DAYS
<i>lopinavir-ritonavir tab 100-25 mg</i>	4	S
<i>lopinavir-ritonavir tab 200-50 mg</i>	4	S
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	1	
ODEFSEY 200-25-25 MG TAB	4	QL 30 / 30 DAYS S
PREZCOBIX 675-150 MG TAB	4	QL 1 / 1 day(s) S
PREZCOBIX 800-150 MG TAB	4	QL 1 / 1 day(s) S
STRIBILD 150-150-200-300 MG TAB	4	QL 30 / 30 DAYS S
SYM TUZA 800-150-200-10 MG TAB	4	QL 30 / 30 day(s) S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRIUMEQ 600-50-300 MG TAB	4	<div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>30 / 30 DAYS</div> </div> <div style="background-color: #e74c3c; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">S</div>
TRIUMEQ PD 60-5-30 MG TAB SOL	4	<div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>1 / 1 day(s)</div> </div> <div style="background-color: #e74c3c; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">S</div>
<b>ANTIRETROVIRALS - CAPSID INHIBITORS</b>		
SUNLENCA 300 MG TAB	4	<div style="background-color: #8e44ad; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> <div style="background-color: #e74c3c; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">S</div>
SUNLENCA 4 X 300 MG TAB THPK	4	<div style="background-color: #8e44ad; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> <div style="background-color: #e74c3c; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">S</div>
SUNLENCA 463.5 MG/1.5ML SOLUTION	4	<div style="background-color: #8e44ad; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> <div style="background-color: #e74c3c; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">S</div>
SUNLENCA 5 X 300 MG TAB THPK	4	<div style="background-color: #8e44ad; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> <div style="background-color: #e74c3c; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">S</div>
YEZTUGO 300 MG TAB	4	<div style="background-color: #8e44ad; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> <div style="background-color: #e74c3c; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">S</div>
YEZTUGO 463.5 MG/1.5ML SOLUTION	4	<div style="background-color: #8e44ad; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> <div style="background-color: #e74c3c; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">S</div>
<b>ANTIRETROVIRALS - CCR5 ANTAGONISTS (ENTRY INHIBITOR)</b>		
<i>maraviroc tab 150 mg</i>	4	<div style="background-color: #8e44ad; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> <div style="background-color: #e74c3c; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">S</div>
<i>maraviroc tab 300 mg</i>	4	<div style="background-color: #8e44ad; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> <div style="background-color: #e74c3c; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">S</div>
SELZENTRY 20 MG/ML SOLUTION	4	<div style="background-color: #8e44ad; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> <div style="background-color: #e74c3c; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">S</div>
SELZENTRY 25 MG TAB	4	<div style="background-color: #8e44ad; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> <div style="background-color: #e74c3c; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">S</div>
SELZENTRY 75 MG TAB	4	<div style="background-color: #8e44ad; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> <div style="background-color: #e74c3c; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">S</div>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>ANTIRETROVIRALS - FUSION INHIBITORS</b>		
FUZEON 90 MG RECON SOLN	4	PA S
<b>ANTIRETROVIRALS - INTEGRASE INHIBITORS</b>		
APRETUDE 600 MG/3ML SUSP	4	PA S
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 DAYS S
ISENTRESS HD 600 MG TAB	4	QL 60 / 30 DAYS S
TIVICAY 10 MG TAB	4	QL 30 / 30 DAYS S
TIVICAY 25 MG TAB	4	QL 30 / 30 DAYS S
TIVICAY 50 MG TAB	4	QL 60 / 30 DAYS S
TIVICAY PD 5 MG TAB SOL	4	PA S
<b>ANTIRETROVIRALS - PROTEASE INHIBITORS</b>		
APTIVUS 250 MG CAP	4	QL 120 / 30 DAYS S
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	2	
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	2	
<i>darunavir tab 600 mg</i>	4	QL 60 / 30 day(s) S
<i>darunavir tab 800 mg</i>	4	QL 30 / 30 day(s) S
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	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
REYATAZ 50 MG PACKET	4	AL1 Up to 8 yrs old S
<i>ritonavir tab 100 mg</i>	1	
<b>ANTIRETROVIRALS - RTI-NON-NUCLEOSIDE ANALOGUES</b>		
EDURANT 25 MG TAB	4	QL 30 / 30 day(s) S
EDURANT PED 2.5 MG TAB SOL	4	QL 6 tablets / 1 day(s) AL1 Up to 8 yrs old S
EFAVIRENZ 200 MG CAP	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EFAVIRENZ 50 MG CAP	2	
<i>efavirenz tab 600 mg</i>	2	
<i>etravirine tab 100 mg</i>	4	QL 120 / 30 day(s) S
<i>etravirine tab 200 mg</i>	4	QL 60 / 30 day(s) S
INTELENCE 25 MG TAB	4	S
<i>nevirapine tab 200 mg</i>	1	QL 60 / 30 DAYS
NEVIRAPINE 50 MG/5ML SUSPENSION	1	QL 1200 / 30 day(s) AL1 Up to 8 yrs old
NEVIRAPINE ER 100 MG TAB ER 24H	1	QL 90 / 30 DAYS S
<i>nevirapine tab er 24hr 400 mg</i>	1	QL 30 / 30 DAYS
PIFELTRO 100 MG TAB	4	S
<b>ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PURINES</b>		
<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	1	AL1 Up to 8 yrs old
<i>abacavir sulfate tab 300 mg (base equiv)</i>	1	QL 60 / 30 DAYS
<b>ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PYRIMIDINES</b>		
<i>emtricitabine caps 200 mg</i>	2	
EMTRIVA 10 MG/ML SOLUTION	4	QL 850 / 30 DAYS S
<i>lamivudine oral soln 10 mg/ml</i>	1	
<i>lamivudine tab 150 mg</i>	1	QL 60 / 30 DAYS
<i>lamivudine tab 300 mg</i>	1	QL 30 / 30 DAYS
<i>lamivudine oral soln 10 mg/ml</i>	1	
<b>ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-THYMIDINES</b>		
STAVUDINE 15 MG CAP	1	QL 120 / 30 DAYS S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
STAVUDINE 20 MG CAP	1	QL 120 / 30 DAYS S
STAVUDINE 30 MG CAP	1	QL 60 / 30 DAYS S
STAVUDINE 40 MG CAP	1	QL 60 / 30 DAYS S
<i>zidovudine cap 100 mg</i>	1	QL 180 / 30 DAYS
<i>zidovudine tab 300 mg</i>	1	QL 60 / 30 DAYS
<i>zidovudine syrup 10 mg/ml</i>	1	QL 1920 / 30 DAYS
<b>ANTIRETROVIRALS - RTI-NUCLEOTIDE ANALOGUES</b>		
<i>tenofovir disoproxil fumarate tab 300 mg</i>	1	QL 1 / 1 day(s)
VIREAD 150 MG TAB	4	QL 30 / 30 DAYS S
VIREAD 200 MG TAB	4	QL 30 / 30 DAYS S
VIREAD 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
<b>ANTIRETROVIRALS ADJUVANTS</b>		
TYBOST 150 MG TAB	4	QL 30 / 30 DAYS PA S
<b>ANTIVIRAL COMBINATIONS</b>		
PAXLOVID (150/100) 10 X 150 MG & 10 X 100MG TAB THPK	4	QL 20 / 180 day(s)
PAXLOVID (300/100 & 150/100) 6 X 150 MG & 5 X 100MG TAB THPK	4	QL 11 / 180 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PAXLOVID (300/100) 20 X 150 MG & 10 X 100MG TAB THPK	4	QL 30 / 180 day(s)
<b>CMV AGENTS</b>		
LIVTENCITY 200 MG TAB	4	PA S
PREVYMIS 120 MG PACKET	4	PA S
PREVYMIS 20 MG PACKET	4	PA S
PREVYMIS 240 MG TAB	4	PA S
PREVYMIS 480 MG TAB	4	PA S
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	2	
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	2	AL1 Up to 8 yrs old
<b>HEPATITIS B AGENTS</b>		
<i>adefovir dipivoxil tab 10 mg</i>	4	PA
BARACLUDE 0.05 MG/ML SOLUTION	4	PA S
<i>entecavir tab 0.5 mg</i>	1	QL 30 / 30 DAYS
<i>entecavir tab 1 mg</i>	1	QL 30 / 30 DAYS
<i>lamivudine tab 100 mg (hbv)</i>	1	QL 30 / 30 DAYS
<b>HEPATITIS C AGENT - COMBINATIONS</b>		
LEDIPASVIR-SOFOSBUVIR 90-400 MG TAB	4	PA S
MAVYRET 100-40 MG TAB	2	PA S
MAVYRET 50-20 MG PACKET	2	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SOFOSBUVIR-VELPATASVIR 400-100 MG TAB	4	PA S
<b>HEPATITIS C AGENTS</b>		
PEGASYS 180 MCG/0.5ML SOLN PRSYR	4	PA S
RIBAVIRIN 200 MG CAP	1	
RIBAVIRIN 200 MG TAB	1	
<b>HERPES AGENTS - PURINE ANALOGUES</b>		
<i>acyclovir cap 200 mg</i>	1	
<i>acyclovir susp 200 mg/5ml</i>	1	
<i>acyclovir tab 400 mg</i>	1	
<i>acyclovir tab 800 mg</i>	1	
<i>acyclovir susp 200 mg/5ml</i>	1	
<i>valacyclovir hcl tab 1 gm</i>	1	
<i>valacyclovir hcl tab 500 mg</i>	1	
<b>HERPES AGENTS - THYMIDINE ANALOGUES</b>		
<i>famciclovir tab 125 mg</i>	1	QL 60 / 30 DAYS
<i>famciclovir tab 250 mg</i>	1	QL 60 / 30 DAYS
<i>famciclovir tab 500 mg</i>	1	QL 60 / 30 DAYS
<b>INFLUENZA AGENTS</b>		
RIMANTADINE HCL 100 MG TAB	1	
<b>MISC. ANTIVIRALS</b>		
LAGEVRIO 200 MG CAP	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)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>NEURAMINIDASE INHIBITORS</b>		
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	1	QL 20 / 0 day(s) MFL 1 / 180 day(s)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	1	QL 20 / 0 day(s) MFL 1 / 180 day(s)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	1	QL 250 / 10 day(s) MFL 1 / 180 DAYS
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	1	QL 20 / 0 day(s) MFL 1 / 180 day(s)
RELENZA DISKHALER 5 MG/ACT AER POW BA	3	QL 20 / 10 DAYS
<b>PA ENDONUCLEASE INHIBITORS</b>		
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
<b>BETA BLOCKERS</b>		
<b>ALPHA-BETA BLOCKERS</b>		
<i>carvedilol tab 12.5 mg</i>	1	QL 4 / 1 day(s) VAL Value Preventive List
<i>carvedilol tab 25 mg</i>	1	QL 4 / 1 day(s) VAL Value Preventive List
<i>carvedilol tab 3.125 mg</i>	1	QL 4 / 1 day(s) VAL Value Preventive List
<i>carvedilol tab 6.25 mg</i>	1	QL 4 / 1 day(s) VAL Value Preventive List
<i>carvedilol phosphate cap er 24hr 10 mg</i>	2	QL 30 / 30 DAYS VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>carvedilol phosphate cap er 24hr 20 mg</i>	2	<span>QL</span> 30 / 30 DAYS <span>VAL</span> Value Preventive List
<i>carvedilol phosphate cap er 24hr 40 mg</i>	2	<span>QL</span> 30 / 30 DAYS <span>VAL</span> Value Preventive List
<i>carvedilol phosphate cap er 24hr 80 mg</i>	2	<span>QL</span> 30 / 30 DAYS <span>VAL</span> Value Preventive List
<i>labetalol hcl tab 100 mg</i>	1	<span>VAL</span> Value Preventive List
<i>labetalol hcl tab 200 mg</i>	1	<span>VAL</span> Value Preventive List
<i>labetalol hcl tab 300 mg</i>	1	<span>VAL</span> Value Preventive List
<b>BETA BLOCKERS CARDIO-SELECTIVE</b>		
<i>acebutolol hcl cap 200 mg</i>	1	<span>VAL</span> Value Preventive List
<i>acebutolol hcl cap 400 mg</i>	1	<span>VAL</span> Value Preventive List
<i>atenolol tab 100 mg</i>	1	<span>VAL</span> Value Preventive List
<i>atenolol tab 25 mg</i>	1	<span>VAL</span> Value Preventive List
<i>atenolol tab 50 mg</i>	1	<span>VAL</span> Value Preventive List
<i>betaxolol hcl tab 10 mg</i>	1	<span>VAL</span> Value Preventive List
<i>betaxolol hcl tab 20 mg</i>	1	<span>VAL</span> Value Preventive List
<i>bisoprolol fumarate tab 10 mg</i>	1	<span>VAL</span> Value Preventive List
<i>bisoprolol fumarate tab 5 mg</i>	1	<span>VAL</span> Value Preventive List
LOPRESSOR 10 MG/ML SOLUTION	2	<span>AL1</span> Up to 8 yrs old
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	1	<span>QL</span> 60 / 30 day(s) <span>VAL</span> Value Preventive List
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	1	<span>QL</span> 60 / 30 day(s) <span>VAL</span> Value Preventive List
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	1	<span>QL</span> 60 / 30 day(s) <span>VAL</span> Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	1	<span>QL</span> 60 / 30 day(s) <span>VAL</span> Value Preventive List
<i>metoprolol tartrate tab 100 mg</i>	1	<span>VAL</span> Value Preventive List
<i>metoprolol tartrate tab 25 mg</i>	1	<span>VAL</span> Value Preventive List
<i>metoprolol tartrate tab 37.5 mg</i>	1	<span>VAL</span> Value Preventive List
<i>metoprolol tartrate tab 50 mg</i>	1	<span>VAL</span> Value Preventive List
<i>metoprolol tartrate tab 75 mg</i>	1	<span>VAL</span> Value Preventive List
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	2	<span>QL</span> 60 / 30 day(s)
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	2	<span>QL</span> 60 / 30 day(s)
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	2	<span>QL</span> 60 / 30 day(s)
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	2	<span>QL</span> 60 / 30 day(s)
<b>BETA BLOCKERS NON-SELECTIVE</b>		
INDERAL XL 120 MG CAP ER 24H	3	
<i>nadolol tab 20 mg</i>	1	<span>VAL</span> Value Preventive List
<i>nadolol tab 40 mg</i>	1	<span>VAL</span> Value Preventive List
<i>nadolol tab 80 mg</i>	1	<span>VAL</span> Value Preventive List
<i>pindolol tab 10 mg</i>	1	<span>VAL</span> Value Preventive List
<i>pindolol tab 5 mg</i>	1	<span>VAL</span> Value Preventive List
<i>propranolol hcl tab 10 mg</i>	1	<span>VAL</span> Value Preventive List
<i>propranolol hcl tab 20 mg</i>	1	<span>VAL</span> Value Preventive List
PROPRANOLOL HCL 20 MG/5ML SOLUTION	1	<span>AL1</span> Up to 8 yrs old <span>VAL</span> Value Preventive List
<i>propranolol hcl tab 40 mg</i>	1	<span>VAL</span> Value Preventive List
PROPRANOLOL HCL 40 MG/5ML SOLUTION	1	<span>AL1</span> Up to 8 yrs old <span>VAL</span> Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>propranolol hcl tab 60 mg</i>	1	VAL Value Preventive List
<i>propranolol hcl tab 80 mg</i>	1	VAL Value Preventive List
<i>propranolol hcl cap er 24hr 120 mg</i>	1	VAL Value Preventive List
<i>propranolol hcl cap er 24hr 160 mg</i>	1	VAL Value Preventive List
<i>propranolol hcl cap er 24hr 60 mg</i>	1	VAL Value Preventive List
<i>propranolol hcl cap er 24hr 80 mg</i>	1	VAL Value Preventive List
<i>sotalol hcl tab 120 mg</i>	1	
<i>sotalol hcl tab 160 mg</i>	1	
<i>sotalol hcl tab 240 mg</i>	1	
<i>sotalol hcl tab 80 mg</i>	1	
<i>sotalol hcl (afib/af) tab 120 mg</i>	1	
<i>sotalol hcl (afib/af) tab 160 mg</i>	1	
<i>sotalol hcl (afib/af) tab 80 mg</i>	1	
<i>sotalol hcl tab 120 mg</i>	1	
<i>sotalol hcl tab 160 mg</i>	1	
<i>sotalol hcl tab 240 mg</i>	1	
<i>sotalol hcl tab 80 mg</i>	1	
SOTYLIZE 5 MG/ML SOLUTION	4	QL 1920 / 30 day(s) PA
<i>timolol maleate tab 10 mg</i>	1	VAL Value Preventive List
TIMOLOL MALEATE 20 MG TAB	1	VAL Value Preventive List
<i>timolol maleate tab 20 mg</i>	1	VAL Value Preventive List
TIMOLOL MALEATE 5 MG TAB	1	VAL Value Preventive List
<i>timolol maleate tab 5 mg</i>	1	VAL Value Preventive List
<b>CALCIUM CHANNEL BLOCKERS</b>		
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	1	QL 30 / 30 DAYS VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	1	<span>QL</span> 30 / 30 DAYS <span>VAL</span> Value Preventive List
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	1	<span>QL</span> 30 / 30 DAYS <span>VAL</span> Value Preventive List
CARDAMYST 2 X 70 MG/DOSE SOLUTION	2	<span>QL</span> 4 / 30 day(s) <span>MFL</span> 4 / 365 day(s)
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	1	<span>VAL</span> Value Preventive List
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	1	<span>VAL</span> Value Preventive List
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	1	<span>VAL</span> Value Preventive List
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	1	<span>VAL</span> Value Preventive List
<i>diltiazem hcl cap er 24hr 120 mg</i>	1	<span>VAL</span> Value Preventive List
<i>diltiazem hcl cap er 24hr 180 mg</i>	1	<span>VAL</span> Value Preventive List
<i>diltiazem hcl cap er 24hr 240 mg</i>	1	<span>VAL</span> Value Preventive List
<i>diltiazem hcl tab 120 mg</i>	1	<span>VAL</span> Value Preventive List
<i>diltiazem hcl tab 30 mg</i>	1	<span>VAL</span> Value Preventive List
<i>diltiazem hcl tab 60 mg</i>	1	<span>VAL</span> Value Preventive List
<i>diltiazem hcl tab 90 mg</i>	1	<span>VAL</span> Value Preventive List
<i>diltiazem hcl cap er 12hr 120 mg</i>	1	<span>VAL</span> Value Preventive List
<i>diltiazem hcl cap er 24hr 120 mg</i>	1	<span>VAL</span> Value Preventive List
<i>diltiazem hcl tab er 24hr 120 mg</i>	1	<span>VAL</span> Value Preventive List
<i>diltiazem hcl cap er 24hr 180 mg</i>	1	<span>VAL</span> Value Preventive List
<i>diltiazem hcl tab er 24hr 180 mg</i>	1	<span>VAL</span> Value Preventive List
<i>diltiazem hcl cap er 24hr 240 mg</i>	1	<span>VAL</span> Value Preventive List
<i>diltiazem hcl tab er 24hr 240 mg</i>	1	<span>VAL</span> Value Preventive List
<i>diltiazem hcl tab er 24hr 300 mg</i>	1	<span>VAL</span> Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>diltiazem hcl tab er 24hr 360 mg</i>	1	VAL Value Preventive List
<i>diltiazem hcl tab er 24hr 420 mg</i>	1	VAL Value Preventive List
<i>diltiazem hcl cap er 12hr 60 mg</i>	1	VAL Value Preventive List
<i>diltiazem hcl cap er 12hr 90 mg</i>	1	VAL Value Preventive List
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	1	VAL Value Preventive List
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	1	VAL Value Preventive List
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	1	VAL Value Preventive List
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	1	VAL Value Preventive List
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	1	VAL Value Preventive List
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	1	VAL Value Preventive List
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	1	VAL Value Preventive List
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	1	VAL Value Preventive List
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	1	VAL Value Preventive List
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	1	VAL Value Preventive List
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	1	VAL Value Preventive List
<i>felodipine tab er 24hr 10 mg</i>	1	VAL Value Preventive List
<i>felodipine tab er 24hr 2.5 mg</i>	1	VAL Value Preventive List
<i>felodipine tab er 24hr 5 mg</i>	1	VAL Value Preventive List
<i>isradipine cap 2.5 mg</i>	1	VAL Value Preventive List
<i>isradipine cap 5 mg</i>	1	VAL Value Preventive List
KATERZIA 1 MG/ML SUSPENSION	3	AL1 Up to 8 yrs old
<i>diltiazem hcl tab er 24hr 180 mg</i>	1	VAL Value Preventive List
<i>diltiazem hcl tab er 24hr 240 mg</i>	1	VAL Value Preventive List
<i>diltiazem hcl tab er 24hr 300 mg</i>	1	VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>diltiazem hcl tab er 24hr 360 mg</i>	1	VAL Value Preventive List
<i>diltiazem hcl tab er 24hr 420 mg</i>	1	VAL Value Preventive List
<i>nicardipine hcl cap 20 mg</i>	1	VAL Value Preventive List
<i>nicardipine hcl cap 30 mg</i>	1	VAL Value Preventive List
<i>nifedipine cap 10 mg</i>	1	VAL Value Preventive List
<i>nifedipine cap 20 mg</i>	1	VAL Value Preventive List
<i>nifedipine tab er 24hr 30 mg</i>	1	VAL Value Preventive List
<i>nifedipine tab er 24hr 60 mg</i>	1	VAL Value Preventive List
<i>nifedipine tab er 24hr 90 mg</i>	1	VAL Value Preventive List
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	1	VAL Value Preventive List
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	1	VAL Value Preventive List
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	1	VAL Value Preventive List
<i>nimodipine cap 30 mg</i>	2	
<i>nisoldipine tab er 24hr 17 mg</i>	1	VAL Value Preventive List
NISOLDIPINE ER 17 MG TAB ER 24H	1	VAL Value Preventive List
NISOLDIPINE ER 20 MG TAB ER 24H	1	VAL Value Preventive List
NISOLDIPINE ER 25.5 MG TAB ER 24H	1	VAL Value Preventive List
NISOLDIPINE ER 30 MG TAB ER 24H	1	VAL Value Preventive List
<i>nisoldipine tab er 24hr 34 mg</i>	1	VAL Value Preventive List
NISOLDIPINE ER 34 MG TAB ER 24H	1	VAL Value Preventive List
NISOLDIPINE ER 40 MG TAB ER 24H	1	VAL Value Preventive List
<i>nisoldipine tab er 24hr 8.5 mg</i>	1	VAL Value Preventive List
NISOLDIPINE ER 8.5 MG TAB ER 24H	1	VAL Value Preventive List
NORLIQVA 1 MG/ML SOLUTION	3	AL1 Up to 8 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	1	VAL Value Preventive List
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	1	VAL Value Preventive List
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	1	VAL Value Preventive List
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	1	VAL Value Preventive List
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	1	VAL Value Preventive List
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	1	VAL Value Preventive List
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	1	VAL Value Preventive List
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	1	VAL Value Preventive List
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	1	VAL Value Preventive List
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	1	VAL Value Preventive List
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	1	VAL Value Preventive List
<i>verapamil hcl tab 120 mg</i>	1	VAL Value Preventive List
<i>verapamil hcl tab 40 mg</i>	1	VAL Value Preventive List
<i>verapamil hcl tab 80 mg</i>	1	VAL Value Preventive List
<i>verapamil hcl cap er 24hr 120 mg</i>	1	VAL Value Preventive List
<i>verapamil hcl tab er 120 mg</i>	1	VAL Value Preventive List
<i>verapamil hcl cap er 24hr 180 mg</i>	1	VAL Value Preventive List
<i>verapamil hcl tab er 180 mg</i>	1	VAL Value Preventive List
<i>verapamil hcl cap er 24hr 240 mg</i>	1	VAL Value Preventive List
<i>verapamil hcl tab er 240 mg</i>	1	VAL Value Preventive List
<b>CARDIOTONICS</b>		
<b>CARDIAC GLYCOSIDES</b>		
<i>digoxin tab 125 mcg (0.125 mg)</i>	1	VAL Value Preventive List
<i>digoxin tab 250 mcg (0.25 mg)</i>	1	VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>digoxin tab 125 mcg (0.125 mg)</i>	1	VAL Value Preventive List
<i>digoxin tab 250 mcg (0.25 mg)</i>	1	VAL Value Preventive List
<i>digoxin oral soln 0.05 mg/ml</i>	1	VAL Value Preventive List
<i>digoxin tab 125 mcg (0.125 mg)</i>	1	VAL Value Preventive List
<i>digoxin tab 250 mcg (0.25 mg)</i>	1	VAL Value Preventive List
LANOXIN 125 MCG TAB	3	
LANOXIN 250 MCG TAB	3	
<b>CARDIOVASCULAR AGENTS - MISC.</b>		
<b>CALCIUM CHANNEL BLOCKER &amp; HMG COA REDUCTASE INHIBIT COMB</b>		
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	1	QL 30 / 30 day(s)
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	1	QL 30 / 30 day(s)
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	1	QL 30 / 30 day(s)
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	1	QL 30 / 30 day(s)
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	1	QL 30 / 30 day(s)
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	1	QL 30 / 30 day(s)
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	1	QL 30 / 30 day(s)
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	1	QL 30 / 30 day(s)
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	1	QL 30 / 30 day(s)
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	1	QL 30 / 30 day(s)
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	1	QL 30 / 30 day(s)
<b>NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB</b>		
ENTRESTO 15-16 MG CAP SPRINK	2	QL 8 capsules / 1 day(s)
ENTRESTO 6-6 MG CAP SPRINK	2	QL 8 capsules / 1 day(s)
<i>sacubitril-valsartan tab 24-26 mg</i>	1	QL 2 tablets / 1 day(s)
<i>sacubitril-valsartan tab 49-51 mg</i>	1	QL 2 tablets / 1 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sacubitril-valsartan tab 97-103 mg</i>	1	QL 2 tablets / 1 day(s)
<b>PROSTAGLANDIN VASODILATORS</b>		
<i>epoprostenol sodium for inj 0.5 mg</i>	4	PA S
<i>epoprostenol sodium for inj 1.5 mg</i>	4	PA S
ORENITRAM 0.125 MG TAB ER	4	PA S
ORENITRAM 0.25 MG TAB ER	4	PA S
ORENITRAM 1 MG TAB ER	4	PA S
ORENITRAM 2.5 MG TAB ER	4	PA S
ORENITRAM 5 MG TAB ER	4	PA S
ORENITRAM MONTH 1 0.125 & 0.25 MG TBER THPK	4	PA S
ORENITRAM MONTH 2 0.125 & 0.25 MG TBER THPK	4	PA S
ORENITRAM MONTH 3 0.125 & 0.25 & 1 MG TBER THPK	4	PA S
REMODULIN 100 MG/20ML SOLUTION	4	PA S
REMODULIN 20 MG/20ML SOLUTION	4	PA S
REMODULIN 200 MG/20ML SOLUTION	4	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
REMODULIN 50 MG/20ML SOLUTION	4	PA S
REMODULIN 8 MG/20ML SOLUTION	4	PA S
<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>	4	PA S
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	4	PA S
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	4	PA S
<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	4	PA S
VENTAVIS 10 MCG/ML SOLUTION	4	PA S
VENTAVIS 20 MCG/ML SOLUTION	4	PA S
<b>PULM HYPERTEN-SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)</b>		
ADEMPAS 0.5 MG TAB	4	PA S
ADEMPAS 1 MG TAB	4	PA S
ADEMPAS 1.5 MG TAB	4	PA S
ADEMPAS 2 MG TAB	4	PA S
ADEMPAS 2.5 MG TAB	4	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS</b>		
<i>ambrisentan tab 10 mg</i>	4	QL 30 / 30 DAYS PA S
<i>ambrisentan tab 5 mg</i>	4	QL 30 / 30 DAYS PA S
<i>bosentan tab 125 mg</i>	2	QL 60 / 30 DAYS PA S
<i>bosentan tab for oral susp 32 mg</i>	4	PA S
<i>bosentan tab 62.5 mg</i>	2	QL 60 / 30 DAYS PA S
OPSUMIT 10 MG TAB	4	PA S
<b>PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS</b>		
<i>sildenafil citrate for suspension 10 mg/ml</i>	1	
<i>sildenafil citrate tab 20 mg</i>	1	
<i>tadalafil tab 20 mg (pah)</i>	1	QL 60 / 30 DAYS
<b>PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST</b>		
UPTRAVI 1000 MCG TAB	4	PA S
UPTRAVI 1200 MCG TAB	4	PA S
UPTRAVI 1400 MCG TAB	4	PA S
UPTRAVI 1600 MCG TAB	4	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
UPTRAVI 200 & 800 MCG TAB THPK	4	PA S
UPTRAVI 200 MCG TAB	4	PA S
UPTRAVI 400 MCG TAB	4	PA S
UPTRAVI 600 MCG TAB	4	PA S
UPTRAVI 800 MCG TAB	4	PA S
<b>SELECTIVE CGMP PHOSPHODIESTERASE TYPE 5 INHIBITORS</b>		
<i>sildenafil citrate tab 50 mg</i>	1	
<i>tadalafil tab 10 mg</i>	1	
<i>tadalafil tab 2.5 mg</i>	1	
<i>tadalafil tab 20 mg</i>	1	
<i>tadalafil tab 5 mg</i>	1	
<b>SINUS NODE INHIBITORS</b>		
<i>ivabradine hcl tab 5 mg (base equiv)</i>	2	QL 2 tablets / 1 day(s)
<i>ivabradine hcl tab 7.5 mg (base equiv)</i>	2	QL 2 tablets / 1 day(s)
<b>CEPHALOSPORINS</b>		
<b>CEPHALOSPORINS - 1ST GENERATION</b>		
CEFADROXIL 1 GM TAB	1	
<i>cefadroxil for susp 250 mg/5ml</i>	1	
<i>cefadroxil cap 500 mg</i>	1	
<i>cefadroxil for susp 500 mg/5ml</i>	1	
<i>cephalexin for susp 125 mg/5ml</i>	1	
<i>cephalexin cap 250 mg</i>	1	
<i>cephalexin for susp 250 mg/5ml</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>cephalexin cap 500 mg</i>	1	
<b>CEPHALOSPORINS - 2ND GENERATION</b>		
CEFACLOR 125 MG/5ML RECON SUSP	1	AL1 Up to 8 yrs old
CEFACLOR 250 MG CAP	1	QL 30 / 10 DAYS
CEFACLOR 250 MG/5ML RECON SUSP	1	AL1 Up to 8 yrs old
CEFACLOR 375 MG/5ML RECON SUSP	1	AL1 Up to 8 yrs old
CEFACLOR 500 MG CAP	1	QL 30 / 10 DAYS
CEFACLOR ER 500 MG TAB ER 12H	1	QL 20 / 10 DAYS
<i>cefprozil for susp 125 mg/5ml</i>	1	
<i>cefprozil tab 250 mg</i>	1	
<i>cefprozil for susp 250 mg/5ml</i>	1	
<i>cefprozil tab 500 mg</i>	1	
<i>cefuroxime axetil tab 250 mg</i>	1	
<i>cefuroxime axetil tab 500 mg</i>	1	
<b>CEPHALOSPORINS - 3RD GENERATION</b>		
<i>cefdinir for susp 125 mg/5ml</i>	1	
<i>cefdinir for susp 250 mg/5ml</i>	1	
<i>cefdinir cap 300 mg</i>	1	
CEFIXIME 100 MG/5ML RECON SUSP	2	
<i>cefixime for susp 100 mg/5ml</i>	2	
<i>cefixime for susp 200 mg/5ml</i>	2	AL1 Up to 8 yrs old
<i>cefixime cap 400 mg</i>	2	QL 14 / 30 DAYS
<i>cefpodoxime proxetil tab 100 mg</i>	1	
CEFPODOXIME PROXETIL 100 MG/5ML RECON SUSP	1	AL1 Up to 8 yrs old
<i>cefpodoxime proxetil tab 200 mg</i>	1	
CEFPODOXIME PROXETIL 50 MG/5ML RECON SUSP	1	AL1 Up to 8 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>CONTRACEPTIVES</b>		
<b>BIPHASIC CONTRACEPTIVES - ORAL</b>		
<i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	1	PRE Preventative
<i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	1	PRE Preventative
<i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	1	PRE Preventative
LO LOESTRIN FE 1 MG-10 MCG / 10 MCG TAB	3	QL 30 / 30 day(s)
<i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	1	PRE Preventative
<i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	1	PRE Preventative
<i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	1	PRE Preventative
<i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	1	PRE Preventative
<b>COMBINATION CONTRACEPTIVES - ORAL</b>		
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	PRE Preventative
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	PRE Preventative
<i>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	1	PRE Preventative
<i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	PRE Preventative
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	PRE Preventative
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	PRE Preventative
<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>	1	PRE Preventative
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	1	PRE Preventative
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	1	PRE Preventative
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	1	PRE Preventative
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	PRE Preventative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	PRE Preventative
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	PRE Preventative
BALCOLTRA 0.1-20 MG-MCG(21) TAB	3	
<i>norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg</i>	1	PRE Preventative
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	1	PRE Preventative
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	1	PRE Preventative
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	PRE Preventative
<i>norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg</i>	1	PRE Preventative
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	1	PRE Preventative
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	PRE Preventative
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	PRE Preventative
<i>norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg</i>	1	PRE Preventative
<i>norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg</i>	1	PRE Preventative
<i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	PRE Preventative
<i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	PRE Preventative
<i>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	1	PRE Preventative
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	PRE Preventative
<i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	PRE Preventative
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	1	OL 1 tab / 1 day(s) PRE Preventative
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	1	OL 1 tab / 1 day(s) PRE Preventative
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	1	PRE Preventative
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	1	PRE Preventative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg</i>	1	PRE Preventative
<i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	PRE Preventative
<i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	PRE Preventative
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	PRE Preventative
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	1	PRE Preventative
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i>	1	PRE Preventative
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	PRE Preventative
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	1	PRE Preventative
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	PRE Preventative
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	PRE Preventative
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	1	PRE Preventative
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	1	PRE Preventative
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	2	
<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>	1	PRE Preventative
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	1	PRE Preventative
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	1	PRE Preventative
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	PRE Preventative
<i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	PRE Preventative
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	1	PRE Preventative
<i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)</i>	2	
<i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	PRE Preventative
<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>	1	PRE Preventative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	1	PRE Preventative
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	1	PRE Preventative
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	PRE Preventative
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	1	PRE Preventative
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	1	PRE Preventative
<i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	PRE Preventative
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	1	PRE Preventative
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i>	1	PRE Preventative
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	PRE Preventative
<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>	1	PRE Preventative
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	1	PRE Preventative
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	1	PRE Preventative
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	1	PRE Preventative
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	PRE Preventative
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	PRE Preventative
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	1	PRE Preventative
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	PRE Preventative
<i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)</i>	2	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	PRE Preventative
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	PRE Preventative
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	PRE Preventative
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	PRE Preventative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	1	PRE Preventative
<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>	1	PRE Preventative
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	1	PRE Preventative
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	1	PRE Preventative
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	PRE Preventative
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	1	PRE Preventative
<i>norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg</i>	1	PRE Preventative
<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>	1	PRE Preventative
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	1	PRE Preventative
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	PRE Preventative
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	PRE Preventative
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	2	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	1	PRE Preventative
<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>	1	PRE Preventative
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	1	PRE Preventative
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	1	PRE Preventative
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	1	PRE Preventative
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	PRE Preventative
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	PRE Preventative
<i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)</i>	2	
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	PRE Preventative
<i>norethindrone &amp; ethinyl estradiol tab 0.5 mg-35 mcg</i>	1	PRE Preventative
NEXTSTELLIS 3-14.2 MG TAB	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	1	PRE Preventative
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	PRE Preventative
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	2	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	1	PRE Preventative
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	1	PRE Preventative
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	1	PRE Preventative
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	1	PRE Preventative
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	1	PRE Preventative
<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>	1	PRE Preventative
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	PRE Preventative
<i>norethindrone &amp; ethinyl estradiol tab 0.5 mg-35 mcg</i>	1	PRE Preventative
<i>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	1	PRE Preventative
<i>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	1	PRE Preventative
<i>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	1	PRE Preventative
<i>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	1	PRE Preventative
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	PRE Preventative
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	1	PRE Preventative
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	PRE Preventative
<i>norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg</i>	1	PRE Preventative
<i>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	1	PRE Preventative
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	PRE Preventative
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	PRE Preventative
<i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	PRE Preventative
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	PRE Preventative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	PRE Preventative
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	1	PRE Preventative
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	1	PRE Preventative
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	PRE Preventative
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	PRE Preventative
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	2	
<i>norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg</i>	1	PRE Preventative
TYBLUME 0.1-20 MG-MCG CHEW TAB	1	PRE Preventative
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	1	QL 1 tab / 1 day(s) PRE Preventative
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	1	PRE Preventative
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i>	1	PRE Preventative
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	1	PRE Preventative
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	PRE Preventative
<i>norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg</i>	1	PRE Preventative
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	PRE Preventative
<i>norethindrone &amp; ethinyl estradiol tab 0.5 mg-35 mcg</i>	1	PRE Preventative
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	1	PRE Preventative
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	1	PRE Preventative
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	1	PRE Preventative
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	1	PRE Preventative
<b>COMBINATION CONTRACEPTIVES - TRANSDERMAL</b>		
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	1	QL 3 / 21 day(s) PRE Preventative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	1	<p>QL 3 / 21 day(s)</p> <p>PRE Preventative</p>
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	1	<p>QL 3 / 21 day(s)</p> <p>PRE Preventative</p>
<b>COMBINATION CONTRACEPTIVES - VAGINAL</b>		
ANNOVERA 0.013-0.15 MG/24HR RING	1	<p>QL 1 / 1 day(s)</p> <p>MFL 1 / 365 day(s)</p> <p>PRE Preventative</p>
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	1	<p>QL 1 / 21 day(s)</p> <p>PRE Preventative</p>
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	1	<p>QL 1 / 21 day(s)</p> <p>PRE Preventative</p>
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	1	<p>QL 1 / 21 day(s)</p> <p>PRE Preventative</p>
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	1	<p>QL 1 / 21 day(s)</p> <p>PRE Preventative</p>
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	1	<p>QL 1 / 21 day(s)</p> <p>PRE Preventative</p>
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	1	<p>QL 1 / 21 day(s)</p> <p>PRE Preventative</p>
<b>CONTINUOUS CONTRACEPTIVES - ORAL</b>		
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	1	<p>PRE Preventative</p>
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	1	<p>PRE Preventative</p>
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	1	<p>PRE Preventative</p>
<b>COPPER CONTRACEPTIVES - IUD</b>		
MIUDELLA INTRAUTERINE COPPER IUD	1	<p>PRE Preventative</p>
PARAGARD INTRAUTERINE COPPER IUD	1	<p>PRE Preventative</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>EMERGENCY CONTRACEPTIVES</b>		
ELLA 30 MG TAB	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 1 / 30 day(s)</div> <div>PRE Preventative</div> </div>
<b>EXTENDED-CYCLE CONTRACEPTIVES - ORAL</b>		
<i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 91 / 91 DAYS</div> <div>PRE Preventative</div> </div>
<i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 91 / 91 DAYS</div> <div>PRE Preventative</div> </div>
<i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 91 / 91 DAYS</div> <div>PRE Preventative</div> </div>
<i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 91 / 91 DAYS</div> <div>PRE Preventative</div> </div>
<i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 91 / 91 DAYS</div> <div>PRE Preventative</div> </div>
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &amp; eth est 0.01 mg</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>PRE Preventative</div> </div>
<i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 91 / 91 DAYS</div> <div>PRE Preventative</div> </div>
<i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 91 / 91 DAYS</div> <div>PRE Preventative</div> </div>
<i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 91 / 91 DAYS</div> <div>PRE Preventative</div> </div>
<i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 91 / 91 DAYS</div> <div>PRE Preventative</div> </div>
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &amp; eth est 0.01 mg</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>PRE Preventative</div> </div>
<i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 91 / 91 DAYS</div> <div>PRE Preventative</div> </div>
<i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 91 / 91 DAYS</div> <div>PRE Preventative</div> </div>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	1	QL 91 / 91 DAYS PRE Preventative
<i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i>	1	QL 91 / 91 DAYS PRE Preventative
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &amp; eth est 0.01 mg</i>	1	PRE Preventative
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &amp; eth est 0.01 mg</i>	1	PRE Preventative
<i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	1	QL 91 / 91 DAYS PRE Preventative
<i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i>	1	QL 91 / 91 DAYS PRE Preventative
<b>FOUR PHASE CONTRACEPTIVES - ORAL</b>		
NATAZIA 3/2-2/2-3/1 MG TAB	3	QL 28 / 26 day(s)
<b>PROGESTIN CONTRACEPTIVES - IMPLANTS</b>		
NEXPLANON 68 MG IMPLANT	1	PRE Preventative
<b>PROGESTIN CONTRACEPTIVES - INJECTABLE</b>		
DEPO-SUBQ PROVERA 104 104 MG/0.65ML SUSP PRSYR	1	PRE Preventative
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	1	PRE Preventative
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	1	PRE Preventative
<b>PROGESTIN CONTRACEPTIVES - IUD</b>		
KYLEENA 19.5 MG IUD	1	PRE Preventative
LILETTA (52 MG) 20.1 MCG/DAY IUD	1	PRE Preventative
MIRENA (52 MG) 21 MCG/DAY IUD	1	PRE Preventative
SKYLA 13.5 MG IUD	1	PRE Preventative
<b>PROGESTIN CONTRACEPTIVES - ORAL</b>		
<i>norethindrone tab 0.35 mg</i>	1	PRE Preventative
<i>norethindrone tab 0.35 mg</i>	1	PRE Preventative



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	1	PRE Preventative
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	1	PRE Preventative
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	1	PRE Preventative
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	1	PRE Preventative
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	PRE Preventative
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	1	PRE Preventative
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	1	PRE Preventative
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	1	PRE Preventative
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	1	PRE Preventative
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	PRE Preventative
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	PRE Preventative
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	1	PRE Preventative
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	PRE Preventative
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	1	PRE Preventative
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	1	PRE Preventative
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	1	PRE Preventative
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	1	PRE Preventative
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	1	PRE Preventative
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	PRE Preventative
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	PRE Preventative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	PRE Preventative
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	PRE Preventative
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	1	PRE Preventative
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	1	PRE Preventative
VELIVET 0.1/0.125/0.15 -0.025 MG TAB	1	PRE Preventative
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	1	PRE Preventative
<b>CORTICOSTEROIDS</b>		
<b>GLUCOCORTICOSTEROIDS</b>		
ALKINDI SPRINKLE 0.5 MG CAP SPRINK	3	QL 2 / 1 day(s) AL1 Up to 8 yrs old S
ALKINDI SPRINKLE 1 MG CAP SPRINK	3	QL 2 / 1 day(s) AL1 Up to 8 yrs old S
ALKINDI SPRINKLE 2 MG CAP SPRINK	3	QL 2 / 1 day(s) AL1 Up to 8 yrs old S
ALKINDI SPRINKLE 5 MG CAP SPRINK	3	QL 2 / 1 day(s) AL1 Up to 8 yrs old S
<i>budesonide delayed release particles cap 3 mg</i>	2	QL 3 CAPSULE / 1 day(s)
<i>budesonide tab er 24hr 9 mg</i>	2	
CORTISONE ACETATE 25 MG TAB	1	
<i>dexamethasone tab 0.5 mg</i>	1	
<i>dexamethasone elixir 0.5 mg/5ml</i>	1	
DEXAMETHASONE 0.5 MG/5ML SOLUTION	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>dexamethasone tab 0.75 mg</i>	1	
<i>dexamethasone tab 1 mg</i>	1	
DEXAMETHASONE 1.5 MG (35) TAB THPK	1	
DEXAMETHASONE 1.5 MG (51) TAB THPK	1	
<i>dexamethasone tab 1.5 mg</i>	1	
<i>dexamethasone tab 2 mg</i>	1	
<i>dexamethasone tab 4 mg</i>	1	
<i>dexamethasone tab 6 mg</i>	1	
DEXAMETHASONE INTENSOL 1 MG/ML CONC	1	AL1 Up to 8 yrs old
<i>hydrocortisone tab 10 mg</i>	1	
<i>hydrocortisone tab 20 mg</i>	1	
<i>hydrocortisone tab 5 mg</i>	1	
<i>hydrocortisone sodium succinate pf for inj 100 mg</i>	2	OL 6 VIALS / 30 day(s)
KENALOG-80 80 MG/ML SUSPENSION	3	PA
<i>methylprednisolone tab 16 mg</i>	1	
<i>methylprednisolone tab 32 mg</i>	1	
<i>methylprednisolone tab 4 mg</i>	1	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	1	
<i>methylprednisolone tab 8 mg</i>	1	
<i>prednisolone soln 15 mg/5ml</i>	1	
<i>prednisolone sod phosphate oral soln 10 mg/5ml (base equiv)</i>	1	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	1	
<i>prednisolone sod phosphate oral soln 20 mg/5ml (base equiv)</i>	1	AL1 Up to 8 yrs old
PREDNISOLONE SODIUM PHOSPHATE 25 MG/5ML SOLUTION	1	AL1 Up to 8 yrs old
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	1	AL1 Age Limit

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>prednisolone sod phosphate oral soln 5 mg/5ml (base equiv)</i>	1	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	1	
<i>prednisone tab 1 mg</i>	1	
<i>prednisone tab therapy pack 10 mg (21)</i>	1	
<i>prednisone tab therapy pack 10 mg (48)</i>	1	
<i>prednisone tab 10 mg</i>	1	
<i>prednisone tab 2.5 mg</i>	1	
<i>prednisone tab 20 mg</i>	1	
<i>prednisone tab therapy pack 5 mg (21)</i>	1	
<i>prednisone tab therapy pack 5 mg (48)</i>	1	
<i>prednisone tab 5 mg</i>	1	
PREDNISONE 5 MG/5ML SOLUTION	1	
<i>prednisone tab 50 mg</i>	1	
PREDNISONE INTENSOL 5 MG/ML CONC	2	AL1 Up to 8 yrs old
SOLU-CORTEF 1000 MG RECON SOLN	3	QL 6 VIALS / 30 day(s)
SOLU-CORTEF 250 MG RECON SOLN	3	QL 6 VIALS / 30 day(s)
SOLU-CORTEF 500 MG RECON SOLN	3	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
<b>MINERALOCORTICOIDS</b>		
<i>fludrocortisone acetate tab 0.1 mg</i>	1	
<b>COUGH/COLD/ALLERGY ANTITUSSIVE - NONNARCOTIC</b>		
<i>benzonatate cap 100 mg</i>	1	
<i>benzonatate cap 200 mg</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>ANTITUSSIVE - OPIOID</b>		
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	1	QL 6 / 1 day(s)
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	1	QL 30 / 1 day(s) MFL 1 / 60 day(s) MD 7 / 1 day(s)
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	1	QL 30 / 1 day(s) MFL 1 / 60 day(s) MD 7 / 1 day(s)
<b>ANTITUSSIVE-EXPECTORANT</b>		
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	1	
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	1	
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	1	
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	1	
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	1	
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	1	
<b>MISC. RESPIRATORY INHALANTS</b>		
NEBUSAL 3 % NEBU SOLN	1	
PULMOSAL 7 % NEBU SOLN	1	
SODIUM CHLORIDE 3 % NEBU SOLN	1	
SODIUM CHLORIDE 7 % NEBU SOLN	1	
<b>MUCOLYTICS</b>		
<i>acetylcysteine inhal soln 10%</i>	1	
<i>acetylcysteine inhal soln 20%</i>	1	
<b>NON-NARC ANTITUSSIVE-ANTIHISTAMINE</b>		
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	1	
<b>OPIOID ANTITUSSIVE-ANTIHISTAMINE</b>		
HYDROCOD POLI-CHLORPHE POLI ER 10-8 MG/5ML SUSP	1	QL 50 / 5 day(s) MFL 3 / 180 day(s)
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	1	QL 50 / 5 DAYS MFL 3 / 180 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	1	QL 150 / 5 DAYS MFL 3 / 180 DAYS
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	1	QL 150 / 5 DAYS MFL 3 / 180 DAYS
<b>DERMATOLOGICALS</b>		
<b>ACNE ANTIBIOTICS</b>		
<i>clindamycin phosphate swab 1%</i>	1	
<i>clindamycin phosphate swab 1%</i>	1	
<i>clindamycin phosphate lotion 1%</i>	1	
<i>clindamycin phosphate soln 1%</i>	1	
<i>clindamycin phosphate swab 1%</i>	1	
<i>dapsone gel 5%</i>	1	
<i>dapsone gel 7.5%</i>	1	
ERYTHROMYCIN 2 % GEL	1	
<i>erythromycin gel 2%</i>	1	
<i>erythromycin soln 2%</i>	1	
<i>sulfacetamide sodium lotion 10% (acne)</i>	1	
<b>ACNE COMBINATIONS</b>		
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	1	QL 90 / 30 DAYS
AVAR CLEANSER 10-5 % LIQUID	1	
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	2	
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	1	
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	1	
<i>sulfacetamide sodium w/ sulfur cleanser 10-5%</i>	1	
SULFACETAMIDE SODIUM-SULFUR 10-5 % LIQUID	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>ACNE PRODUCTS</b>		
<i>isotretinoin cap 10 mg</i>	2	QL 60 / 30 DAYS
<i>isotretinoin cap 20 mg</i>	2	QL 60 / 30 DAYS
<i>isotretinoin cap 30 mg</i>	2	QL 60 / 30 day(s)
<i>isotretinoin cap 40 mg</i>	2	QL 60 / 30 DAYS
<i>adapalene cream 0.1%</i>	1	
<i>adapalene gel 0.1%</i>	1	
<i>adapalene gel 0.3%</i>	1	
<i>isotretinoin cap 10 mg</i>	2	QL 60 / 30 DAYS
<i>isotretinoin cap 20 mg</i>	2	QL 60 / 30 DAYS
<i>isotretinoin cap 30 mg</i>	2	QL 60 / 30 day(s)
<i>isotretinoin cap 40 mg</i>	2	QL 60 / 30 DAYS
<i>tretinoin cream 0.025%</i>	1	QL 45 / 30 DAYS
<i>tretinoin gel 0.025%</i>	1	QL 45 / 30 DAYS
AZELEX 20 % CREAM	3	ST
<i>isotretinoin cap 10 mg</i>	2	QL 60 / 30 DAYS
<i>isotretinoin cap 20 mg</i>	2	QL 60 / 30 DAYS
<i>isotretinoin cap 30 mg</i>	2	QL 60 / 30 day(s)
<i>isotretinoin cap 40 mg</i>	2	QL 60 / 30 DAYS
<i>isotretinoin cap 10 mg</i>	2	QL 60 / 30 DAYS
<i>isotretinoin cap 20 mg</i>	2	QL 60 / 30 DAYS
<i>isotretinoin cap 30 mg</i>	2	QL 60 / 30 day(s)
<i>isotretinoin cap 40 mg</i>	2	QL 60 / 30 DAYS
<i>isotretinoin cap 10 mg</i>	2	QL 60 / 30 DAYS
<i>isotretinoin cap 20 mg</i>	2	QL 60 / 30 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>isotretinoin cap 30 mg</i>	2	QL 60 / 30 day(s)
<i>isotretinoin cap 40 mg</i>	2	QL 60 / 30 DAYS
<i>tretinoin gel 0.01%</i>	1	QL 45 / 30 DAYS
<i>tretinoin cream 0.025%</i>	1	QL 45 / 30 DAYS
<i>tretinoin gel 0.025%</i>	1	QL 45 / 30 DAYS
<i>tretinoin cream 0.05%</i>	1	QL 45 / 30 DAYS
<i>tretinoin gel 0.05%</i>	1	
<i>tretinoin cream 0.1%</i>	1	QL 45 / 30 DAYS
TRETINOIN MICROSPHERE 0.1 % GEL	1	
<i>tretinoin microsphere gel 0.1%</i>	1	
TRETINOIN MICROSPHERE PUMP 0.1 % GEL	1	
WINLEVI 1 % CREAM	3	ST
<i>isotretinoin cap 10 mg</i>	2	QL 60 / 30 DAYS
<i>isotretinoin cap 20 mg</i>	2	QL 60 / 30 DAYS
<i>isotretinoin cap 30 mg</i>	2	QL 60 / 30 day(s)
<i>isotretinoin cap 40 mg</i>	2	QL 60 / 30 DAYS
<b>AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS</b>		
VEREGEN 15 % OINTMENT	3	PA
<b>ANTI-INFLAMMATORY AGENTS - TOPICAL</b>		
DICLOFENAC EPOLAMINE 1.3 % PATCH	2	QL 60 / 30 DAYS PA
<i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i>	1	QL 500 / 30 DAYS
<i>diclofenac sodium soln 1.5%</i>	1	QL 150 / 30 DAYS
<b>ANTIBIOTICS - TOPICAL</b>		
ALTABAX 1 % OINTMENT	3	
<i>gentamicin sulfate cream 0.1%</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>gentamicin sulfate oint 0.1%</i>	1	
<i>mupirocin oint 2%</i>	1	
<b>ANTIFUNGALS - TOPICAL</b>		
<i>ciclopirox solution 8%</i>	1	
<i>ciclopirox gel 0.77%</i>	1	
<i>ciclopirox shampoo 1%</i>	1	
<i>ciclopirox solution 8%</i>	1	
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	1	
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	1	
CICLOPIROX TREATMENT 8 % KIT	2	
<i>nystatin topical powder 100000 unit/gm</i>	1	
LOPROX 0.77 % CREAM	3	
LOPROX 0.77 % KIT	2	
<i>nystatin topical powder 100000 unit/gm</i>	1	
<i>nystatin cream 100000 unit/gm</i>	1	
<i>nystatin oint 100000 unit/gm</i>	1	
<i>nystatin topical powder 100000 unit/gm</i>	1	
<i>nystatin topical powder 100000 unit/gm</i>	1	
<b>ANTIFUNGALS - TOPICAL COMBINATIONS</b>		
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	1	
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	1	
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	1	
<b>ANTINEOPLASTIC ALKYLATING AGENTS - TOPICAL</b>		
VALCHLOR 0.016 % GEL	4	PA S
<b>ANTINEOPLASTIC ANTIMETABOLITES - TOPICAL</b>		
<i>fluorouracil cream 5%</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>ANTINEOPLASTIC OR PREMALIGNANT LESIONS - TOPICAL NSAID'S</b>		
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	1	QL 500 / 30 DAYS
<b>ANTIPRURITICS - TOPICAL</b>		
<i>doxepin hcl cream 5%</i>	2	PA
PRUDOXIN 5 % CREAM	2	PA
ZONALON 5 % CREAM	2	PA
<b>ANTIPSORIATICS</b>		
<i>calcipotriene cream 0.005%</i>	1	QL 120 / 30 DAYS
CALCIPOTRIENE 0.005 % SOLUTION	1	QL 60 / 30 day(s)
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	1	QL 60 / 30 DAYS
CALCITRIOL 3 MCG/GM OINTMENT	2	
<i>tazarotene cream 0.05%</i>	2	PA
<i>tazarotene cream 0.1%</i>	1	
VTAMA 1 % CREAM	3	QL 60 / 30 day(s) PA
<b>ANTIPSORIATICS - SYSTEMIC</b>		
<i>acitretin cap 10 mg</i>	2	QL 30 / 30 DAYS
<i>acitretin cap 17.5 mg</i>	2	QL 30 / 30 DAYS
<i>acitretin cap 25 mg</i>	2	QL 30 / 30 DAYS
BIMZELX 160 MG/ML SOLN A-INJ	4	PA S
BIMZELX 160 MG/ML SOLN PRSYR	4	PA S
BIMZELX 320 MG/2ML SOLN A-INJ	4	PA S
BIMZELX 320 MG/2ML SOLN PRSYR	4	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
METHOXSALLEN RAPID 10 MG CAP	2	PA
SKYRIZI (150 MG DOSE) 75 MG/0.83ML PEF SY KT	4	PA S
SKYRIZI 150 MG/ML SOLN PRSYR	4	PA S
SKYRIZI PEN 150 MG/ML SOLN A-INJ	4	PA S
TALTZ 20 MG/0.25ML SOLN PRSYR	4	PA S
TALTZ 40 MG/0.5ML SOLN PRSYR	4	PA S
TALTZ 80 MG/ML SOLN A-INJ	4	PA S
TALTZ 80 MG/ML SOLN PRSYR	4	PA S
TREMFYA 100 MG/ML SOLN PRSYR	4	PA S
TREMFYA ONE-PRESS 100 MG/ML SOLN PEN	4	PA S
TREMFYA PEN 100 MG/ML SOLN A-INJ	4	PA S
WEZLANA 45 MG/0.5ML SOLN PRSYR	4	PA S
WEZLANA 45 MG/0.5ML SOLUTION	4	PA S
WEZLANA 90 MG/ML SOLN PRSYR	4	PA S
YESINTEK 45 MG/0.5ML SOLN PRSYR	4	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
YESINTEK 45 MG/0.5ML SOLUTION	4	PA S
YESINTEK 90 MG/ML SOLN PRSYR	4	PA S
<b>ANTISEBORRHEIC PRODUCTS</b>		
SELENIUM SULFIDE 2.25 % SHAMPOO	1	
<i>selenium sulfide shampoo 2.25%</i>	1	
SELENIUM SULFIDE 2.5 % LOTION	1	
<i>selenium sulfide lotion 2.5%</i>	1	
<b>ANTIVIRALS - TOPICAL</b>		
<i>acyclovir oint 5%</i>	1	QL 30 / 30 DAYS
<b>ATOPIC DERMATITIS - JANUS KINASE (JAK) INHIBITORS</b>		
ANZUPGO 20 MG/GM CREAM	3	PA
OPZELURA 1.5 % CREAM	3	QL 60 / 30 day(s) PA
<b>ATOPIC DERMATITIS - MONOCLONAL ANTIBODIES</b>		
ADBRY 150 MG/ML SOLN PRSYR	4	PA S
ADBRY 300 MG/2ML SOLN A-INJ	4	PA S
DUPIXENT 100 MG/0.67ML SOLN PRSYR	4	PA S
DUPIXENT 200 MG/1.14ML SOLN A-INJ	4	PA S
DUPIXENT 200 MG/1.14ML SOLN PRSYR	4	PA S
DUPIXENT 300 MG/2ML SOLN A-INJ	4	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DUPIXENT 300 MG/2ML SOLN PRSYR	4	PA S
<b>BURN PRODUCTS</b>		
MAFENIDE ACETATE 5 % PACKET	1	
<i>mafenide acetate packet for topical soln 5% (50 gm)</i>	1	
<i>silver sulfadiazine cream 1%</i>	1	
<i>silver sulfadiazine cream 1%</i>	1	
SULFAMYLON 85 MG/GM CREAM	3	
<b>CORTICOSTEROIDS - TOPICAL</b>		
<i>alclometasone dipropionate cream 0.05%</i>	1	
ALCLOMETASONE DIPROPIONATE 0.05 % OINTMENT	1	
<i>alclometasone dipropionate oint 0.05%</i>	1	
AMCINONIDE 0.1 % CREAM	1	
AMCINONIDE 0.1 % LOTION	1	
<i>betamethasone dipropionate cream 0.05%</i>	1	
<i>betamethasone dipropionate lotion 0.05%</i>	1	
<i>betamethasone dipropionate oint 0.05%</i>	1	
<i>betamethasone dipropionate augmented cream 0.05%</i>	1	
BETAMETHASONE DIPROPIONATE AUG 0.05 % GEL	1	
<i>betamethasone dipropionate augmented lotion 0.05%</i>	1	
<i>betamethasone dipropionate augmented oint 0.05%</i>	1	
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	1	
BETAMETHASONE VALERATE 0.1 % LOTION	1	
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	1	
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	1	
<i>clobetasol propionate emollient base cream 0.05%</i>	1	
<i>clobetasol propionate cream 0.05%</i>	1	
<i>clobetasol propionate foam 0.05%</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>clobetasol propionate gel 0.05%</i>	1	
<i>clobetasol propionate spray 0.05%</i>	1	
<i>clobetasol propionate lotion 0.05%</i>	1	
<i>clobetasol propionate oint 0.05%</i>	1	
<i>clobetasol propionate shampoo 0.05%</i>	1	
<i>clobetasol propionate soln 0.05%</i>	1	
<i>clobetasol propionate emollient base cream 0.05%</i>	1	
<i>clobetasol propionate emulsion foam 0.05%</i>	1	
<i>clobetasol propionate shampoo 0.05%</i>	1	
CORDRAN 4 MCG/SQCM TAPE	3	QL 1 / 30 DAYS
<i>desonide cream 0.05%</i>	1	
<i>desonide lotion 0.05%</i>	1	
<i>desonide oint 0.05%</i>	1	
<i>desoximetasone cream 0.05%</i>	1	
DESOXIMETASONE 0.05 % GEL	1	
<i>desoximetasone oint 0.05%</i>	1	
<i>desoximetasone cream 0.25%</i>	1	
<i>desoximetasone oint 0.25%</i>	1	
DIFLORASONE DIACETATE 0.05 % CREAM	2	
<i>diflorasone diacetate oint 0.05%</i>	2	QL 60 / 30 DAYS
<i>fluocinolone acetonide cream 0.01%</i>	1	
<i>fluocinolone acetonide soln 0.01%</i>	1	
<i>fluocinolone acetonide cream 0.025%</i>	1	
<i>fluocinolone acetonide oint 0.025%</i>	1	
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	1	
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	1	
<i>fluocinonide cream 0.05%</i>	1	
<i>fluocinonide gel 0.05%</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fluocinonide oint 0.05%</i>	1	
<i>fluocinonide soln 0.05%</i>	1	
<i>fluocinonide cream 0.1%</i>	2	
<i>fluocinonide emulsified base cream 0.05%</i>	1	
FLURANDRENOLIDE 0.05 % LOTION	1	
<i>flurandrenolide lotion 0.05%</i>	1	
<i>fluticasone propionate oint 0.005%</i>	1	
<i>fluticasone propionate cream 0.05%</i>	1	
FLUTICASONE PROPIONATE 0.05 % LOTION	2	
<i>fluticasone propionate lotion 0.05%</i>	2	
<i>halobetasol propionate cream 0.05%</i>	1	
<i>halobetasol propionate oint 0.05%</i>	1	
<i>hydrocortisone oint 1%</i>	1	
<i>hydrocortisone cream 2.5%</i>	1	
HYDROCORTISONE 2.5 % LOTION	1	
<i>hydrocortisone lotion 2.5%</i>	1	
<i>hydrocortisone oint 2.5%</i>	1	
HYDROCORTISONE BUTYR LIPO BASE 0.1 % CREAM	2	
<i>hydrocortisone butyrate hydrophilic lipo base cream 0.1%</i>	2	
HYDROCORTISONE BUTYRATE 0.1 % CREAM	1	
HYDROCORTISONE BUTYRATE 0.1 % OINTMENT	1	
<i>hydrocortisone butyrate oint 0.1%</i>	1	
HYDROCORTISONE BUTYRATE 0.1 % SOLUTION	2	
<i>hydrocortisone valerate cream 0.2%</i>	1	
<i>mometasone furoate cream 0.1%</i>	1	
<i>mometasone furoate oint 0.1%</i>	1	
<i>mometasone furoate solution 0.1% (lotion)</i>	1	
PREDNICARBATE 0.1 % OINTMENT	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>clobetasol propionate emulsion foam 0.05%</i>	1	
<i>triamcinolone acetonide cream 0.025%</i>	1	
TRIAMCINOLONE ACETONIDE 0.025 % LOTION	1	
<i>triamcinolone acetonide lotion 0.025%</i>	1	
<i>triamcinolone acetonide oint 0.025%</i>	1	
<i>triamcinolone acetonide cream 0.1%</i>	1	
<i>triamcinolone acetonide lotion 0.1%</i>	1	
<i>triamcinolone acetonide oint 0.1%</i>	1	
<i>triamcinolone acetonide cream 0.5%</i>	1	
<i>triamcinolone acetonide oint 0.5%</i>	1	
<i>triamcinolone acetonide cream 0.5%</i>	1	
<b>ENZYMES - TOPICAL</b>		
SANTYL 250 UNIT/GM OINTMENT	3	QL 30 / 30 DAYS
<b>IMIDAZOLE-RELATED ANTIFUNGALS - TOPICAL</b>		
<i>clotrimazole soln 1%</i>	1	
<i>econazole nitrate cream 1%</i>	1	
ERTACZO 2 % CREAM	3	PA
EXELDERM 1 % CREAM	3	
EXELDERM 1 % SOLUTION	3	
JUBLIA 10 % SOLUTION	3	QL 4 / 30 day(s) ST
<i>ketoconazole cream 2%</i>	1	
<i>ketoconazole foam 2%</i>	1	
<i>ketoconazole shampoo 2%</i>	1	
<i>ketoconazole foam 2%</i>	1	
LULICONAZOLE 1 % CREAM	2	QL 60 / 30 day(s)
LUZU 1 % CREAM	2	
XOLEGEL 2 % GEL	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>IMMUNOMODULATORS IMIDAZOQUINOLINAMINES - TOPICAL</b>		
<i>imiquimod cream 5%</i>	1	
<b>KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS</b>		
KERALYT 6 % SHAMPOO	1	
PODOFILOX 0.5 % SOLUTION	1	
<i>podofilox soln 0.5%</i>	1	
SALICYLIC ACID 6 % SHAMPOO	1	
<b>LOCAL ANESTHETICS - TOPICAL</b>		
<i>lidocaine oint 5%</i>	1	
<i>lidocaine patch 5%</i>	1	QL 90 / 30 DAYS
LIDOCAINE HCL URETHRAL/MUCOSAL 2 % GEL	1	
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	1	
<i>lidocaine patch 5%</i>	1	QL 90 / 30 DAYS
PREMIUM LIDOCAINE 5 % OINTMENT	1	
<i>lidocaine patch 5%</i>	1	QL 90 / 30 DAYS
<i>lidocaine patch 5%</i>	1	QL 90 / 30 DAYS
<b>MACROLIDE IMMUNOSUPPRESSANTS - TOPICAL</b>		
<i>pimecrolimus cream 1%</i>	2	QL 60 / 30 DAYS
<i>tacrolimus oint 0.03%</i>	2	
<i>tacrolimus oint 0.1%</i>	2	
<b>MISC. TOPICAL</b>		
DRYSOL 20 % SOLUTION	2	
<b>OXABOROLE-RELATED ANTIFUNGALS - TOPICAL</b>		
<i>tavaborole soln 5%</i>	2	QL 10 / 30 day(s) ST
<b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL</b>		
EUCRISA 2 % OINTMENT	3	PA
ZORYVE 0.05 % CREAM	3	QL 60 / 30 day(s) PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZORYVE 0.15 % CREAM	3	QL 60 grams / 30 day(s) PA
ZORYVE 0.3 % CREAM	3	QL 60 / 30 day(s) PA
<b>ROSACEA AGENTS</b>		
<i>azelaic acid gel 15%</i>	1	QL 50 / 30 DAYS
<i>ivermectin cream 1%</i>	1	QL 1.5 grams / 1 day(s)
<i>metronidazole cream 0.75%</i>	1	
<i>metronidazole gel 0.75%</i>	1	
<i>metronidazole lotion 0.75%</i>	1	
<i>metronidazole gel 1%</i>	1	
<i>metronidazole cream 0.75%</i>	1	
<i>metronidazole gel 0.75%</i>	1	
<b>SCABICIDES &amp; PEDICULICIDES</b>		
IVERMECTIN 0.5 % LOTION	3	QL 117 / 30 day(s)
<i>malathion lotion 0.5%</i>	1	
<i>permethrin cream 5%</i>	1	
SPINOSAD 0.9 % SUSPENSION	1	
<b>TOPICAL ANESTHETIC COMBINATIONS</b>		
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1	
SYNERA 70-70 MG PATCH	3	
<b>TOPICAL SELECTIVE RETINOID X RECEPTOR AGONISTS</b>		
<i>bexarotene gel 1%</i>	4	PA S
<b>TYPE II 5-ALPHA REDUCTASE INHIBITORS</b>		
<i>finasteride tab 1 mg</i>	1	QL 1 / 1 day(s)
<b>WOUND CARE - GROWTH FACTOR AGENTS</b>		
REGANEX 0.01 % GEL	3	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>DIAGNOSTIC PRODUCTS</b>		
<b>DIAGNOSTIC DRUGS</b>		
GLUCAGEN DIAGNOSTIC 1 MG RECON SOLN	2	
GLUCAGON HCL (DIAGNOSTIC) 1 MG RECON SOLN	1	
<b>DIAGNOSTIC TESTS</b>		
ACCU-CHEK AVIVA PLUS STRIP	2	<span>QL</span> 250 / 30 day(s) <span>VAL</span> Value Preventive List
ACCU-CHEK GUIDE TEST STRIP	2	<span>QL</span> 250 / 30 day(s) <span>VAL</span> Value Preventive List
ACCU-CHEK SMARTVIEW STRIP	2	<span>QL</span> 250 / 30 day(s) <span>VAL</span> Value Preventive List
FORA GTEL BLOOD KETONE TEST STRIP	1	<span>QL</span> 10 / 30 day(s)
FORA TEST N'GO ADV-VOICE-6 CON STRIP	1	<span>QL</span> 10 / 30 day(s)
FREESTYLE INSULINX TEST STRIP	2	<span>QL</span> 250 / 30 day(s) <span>VAL</span> Value Preventive List
FREESTYLE LITE TEST STRIP	2	<span>QL</span> 250 / 30 day(s) <span>VAL</span> Value Preventive List
FREESTYLE TEST STRIP	2	<span>QL</span> 250 / 30 day(s) <span>VAL</span> Value Preventive List
GOJJI BLOOD KETONE TEST STRIP	1	<span>QL</span> 10 / 30 day(s)
NOVA MAX PLUS KETONE TEST STRIP	1	<span>QL</span> 10 / 30 day(s)
PRECISION XTRA KETONE STRIP	1	<span>QL</span> 10 / 30 day(s)
PTS PANELS KETONE TEST STRIP	1	<span>QL</span> 10 / 30 day(s)
<b>INFECTION TESTS</b>		
ACCUA SARS-COV-2 KIT	1	<span>QL</span> 8 / 30 day(s) <span>PRE</span> Preventative
BD VERITOR SYSTEM SARS-COV-2 KIT	1	<span>QL</span> 8 / 30 day(s) <span>PRE</span> Preventative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BINAXNOW COVID-19 AG CARD KIT	1	QL 8 / 30 day(s) PRE Preventative
COBAS LIAT SARS-COV-2 ASSAY KIT	1	QL 8 / 30 day(s) PRE Preventative
ID NOW COVID-19 KIT	1	QL 8 / 30 day(s) PRE Preventative
ID NOW COVID-19 2.0 TEST KIT	1	QL 8 / 30 day(s) PRE Preventative
LUCIRA COVID-19 ALL-IN-ONE KIT	1	QL 8 / 30 day(s) PRE Preventative
LYRA DIRECT SARS-COV-2 ASSAY KIT	1	QL 8 / 30 day(s) PRE Preventative
LYRA SARS-COV-2 ASSAY KIT	1	QL 8 / 30 day(s) PRE Preventative
QUICKVUE SARS ANTIGEN TEST KIT	1	QL 8 / 30 day(s) PRE Preventative
SOFIA SARS ANTIGEN FIA KIT	1	QL 8 / 30 day(s) PRE Preventative
SOFIA2 SARS ANTIGEN FIA KIT	1	QL 8 / 30 day(s) PRE Preventative
XPRT XPRESS SARS-COV-2 KIT	1	QL 8 / 30 day(s) PRE Preventative
<b>DIGESTIVE AIDS</b>		
<b>DIGESTIVE ENZYMES</b>		
CREON 12000-38000 UNIT CP DR PART	2	PA
CREON 24000-76000 UNIT CP DR PART	2	PA
CREON 3000-9500 UNIT CP DR PART	2	PA
CREON 36000-114000 UNIT CP DR PART	2	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CREON 6000-19000 UNIT CP DR PART	2	PA
PANCREAZE 10500-35500 UNIT CP DR PART	3	PA
PANCREAZE 16800-56800 UNIT CP DR PART	3	PA
PANCREAZE 21000-54700 UNIT CP DR PART	3	PA
PANCREAZE 2600-8800 UNIT CP DR PART	3	PA
PANCREAZE 37000-97300 UNIT CP DR PART	3	PA
PANCREAZE 4200-14200 UNIT CP DR PART	3	PA
ZENPEP 10000-32000 UNIT CP DR PART	2	PA
ZENPEP 15000-47000 UNIT CP DR PART	2	PA
ZENPEP 20000-63000 UNIT CP DR PART	2	PA
ZENPEP 25000-79000 UNIT CP DR PART	2	PA
ZENPEP 3000-10000 UNIT CP DR PART	2	PA
ZENPEP 40000-126000 UNIT CP DR PART	2	PA
ZENPEP 5000-24000 UNIT CP DR PART	2	PA
ZENPEP 60000-189600 UNIT CP DR PART	2	PA
<b>DIURETICS</b>		
<b>CARBONIC ANHYDRASE INHIBITORS</b>		
<i>acetazolamide tab 125 mg</i>	1	VAL Value Preventive List
<i>acetazolamide tab 250 mg</i>	1	VAL Value Preventive List
<i>acetazolamide cap er 12hr 500 mg</i>	1	VAL Value Preventive List
<i>methazolamide tab 25 mg</i>	1	QL 3 / 1 day(s) VAL Value Preventive List
<i>methazolamide tab 50 mg</i>	1	VAL Value Preventive List
<b>DIURETIC COMBINATIONS</b>		
<i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i>	1	VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AMILORIDE-HYDROCHLOROTHIAZIDE 5-50 MG TAB	1	VAL Value Preventive List
<i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i>	1	VAL Value Preventive List
<i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i>	1	VAL Value Preventive List
<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i>	1	VAL Value Preventive List
<i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i>	1	VAL Value Preventive List
<b>LOOP DIURETICS</b>		
<i>bumetanide tab 0.5 mg</i>	1	VAL Value Preventive List
<i>bumetanide tab 1 mg</i>	1	VAL Value Preventive List
<i>bumetanide tab 2 mg</i>	1	VAL Value Preventive List
<i>ethacrynic acid tab 25 mg</i>	1	
FUROSEMIDE 10 MG/ML SOLUTION	1	VAL Value Preventive List
<i>furosemide oral soln 10 mg/ml</i>	1	VAL Value Preventive List
<i>furosemide tab 20 mg</i>	1	VAL Value Preventive List
<i>furosemide tab 40 mg</i>	1	VAL Value Preventive List
FUROSEMIDE 8 MG/ML SOLUTION	1	AL1 Up to 8 yrs old VAL Value Preventive List
<i>furosemide tab 80 mg</i>	1	VAL Value Preventive List
<i>torseamide tab 10 mg</i>	1	VAL Value Preventive List
<i>torseamide tab 100 mg</i>	1	VAL Value Preventive List
<i>torseamide tab 20 mg</i>	1	VAL Value Preventive List
<i>torseamide tab 5 mg</i>	1	VAL Value Preventive List
<b>POTASSIUM SPARING DIURETICS</b>		
<i>amiloride hcl tab 5 mg</i>	1	VAL Value Preventive List
<i>spironolactone tab 100 mg</i>	1	VAL Value Preventive List
<i>spironolactone tab 25 mg</i>	1	VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>spironolactone susp 25 mg/5ml</i>	2	AL1 0 to 8 yrs old
<i>spironolactone tab 50 mg</i>	1	VAL Value Preventive List
<i>triamterene cap 100 mg</i>	1	VAL Value Preventive List
<i>triamterene cap 50 mg</i>	1	VAL Value Preventive List
<b>THIAZIDES AND THIAZIDE-LIKE DIURETICS</b>		
<i>chlorthalidone tab 25 mg</i>	1	VAL Value Preventive List
<i>chlorthalidone tab 50 mg</i>	1	VAL Value Preventive List
DIURIL 250 MG/5ML SUSPENSION	2	AL1 Up to 8 yrs old
<i>hydrochlorothiazide cap 12.5 mg</i>	1	VAL Value Preventive List
<i>hydrochlorothiazide tab 12.5 mg</i>	1	VAL Value Preventive List
<i>hydrochlorothiazide tab 25 mg</i>	1	VAL Value Preventive List
<i>hydrochlorothiazide tab 50 mg</i>	1	VAL Value Preventive List
<i>indapamide tab 1.25 mg</i>	1	VAL Value Preventive List
<i>indapamide tab 2.5 mg</i>	1	VAL Value Preventive List
INZIRQO 10 MG/ML RECON SUSP	2	QL 80 / 30 day(s) AL1 Up to 8 yrs old
<i>metolazone tab 10 mg</i>	1	VAL Value Preventive List
<i>metolazone tab 2.5 mg</i>	1	VAL Value Preventive List
<i>metolazone tab 5 mg</i>	1	VAL Value Preventive List
<b>ENDOCRINE AND METABOLIC AGENTS - MISC. BISPHOSPHONATES</b>		
<i>alendronate sodium tab 10 mg</i>	1	QL 30 / 28 DAYS VAL Value Preventive List
<i>alendronate sodium tab 35 mg</i>	1	QL 4 / 28 DAYS VAL Value Preventive List
<i>alendronate sodium tab 70 mg</i>	1	QL 4 / 28 DAYS VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FOSAMAX PLUS D 70-2800 MG-UNIT TAB	3	QL 4 / 28 DAYS
FOSAMAX PLUS D 70-5600 MG-UNIT TAB	3	QL 4 / 28 DAYS
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	1	QL 1 / 28 DAYS VAL Value Preventive List
<i>risedronate sodium tab 150 mg</i>	1	QL 1 / 30 DAYS VAL Value Preventive List
<i>risedronate sodium tab 35 mg</i>	1	QL 30 / 30 DAYS VAL Value Preventive List
<i>risedronate sodium tab delayed release 35 mg</i>	1	QL 4 / 28 DAYS VAL Value Preventive List
<i>risedronate sodium tab 5 mg</i>	1	QL 30 / 30 DAYS VAL Value Preventive List
<b>CALCIMIMETIC AGENTS</b>		
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	1	QL 120 / 30 day(s)
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	1	QL 120 / 30 day(s)
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	1	QL 120 / 30 day(s)
<b>CALCITONINS</b>		
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	1	
<i>calcitonin (salmon) inj 200 unit/ml</i>	4	PA
<b>CARNITINE REPLENISHER - AGENTS</b>		
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	1	
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	1	
<b>DOPAMINE RECEPTOR AGONISTS</b>		
<i>cabergoline tab 0.5 mg</i>	1	
<b>GNRH/LHRH ANTAGONISTS</b>		
ORLISSA 200 MG TAB	4	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>GROWTH HORMONE RECEPTOR ANTAGONISTS</b>		
SOMAVERT 10 MG RECON SOLN	4	PA S
SOMAVERT 15 MG RECON SOLN	4	PA S
SOMAVERT 20 MG RECON SOLN	4	PA S
<b>GROWTH HORMONES</b>		
NORDITROPIN FLEXPPO 10 MG/1.5ML SOLN PEN	4	PA S
NORDITROPIN FLEXPPO 15 MG/1.5ML SOLN PEN	4	PA S
NORDITROPIN FLEXPPO 30 MG/3ML SOLN PEN	4	PA S
NORDITROPIN FLEXPPO 5 MG/1.5ML SOLN PEN	4	PA S
OMNITROPE 10 MG/1.5ML SOLN CART	4	PA S
OMNITROPE 5 MG/1.5ML SOLN CART	4	PA S
OMNITROPE 5.8 MG RECON SOLN	4	PA S
<b>HYPERAMMONEMIA TREATMENT - AGENTS</b>		
<i>carglumic acid soluble tab 200 mg</i>	4	PA S
<b>HYPERPARATHYROID TREATMENT - VITAMIN D ANALOGS</b>		
<i>calcitriol cap 0.25 mcg</i>	1	
<i>calcitriol cap 0.5 mcg</i>	1	
<i>calcitriol oral soln 1 mcg/ml</i>	1	AL1 Up to 8 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DOXERCALCIFEROL 0.5 MCG CAP	2	
<i>doxercalciferol cap 0.5 mcg</i>	2	
DOXERCALCIFEROL 1 MCG CAP	2	
<i>doxercalciferol cap 1 mcg</i>	2	
DOXERCALCIFEROL 2.5 MCG CAP	2	
<i>doxercalciferol cap 2.5 mcg</i>	2	
<i>paricalcitol cap 1 mcg</i>	1	
<i>paricalcitol cap 2 mcg</i>	1	
<i>paricalcitol cap 4 mcg</i>	1	
<b>INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)</b>		
INCRELEX 40 MG/4ML SOLUTION	4	PA S
<b>LEPTIN ANALOGUES</b>		
MYALEPT 11.3 MG RECON SOLN	4	PA S
<b>LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS</b>		
LUPRON DEPOT-PED (1-MONTH) 11.25 MG KIT	4	PA S
LUPRON DEPOT-PED (1-MONTH) 15 MG KIT	4	PA S
LUPRON DEPOT-PED (1-MONTH) 7.5 MG KIT	4	PA S
LUPRON DEPOT-PED (3-MONTH) 11.25 MG (PED) KIT	4	PA S
LUPRON DEPOT-PED (3-MONTH) 30 MG KIT	4	PA S
LUPRON DEPOT-PED (6-MONTH) 45 MG KIT	4	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>NEUROKININ 1 &amp; 3 (NK1/NK3) RECEPTOR ANTAGONISTS</b>		
LYNKUET 60 MG CAP	3	PA
<b>NEUROKININ 3 (NK3) RECEPTOR ANTAGONISTS</b>		
VEOZAH 45 MG TAB	3	PA
<b>PARATHYROID HORMONE AND DERIVATIVES</b>		
<i>teriparatide soln pen-inj 560 mcg/2.24ml</i>	4	PA S
TYMLOS 3120 MCG/1.56ML SOLN PEN	4	PA S
<b>PHENYLKETONURIA TREATMENT - AGENTS</b>		
PALYNZIQ 10 MG/0.5ML SOLN PRSYR	4	PA S
PALYNZIQ 2.5 MG/0.5ML SOLN PRSYR	4	PA S
PALYNZIQ 20 MG/ML SOLN PRSYR	4	PA S
<i>sapropterin dihydrochloride powder packet 100 mg</i>	4	PA S
<i>sapropterin dihydrochloride tab 100 mg</i>	4	PA S
<i>sapropterin dihydrochloride powder packet 500 mg</i>	4	PA S
<b>SCLEROSTIN INHIBITORS</b>		
EVENITY 105 MG/1.17ML SOLN PRSYR	4	PA S
<b>SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)</b>		
OSPHENA 60 MG TAB	3	
<i>raloxifene hcl tab 60 mg</i>	1	QL 30 / 30 DAYS PRE Preventative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>SELECTIVE VASOPRESSIN V2-RECEPTOR ANTAGONISTS</b>		
<i>tolvaptan (hyponatremia) tab 15 mg</i>	2	S
<i>tolvaptan (hyponatremia) tab 30 mg</i>	2	S
<i>tolvaptan tab 15 mg</i>	2	S
<i>tolvaptan tab therapy pack 15 mg</i>	2	S
<i>tolvaptan tab therapy pack 30 &amp; 15 mg</i>	2	S
<i>tolvaptan tab 30 mg</i>	2	S
<i>tolvaptan tab therapy pack 45 &amp; 15 mg</i>	2	S
<i>tolvaptan tab therapy pack 60 &amp; 30 mg</i>	2	S
<i>tolvaptan tab therapy pack 90 &amp; 30 mg</i>	2	S
<b>SOMATOSTATIC AGENTS</b>		
OCTREOTIDE ACETATE 100 MCG/ML SOLN PRSYR	2	
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	2	
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	2	
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	2	
OCTREOTIDE ACETATE 50 MCG/ML SOLN PRSYR	2	
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	2	
OCTREOTIDE ACETATE 500 MCG/ML SOLN PRSYR	2	
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	2	
SIGNIFOR 0.3 MG/ML SOLUTION	4	PA S
SIGNIFOR 0.6 MG/ML SOLUTION	4	PA S
SIGNIFOR 0.9 MG/ML SOLUTION	4	PA S
SIGNIFOR LAR 10 MG SRER	4	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SIGNIFOR LAR 20 MG SRER	4	PA S
SIGNIFOR LAR 30 MG SRER	4	PA S
SIGNIFOR LAR 40 MG SRER	4	PA S
SIGNIFOR LAR 60 MG SRER	4	PA S
<b>UREA CYCLE DISORDER - AGENTS</b>		
PHEBURANE 483 MG/GM PELLETT	4	PA S
<b>VASOPRESSIN</b>		
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	1	
<i>desmopressin acetate tab 0.1 mg</i>	1	
<i>desmopressin acetate tab 0.2 mg</i>	1	
DESMOPRESSIN ACETATE 1.5 MG/ML SOLUTION	2	OL 1 / 90 day(s)
<i>desmopressin acetate inj 4 mcg/ml</i>	1	
<i>desmopressin acetate preservative free (pf) inj 4 mcg/ml</i>	1	
<i>desmopressin acetate nasal spray soln 0.01%</i>	1	
DESMOPRESSIN ACETATE SPRAY 0.01 % SOLUTION	1	
STIMATE 1.5 MG/ML SOLUTION	2	OL 1 / 180 day(s)
<i>vasopressin iv soln 20 unit/ml (for iv infusion)</i>	2	PA
VASOPRESSIN 20 UNIT/ML SOLUTION	2	PA
<i>vasopressin iv soln 20 unit/ml (for iv infusion)</i>	2	PA
VASOSTRICT 20 UNIT/ML SOLUTION	3	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>ESTROGENS</b>		
<b>ESTROGEN &amp; ANDROGEN</b>		
COVARYX 1.25-2.5 MG TAB	1	
COVARYX HS 0.625-1.25 MG TAB	1	
EEMT 1.25-2.5 MG TAB	1	
EEMT HS 0.625-1.25 MG TAB	1	
EST ESTROGENS-METHYLTEST 1.25-2.5 MG TAB	1	
<i>esterified estrogens &amp; methyltestosterone tab 1.25-2.5 mg</i>	1	
EST ESTROGENS-METHYLTEST DS 1.25-2.5 MG TAB	1	
<i>esterified estrogens &amp; methyltestosterone tab 1.25-2.5 mg</i>	1	
EST ESTROGENS-METHYLTEST HS 0.625-1.25 MG TAB	1	
<i>esterified estrogens &amp; methyltestosterone tab 0.625-1.25 mg</i>	1	
<i>esterified estrogens &amp; methyltestosterone tab 1.25-2.5 mg</i>	1	
ESTRATEST H.S. 0.625-1.25 MG TAB	1	
<b>ESTROGEN &amp; PROGESTIN</b>		
<i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i>	1	
<i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i>	1	
<i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i>	1	
<i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i>	1	
<i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i>	1	
<i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i>	1	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	1	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	1	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	1	
<i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i>	1	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	1	
PREMPRO 0.3-1.5 MG TAB	3	
PREMPRO 0.45-1.5 MG TAB	3	
PREMPRO 0.625-2.5 MG TAB	3	
PREMPRO 0.625-5 MG TAB	3	
<b>ESTROGEN-PROGESTIN-GNRH ANTAGONIST</b>		
ORIAHNN 300-1-0.5 & 300 MG CAP THPK	4	PA S
<b>ESTROGEN-SELECTIVE ESTROGEN RECEPTOR MODULATOR COMB</b>		
DUAVEE 0.45-20 MG TAB	2	QL 30 / 30 DAYS
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	1	
ELESTRIN 0.52 MG/0.87 GM (0.06%) GEL	3	QL 26 / 30 DAYS
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.025 mg/24hr</i>	1	QL 4 / 28 DAYS
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	1	QL 4 / 28 DAYS
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.05 mg/24hr</i>	1	QL 4 / 28 DAYS
<i>estradiol td patch weekly 0.06 mg/24hr</i>	1	QL 4 / 28 DAYS
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.075 mg/24hr</i>	1	QL 4 / 28 DAYS
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.1 mg/24hr</i>	1	QL 4 / 28 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>estradiol td gel 0.25 mg/0.25gm (0.1%)</i>	2	QL 30 / 30 day(s)
<i>estradiol tab 0.5 mg</i>	1	
<i>estradiol td gel 0.5 mg/0.5gm (0.1%)</i>	2	QL 30 / 30 day(s)
<i>estradiol td gel 0.75 mg/0.75gm (0.1%)</i>	2	QL 30 / 30 day(s)
<i>estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)</i>	2	QL 50 / 30 day(s)
<i>estradiol tab 1 mg</i>	1	
<i>estradiol td gel 1 mg/gm (0.1%)</i>	2	QL 30 / 30 day(s)
<i>estradiol td gel 1.25 mg/1.25gm (0.1%)</i>	2	QL 37.5 / 30 day(s)
<i>estradiol tab 2 mg</i>	1	
<i>estradiol valerate im in oil 10 mg/ml</i>	1	
<i>estradiol valerate im in oil 20 mg/ml</i>	1	
<i>estradiol valerate im in oil 40 mg/ml</i>	1	
<i>estrogens, conjugated tab 0.3 mg</i>	2	
<i>estrogens, conjugated tab 0.45 mg</i>	2	
<i>estrogens, conjugated tab 0.625 mg</i>	2	
<i>estrogens, conjugated tab 0.9 mg</i>	2	
<i>estrogens, conjugated tab 1.25 mg</i>	2	
EVAMIST 1.53 MG/SPRAY SOLUTION	3	QL 16.2 / 30 DAYS
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	1	
MENEST 0.3 MG TAB	2	
MENEST 0.625 MG TAB	2	
MENEST 1.25 MG TAB	2	
MENEST 2.5 MG TAB	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MENOSTAR 14 MCG/24HR PATCH WK	3	QL 4 / 28 DAYS
PREMARIN 0.3 MG TAB	2	
PREMARIN 0.45 MG TAB	2	
PREMARIN 0.625 MG TAB	2	
PREMARIN 0.9 MG TAB	2	
PREMARIN 1.25 MG TAB	2	
<b>FLUOROQUINOLONES</b>		
BAXDELA 300 MG RECON SOLN	3	PA
<i>ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)</i>	1	AL1 Up to 8 yrs old
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	1	
LEVOFLOXACIN 25 MG/ML SOLUTION	1	
<i>levofloxacin iv soln 25 mg/ml</i>	1	
<i>levofloxacin oral soln 25 mg/ml</i>	1	AL1 0 to 8 yrs old
<i>levofloxacin tab 250 mg</i>	1	QL 14 / 14 DAYS
<i>levofloxacin tab 500 mg</i>	1	QL 14 / 14 DAYS
<i>levofloxacin tab 750 mg</i>	1	QL 14 / 14 DAYS
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	1	QL 14 / 0 DAYS MFL 1 / 0 DAYS
OFLOXACIN 300 MG TAB	2	
OFLOXACIN 400 MG TAB	2	
<i>ofloxacin tab 400 mg</i>	2	
<b>GASTROINTESTINAL AGENTS - MISC.</b>		
<b>5-HT4 RECEPTOR AGONISTS</b>		
<i>prucalopride succinate tab 1 mg (base equivalent)</i>	2	QL 1 tablet / 1 day(s)
<i>prucalopride succinate tab 2 mg (base equivalent)</i>	2	QL 1 tablet / 1 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>CIC AGENTS - GUANYLATE CYCLASE-C (GC-C) AGONISTS</b>		
TRULANCE 3 MG TAB	3	QL 30 / 30 DAYS PA
<b>GALLSTONE SOLUBILIZING AGENTS</b>		
<i>ursodiol tab 250 mg</i>	1	
<i>ursodiol cap 300 mg</i>	1	
<i>ursodiol tab 500 mg</i>	1	
<b>GASTROINTESTINAL ANTIALLERGY AGENTS</b>		
<i>cromolyn sodium oral conc 100 mg/5ml</i>	1	
<b>GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS</b>		
<i>lubiprostone cap 24 mcg</i>	2	QL 60 / 30 day(s)
<i>lubiprostone cap 8 mcg</i>	2	QL 60 / 30 day(s)
<b>GASTROINTESTINAL STIMULANTS</b>		
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	1	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	1	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	1	
METOCLOPRAMIDE HCL 5 MG TAB DISP	1	QL 120 / 30 DAYS
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	1	
<b>IBS AGENT - GUANYLATE CYCLASE-C (GC-C) AGONISTS</b>		
LINZESS 145 MCG CAP	2	QL 30 / 30 DAYS PA
LINZESS 290 MCG CAP	2	QL 30 / 30 DAYS PA
LINZESS 72 MCG CAP	2	QL 30 / 30 DAYS PA
<b>IBS AGENT - MU-OPIOID RECEPTOR AGONISTS</b>		
VIBERZI 100 MG TAB	3	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VIBERZI 75 MG TAB	3	PA
<b>IBS AGENT - SELECTIVE 5-HT3 RECEPTOR ANTAGONISTS</b>		
<i>alosetron hcl tab 0.5 mg (base equiv)</i>	2	QL 60 / 30 DAYS
<i>alosetron hcl tab 1 mg (base equiv)</i>	2	QL 60 / 30 DAYS
<b>INFLAMMATORY BOWEL AGENTS</b>		
<i>balsalazide disodium cap 750 mg</i>	1	
DIPENTUM 250 MG CAP	3	PA
<i>mesalamine tab delayed release 1.2 gm</i>	2	QL 120 / 30 DAYS
<i>mesalamine suppos 1000 mg</i>	2	QL 30 / 30 DAYS
<i>mesalamine enema 4 gm</i>	1	QL 1680 / 28 DAYS
MESALAMINE 400 MG CAP DR	1	QL 6 / 1 day(s)
<i>mesalamine cap dr 400 mg</i>	1	QL 6 / 1 day(s)
<i>mesalamine tab delayed release 800 mg</i>	2	QL 6 tab / 1 day(s)
<i>mesalamine cap er 24hr 0.375 gm</i>	2	QL 4 / 1 day(s)
<i>mesalamine cap er 500 mg</i>	2	QL 240 / 30 day(s)
<i>*mesalamine rectal enema 4 gm &amp; cleanser wipe kit**</i>	1	QL 1 / 1 day(s)
PENTASA 250 MG CAP ER	2	QL 90 / 30 DAYS
<i>sulfasalazine tab 500 mg</i>	1	
<i>sulfasalazine tab delayed release 500 mg</i>	1	
<b>INTERLEUKIN ANTAGONISTS</b>		
OMVOH (300 MG DOSE) 100 MG/ML & 200 MG/2ML SOLN A-INJ	4	PA S
OMVOH (300 MG DOSE) 100 MG/ML & 200 MG/2ML SOLN PRSYR	4	PA S
OMVOH 100 MG/ML SOLN A-INJ	4	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OMVOH 100 MG/ML SOLN PRSYR	4	PA S
OMVOH 200 MG/2ML SOLN A-INJ	4	PA S
OMVOH 200 MG/2ML SOLN PRSYR	4	PA S
OMVOH 300 MG/15ML SOLUTION	4	PA S
SKYRIZI 180 MG/1.2ML SOLN CART	4	PA S
SKYRIZI 360 MG/2.4ML SOLN CART	4	PA S
SKYRIZI 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 200 MG/2ML SOLN A-INJ	4	PA S
<b>INTESTINAL ACIDIFIERS</b>		
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	1	
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	1	
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	1	
<b>PERIPHERAL OPIOID RECEPTOR ANTAGONISTS</b>		
MOVANTIK 12.5 MG TAB	2	QL 30 / 30 DAYS PA
MOVANTIK 25 MG TAB	2	QL 30 / 30 DAYS PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SYMPROIC 0.2 MG TAB	3	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #4a4a99; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <span>30 / 30 DAYS</span> </div>
<b>PHOSPHATE BINDER AGENTS</b>		
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	1	
<i>calcium acetate (phosphate binder) tab 667 mg</i>	1	
<i>calcium acetate (phosphate binder) tab 667 mg</i>	1	
<i>lanthanum carbonate chew tab 1000 mg (elemental)</i>	2	
<i>lanthanum carbonate chew tab 500 mg (elemental)</i>	1	
<i>lanthanum carbonate chew tab 750 mg (elemental)</i>	1	
PHOSLYRA 667 MG/5ML SOLUTION	3	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #2e7d32; color: white; padding: 2px 5px; border-radius: 3px;">AL1</div> </div> <span>Up to 8 yrs old</span> </div>
<i>sevelamer carbonate packet 0.8 gm</i>	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #2e7d32; color: white; padding: 2px 5px; border-radius: 3px;">AL1</div> </div> <span>Up to 8 yrs old</span> </div>
<i>sevelamer carbonate packet 2.4 gm</i>	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #2e7d32; color: white; padding: 2px 5px; border-radius: 3px;">AL1</div> </div> <span>Up to 8 yrs old</span> </div>
<i>sevelamer carbonate tab 800 mg</i>	1	
<b>TUMOR NECROSIS FACTOR ALPHA BLOCKERS</b>		
CIMZIA (1 SYRINGE) 200 MG/ML PREF SY KT	4	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 5px;">PA</div> <div style="background-color: #a52a2a; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div>
CIMZIA (2 SYRINGE) 200 MG/ML PREF SY KT	4	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 5px;">PA</div> <div style="background-color: #a52a2a; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div>
CIMZIA 2 X 200 MG KIT	4	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 5px;">PA</div> <div style="background-color: #a52a2a; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div>
CIMZIA-STARTER 200 MG/ML PREF SY KT	4	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 5px;">PA</div> <div style="background-color: #a52a2a; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div>
<b>GENITOURINARY AGENTS - MISCELLANEOUS</b>		
<b>5-ALPHA REDUCTASE INHIBITORS</b>		
<i>dutasteride cap 0.5 mg</i>	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #4a4a99; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> </div> <span>30 / 30 DAYS</span> </div>
<i>finasteride tab 5 mg</i>	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #4a4a99; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> </div> <span>1 / 1 day(s)</span> </div>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>ALPHA 1-ADRENOCEPTOR ANTAGONISTS</b>		
<i>alfuzosin hcl tab er 24hr 10 mg</i>	1	QL 60 / 30 DAYS
CARDURA XL 4 MG TAB ER 24H	3	
CARDURA XL 8 MG TAB ER 24H	3	
<i>silodosin cap 4 mg</i>	1	QL 60 / 30 DAYS
<i>silodosin cap 8 mg</i>	1	QL 30 / 30 DAYS
<i>tamsulosin hcl cap 0.4 mg</i>	1	QL 60 / 30 DAYS
<b>CITRATES</b>		
<i>potassium citrate tab er 10 meq (1080 mg)</i>	1	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	1	
<i>potassium citrate tab er 5 meq (540 mg)</i>	1	
<i>potassium citrate &amp; citric acid soln 1100-334 mg/5ml</i>	1	
POTASSIUM CITRATE-CITRIC ACID 1100-334 MG/5ML SOLUTION	1	
<b>CYSTINOSIS AGENTS</b>		
CYSTAGON 150 MG CAP	4	PA S
CYSTAGON 50 MG CAP	4	PA S
<b>INTERSTITIAL CYSTITIS AGENTS</b>		
ELMIRON 100 MG CAP	3	PA
<b>PHOSPHATES</b>		
K-PHOS NO 2 305-700 MG TAB	2	
<b>URINARY ANALGESICS</b>		
<i>phenazopyridine hcl tab 200 mg</i>	1	
PHENAZOPYRIDINE HCL 100 MG TAB	1	
<i>phenazopyridine hcl tab 100 mg</i>	1	
PHENAZOPYRIDINE HCL 200 MG TAB	1	
<i>phenazopyridine hcl tab 200 mg</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>GOUT AGENTS</b>		
<b>GOUT AGENT COMBINATIONS</b>		
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	
<i>allopurinol tab 100 mg</i>	1	
<i>allopurinol tab 300 mg</i>	1	
<i>colchicine tab 0.6 mg</i>	2	QL 60 / 30 DAYS
<i>febuxostat tab 40 mg</i>	1	QL 3 / 1 day(s)
<i>febuxostat tab 80 mg</i>	1	QL 1.5 / 1 day(s)
<b>URICOSURICS</b>		
<i>probenecid tab 500 mg</i>	1	
<b>HEMATOLOGICAL AGENTS - MISC.</b>		
<b>ANTI-VON WILLEBRAND FACTOR AGENTS</b>		
CABLIVI 11 MG KIT	4	PA S
<b>ANTIHEMOPHILIC PRODUCTS</b>		
ADVATE 1000 UNIT RECON SOLN	4	PA S
ADVATE 1500 UNIT RECON SOLN	4	PA S
ADVATE 2000 UNIT RECON SOLN	4	PA S
ADVATE 250 UNIT RECON SOLN	4	PA S
ADVATE 3000 UNIT RECON SOLN	4	PA S
ADVATE 4000 UNIT RECON SOLN	4	PA S
ADVATE 500 UNIT RECON SOLN	4	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ADYNOVATE 1000 UNIT RECON SOLN	4	PA S
ADYNOVATE 1500 UNIT RECON SOLN	4	PA S
ADYNOVATE 2000 UNIT RECON SOLN	4	PA S
ADYNOVATE 250 UNIT RECON SOLN	4	PA S
ADYNOVATE 3000 UNIT RECON SOLN	4	PA S
ADYNOVATE 500 UNIT RECON SOLN	4	PA S
ADYNOVATE 750 UNIT RECON SOLN	4	PA S
AFSTYLA 1000 UNIT KIT	4	PA S
AFSTYLA 1500 UNIT KIT	4	PA S
AFSTYLA 2000 UNIT KIT	4	PA S
AFSTYLA 250 UNIT KIT	4	PA S
AFSTYLA 2500 UNIT KIT	4	PA S
AFSTYLA 3000 UNIT KIT	4	PA S
AFSTYLA 500 UNIT KIT	4	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ALPHANATE 1000 UNIT RECON SOLN	4	PA S
ALPHANATE 1500 UNIT RECON SOLN	4	PA S
ALPHANATE 2000 UNIT RECON SOLN	4	PA S
ALPHANATE 250 UNIT RECON SOLN	4	PA S
ALPHANATE 500 UNIT RECON SOLN	4	PA S
ALPHANINE SD 1000 UNIT RECON SOLN	4	PA S
ALPHANINE SD 1500 UNIT RECON SOLN	4	PA S
ALPHANINE SD 500 UNIT RECON SOLN	4	PA S
ALPROLIX 1000 UNIT RECON SOLN	4	PA S
ALPROLIX 2000 UNIT RECON SOLN	4	PA S
ALPROLIX 250 UNIT RECON SOLN	4	PA S
ALPROLIX 3000 UNIT RECON SOLN	4	PA S
ALPROLIX 4000 UNIT RECON SOLN	4	PA S
ALPROLIX 500 UNIT RECON SOLN	4	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BENEFIX 1000 UNIT KIT	4	PA S
BENEFIX 2000 UNIT KIT	4	PA S
BENEFIX 250 UNIT KIT	4	PA S
BENEFIX 3000 UNIT KIT	4	PA S
BENEFIX 500 UNIT KIT	4	PA S
ELOCTATE 1000 UNIT RECON SOLN	4	PA S
ELOCTATE 1500 UNIT RECON SOLN	4	PA S
ELOCTATE 2000 UNIT RECON SOLN	4	PA S
ELOCTATE 250 UNIT RECON SOLN	4	PA S
ELOCTATE 3000 UNIT RECON SOLN	4	PA S
ELOCTATE 4000 UNIT RECON SOLN	4	PA S
ELOCTATE 500 UNIT RECON SOLN	4	PA S
ELOCTATE 5000 UNIT RECON SOLN	4	PA S
ELOCTATE 6000 UNIT RECON SOLN	4	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ELOCTATE 750 UNIT RECON SOLN	4	PA S
ESPEROCT 1000 UNIT RECON SOLN	4	PA S
ESPEROCT 1500 UNIT RECON SOLN	4	PA S
ESPEROCT 2000 UNIT RECON SOLN	4	PA S
ESPEROCT 3000 UNIT RECON SOLN	4	PA S
ESPEROCT 4000 UNIT RECON SOLN	4	PA S
ESPEROCT 500 UNIT RECON SOLN	4	PA S
HEMOFIL M 1000 UNIT RECON SOLN	4	PA S
HEMOFIL M 1700 UNIT RECON SOLN	4	PA S
HEMOFIL M 250 UNIT RECON SOLN	4	PA S
HEMOFIL M 500 UNIT RECON SOLN	4	PA S
HUMATE-P 1000-2400 UNIT RECON SOLN	4	PA S
HUMATE-P 250-600 UNIT RECON SOLN	4	PA S
HUMATE-P 500-1200 UNIT RECON SOLN	4	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
IDELVION 1000 UNIT RECON SOLN	4	PA S
IDELVION 2000 UNIT RECON SOLN	4	PA S
IDELVION 250 UNIT RECON SOLN	4	PA S
IDELVION 3500 UNIT RECON SOLN	4	PA S
IDELVION 500 UNIT RECON SOLN	4	PA S
IXINITY 1000 UNIT RECON SOLN	4	PA S
IXINITY 1500 UNIT RECON SOLN	4	PA S
IXINITY 2000 UNIT RECON SOLN	4	PA S
IXINITY 250 UNIT RECON SOLN	4	PA S
IXINITY 3000 UNIT RECON SOLN	4	PA S
IXINITY 500 UNIT RECON SOLN	4	PA S
JIVI 1000 UNIT RECON SOLN	4	PA S
JIVI 2000 UNIT RECON SOLN	4	PA S
JIVI 3000 UNIT RECON SOLN	4	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
JIVI 4000 UNIT RECON SOLN	4	PA S
JIVI 500 UNIT RECON SOLN	4	PA S
KOATE 1000 UNIT RECON SOLN	4	PA S
KOATE 250 UNIT RECON SOLN	4	PA S
KOATE 500 UNIT RECON SOLN	4	PA S
KOATE-DVI 1000 UNIT RECON SOLN	4	PA S
KOATE-DVI 500 UNIT RECON SOLN	4	PA S
KOGENATE FS 1000 UNIT KIT	4	PA S
KOGENATE FS 2000 UNIT KIT	4	PA S
KOGENATE FS 250 UNIT KIT	4	PA S
KOGENATE FS 3000 UNIT KIT	4	PA S
KOGENATE FS 500 UNIT KIT	4	PA S
KOVALTRY 1000 UNIT RECON SOLN	4	PA S
KOVALTRY 2000 UNIT RECON SOLN	4	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KOVALTRY 250 UNIT RECON SOLN	4	PA S
KOVALTRY 3000 UNIT RECON SOLN	4	PA S
KOVALTRY 500 UNIT RECON SOLN	4	PA S
NOVOEIGHT 1000 UNIT RECON SOLN	4	PA S
NOVOEIGHT 1500 UNIT RECON SOLN	4	PA S
NOVOEIGHT 2000 UNIT RECON SOLN	4	PA S
NOVOEIGHT 250 UNIT RECON SOLN	4	PA S
NOVOEIGHT 3000 UNIT RECON SOLN	4	PA S
NOVOEIGHT 500 UNIT RECON SOLN	4	PA S
NUWIQ 1000 UNIT KIT	4	PA S
NUWIQ 1000 UNIT RECON SOLN	4	PA S
NUWIQ 1500 UNIT KIT	4	PA S
NUWIQ 1500 UNIT RECON SOLN	4	PA S
NUWIQ 2000 UNIT KIT	4	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NUWIQ 2000 UNIT RECON SOLN	4	PA S
NUWIQ 250 UNIT KIT	4	PA S
NUWIQ 250 UNIT RECON SOLN	4	PA S
NUWIQ 2500 UNIT KIT	4	PA S
NUWIQ 2500 UNIT RECON SOLN	4	PA S
NUWIQ 3000 UNIT KIT	4	PA S
NUWIQ 3000 UNIT RECON SOLN	4	PA S
NUWIQ 4000 UNIT KIT	4	PA S
NUWIQ 4000 UNIT RECON SOLN	4	PA S
NUWIQ 500 UNIT KIT	4	PA S
NUWIQ 500 UNIT RECON SOLN	4	PA S
OBIZUR 500 UNIT RECON SOLN	4	PA S
REBINYN 1000 UNIT RECON SOLN	4	PA S
REBINYN 2000 UNIT RECON SOLN	4	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
REBINYN 3000 UNIT RECON SOLN	4	PA S
REBINYN 500 UNIT RECON SOLN	4	PA S
RECOMBINATE 1241-1800 UNIT RECON SOLN	4	PA S
RECOMBINATE 1801-2400 UNIT RECON SOLN	4	PA S
RECOMBINATE 220-400 UNIT RECON SOLN	4	PA S
RECOMBINATE 401-800 UNIT RECON SOLN	4	PA S
RECOMBINATE 801-1240 UNIT RECON SOLN	4	PA S
RIXUBIS 1000 UNIT RECON SOLN	4	PA S
RIXUBIS 2000 UNIT RECON SOLN	4	PA S
RIXUBIS 250 UNIT RECON SOLN	4	PA S
RIXUBIS 3000 UNIT RECON SOLN	4	PA S
RIXUBIS 500 UNIT RECON SOLN	4	PA S
WILATE 1000-1000 UNIT KIT	4	PA S
WILATE 500-500 UNIT KIT	4	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XYNTHA 1000 UNIT KIT	4	PA S
XYNTHA 2000 UNIT KIT	4	PA S
XYNTHA 250 UNIT KIT	4	PA S
XYNTHA 500 UNIT KIT	4	PA S
XYNTHA SOLOFUSE 1000 UNIT KIT	4	PA S
XYNTHA SOLOFUSE 2000 UNIT KIT	4	PA S
XYNTHA SOLOFUSE 250 UNIT KIT	4	PA S
XYNTHA SOLOFUSE 3000 UNIT KIT	4	PA S
XYNTHA SOLOFUSE 500 UNIT KIT	4	PA S
<b>ANTIHEMOPHILIC PRODUCTS - MONOCLONAL ANTIBODIES</b>		
HEMLIBRA 105 MG/0.7ML SOLUTION	4	PA S
HEMLIBRA 12 MG/0.4ML SOLUTION	4	PA S
HEMLIBRA 150 MG/ML SOLUTION	4	PA S
HEMLIBRA 30 MG/ML SOLUTION	4	PA S
HEMLIBRA 300 MG/2ML SOLUTION	4	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HEMLIBRA 60 MG/0.4ML SOLUTION	4	PA S
<b>BRADYKININ B2 RECEPTOR ANTAGONISTS</b>		
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	4	PA S
<b>C1 ESTERASE INHIBITORS</b>		
BERINERT 500 UNIT KIT	4	PA S
HAEGARDA 2000 UNIT RECON SOLN	4	PA S
HAEGARDA 3000 UNIT RECON SOLN	4	PA S
<b>DIRECT-ACTING P2Y12 INHIBITORS</b>		
<i>ticagrelor tab 60 mg</i>	1	QL 2 / 1 day(s)
<i>ticagrelor tab 90 mg</i>	1	QL 2 tablets / 1 day(s)
<b>HEMATORHEOLOGIC AGENTS</b>		
<i>pentoxifylline tab er 400 mg</i>	1	
<b>PHOSPHODIESTERASE III INHIBITORS</b>		
<i>cilostazol tab 100 mg</i>	1	VAL Value Preventive List
<i>cilostazol tab 50 mg</i>	1	VAL Value Preventive List
<b>PLASMA KALLIKREIN INHIBITORS</b>		
ORLADEYO 108 MG PACKET	4	PA S
ORLADEYO 110 MG CAP	4	PA S
ORLADEYO 132 MG PACKET	4	PA S
ORLADEYO 150 MG CAP	4	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ORLADEYO 72 MG PACKET	4	PA S
ORLADEYO 96 MG PACKET	4	PA S
<b>PLATELET AGGREGATION INHIBITOR COMBINATIONS</b>		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	2	
<b>PLATELET AGGREGATION INHIBITORS</b>		
<i>dipyridamole tab 25 mg</i>	1	VAL Value Preventive List
<i>dipyridamole tab 50 mg</i>	1	VAL Value Preventive List
<i>dipyridamole tab 75 mg</i>	1	VAL Value Preventive List
<b>PROTEASE-ACTIVATED RECEPTOR-1 (PAR-1) ANTAGONISTS</b>		
ZONTIVITY 2.08 MG TAB	3	OL 30 / 30 DAYS PA
<b>QUINAZOLINE AGENTS</b>		
<i>anagrelide hcl cap 0.5 mg</i>	1	
<i>anagrelide hcl cap 1 mg</i>	1	
<b>THIENOPYRIDINE DERIVATIVES</b>		
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	1	VAL Value Preventive List
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	1	VAL Value Preventive List
<i>prasugrel hcl tab 10 mg (base equiv)</i>	1	VAL Value Preventive List
<i>prasugrel hcl tab 5 mg (base equiv)</i>	1	VAL Value Preventive List
<b>HEMATOPOIETIC AGENTS AGENTS FOR GAUCHER DISEASE</b>		
CERDELGA 84 MG CAP	4	PA S
<b>AMINO ACIDS</b>		
<i>glutamine (sickle cell) powd pack 5 gm</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>COBALAMINS</b>		
<i>cyanocobalamin inj 1000 mcg/ml</i>	1	
<i>cyanocobalamin inj 1000 mcg/ml</i>	1	
HYDROXOCOBALAMIN ACETATE 1000 MCG/ML SOLUTION	1	
<b>CYTOTOXIC AGENTS</b>		
DROXIA 200 MG CAP	2	
DROXIA 300 MG CAP	2	
DROXIA 400 MG CAP	2	
XROMI 100 MG/ML SOLUTION	2	AL1 Up to 8 yrs old
<b>ERYTHROPOIESIS-STIMULATING AGENTS (ESAS)</b>		
ARANESP (ALBUMIN FREE) 10 MCG/0.4ML SOLN PRSYR	4	PA S
ARANESP (ALBUMIN FREE) 100 MCG/0.5ML SOLN PRSYR	4	PA S
ARANESP (ALBUMIN FREE) 100 MCG/ML SOLUTION	4	PA S
ARANESP (ALBUMIN FREE) 150 MCG/0.3ML SOLN PRSYR	4	PA S
ARANESP (ALBUMIN FREE) 200 MCG/0.4ML SOLN PRSYR	4	PA S
ARANESP (ALBUMIN FREE) 200 MCG/ML SOLUTION	4	PA S
ARANESP (ALBUMIN FREE) 25 MCG/0.42ML SOLN PRSYR	4	PA S
ARANESP (ALBUMIN FREE) 25 MCG/ML SOLUTION	4	PA S
ARANESP (ALBUMIN FREE) 300 MCG/0.6ML SOLN PRSYR	4	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ARANESP (ALBUMIN FREE) 40 MCG/0.4ML SOLN PRSYR	4	PA S
ARANESP (ALBUMIN FREE) 40 MCG/ML SOLUTION	4	PA S
ARANESP (ALBUMIN FREE) 500 MCG/ML SOLN PRSYR	4	PA S
ARANESP (ALBUMIN FREE) 60 MCG/0.3ML SOLN PRSYR	4	PA S
ARANESP (ALBUMIN FREE) 60 MCG/ML SOLUTION	4	PA S
MIRCERA 100 MCG/0.3ML SOLN PRSYR	4	PA
MIRCERA 120 MCG/0.3ML SOLN PRSYR	4	PA
MIRCERA 150 MCG/0.3ML SOLN PRSYR	4	PA
MIRCERA 200 MCG/0.3ML SOLN PRSYR	4	PA
MIRCERA 30 MCG/0.3ML SOLN PRSYR	4	PA
MIRCERA 50 MCG/0.3ML SOLN PRSYR	4	PA
MIRCERA 75 MCG/0.3ML SOLN PRSYR	4	PA
PROCRIT 10000 UNIT/ML SOLUTION	4	PA
PROCRIT 2000 UNIT/ML SOLUTION	4	PA
PROCRIT 20000 UNIT/ML SOLUTION	4	PA
PROCRIT 3000 UNIT/ML SOLUTION	4	PA
PROCRIT 4000 UNIT/ML SOLUTION	4	PA
PROCRIT 40000 UNIT/ML SOLUTION	4	PA
RETACRIT 10000 UNIT/ML SOLUTION	4	PA
RETACRIT 2000 UNIT/ML SOLUTION	4	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RETACRIT 20000 UNIT/ML SOLUTION	4	PA S
RETACRIT 3000 UNIT/ML SOLUTION	4	PA
RETACRIT 4000 UNIT/ML SOLUTION	4	PA
RETACRIT 40000 UNIT/ML SOLUTION	4	PA
<b>FOLIC ACID/FOLATES</b>		
<i>folic acid tab 1 mg</i>	1	
<b>GRANULOCYTE COLONY-STIMULATING FACTORS (G-CSF)</b>		
FULPHILA 6 MG/0.6ML SOLN PRSYR	2	QL 1.2 / 28 day(s) S
FYLNETRA 6 MG/0.6ML SOLN PRSYR	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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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 6 MG/0.6ML SOLN PRSYR	2	QL 1.2 / 28 day(s) S
RELEUKO 300 MCG/0.5ML SOLN PRSYR	2	QL 10 / 28 day(s) S
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 6 MG/0.6ML SOLN A-INJ	2	QL 1.2 / 28 day(s) S
UDENYCA 6 MG/0.6ML SOLN PRSYR	2	QL 1.2 / 28 day(s) S
UDENYCA ONBODY 6 MG/0.6ML SOLN PRSYR	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 6 MG/0.6ML SOLN PRSYR	2	QL 1.2 / 28 day(s) S
<b>THROMBOPOIETIN (TPO) RECEPTOR AGONISTS</b>		
<i>eltrombopag olamine powder pack for susp 12.5 mg (base eq)</i>	4	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>eltrombopag olamine tab 12.5 mg (base equiv)</i>	4	PA S
<i>eltrombopag olamine powder pack for susp 25 mg (base equiv)</i>	4	PA S
<i>eltrombopag olamine tab 25 mg (base equiv)</i>	4	PA S
<i>eltrombopag olamine tab 50 mg (base equiv)</i>	4	PA S
<i>eltrombopag olamine tab 75 mg (base equiv)</i>	4	PA S
<b>HEMOSTATICS</b>		
<b>HEMOSTATICS - SYSTEMIC</b>		
<i>aminocaproic acid oral soln 0.25 gm/ml</i>	2	
<i>aminocaproic acid tab 1000 mg</i>	2	
<i>aminocaproic acid tab 500 mg</i>	2	
<i>tranexamic acid tab 650 mg</i>	1	
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>		
<b>BARBITURATE HYPNOTICS</b>		
PHENOBARBITAL 100 MG TAB	1	
<i>phenobarbital tab 100 mg</i>	1	
PHENOBARBITAL 15 MG TAB	1	
<i>phenobarbital tab 15 mg</i>	1	
PHENOBARBITAL 16.2 MG TAB	1	
<i>phenobarbital tab 16.2 mg</i>	1	
PHENOBARBITAL 20 MG/5ML ELIXIR	1	
<i>phenobarbital elixir 20 mg/5ml</i>	1	
PHENOBARBITAL 30 MG TAB	1	
<i>phenobarbital tab 30 mg</i>	1	
PHENOBARBITAL 30 MG/7.5ML ELIXIR	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PHENOBARBITAL 32.4 MG TAB	1	
<i>phenobarbital tab 32.4 mg</i>	1	
PHENOBARBITAL 60 MG TAB	1	
<i>phenobarbital tab 60 mg</i>	1	
PHENOBARBITAL 60 MG/15ML ELIXIR	1	
PHENOBARBITAL 64.8 MG TAB	1	
<i>phenobarbital tab 64.8 mg</i>	1	
PHENOBARBITAL 97.2 MG TAB	1	
<i>phenobarbital tab 97.2 mg</i>	1	
<b>BENZODIAZEPINE HYPNOTICS</b>		
FLURAZEPAM HCL 15 MG CAP	1	QL 30 / 30 day(s)
FLURAZEPAM HCL 30 MG CAP	1	QL 30 / 30 day(s)
<i>midazolam hcl inj pf 10 mg/2ml (base equivalent)</i>	1	
<i>midazolam hcl inj pf 5 mg/ml (base equivalent)</i>	1	
<i>temazepam cap 15 mg</i>	1	QL 30 / 30 DAYS
<i>temazepam cap 22.5 mg</i>	2	QL 30 / 30 DAYS
<i>temazepam cap 30 mg</i>	1	QL 30 / 30 DAYS
<i>temazepam cap 7.5 mg</i>	1	QL 30 / 30 DAYS
<i>triazolam tab 0.125 mg</i>	1	QL 30 / 30 DAYS
<i>triazolam tab 0.25 mg</i>	1	QL 30 / 30 DAYS
<b>HYPNOTICS - TRICYCLIC AGENTS</b>		
<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	1	
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	1	
<b>NON-BENZODIAZEPINE - GABA-RECEPTOR MODULATORS</b>		
<i>eszopiclone tab 1 mg</i>	1	QL 3 / 1 day(s)
<i>eszopiclone tab 2 mg</i>	1	QL 30 / 30 DAYS
<i>eszopiclone tab 3 mg</i>	1	QL 30 / 30 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>zaleplon cap 10 mg</i>	1	QL 60 / 30 DAYS
<i>zaleplon cap 5 mg</i>	1	QL 4 / 1 day(s)
<i>zolpidem tartrate tab 10 mg</i>	1	QL 30 / 30 DAYS
<i>zolpidem tartrate tab 5 mg</i>	1	QL 2 / 1 day(s)
<i>zolpidem tartrate tab er 12.5 mg</i>	1	QL 30 / 30 DAYS
<i>zolpidem tartrate tab er 6.25 mg</i>	1	QL 30 / 30 DAYS
<b>OREXIN RECEPTOR ANTAGONISTS</b>		
BELSOMRA 10 MG TAB	3	QL 1 / 1 day(s) ST
BELSOMRA 15 MG TAB	3	QL 1 / 1 day(s) ST
BELSOMRA 20 MG TAB	3	QL 1 / 1 day(s) ST
BELSOMRA 5 MG TAB	3	QL 1 / 1 day(s) ST
DAYVIGO 10 MG TAB	3	QL 1 / 1 day(s) ST
DAYVIGO 5 MG TAB	3	QL 1 / 1 day(s) ST
<b>SELECTIVE MELATONIN RECEPTOR AGONISTS</b>		
<i>ramelteon tab 8 mg</i>	1	QL 30 / 30 DAYS
<b>LAXATIVES</b>		
<b>BOWEL EVACUANT COMBINATIONS</b>		
GAVILYTE-C 240 GM RECON SOLN	2	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	PRE Preventative
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	PRE Preventative
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	1	QL 354 / 30 day(s)



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>	1	PRE Preventative
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>	1	PRE Preventative
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>	1	PRE Preventative
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>	1	PRE Preventative
<b>MACROLIDES</b>		
<b>AZITHROMYCIN</b>		
AZITHROMYCIN 1 GM PACKET	3	AL1 Up to 8 yrs old
<i>azithromycin for susp 100 mg/5ml</i>	1	QL 30 / 5 DAYS
<i>azithromycin for susp 200 mg/5ml</i>	1	QL 90 / 5 DAYS
<i>azithromycin tab 250 mg</i>	1	QL 30 / 30 day(s)
<i>azithromycin tab 500 mg</i>	1	QL 30 / 30 DAYS
<i>azithromycin tab 600 mg</i>	1	QL 30 / 30 DAYS
<b>CLARITHROMYCIN</b>		
CLARITHROMYCIN 125 MG/5ML RECON SUSP	1	
<i>clarithromycin tab 250 mg</i>	1	
CLARITHROMYCIN 250 MG/5ML RECON SUSP	2	PA
<i>clarithromycin tab 500 mg</i>	1	QL 28 / 14 DAYS
<i>clarithromycin tab er 24hr 500 mg</i>	1	QL 28 / 14 DAYS
<b>ERYTHROMYCINS</b>		
<i>erythromycin tab delayed release 250 mg</i>	2	
<i>erythromycin tab delayed release 500 mg</i>	2	
ERYTHROCIN STEARATE 250 MG TAB	3	PA
<i>erythromycin tab delayed release 250 mg</i>	2	
<i>erythromycin tab delayed release 500 mg</i>	2	
<i>erythromycin tab delayed release 250 mg</i>	2	
<i>erythromycin tab delayed release 500 mg</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	2	
<b>FIDAXOMICIN</b>		
DIFICID 40 MG/ML RECON SUSP	4	<ul style="list-style-type: none"> <li>QL 10 ml / 1 day(s)</li> <li>ST</li> <li>MD 10 / 1 day(s)</li> </ul>
<i>fidaxomicin tab 200 mg</i>	4	<ul style="list-style-type: none"> <li>QL 2 tablets / 1 day(s)</li> <li>ST</li> <li>MD 10 / 1 day(s)</li> </ul>
<b>MEDICAL DEVICES AND SUPPLIES</b>		
<b>CERVICAL CAPS</b>		
FEMCAP 22 MM DEVICE	1	PRE Preventative
FEMCAP 26 MM DEVICE	1	PRE Preventative
FEMCAP 30 MM DEVICE	1	PRE Preventative
<b>DIAPHRAGMS</b>		
CAYA DIAPHRAGM	1	PRE Preventative
OMNIFLEX DIAPHRAGM DIAPHRAGM	1	PRE Preventative
WIDE-SEAL DIAPHRAGM 60 2 % DIAPHRAGM	1	PRE Preventative
WIDE-SEAL DIAPHRAGM 65 2 % DIAPHRAGM	1	PRE Preventative
WIDE-SEAL DIAPHRAGM 70 2 % DIAPHRAGM	1	PRE Preventative
WIDE-SEAL DIAPHRAGM 75 2 % DIAPHRAGM	1	PRE Preventative
WIDE-SEAL DIAPHRAGM 80 2 % DIAPHRAGM	1	PRE Preventative
WIDE-SEAL DIAPHRAGM 85 2 % DIAPHRAGM	1	PRE Preventative
WIDE-SEAL DIAPHRAGM 90 2 % DIAPHRAGM	1	PRE Preventative
WIDE-SEAL DIAPHRAGM 95 2 % DIAPHRAGM	1	PRE Preventative
<b>GLUCOSE MONITORING TEST SUPPLIES</b>		
1ST TIER UNILET COMFORTOUCH MISC	1	VAL Value Preventive List
ACCU-CHEK AVIVA PLUS W/DEVICE KIT	2	VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ACCU-CHEK FASTCLIX LANCETS MISC	1	VAL Value Preventive List
ACCU-CHEK GUIDE ME W/DEVICE KIT	2	VAL Value Preventive List
ACCU-CHEK GUIDE W/DEVICE KIT	2	VAL Value Preventive List
ACCU-CHEK SAFE-T PRO LANCETS MISC	1	VAL Value Preventive List
ACCU-CHEK SOFTCLIX LANCETS MISC	1	VAL Value Preventive List
ACTI-LANCE 28G MISC	1	VAL Value Preventive List
ACTI-LANCE LITE LANCETS 28G MISC	1	VAL Value Preventive List
ACTI-LANCE SPECIAL LANCETS 17G MISC	1	VAL Value Preventive List
ACTI-LANCE UNIVERSAL 23G MISC	1	VAL Value Preventive List
ADVANCED MOBILE LANCET MISC	1	VAL Value Preventive List
ADVANTAGE SAFETY LANCETS 28G MISC	1	VAL Value Preventive List
ADVOCATE LANCETS MISC	1	VAL Value Preventive List
ADVOCATE LANCETS 30G MISC	1	VAL Value Preventive List
ADVOCATE SAFETY LANCETS MISC	1	VAL Value Preventive List
ADVOCATE SAFETY LANCETS 21G MISC	1	VAL Value Preventive List
ADVOCATE SAFETY LANCETS 23G MISC	1	VAL Value Preventive List
ADVOCATE SAFETY LANCETS 26G MISC	1	VAL Value Preventive List
ADVOCATE SAFETY LANCETS 28G MISC	1	VAL Value Preventive List
AGAMATRIX ULTRA-THIN LANCETS MISC	1	VAL Value Preventive List
AIMSCO TWIST LANCETS 32G MISC	1	VAL Value Preventive List
AIMSCO TWIST LANCETS 33G MISC	1	VAL Value Preventive List
AQUALANCE LANCETS 30G MISC	1	VAL Value Preventive List
ASSURE COMFORT LANCETS 28G MISC	1	VAL Value Preventive List
ASSURE HAEMOLANCE PLUS HIGH MISC	1	VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ASSURE HAEMOLANCE PLUS LOW MISC	1	VAL Value Preventive List
ASSURE HAEMOLANCE PLUS MICRO MISC	1	VAL Value Preventive List
ASSURE HAEMOLANCE PLUS NORMAL MISC	1	VAL Value Preventive List
ASSURE HAEMOLANCE PLUS PED MISC	1	VAL Value Preventive List
ASSURE LANCE LANCETS MISC	1	VAL Value Preventive List
ASSURE LANCE LANCETS 21G MISC	1	VAL Value Preventive List
ASSURE LANCE PLUS SAFETY 25G MISC	1	VAL Value Preventive List
ASSURE LANCE PLUS SAFETY 30G MISC	1	VAL Value Preventive List
ASSURE LANCE SAFETY LANCET 28G MISC	1	VAL Value Preventive List
AURORA LANCET SUPER THIN 30G MISC	1	VAL Value Preventive List
AURORA LANCET THIN 23G MISC	1	VAL Value Preventive List
BD MICROTAINER LANCETS MISC	1	VAL Value Preventive List
CAREONE LANCET SUPER THIN 30G MISC	1	VAL Value Preventive List
CAREONE LANCET THIN 23G MISC	1	VAL Value Preventive List
CARESENS LANCETS MISC	1	VAL Value Preventive List
CARESENS LANCETS 30G MISC	1	VAL Value Preventive List
CARETOUCH SAFETY LANCETS MISC	1	VAL Value Preventive List
CARETOUCH SAFETY LANCETS 26G MISC	1	VAL Value Preventive List
CARETOUCH TWIST LANCETS 28G MISC	1	VAL Value Preventive List
CARETOUCH TWIST LANCETS 30G MISC	1	VAL Value Preventive List
CARETOUCH TWIST LANCETS 33G MISC	1	VAL Value Preventive List
CARETOUCH TWIST MC LANCETS 30G MISC	1	VAL Value Preventive List
CHOSEN LANCETS 30G MISC	1	VAL Value Preventive List
CHOSEN SAFETY LANCETS 28G MISC	1	VAL Value Preventive List

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DEXCOM G6 TRANSMITTER MISC	2	<ul style="list-style-type: none"> <li>QL 1 / 90 day(s)</li> <li>PA</li> <li>VAL Value Preventive List</li> </ul>
DEXCOM G7 15 DAY SENSOR MISC	2	<ul style="list-style-type: none"> <li>QL 2 / 30 day(s)</li> <li>PA</li> <li>VAL Value Preventive List</li> </ul>
DEXCOM G7 RECEIVER DEVICE	2	<ul style="list-style-type: none"> <li>QL 1 / 365 day(s)</li> <li>PA</li> <li>VAL Value Preventive List</li> </ul>
DEXCOM G7 SENSOR MISC	2	<ul style="list-style-type: none"> <li>QL 3 / 30 day(s)</li> <li>PA</li> <li>VAL Value Preventive List</li> </ul>
DIATHRIVE LANCET ULTRA THIN 30 MISC	1	VAL Value Preventive List
DIATHRIVE LANCETS MISC	1	VAL Value Preventive List
DROPLET LANCETS ULTRA THIN 30G MISC	1	VAL Value Preventive List
DROPLET PERSONAL LANCETS 30G MISC	1	VAL Value Preventive List
DROPSAFE ACTI-LANCE 23G MISC	1	VAL Value Preventive List
DROPSAFE MEDLANCE LANCET 30G MISC	1	VAL Value Preventive List
DRUG MART LANCETS THIN 26G MISC	1	VAL Value Preventive List
DRUG MART ON-THE-GO LANCET 30G MISC	1	VAL Value Preventive List
DRUG MART UNILET LANCETS 28G MISC	1	VAL Value Preventive List
DRUG MART UNILET LANCETS 30G MISC	1	VAL Value Preventive List
DRUG MART UNILET LANCETS 33G MISC	1	VAL Value Preventive List
E-Z JECT LANCET MICRO-THIN 33G MISC	1	VAL Value Preventive List
E-Z JECT LANCET SUPER THIN 30G MISC	1	VAL Value Preventive List
E-Z JECT LANCETS MISC	1	VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
E-Z JECT LANCETS 21G MISC	1	VAL Value Preventive List
E-Z JECT LANCETS THIN 26G MISC	1	VAL Value Preventive List
EASY COMFORT LANCETS MISC	1	VAL Value Preventive List
EASY COMFORT LANCETS TWIST TOP MISC	1	VAL Value Preventive List
EASY TOUCH LANCETS 21G MISC	1	VAL Value Preventive List
EASY TOUCH LANCETS 23G MISC	1	VAL Value Preventive List
EASY TOUCH LANCETS 26G MISC	1	VAL Value Preventive List
EASY TOUCH LANCETS 28G MISC	1	VAL Value Preventive List
EASY TOUCH LANCETS 28G/TWIST MISC	1	VAL Value Preventive List
EASY TOUCH LANCETS 30G MISC	1	VAL Value Preventive List
EASY TOUCH LANCETS 30G/TWIST MISC	1	VAL Value Preventive List
EASY TOUCH LANCETS 32G MISC	1	VAL Value Preventive List
EASY TOUCH LANCETS 32G/TWIST MISC	1	VAL Value Preventive List
EASY TOUCH LANCETS 33G/TWIST MISC	1	VAL Value Preventive List
EASY TOUCH SAFETY LANCETS 21G MISC	1	VAL Value Preventive List
EASY TOUCH SAFETY LANCETS 23G MISC	1	VAL Value Preventive List
EASY TOUCH SAFETY LANCETS 26G MISC	1	VAL Value Preventive List
EASY TOUCH SAFETY LANCETS 28G MISC	1	VAL Value Preventive List
EMBRACE LANCETS ULTRA THIN 30G MISC	1	VAL Value Preventive List
EMBRACE PRESSURE ACTIVATED 21G MISC	1	VAL Value Preventive List
EMBRACE PRESSURE ACTIVATED 28G MISC	1	VAL Value Preventive List
EQL COLOR LANCETS 21G MISC	1	VAL Value Preventive List
EQL COLOR LANCETS MICRO 33G MISC	1	VAL Value Preventive List
EQL SUPER THIN LANCETS 30G MISC	1	VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EQL THIN LANCETS 26G MISC	1	VAL Value Preventive List
EZ-LETS LANCETS 21G MISC	1	VAL Value Preventive List
EZ-LETS LANCETS 26G MISC	1	VAL Value Preventive List
EZ-LETS LANCETS 28G MISC	1	VAL Value Preventive List
EZ-LETS LANCETS 30G MISC	1	VAL Value Preventive List
FIFTY50 SAFETY SEAL LANCETS MISC	1	VAL Value Preventive List
FIFTY50 UNILET LANCETS 33G MISC	1	VAL Value Preventive List
FINE 30 MISC	1	VAL Value Preventive List
FINGERSTIX LANCETS MISC	1	VAL Value Preventive List
FONDCIRCLE SINGLE USE LANCETS MISC	1	VAL Value Preventive List
FORA LANCETS MISC	1	VAL Value Preventive List
FREDS PHARMACY UNILET LANC 28G MISC	1	VAL Value Preventive List
FREDS PHARMACY UNILET LANC 30G MISC	1	VAL Value Preventive List
FREESTYLE FREEDOM LITE W/DEVICE KIT	2	VAL Value Preventive List
FREESTYLE LANCETS MISC	1	VAL Value Preventive List
FREESTYLE LIBRE 14 DAY READER DEVICE	2	QL 1 / 365 day(s) PA VAL Value Preventive List
FREESTYLE LIBRE 14 DAY SENSOR MISC	2	QL 2 / 28 day(s) PA VAL Value Preventive List
FREESTYLE LIBRE 2 PLUS SENSOR MISC	2	QL 2 / 28 day(s) PA VAL Value Preventive List
FREESTYLE LIBRE 2 READER DEVICE	2	QL 1 / 365 day(s) PA VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FREESTYLE LIBRE 2 SENSOR MISC	2	<ul style="list-style-type: none"> <li>QL 2 / 28 day(s)</li> <li>PA</li> <li>VAL Value Preventive List</li> </ul>
FREESTYLE LIBRE 3 PLUS SENSOR MISC	2	<ul style="list-style-type: none"> <li>QL 2 sensors / 30 day(s)</li> <li>PA</li> <li>VAL Value Preventive List</li> </ul>
FREESTYLE LIBRE 3 READER DEVICE	2	<ul style="list-style-type: none"> <li>QL 1 / 365 day(s)</li> <li>PA</li> <li>VAL Value Preventive List</li> </ul>
FREESTYLE LIBRE 3 SENSOR MISC	2	<ul style="list-style-type: none"> <li>QL 2 / 28 day(s)</li> <li>PA</li> <li>VAL Value Preventive List</li> </ul>
FREESTYLE LIBRE READER DEVICE	2	<ul style="list-style-type: none"> <li>QL 1 / 365 day(s)</li> <li>PA</li> <li>VAL Value Preventive List</li> </ul>
FREESTYLE LITE DEVICE	2	<ul style="list-style-type: none"> <li>VAL Value Preventive List</li> </ul>
FREESTYLE LITE W/DEVICE KIT	2	<ul style="list-style-type: none"> <li>VAL Value Preventive List</li> </ul>
FREESTYLE UNISTICK II LANCETS MISC	1	<ul style="list-style-type: none"> <li>VAL Value Preventive List</li> </ul>
GENTEEL BUTTERFLY TOUCH LANCET MISC	1	<ul style="list-style-type: none"> <li>VAL Value Preventive List</li> </ul>
GENTLE-LET GP LANCETS MISC	1	<ul style="list-style-type: none"> <li>VAL Value Preventive List</li> </ul>
GENTLE-LET LANCETS MISC	1	<ul style="list-style-type: none"> <li>VAL Value Preventive List</li> </ul>
GLOBAL INJECT EASE LANCETS 28G MISC	1	<ul style="list-style-type: none"> <li>VAL Value Preventive List</li> </ul>
GLOBAL INJECT EASE LANCETS 30G MISC	1	<ul style="list-style-type: none"> <li>VAL Value Preventive List</li> </ul>
GLUCOCOM LANCETS 28G MISC	1	<ul style="list-style-type: none"> <li>VAL Value Preventive List</li> </ul>
GLUCOCOM LANCETS 30G MISC	1	<ul style="list-style-type: none"> <li>VAL Value Preventive List</li> </ul>
GLUCOCOM LANCETS 33G MISC	1	<ul style="list-style-type: none"> <li>VAL Value Preventive List</li> </ul>
GNP LANCETS 21G MISC	1	<ul style="list-style-type: none"> <li>VAL Value Preventive List</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GNP LANCETS THIN 26G MISC	1	VAL Value Preventive List
GNP STERILE LANCETS 28G MISC	1	VAL Value Preventive List
GNP STERILE LANCETS 30G MISC	1	VAL Value Preventive List
GNP STERILE LANCETS 33G MISC	1	VAL Value Preventive List
GOJJI STERILE LANCETS MISC	1	VAL Value Preventive List
GOODSENSE COLOR LANCETS 33G MISC	1	VAL Value Preventive List
GOODSENSE LANCETS 26G UNIV MISC	1	VAL Value Preventive List
GOODSENSE LANCETS 30G MISC	1	VAL Value Preventive List
GOODSENSE LANCETS 30G UNIV MISC	1	VAL Value Preventive List
GOODSENSE LANCETS 33G MISC	1	VAL Value Preventive List
GOODSENSE LANCETS 33G UNIV MISC	1	VAL Value Preventive List
H-E-B INCONTROL LANCETS 28G MISC	1	VAL Value Preventive List
H-E-B INCONTROL LANCETS 30G MISC	1	VAL Value Preventive List
H-E-B INCONTROL LANCETS 33G MISC	1	VAL Value Preventive List
HAEMOLANCE MISC	1	VAL Value Preventive List
HAEMOLANCE LOW FLOW LANCETS MISC	1	VAL Value Preventive List
HAEMOLANCE PLUS MISC	1	VAL Value Preventive List
HAEMOLANCE PLUS HIGH FLOW MISC	1	VAL Value Preventive List
HAEMOLANCE PLUS LOW FLOW MISC	1	VAL Value Preventive List
HAEMOLANCE PLUS MAX FLOW MISC	1	VAL Value Preventive List
HAEMOLANCE PLUS PEDIATRIC FLOW MISC	1	VAL Value Preventive List
HEALTHY ACCENTS UNILET LANCETS MISC	1	VAL Value Preventive List
HY-VEE LANCETS MISC	1	VAL Value Preventive List
HY-VEE THIN LANCETS MISC	1	VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
IN TOUCH STERILE LANCETS 30G MISC	1	VAL Value Preventive List
KINNEY LANCETS MISC	1	VAL Value Preventive List
KINNEY THIN LANCETS MISC	1	VAL Value Preventive List
KROGER HEALTHPRO LANCET 26G MISC	1	VAL Value Preventive List
KROGER LANCETS MISC	1	VAL Value Preventive List
KROGER LANCETS 21G MISC	1	VAL Value Preventive List
KROGER LANCETS MICRO THIN 33G MISC	1	VAL Value Preventive List
KROGER LANCETS SUPER THIN MISC	1	VAL Value Preventive List
KROGER LANCETS THIN MISC	1	VAL Value Preventive List
KROGER LANCETS THIN 26G MISC	1	VAL Value Preventive List
KROGER LANCETS ULTRATHIN 30G MISC	1	VAL Value Preventive List
LANCETS MISC	1	VAL Value Preventive List
LANCETS 28G THIN MISC	1	VAL Value Preventive List
LANCETS 30G MISC	1	VAL Value Preventive List
LANCETS 33G MISC	1	VAL Value Preventive List
LANCETS MICRO THIN 33G MISC	1	VAL Value Preventive List
LANCETS SUPER THIN MISC	1	VAL Value Preventive List
LANCETS SUPER THIN 28G MISC	1	VAL Value Preventive List
LANCETS THIN MISC	1	VAL Value Preventive List
LANCETS ULTRA THIN MISC	1	VAL Value Preventive List
LANCETS ULTRA THIN 30G MISC	1	VAL Value Preventive List
LIBERTY MEDICAL LANCETS MISC	1	VAL Value Preventive List
LITE TOUCH LANCETS MISC	1	VAL Value Preventive List
LITETOUCH LANCETS MISC	1	VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LIVE BETTER LANCET SUPER THIN MISC	1	VAL Value Preventive List
LIVE BETTER LANCET ULTRA THIN MISC	1	VAL Value Preventive List
LONGS LANCETS STANDARD MISC	1	VAL Value Preventive List
LONGS LANCETS THIN MISC	1	VAL Value Preventive List
LONGS LANCETS ULTRA THIN MISC	1	VAL Value Preventive List
MEDICHOICE SAFETY LANCET MISC	1	VAL Value Preventive List
MEDICHOICE SAFETY LANCET EXTRA MISC	1	VAL Value Preventive List
MEDICHOICE SAFETY LANCET NORM MISC	1	VAL Value Preventive List
MEDLANCE EXTRA 21G MISC	1	VAL Value Preventive List
MEDLANCE LITE 25G MISC	1	VAL Value Preventive List
MEDLANCE PLUS EXTRA 21G MISC	1	VAL Value Preventive List
MEDLANCE PLUS LANCETS MISC	1	VAL Value Preventive List
MEDLANCE PLUS LITE 25G MISC	1	VAL Value Preventive List
MEDLANCE PLUS SPECIAL 0.8MM MISC	1	VAL Value Preventive List
MEDLANCE PLUS SUPERLITE 30G MISC	1	VAL Value Preventive List
MEDLANCE PLUS UNIVERSAL 21G MISC	1	VAL Value Preventive List
MEDLANCE UNIVERSAL 21G MISC	1	VAL Value Preventive List
MEIJER LANCETS MISC	1	VAL Value Preventive List
MEIJER LANCETS THIN MISC	1	VAL Value Preventive List
MEIJER LANCETS UNIVERSAL 21G MISC	1	VAL Value Preventive List
MEIJER LANCETS UNIVERSAL 30G MISC	1	VAL Value Preventive List
MEIJER LANCETS UNIVERSAL 33G MISC	1	VAL Value Preventive List
MEIJER SUPER THIN LANCETS MISC	1	VAL Value Preventive List
MICROLET LANCETS MISC	1	VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MICROLET NEXT LANCETS MISC	1	VAL Value Preventive List
MM TWIST LANCETS MISC	1	VAL Value Preventive List
MOBILE LANCETS 30G MISC	1	VAL Value Preventive List
MONOLET LANCETS MISC	1	VAL Value Preventive List
MONOLET OPD LANCETS MISC	1	VAL Value Preventive List
MONOLETTOR SAFETY LANCETS MISC	1	VAL Value Preventive List
MPD SAFETY LANCET 21G MISC	1	VAL Value Preventive List
MPD SAFETY LANCET 23G MISC	1	VAL Value Preventive List
MPD SAFETY LANCET 28G MISC	1	VAL Value Preventive List
MPD SAFETY LANCET 30G MISC	1	VAL Value Preventive List
MYGLUCOHEALTH LANCETS 30G MISC	1	VAL Value Preventive List
NOVA SAFETY LANCETS 23G MISC	1	VAL Value Preventive List
NOVA SAFETY LANCETS 28G MISC	1	VAL Value Preventive List
NOVA SUREFLEX LANCETS MISC	1	VAL Value Preventive List
ONETOUCH DELICA PLUS LANCET30G MISC	1	VAL Value Preventive List
ONETOUCH DELICA PLUS LANCET33G MISC	1	VAL Value Preventive List
ONETOUCH DELICA PLUS LANCING MISC	2	VAL Value Preventive List
ONETOUCH SURESOFT LANCING DEV MISC	2	VAL Value Preventive List
ONETOUCH ULTRASOFT 2 LANCETS MISC	1	VAL Value Preventive List
ONETOUCH ULTRASOFT LANCETS MISC	1	VAL Value Preventive List
PC LANCETS SUPER THIN 30G MISC	1	VAL Value Preventive List
PERFECT LANCETS 28G MISC	1	VAL Value Preventive List
PERFECT LANCETS 30G MISC	1	VAL Value Preventive List
PERFECT POINT SAFETY LANCETS MISC	1	VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PHARMACIST CHOICE LANCETS MISC	1	VAL Value Preventive List
PHARMACY COUNTER LANCETS MISC	1	VAL Value Preventive List
PIP LANCETS 28G MISC	1	VAL Value Preventive List
PIP LANCETS 30G MISC	1	VAL Value Preventive List
PRECISION THINS GP LANCETS MISC	1	VAL Value Preventive List
PREFERRED PLUS LANCETS COLORED MISC	1	VAL Value Preventive List
PREFERRED PLUS LANCETS THIN MISC	1	VAL Value Preventive List
PRO COMFORT LANCETS 30G MISC	1	VAL Value Preventive List
PRO COMFORT LANCETS 31G MISC	1	VAL Value Preventive List
PRO COMFORT SAFETY LANCETS 30G MISC	1	VAL Value Preventive List
PRODIGY LANCETS 28G MISC	1	VAL Value Preventive List
PRODIGY SAFETY LANCETS 26G MISC	1	VAL Value Preventive List
PRODIGY TWIST TOP LANCETS 28G MISC	1	VAL Value Preventive List
PSS SELECT GP LANCETS MISC	1	VAL Value Preventive List
PSS SELECT SAFETY LANCETS MISC	1	VAL Value Preventive List
PURE COMFORT LANCETS 30G MISC	1	VAL Value Preventive List
PURE COMFORT SAFETY LANCET 30G MISC	1	VAL Value Preventive List
PX LANCETS MICROTHIN 33G MISC	1	VAL Value Preventive List
PX LANCETS ULTRA THIN MISC	1	VAL Value Preventive List
PX LANCETS ULTRA THIN 28G MISC	1	VAL Value Preventive List
QC LANCETS SUPER THIN 30G MISC	1	VAL Value Preventive List
QC LANCETS ULTRA THIN MISC	1	VAL Value Preventive List
QC UNILET LANCETS 28G MISC	1	VAL Value Preventive List
QC UNILET LANCETS MICRO THIN MISC	1	VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RA E-ZJECT LANCETS 28G MISC	1	VAL Value Preventive List
RA E-ZJECT LANCETS THIN 26G MISC	1	VAL Value Preventive List
RA E-ZJECT LANCETS THIN 28G MISC	1	VAL Value Preventive List
RA E-ZJECT LANCETS ULTRA THIN MISC	1	VAL Value Preventive List
READYLANCE SAFETY LANCETS MISC	1	VAL Value Preventive List
REALITY LANCETS MISC	1	VAL Value Preventive List
REALITY TRIGGER LANCETS MISC	1	VAL Value Preventive List
RELION LANCETS MICRO-THIN 33G MISC	1	VAL Value Preventive List
RELION LANCETS THIN 26G MISC	1	VAL Value Preventive List
RELION LANCETS ULTRA-THIN 30G MISC	1	VAL Value Preventive List
RELION ULTRA THIN LANCETS 30G MISC	1	VAL Value Preventive List
RELION ULTRA THIN PLUS LANCETS MISC	1	VAL Value Preventive List
REXALL LANCETS ULTRA THIN 30G MISC	1	VAL Value Preventive List
RIGHTEST GL300 LANCETS MISC	1	VAL Value Preventive List
SAFE-T-LANCE MISC	1	VAL Value Preventive List
SAFE-T-LANCE PLUS MISC	1	VAL Value Preventive List
SAFETY LANCET 30G/PRESSURE ACT MISC	1	VAL Value Preventive List
SAFETY LANCETS MISC	1	VAL Value Preventive List
SAFETY LANCETS 21G MISC	1	VAL Value Preventive List
SAFETY LANCETS 23G MISC	1	VAL Value Preventive List
SAFETY LANCETS 28G MISC	1	VAL Value Preventive List
SAPS HEALTH PLUS LANCETS MISC	1	VAL Value Preventive List
SAPS HEALTH TWIST TOP LANCETS MISC	1	VAL Value Preventive List
SAPS TWIST TOP LANCETS MISC	1	VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SAPSCARE TWIST TOP LANCETS MISC	1	VAL Value Preventive List
SB LANCETS THIN MISC	1	VAL Value Preventive List
SB LANCETS ULTRA THIN MISC	1	VAL Value Preventive List
SENSILANCE SAFETY LANCETS 21G MISC	1	VAL Value Preventive List
SENSILANCE SAFETY LANCETS 26G MISC	1	VAL Value Preventive List
SENSILANCE SAFETY LANCETS 28G MISC	1	VAL Value Preventive List
SHOPKO ON-THE-GO LANCETS 30G MISC	1	VAL Value Preventive List
SHOPKO UNILET LANCETS 28G MISC	1	VAL Value Preventive List
SHOPKO UNILET LANCETS 30G MISC	1	VAL Value Preventive List
SINGLE-LET MISC	1	VAL Value Preventive List
SM LANCETS 33G MISC	1	VAL Value Preventive List
SMART SENSE COLOR LANCETS 33G MISC	1	VAL Value Preventive List
SMART SENSE STANDARD LANCETS MISC	1	VAL Value Preventive List
SMART SENSE SUPER THIN LANCETS MISC	1	VAL Value Preventive List
SMART SENSE THIN LANCETS 26G MISC	1	VAL Value Preventive List
SMARTEST LANCETS 28G MISC	1	VAL Value Preventive List
SOLUS V2 LANCETS 28G MISC	1	VAL Value Preventive List
SOLUS V2 TWIST LANCETS 30G MISC	1	VAL Value Preventive List
STERILANCE TL MISC	1	VAL Value Preventive List
SUPER THIN LANCETS MISC	1	VAL Value Preventive List
SURE COMFORT LANCETS 18G MISC	1	VAL Value Preventive List
SURE COMFORT LANCETS 21G MISC	1	VAL Value Preventive List
SURE COMFORT LANCETS 23G MISC	1	VAL Value Preventive List
SURE COMFORT LANCETS 28G MISC	1	VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SURE COMFORT LANCETS 30G MISC	1	VAL Value Preventive List
SURELITE LANCETS MISC	1	VAL Value Preventive List
TECHLITE AST LANCETS MISC	1	VAL Value Preventive List
TECHLITE LANCETS MISC	1	VAL Value Preventive List
TECHLITE LANCETS 26G MISC	1	VAL Value Preventive List
TECHLITE LANCETS 30G MISC	1	VAL Value Preventive List
TGT LANCET MICRO THIN 33G MISC	1	VAL Value Preventive List
TGT LANCET THIN 26G MISC	1	VAL Value Preventive List
TGT LANCET ULTRA THIN 30G MISC	1	VAL Value Preventive List
THINLETS GP LANCETS MISC	1	VAL Value Preventive List
TODAYS HEALTH THIN LANCETS 28G MISC	1	VAL Value Preventive List
TODAYS HEALTH THIN LANCETS 30G MISC	1	VAL Value Preventive List
TOPCARE LANCETS MICRO-THIN 33G MISC	1	VAL Value Preventive List
TRAVEL LANCETS MISC	1	VAL Value Preventive List
TRAVEL LANCETS ADVANCED 28G MISC	1	VAL Value Preventive List
TRUE COMFORT SAFETY LANCETS MISC	1	VAL Value Preventive List
TRUE COMFORT TWIST TOP LANCETS MISC	1	VAL Value Preventive List
TRUEPLUS LANCETS 26G MISC	1	VAL Value Preventive List
TRUEPLUS LANCETS 28G MISC	1	VAL Value Preventive List
TRUEPLUS LANCETS 30G MISC	1	VAL Value Preventive List
TRUEPLUS LANCETS 33G MISC	1	VAL Value Preventive List
TRUEPLUS SAFETY LANCETS 28G MISC	1	VAL Value Preventive List
TWIST TOP LANCETS 30G MISC	1	VAL Value Preventive List
ULTILET CLASSIC LANCETS MISC	1	VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ULTILET LANCETS MISC	1	VAL Value Preventive List
ULTILET SAFETY LANCETS MISC	1	VAL Value Preventive List
ULTILET SAFETY LANCETS 23G MISC	1	VAL Value Preventive List
ULTRA THIN LANCETS 31G MISC	1	VAL Value Preventive List
ULTRA-CARE LANCETS 30G MISC	1	VAL Value Preventive List
ULTRA-CARE SAFETY LANCETS 30G MISC	1	VAL Value Preventive List
ULTRA-THIN II AUTO LANCET MISC	1	VAL Value Preventive List
ULTRA-THIN II LANCETS MISC	1	VAL Value Preventive List
UNILET COMFORTOUCH LANCET MISC	1	VAL Value Preventive List
UNILET EXCELITE MISC	1	VAL Value Preventive List
UNILET EXCELITE II MISC	1	VAL Value Preventive List
UNILET G.P. LANCET MISC	1	VAL Value Preventive List
UNILET G.P. SUPERLITE LANCET MISC	1	VAL Value Preventive List
UNILET GP 28 ULTRA THIN MISC	1	VAL Value Preventive List
UNILET LANCET MISC	1	VAL Value Preventive List
UNILET MICRO-THIN 33G MISC	1	VAL Value Preventive List
UNILET SUPER-THIN 30G MISC	1	VAL Value Preventive List
UNILET SUPERLITE LANCET MISC	1	VAL Value Preventive List
UNILET ULTRA-THIN 28G MISC	1	VAL Value Preventive List
UNISTIK 3 GENTLE MISC	1	VAL Value Preventive List
UNISTIK PRO SAFETY LANCET MISC	1	VAL Value Preventive List
UNISTIK SAFETY LANCETS 28G MISC	1	VAL Value Preventive List
UNISTIK SAFETY LANCETS 30G MISC	1	VAL Value Preventive List
UNISTIK TOUCH SAFETY LANC 21G MISC	1	VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
UNISTIK TOUCH SAFETY LANC 23G MISC	1	VAL Value Preventive List
UNISTIK TOUCH SAFETY LANC 28G MISC	1	VAL Value Preventive List
UNISTIK TOUCH SAFETY LANC 30G MISC	1	VAL Value Preventive List
UNIVERSAL 1 LANCETS THIN 26G MISC	1	VAL Value Preventive List
UNIVERSAL 1 LANCETS THIN 33G MISC	1	VAL Value Preventive List
UNIVERSAL 1 LANCETS ULTRA THIN MISC	1	VAL Value Preventive List
VALUE PLUS LANCET STANDARD 21G MISC	1	VAL Value Preventive List
VALUE PLUS LANCETS SUPER THIN MISC	1	VAL Value Preventive List
VALUE PLUS LANCETS THIN 26G MISC	1	VAL Value Preventive List
VALUMARK LANCET SUPER THIN 30G MISC	1	VAL Value Preventive List
VALUMARK LANCET ULTRA THIN 28G MISC	1	VAL Value Preventive List
VERIFINE SAFE LANCET MINI 21G MISC	1	VAL Value Preventive List
VERIFINE SAFE LANCET MINI 23G MISC	1	VAL Value Preventive List
VERIFINE SAFE LANCET MINI 28G MISC	1	VAL Value Preventive List
VERIFINE SAFE LANCET MINI 30G MISC	1	VAL Value Preventive List
VERIFINE UNIVERSAL LANCETS 28G MISC	1	VAL Value Preventive List
VERIFINE UNIVERSAL LANCETS 30G MISC	1	VAL Value Preventive List
VERIFINE UNIVERSAL LANCETS 33G MISC	1	VAL Value Preventive List
VIDA MIA UNILET LANCETS 28G MISC	1	VAL Value Preventive List
VIDA MIA UNILET LANCETS 30G MISC	1	VAL Value Preventive List
VIVAGUARD LANCETS MISC	1	VAL Value Preventive List
VIVAGUARD LANCETS 30G MISC	1	VAL Value Preventive List
VIVAGUARD SAFETY LANCETS 28G MISC	1	VAL Value Preventive List
WALGREENS ADV TRAVEL LANCETS MISC	1	VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
WALGREENS LANCETS MISC	1	VAL Value Preventive List
WALGREENS LANCETS MICRO THIN MISC	1	VAL Value Preventive List
WALGREENS LANCETS SUPER THIN MISC	1	VAL Value Preventive List
WALGREENS THIN LANCETS MISC	1	VAL Value Preventive List
WALGREENS ULTRA THIN LANCETS MISC	1	VAL Value Preventive List
ZEVRX TWIST TOP LANCETS 30G MISC	1	VAL Value Preventive List
<b>INSULIN ADMINISTRATION SUPPLIES</b>		
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	2	
OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC	2	
OMNIPOD 5 G7 INTRO (GEN 5) KIT	2	
OMNIPOD 5 G7 PODS (GEN 5) MISC	2	
OMNIPOD 5 LIBRE2 G6 INTRO GEN5 KIT	2	
OMNIPOD 5 LIBRE2 PLUS G6 PODS MISC	2	
OMNIPOD CLASSIC PDM (GEN 3) KIT	2	
OMNIPOD CLASSIC PODS (GEN 3) MISC	2	
OMNIPOD DASH INTRO (GEN 4) KIT	2	
OMNIPOD DASH PDM (GEN 4) KIT	2	
OMNIPOD DASH PODS (GEN 4) MISC	2	
<b>NEEDLES &amp; SYRINGES</b>		
1ST TIER UNIFINE PENTIPS 31G X 5 MM MISC	1	VAL Value Preventive List
1ST TIER UNIFINE PENTIPS 31G X 6 MM MISC	1	VAL Value Preventive List
1ST TIER UNIFINE PENTIPS 31G X 8 MM MISC	1	VAL Value Preventive List
1ST TIER UNIFINE PENTIPS 32G X 4 MM MISC	1	VAL Value Preventive List
1ST TIER UNIFINE PENTIPS 32G X 6 MM MISC	1	VAL Value Preventive List
1ST TIER UNIFINE PENTIPS PLUS 31G X 5 MM MISC	1	VAL Value Preventive List
1ST TIER UNIFINE PENTIPS PLUS 31G X 6 MM MISC	1	VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
1ST TIER UNIFINE PENTIPS PLUS 31G X 8 MM MISC	1	VAL Value Preventive List
1ST TIER UNIFINE PENTIPS PLUS 32G X 4 MM MISC	1	VAL Value Preventive List
ABOUTTIME PEN NEEDLE 31G X 5 MM MISC	1	VAL Value Preventive List
ABOUTTIME PEN NEEDLE 31G X 8 MM MISC	1	VAL Value Preventive List
ABOUTTIME PEN NEEDLE 32G X 4 MM MISC	1	VAL Value Preventive List
ADVOCATE INSULIN PEN NEEDLE 32G X 4 MM MISC	1	VAL Value Preventive List
ADVOCATE INSULIN PEN NEEDLES 31G X 5 MM MISC	1	VAL Value Preventive List
ADVOCATE INSULIN PEN NEEDLES 31G X 8 MM MISC	1	VAL Value Preventive List
ADVOCATE INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	1	VAL Value Preventive List
ADVOCATE INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	1	VAL Value Preventive List
ADVOCATE INSULIN SYRINGE 31G X 5/16" 1 ML MISC	1	VAL Value Preventive List
AQ INSULIN SYRINGE 29G X 1/2" 1 ML MISC	1	VAL Value Preventive List
AQ INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	1	VAL Value Preventive List
AQ INSULIN SYRINGE 31G X 5/16" 1 ML MISC	1	
AQINJECT PEN NEEDLE 31G X 5 MM MISC	1	VAL Value Preventive List
AQINJECT PEN NEEDLE 32G X 4 MM MISC	1	VAL Value Preventive List
ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM MISC	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 32G X 4 MM MISC	1	VAL Value Preventive List
AUM MINI INSULIN PEN NEEDLE 32G X 6 MM MISC	1	VAL Value Preventive List
AUM PEN NEEDLE 32G X 4 MM MISC	1	VAL Value Preventive List
AUM PEN NEEDLE 32G X 6 MM MISC	1	VAL Value Preventive List
AUM READYGARD DUO PEN NEEDLE 32G X 4 MM MISC	1	VAL Value Preventive List
AUM SAFETY PEN NEEDLE 31G X 5 MM MISC	1	VAL Value Preventive List

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CAREFINE PEN NEEDLES 32G X 6 MM MISC	1	VAL Value Preventive List
CAREONE INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	1	VAL Value Preventive List
CAREONE INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	1	VAL Value Preventive List
CAREONE INSULIN SYRINGE 31G X 5/16" 1 ML MISC	1	VAL Value Preventive List
CAREONE UNIFINE PENTIPS 31G X 5 MM MISC	1	VAL Value Preventive List
CAREONE UNIFINE PENTIPS 31G X 6 MM MISC	1	VAL Value Preventive List
CAREONE UNIFINE PENTIPS 31G X 8 MM MISC	1	VAL Value Preventive List
CAREONE UNIFINE PENTIPS 32G X 4 MM MISC	1	VAL Value Preventive List
CAREONE UNIFINE PENTIPS PLUS 31G X 5 MM MISC	1	VAL Value Preventive List
CAREONE UNIFINE PENTIPS PLUS 31G X 6 MM MISC	1	VAL Value Preventive List
CAREONE UNIFINE PENTIPS PLUS 31G X 8 MM MISC	1	VAL Value Preventive List
CAREONE UNIFINE PENTIPS PLUS 32G X 4 MM MISC	1	VAL Value Preventive List
CARETOUCH INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	1	VAL Value Preventive List
CARETOUCH INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	1	VAL Value Preventive List
CARETOUCH INSULIN SYRINGE 31G X 5/16" 1 ML MISC	1	VAL Value Preventive List
CARETOUCH PEN NEEDLES 31G X 5 MM MISC	1	VAL Value Preventive List
CARETOUCH PEN NEEDLES 31G X 6 MM MISC	1	VAL Value Preventive List
CARETOUCH PEN NEEDLES 31G X 8 MM MISC	1	VAL Value Preventive List
CARETOUCH PEN NEEDLES 32G X 4 MM MISC	1	VAL Value Preventive List
CLICKFINE PEN NEEDLES 31G X 5 MM MISC	1	VAL Value Preventive List
CLICKFINE PEN NEEDLES 31G X 6 MM MISC	1	VAL Value Preventive List
CLICKFINE PEN NEEDLES 31G X 8 MM MISC	1	VAL Value Preventive List
CLICKFINE PEN NEEDLES 32G X 4 MM MISC	1	VAL Value Preventive List
COMFORT ASSIST INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	1	VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
COMFORT EZ INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	1	VAL Value Preventive List
COMFORT EZ INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	1	VAL Value Preventive List
COMFORT EZ INSULIN SYRINGE 31G X 5/16" 1 ML MISC	1	VAL Value Preventive List
COMFORT EZ MICRO PEN NEEDLES 32G X 4 MM MISC	1	VAL Value Preventive List
COMFORT EZ PEN NEEDLES 31G X 5 MM MISC	1	VAL Value Preventive List
COMFORT EZ PEN NEEDLES 31G X 6 MM MISC	1	VAL Value Preventive List
COMFORT EZ PEN NEEDLES 31G X 8 MM MISC	1	VAL Value Preventive List
COMFORT EZ PEN NEEDLES 32G X 4 MM MISC	1	VAL Value Preventive List
COMFORT EZ PEN NEEDLES 32G X 6 MM 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 31G X 8 MM MISC	1	VAL Value Preventive List
COMFORT TOUCH INSULIN PEN NEED 31G X 5 MM MISC	1	VAL Value Preventive List
COMFORT TOUCH INSULIN PEN NEED 31G X 6 MM MISC	1	VAL Value Preventive List
COMFORT TOUCH INSULIN PEN NEED 31G X 8 MM MISC	1	VAL Value Preventive List
COMFORT TOUCH INSULIN PEN NEED 32G X 4 MM MISC	1	VAL Value Preventive List
COMFORT TOUCH INSULIN PEN NEED 32G X 6 MM MISC	1	VAL Value Preventive List
DIATHRIVE PEN NEEDLE 31G X 5 MM MISC	1	VAL Value Preventive List
DIATHRIVE PEN NEEDLE 31G X 6 MM MISC	1	VAL Value Preventive List
DIATHRIVE PEN NEEDLE 31G X 8 MM MISC	1	VAL Value Preventive List
DIATHRIVE PEN NEEDLE 32G X 4 MM MISC	1	VAL Value Preventive List
DROPLET INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	1	VAL Value Preventive List
DROPLET INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	1	VAL Value Preventive List
DROPLET INSULIN SYRINGE 31G X 5/16" 1 ML MISC	1	VAL Value Preventive List
DROPLET PEN NEEDLES 31G X 5 MM MISC	1	VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DROPLET PEN NEEDLES 31G X 6 MM MISC	1	VAL Value Preventive List
DROPLET PEN NEEDLES 31G X 8 MM MISC	1	VAL Value Preventive List
DROPLET PEN NEEDLES 32G X 4 MM MISC	1	VAL Value Preventive List
DROPLET PEN NEEDLES 32G X 6 MM MISC	1	VAL Value Preventive List
DROPSAFE AUTOPROTECT DUO 31G X 5 MM MISC	1	VAL Value Preventive List
DROPSAFE AUTOPROTECT DUO 31G X 8 MM MISC	1	VAL Value Preventive List
DROPSAFE SAFETY PEN NEEDLES 31G X 5 MM MISC	1	VAL Value Preventive List
DROPSAFE SAFETY PEN NEEDLES 31G X 6 MM MISC	1	VAL Value Preventive List
DROPSAFE SAFETY PEN NEEDLES 31G X 8 MM MISC	1	VAL Value Preventive List
DROPSAFE SAFETY SYRINGE/NEEDLE 29G X 1/2" 1 ML MISC	1	VAL Value Preventive List
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 0.3 ML MISC	1	VAL Value Preventive List
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 0.5 ML MISC	1	VAL Value Preventive List
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 1 ML MISC	1	VAL Value Preventive List
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 0.3 ML MISC	1	VAL Value Preventive List
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 0.5 ML MISC	1	VAL Value Preventive List
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 1 ML MISC	1	
DRUG MART UNIFINE PENTIPS 31G X 5 MM MISC	1	VAL Value Preventive List
DRUG MART UNIFINE PENTIPS 31G X 6 MM MISC	1	VAL Value Preventive List
DRUG MART UNIFINE PENTIPS 31G X 8 MM MISC	1	VAL Value Preventive List
DRUG MART UNIFINE PENTIPS 32G X 4 MM MISC	1	VAL Value Preventive List
DRUG MART UNIFINE PENTIPS PLUS 32G X 4 MM MISC	1	VAL Value Preventive List
EASY COMFORT INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	1	VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EASY COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	1	VAL Value Preventive List
EASY COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML MISC	1	VAL Value Preventive List
EASY COMFORT PEN NEEDLES 31G X 5 MM MISC	1	VAL Value Preventive List
EASY COMFORT PEN NEEDLES 31G X 6 MM MISC	1	VAL Value Preventive List
EASY COMFORT PEN NEEDLES 31G X 8 MM MISC	1	VAL Value Preventive List
EASY COMFORT PEN NEEDLES 32G X 4 MM 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 31G X 5/16" 0.3 ML MISC	1	VAL Value Preventive List
EASY TOUCH INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	1	VAL Value Preventive List
EASY TOUCH INSULIN SYRINGE 31G X 5/16" 1 ML MISC	1	VAL Value Preventive List
EASY TOUCH PEN NEEDLES 31G X 5 MM MISC	1	VAL Value Preventive List
EASY TOUCH PEN NEEDLES 31G X 6 MM MISC	1	VAL Value Preventive List
EASY TOUCH PEN NEEDLES 31G X 8 MM MISC	1	VAL Value Preventive List
EASY TOUCH PEN NEEDLES 32G X 4 MM MISC	1	VAL Value Preventive List
EASY TOUCH PEN NEEDLES 32G X 6 MM 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 SYRINGE 28G X 1/2" 0.5 ML MISC	1	
EMBECTA INSULIN SYRINGE 28G X 1/2" 1 ML MISC	1	
EMBECTA INSULIN SYRINGE U-500 31G X 6MM 0.5 ML MISC	1	
EMBECTA INSULIN SYRINGE U/F 31G X 5/16" 0.3 ML MISC	1	VAL Value Preventive List
EMBECTA INSULIN SYRINGE U/F 31G X 5/16" 0.5 ML MISC	1	VAL Value Preventive List
EMBECTA INSULIN SYRINGE U/F 31G X 5/16" 1 ML MISC	1	VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EMBECTA PEN NEEDLE NANO 2 GEN 32G X 4 MM MISC	1	VAL Value Preventive List
EMBECTA PEN NEEDLE NANO 32G X 4 MM MISC	1	VAL Value Preventive List
EMBECTA PEN NEEDLE ULTRAFINE 31G X 5 MM MISC	1	VAL Value Preventive List
EMBECTA PEN NEEDLE ULTRAFINE 31G X 8 MM MISC	1	VAL Value Preventive List
EMBECTA PEN NEEDLE ULTRAFINE 32G X 6 MM MISC	1	VAL Value Preventive List
EMBRACE PEN NEEDLES 31G X 6 MM MISC	1	VAL Value Preventive List
EMBRACE PEN NEEDLES 31G X 8 MM MISC	1	VAL Value Preventive List
EMBRACE PEN NEEDLES 32G X 4 MM MISC	1	VAL Value Preventive List
EQL INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	1	VAL Value Preventive List
EQL INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	1	VAL Value Preventive List
EQL INSULIN SYRINGE 31G X 5/16" 1 ML MISC	1	VAL Value Preventive List
EXEL COMFORT POINT PEN NEEDLE 31G X 6 MM MISC	1	VAL Value Preventive List
EXEL COMFORT POINT PEN NEEDLE 31G X 8 MM MISC	1	VAL Value Preventive List
FIFTY50 PEN NEEDLES 31G X 5 MM MISC	1	VAL Value Preventive List
FIFTY50 PEN NEEDLES 31G X 8 MM MISC	1	VAL Value Preventive List
FIFTY50 PEN NEEDLES 32G X 4 MM MISC	1	VAL Value Preventive List
FIFTY50 PEN NEEDLES 32G X 6 MM MISC	1	VAL Value Preventive List
FIFTY50 SUPERIOR COMFORT SYR 31G X 5/16" 0.3 ML MISC	1	VAL Value Preventive List
FIFTY50 SUPERIOR COMFORT SYR 31G X 5/16" 0.5 ML MISC	1	VAL Value Preventive List
FIFTY50 SUPERIOR COMFORT SYR 31G X 5/16" 1 ML MISC	1	VAL Value Preventive List
FREDS PHARMACY UNIFINE PENTIP+ 31G X 5 MM MISC	1	VAL Value Preventive List
FREDS PHARMACY UNIFINE PENTIP+ 31G X 8 MM MISC	1	VAL Value Preventive List
FREDS PHARMACY UNIFINE PENTIPS 32G X 4 MM MISC	1	VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GLOBAL EASE INJECT PEN NEEDLES 31G X 5 MM MISC	1	VAL Value Preventive List
GLOBAL EASE INJECT PEN NEEDLES 31G X 8 MM MISC	1	VAL Value Preventive List
GLOBAL EASE INJECT PEN NEEDLES 32G X 4 MM MISC	1	VAL Value Preventive List
GLOBAL EASY GLIDE INSULIN SYR 31G X 5/16" 0.3 ML MISC	1	VAL Value Preventive List
GLOBAL EASY GLIDE PEN NEEDLES 32G X 4 MM MISC	1	VAL Value Preventive List
GLOBAL INJECT EASE INSULIN SYR 31G X 5/16" 0.3 ML MISC	1	VAL Value Preventive List
GLOBAL INJECT EASE INSULIN SYR 31G X 5/16" 0.5 ML MISC	1	VAL Value Preventive List
GLOBAL INJECT EASE INSULIN SYR 31G X 5/16" 1 ML MISC	1	VAL Value Preventive List
GLUCOPRO INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	1	VAL Value Preventive List
GLUCOPRO INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	1	VAL Value Preventive List
GLUCOPRO INSULIN SYRINGE 31G X 5/16" 1 ML MISC	1	VAL Value Preventive List
GNP CLICKFINE PEN NEEDLES 31G X 6 MM MISC	1	VAL Value Preventive List
GNP CLICKFINE PEN NEEDLES 31G X 8 MM MISC	1	VAL Value Preventive List
GNP INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	1	VAL Value Preventive List
GNP INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	1	VAL Value Preventive List
GNP INSULIN SYRINGE 31G X 5/16" 1 ML MISC	1	VAL Value Preventive List
GNP INSULIN SYRINGES 31GX5/16" 31G X 5/16" 0.3 ML MISC	1	VAL Value Preventive List
GNP PEN NEEDLES 31G X 5 MM MISC	1	VAL Value Preventive List
GNP PEN NEEDLES 31G X 8 MM MISC	1	VAL Value Preventive List
GNP PEN NEEDLES 32G X 4 MM MISC	1	VAL Value Preventive List
GNP PEN NEEDLES 32G X 6 MM MISC	1	VAL Value Preventive List
GNP ULTICARE PEN NEEDLES 31G X 5 MM MISC	1	VAL Value Preventive List
GNP ULTICARE PEN NEEDLES 31G X 8 MM MISC	1	VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GNP ULTICARE PEN NEEDLES 32G X 4 MM MISC	1	VAL Value Preventive List
GNP ULTICARE PEN NEEDLES 32G X 6 MM MISC	1	VAL Value Preventive List
GNP ULTIGUARD SAFEPACK NEEDLE 31G X 5 MM MISC	1	VAL Value Preventive List
GNP ULTIGUARD SAFEPACK NEEDLE 31G X 8 MM MISC	1	VAL Value Preventive List
GNP ULTIGUARD SAFEPACK NEEDLE 32G X 4 MM MISC	1	VAL Value Preventive List
GNP ULTIGUARD SAFEPACK NEEDLE 32G X 6 MM MISC	1	VAL Value Preventive List
GOODSENSE CLICKFINE PEN NEEDLE 31G X 5 MM MISC	1	VAL Value Preventive List
GOODSENSE PEN NEEDLE PENFINE 31G X 5 MM MISC	1	VAL Value Preventive List
GOODSENSE PEN NEEDLE PENFINE 31G X 8 MM MISC	1	VAL Value Preventive List
GOODSENSE PEN NEEDLE PENFINE 32G X 4 MM MISC	1	VAL Value Preventive List
GOODSENSE PEN NEEDLE PENFINE 32G X 6 MM MISC	1	VAL Value Preventive List
H-E-B INCONTROL PEN NEEDLES 31G X 5 MM MISC	1	VAL Value Preventive List
H-E-B INCONTROL PEN NEEDLES 31G X 6 MM MISC	1	VAL Value Preventive List
H-E-B INCONTROL PEN NEEDLES 31G X 8 MM MISC	1	VAL Value Preventive List
H-E-B INCONTROL PEN NEEDLES 32G X 4 MM MISC	1	VAL Value Preventive List
H-E-B INCONTROL UNIFINE PENTIP 31G X 5 MM MISC	1	VAL Value Preventive List
H-E-B INCONTROL UNIFINE PENTIP 31G X 6 MM MISC	1	VAL Value Preventive List
H-E-B INCONTROL UNIFINE PENTIP 31G X 8 MM MISC	1	VAL Value Preventive List
H-E-B INCONTROL UNIFINE PENTIP 32G X 4 MM MISC	1	VAL Value Preventive List
HEALTHWISE INSULIN SYR/NEEDLE 31G X 5/16" 0.3 ML MISC	1	VAL Value Preventive List
HEALTHWISE INSULIN SYR/NEEDLE 31G X 5/16" 0.5 ML MISC	1	VAL Value Preventive List
HEALTHWISE INSULIN SYR/NEEDLE 31G X 5/16" 1 ML MISC	1	VAL Value Preventive List
HEALTHWISE MICRON PEN NEEDLES 32G X 4 MM MISC	1	VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HEALTHWISE MINI PEN NEEDLES 31G X 6 MM MISC	1	VAL Value Preventive List
HEALTHWISE SHORT PEN NEEDLES 31G X 5 MM MISC	1	VAL Value Preventive List
HEALTHWISE SHORT PEN NEEDLES 31G X 8 MM MISC	1	VAL Value Preventive List
HEALTHWISE UNIFINE PENTIPS 32G X 4 MM MISC	1	VAL Value Preventive List
HEALTHY ACCENTS UNIFINE PENTIP 31G X 5 MM MISC	1	VAL Value Preventive List
HEALTHY ACCENTS UNIFINE PENTIP 31G X 6 MM MISC	1	VAL Value Preventive List
HEALTHY ACCENTS UNIFINE PENTIP 31G X 8 MM MISC	1	VAL Value Preventive List
HEALTHY ACCENTS UNIFINE PENTIP 32G X 4 MM 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 31G X 5 MM MISC	1	VAL Value Preventive List
HM ULTICARE SHORT PEN NEEDLES 31G X 8 MM MISC	1	VAL Value Preventive List
INCONTROL ULTICARE PEN NEEDLES 31G X 6 MM MISC	1	VAL Value Preventive List
INCONTROL ULTICARE PEN NEEDLES 31G X 8 MM MISC	1	VAL Value Preventive List
INCONTROL ULTICARE PEN NEEDLES 32G X 4 MM MISC	1	VAL Value Preventive List
INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	1	VAL Value Preventive List
INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	1	VAL Value Preventive List
INSULIN SYRINGE 31G X 5/16" 1 ML MISC	1	VAL Value Preventive List
INSULIN SYRINGE-NEEDLE U-100 27G X 1/2" 0.5 ML MISC	1	
INSULIN SYRINGE-NEEDLE U-100 27G X 1/2" 1 ML MISC	1	
INSULIN SYRINGE-NEEDLE U-100 28G X 1/2" 0.5 ML MISC	1	
INSULIN SYRINGE-NEEDLE U-100 28G X 1/2" 1 ML MISC	1	
INSULIN SYRINGE-NEEDLE U-100 29G X 1/2" 0.5 ML MISC	1	
INSULIN SYRINGE-NEEDLE U-100 29G X 1/2" 1 ML MISC	1	VAL Value Preventive List
INSULIN SYRINGE-NEEDLE U-100 30G X 1/2" 1 ML MISC	1	
INSULIN SYRINGE-NEEDLE U-100 30G X 5/16" 0.5 ML MISC	1	VAL Value Preventive List

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LEADER UNIFINE PENTIPS 31G X 5 MM MISC	1	VAL Value Preventive List
LEADER UNIFINE PENTIPS 32G X 4 MM MISC	1	VAL Value Preventive List
LEADER UNIFINE PENTIPS PLUS 31G X 5 MM MISC	1	VAL Value Preventive List
LEADER UNIFINE PENTIPS PLUS 31G X 8 MM MISC	1	VAL Value Preventive List
LEADER UNIFINE PENTIPS PLUS 32G X 4 MM MISC	1	VAL Value Preventive List
LITETOUCH INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	1	VAL Value Preventive List
LITETOUCH INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	1	VAL Value Preventive List
LITETOUCH INSULIN SYRINGE 31G X 5/16" 1 ML MISC	1	VAL Value Preventive List
LITETOUCH PEN NEEDLES 31G X 5 MM MISC	1	VAL Value Preventive List
LITETOUCH PEN NEEDLES 31G X 6 MM MISC	1	VAL Value Preventive List
LITETOUCH PEN NEEDLES 31G X 8 MM MISC	1	VAL Value Preventive List
LITETOUCH PEN NEEDLES 32G X 4 MM MISC	1	VAL Value Preventive List
LONGS INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	1	VAL Value Preventive List
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.3 ML MISC	1	
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.5 ML MISC	1	
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 1 ML MISC	1	VAL Value Preventive List
MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 0.3 ML MISC	1	VAL Value Preventive List
MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 0.5 ML MISC	1	VAL Value Preventive List
MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 1 ML MISC	1	VAL Value Preventive List
MARATHON MEDICAL PENTIPS 29G X 12MM MISC	1	VAL Value Preventive List
MARATHON MEDICAL PENTIPS 31G X 5 MM MISC	1	VAL Value Preventive List
MARATHON MEDICAL PENTIPS 31G X 8 MM MISC	1	VAL Value Preventive List
MARATHON MEDICAL PENTIPS 32G X 4 MM MISC	1	VAL Value Preventive List
MAXICOMFORT II PEN NEEDLE 31G X 6 MM MISC	1	VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MEDICINE SHOPPE PEN NEEDLES 31G X 6 MM MISC	1	VAL Value Preventive List
MEDICINE SHOPPE PEN NEEDLES 31G X 8 MM MISC	1	VAL Value Preventive List
MEIJER PEN NEEDLES 31G X 6 MM MISC	1	VAL Value Preventive List
MEIJER PEN NEEDLES 31G X 8 MM MISC	1	VAL Value Preventive List
MICRODOT PEN NEEDLE 31G X 6 MM MISC	1	VAL Value Preventive List
MICRODOT PEN NEEDLE 32G X 4 MM MISC	1	VAL Value Preventive List
MM INSULIN SYRINGE/NEEDLE 31G X 5/16" 0.3 ML MISC	1	VAL Value Preventive List
MM INSULIN SYRINGE/NEEDLE 31G X 5/16" 0.5 ML MISC	1	VAL Value Preventive List
MM INSULIN SYRINGE/NEEDLE 31G X 5/16" 1 ML MISC	1	VAL Value Preventive List
MM PEN NEEDLES 31G X 5 MM MISC	1	VAL Value Preventive List
MM PEN NEEDLES 31G X 6 MM MISC	1	VAL Value Preventive List
MM PEN NEEDLES 31G X 8 MM MISC	1	VAL Value Preventive List
MM PEN NEEDLES 32G X 4 MM MISC	1	VAL Value Preventive List
MONOJECT INSULIN SYRINGE 27G X 1/2" 1 ML MISC	1	
MONOJECT INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC	1	
MONOJECT INSULIN SYRINGE 28G X 1/2" 1 ML MISC	1	
MONOJECT INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC	1	
MONOJECT INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	1	
MONOJECT INSULIN SYRINGE 29G X 1/2" 1 ML MISC	1	VAL Value Preventive List
MONOJECT INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC	1	VAL Value Preventive List
MONOJECT INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	1	VAL Value Preventive List
MONOJECT INSULIN SYRINGE 30G X 5/16" 1 ML MISC	1	VAL Value Preventive List
MONOJECT INSULIN SYRINGE 31G X 5/16" 1 ML MISC	1	VAL Value Preventive List
MONOJECT INSULIN SYRINGE U-100 1 ML MISC	1	
MONOJECT INTRODUCER NEEDLE 18G X 1-1/4" MISC	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MONOJECT MAGELLAN SAFETY NDL 21G X 5/8" MISC	2	
MONOJECT MAGELLAN SAFETY NDL 23G X 5/8" MISC	2	
MONOJECT MAGELLAN SYRINGE 18G X 1" 6 ML MISC	2	
MONOJECT MAGELLAN SYRINGE 21G X 1" 12 ML MISC	2	
MONOJECT MAGELLAN SYRINGE 22G X 1-1/2" 12 ML MISC	2	
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML MISC	1	
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 1 ML MISC	1	
MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.3 ML MISC	1	VAL Value Preventive List
MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.5 ML MISC	1	VAL Value Preventive List
MONOJECT ULTRA COMFORT SYRINGE 31G X 5/16" 0.3 ML MISC	1	VAL Value Preventive List
MONOJECT ULTRA COMFORT SYRINGE 31G X 5/16" 0.5 ML MISC	1	VAL Value Preventive List
MS INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	1	VAL Value Preventive List
MS INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	1	VAL Value Preventive List
MS INSULIN SYRINGE 31G X 5/16" 1 ML MISC	1	VAL Value Preventive List
NOVOFINE PEN NEEDLE 32G X 6 MM MISC	1	VAL Value Preventive List
NOVOFINE PLUS PEN NEEDLE 32G X 4 MM MISC	1	VAL Value Preventive List
PC UNIFINE PENTIPS 31G X 5 MM MISC	1	VAL Value Preventive List
PC UNIFINE PENTIPS 31G X 6 MM MISC	1	VAL Value Preventive List
PC UNIFINE PENTIPS 31G X 8 MM MISC	1	VAL Value Preventive List
PEN NEEDLE/5-BEVEL TIP 31G X 8 MM MISC	1	VAL Value Preventive List
PEN NEEDLE/5-BEVEL TIP 32G X 4 MM MISC	1	VAL Value Preventive List
PEN NEEDLES 31G X 5 MM MISC	1	VAL Value Preventive List
PEN NEEDLES 31G X 6 MM MISC	1	VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PEN NEEDLES 31G X 8 MM MISC	1	VAL Value Preventive List
PEN NEEDLES 32G X 4 MM MISC	1	VAL Value Preventive List
PEN NEEDLES 32G X 6 MM MISC	1	VAL Value Preventive List
PEN NEEDLES 5/16" 31G X 8 MM MISC	1	VAL Value Preventive List
PENTIPS 29G X 12MM MISC	1	VAL Value Preventive List
PENTIPS 31G X 5 MM MISC	1	VAL Value Preventive List
PENTIPS 31G X 6 MM MISC	1	VAL Value Preventive List
PENTIPS 31G X 8 MM MISC	1	VAL Value Preventive List
PENTIPS 32G X 4 MM MISC	1	VAL Value Preventive List
PENTIPS 32G X 6 MM MISC	1	VAL Value Preventive List
PENTIPS GENERIC PEN NEEDLES 31G X 5 MM MISC	1	VAL Value Preventive List
PENTIPS GENERIC PEN NEEDLES 31G X 6 MM MISC	1	VAL Value Preventive List
PENTIPS GENERIC PEN NEEDLES 31G X 8 MM MISC	1	VAL Value Preventive List
PENTIPS GENERIC PEN NEEDLES 32G X 4 MM MISC	1	VAL Value Preventive List
PENTIPS GENERIC PEN NEEDLES 32G X 6 MM MISC	1	VAL Value Preventive List
PIP PEN NEEDLES 31G X 5MM 31G X 5 MM MISC	1	VAL Value Preventive List
PIP PEN NEEDLES 32G X 4MM 32G X 4 MM MISC	1	VAL Value Preventive List
PREFERRED PLUS UNIFINE PENTIPS 31G X 5 MM MISC	1	VAL Value Preventive List
PREFERRED PLUS UNIFINE PENTIPS 31G X 6 MM MISC	1	VAL Value Preventive List
PREFERRED PLUS UNIFINE PENTIPS 31G X 8 MM MISC	1	VAL Value Preventive List
PREFERRED PLUS UNIFINE PENTIPS 32G X 4 MM MISC	1	VAL Value Preventive List
PREVENT DROPSAFE PEN NEEDLES 31G X 6 MM MISC	1	VAL Value Preventive List
PREVENT DROPSAFE PEN NEEDLES 31G X 8 MM MISC	1	VAL Value Preventive List
PREVENT SAFETY PEN NEEDLES 31G X 6 MM MISC	1	VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PREVENT SAFETY PEN NEEDLES 31G X 8 MM MISC	1	VAL Value Preventive List
PRO COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	1	VAL Value Preventive List
PRO COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML MISC	1	VAL Value Preventive List
PRO COMFORT PEN NEEDLES 32G X 4 MM MISC	1	VAL Value Preventive List
PRO COMFORT PEN NEEDLES 32G X 5 MM MISC	1	VAL Value Preventive List
PRO COMFORT PEN NEEDLES 32G X 6 MM MISC	1	VAL Value Preventive List
PRODIGY INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	1	VAL Value Preventive List
PRODIGY INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	1	VAL Value Preventive List
PURE COMFORT PEN NEEDLE 32G X 4 MM MISC	1	VAL Value Preventive List
PURE COMFORT PEN NEEDLE 32G X 6 MM MISC	1	VAL Value Preventive List
PURE COMFORT SAFETY PEN NEEDLE 31G X 5 MM MISC	1	VAL Value Preventive List
PURE COMFORT SAFETY PEN NEEDLE 31G X 6 MM MISC	1	VAL Value Preventive List
PURE COMFORT SAFETY PEN NEEDLE 32G X 4 MM MISC	1	VAL Value Preventive List
PX EXTRA SHORT PEN NEEDLES 31G X 6 MM MISC	1	VAL Value Preventive List
PX MINI PEN NEEDLES 31G X 5 MM MISC	1	VAL Value Preventive List
PX PEN NEEDLE 31G X 8 MM MISC	1	VAL Value Preventive List
PX SHORTLENGTH PEN NEEDLES 31G X 8 MM MISC	1	VAL Value Preventive List
QC PEN NEEDLES 31G X 6 MM MISC	1	VAL Value Preventive List
QC PEN NEEDLES 31G X 8 MM MISC	1	VAL Value Preventive List
QC UNIFINE PENTIPS 32G X 4 MM MISC	1	VAL Value Preventive List
QUICK TOUCH INSULIN PEN NEEDLE 31G X 5 MM MISC	1	VAL Value Preventive List
QUICK TOUCH INSULIN PEN NEEDLE 31G X 6 MM MISC	1	VAL Value Preventive List
QUICK TOUCH INSULIN PEN NEEDLE 31G X 8 MM MISC	1	VAL Value Preventive List
QUICK TOUCH INSULIN PEN NEEDLE 32G X 4 MM MISC	1	VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
QUICK TOUCH INSULIN PEN NEEDLE 32G X 6 MM MISC	1	VAL Value Preventive List
RA PEN NEEDLES 31G X 5 MM MISC	1	VAL Value Preventive List
RA PEN NEEDLES 31G X 8 MM MISC	1	VAL Value Preventive List
RAYA SURE PEN NEEDLE 31G X 5 MM MISC	1	VAL Value Preventive List
RAYA SURE PEN NEEDLE 31G X 6 MM MISC	1	VAL Value Preventive List
RAYA SURE PEN NEEDLE 31G X 8 MM MISC	1	VAL Value Preventive List
RELION INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	1	VAL Value Preventive List
RELION INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	1	VAL Value Preventive List
RELION INSULIN SYRINGE 31G X 5/16" 1 ML MISC	1	VAL Value Preventive List
RELION MINI PEN NEEDLES 31G X 6 MM MISC	1	VAL Value Preventive List
RELION PEN NEEDLES 31G X 6 MM MISC	1	VAL Value Preventive List
RELION PEN NEEDLES 31G X 8 MM MISC	1	VAL Value Preventive List
RELION PEN NEEDLES 32G X 4 MM MISC	1	VAL Value Preventive List
RELION SHORT PEN NEEDLES 31G X 8 MM MISC	1	VAL Value Preventive List
SB INSULIN SYRINGE 31G X 5/16" 1 ML MISC	1	VAL Value Preventive List
SHOPKO UNIFINE PENTIPS 31G X 5 MM MISC	1	VAL Value Preventive List
SHOPKO UNIFINE PENTIPS 31G X 8 MM MISC	1	VAL Value Preventive List
SHOPKO UNIFINE PENTIPS 32G X 4 MM MISC	1	VAL Value Preventive List
SHOPKO UNIFINE PENTIPS PLUS 31G X 5 MM MISC	1	VAL Value Preventive List
SHOPKO UNIFINE PENTIPS PLUS 31G X 8 MM MISC	1	VAL Value Preventive List
SHOPKO UNIFINE PENTIPS PLUS 32G X 4 MM MISC	1	VAL Value Preventive List
SURE COMFORT INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	1	VAL Value Preventive List
SURE COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	1	VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SURE COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML MISC	1	VAL Value Preventive List
SURE COMFORT PEN NEEDLES 31G X 5 MM MISC	1	VAL Value Preventive List
SURE COMFORT PEN NEEDLES 31G X 6 MM MISC	1	VAL Value Preventive List
SURE COMFORT PEN NEEDLES 31G X 8 MM MISC	1	VAL Value Preventive List
SURE COMFORT PEN NEEDLES 32G X 4 MM MISC	1	VAL Value Preventive List
SURE COMFORT PEN NEEDLES 32G X 6 MM MISC	1	VAL Value Preventive List
TECHLITE INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	1	VAL Value Preventive List
TECHLITE INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	1	VAL Value Preventive List
TECHLITE INSULIN SYRINGE 31G X 5/16" 1 ML MISC	1	VAL Value Preventive List
TECHLITE PEN NEEDLES 31G X 5 MM MISC	1	VAL Value Preventive List
TECHLITE PEN NEEDLES 31G X 8 MM MISC	1	VAL Value Preventive List
TECHLITE PEN NEEDLES 32G X 4 MM MISC	1	VAL Value Preventive List
TECHLITE PEN NEEDLES 32G X 6 MM MISC	1	VAL Value Preventive List
TECHLITE PLUS PEN NEEDLES 32G X 4 MM MISC	1	VAL Value Preventive List
TODAYS HEALTH MINI PEN NEEDLES 31G X 6 MM MISC	1	VAL Value Preventive List
TODAYS HEALTH SHORT PEN NEEDLE 31G X 8 MM MISC	1	VAL Value Preventive List
TOPCARE CLICKFINE PEN NEEDLES 31G X 6 MM MISC	1	VAL Value Preventive List
TOPCARE CLICKFINE PEN NEEDLES 31G X 8 MM MISC	1	VAL Value Preventive List
TOPCARE ULTRA COMFORT INS SYR 31G X 5/16" 0.3 ML MISC	1	VAL Value Preventive List
TOPCARE ULTRA COMFORT INS SYR 31G X 5/16" 0.5 ML MISC	1	VAL Value Preventive List
TOPCARE ULTRA COMFORT INS SYR 31G X 5/16" 1 ML MISC	1	VAL Value Preventive List
TRUE COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	1	VAL Value Preventive List
TRUE COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML MISC	1	VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRUE COMFORT PEN NEEDLES 31G X 5 MM MISC	1	VAL Value Preventive List
TRUE COMFORT PEN NEEDLES 31G X 6 MM MISC	1	VAL Value Preventive List
TRUE COMFORT PEN NEEDLES 31G X 8 MM MISC	1	VAL Value Preventive List
TRUE COMFORT PEN NEEDLES 32G X 4 MM MISC	1	VAL Value Preventive List
TRUE COMFORT PEN NEEDLES 32G X 6 MM MISC	1	VAL Value Preventive List
TRUE COMFORT PRO INSULIN SYR 31G X 5/16" 0.5 ML MISC	1	VAL Value Preventive List
TRUE COMFORT PRO INSULIN SYR 31G X 5/16" 1 ML MISC	1	VAL Value Preventive List
TRUE COMFORT PRO PEN NEEDLES 31G X 5 MM MISC	1	VAL Value Preventive List
TRUE COMFORT PRO PEN NEEDLES 31G X 6 MM MISC	1	VAL Value Preventive List
TRUE COMFORT PRO PEN NEEDLES 31G X 8 MM MISC	1	VAL Value Preventive List
TRUE COMFORT PRO PEN NEEDLES 32G X 4 MM MISC	1	VAL Value Preventive List
TRUE COMFORT SAFETY PEN NEEDLE 31G X 5 MM MISC	1	VAL Value Preventive List
TRUE COMFORT SAFETY PEN NEEDLE 31G X 6 MM MISC	1	VAL Value Preventive List
TRUE COMFORT SAFETY PEN NEEDLE 32G X 4 MM MISC	1	VAL Value Preventive List
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 5 MM MISC	1	VAL Value Preventive List
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 6 MM MISC	1	VAL Value Preventive List
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 8 MM MISC	1	VAL Value Preventive List
TRUEPLUS 5-BEVEL PEN NEEDLES 32G X 4 MM MISC	1	VAL Value Preventive List
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	1	VAL Value Preventive List
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	1	VAL Value Preventive List
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 1 ML MISC	1	VAL Value Preventive List
TRUEPLUS PEN NEEDLES 31G X 5 MM MISC	1	VAL Value Preventive List
TRUEPLUS PEN NEEDLES 31G X 6 MM MISC	1	VAL Value Preventive List
TRUEPLUS PEN NEEDLES 31G X 8 MM MISC	1	VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRUEPLUS PEN NEEDLES 32G X 4 MM MISC	1	VAL Value Preventive List
ULTICARE INSULIN SAFETY SYR 29G X 1/2" 0.5 ML MISC	1	
ULTICARE INSULIN SAFETY SYR 29G X 1/2" 1 ML MISC	1	VAL Value Preventive List
ULTICARE INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	1	VAL Value Preventive List
ULTICARE INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	1	VAL Value Preventive List
ULTICARE INSULIN SYRINGE 31G X 5/16" 1 ML MISC	1	VAL Value Preventive List
ULTICARE MICRO PEN NEEDLES 31G X 6 MM MISC	1	VAL Value Preventive List
ULTICARE MICRO PEN NEEDLES 31G X 8 MM MISC	1	VAL Value Preventive List
ULTICARE MICRO PEN NEEDLES 32G X 4 MM MISC	1	VAL Value Preventive List
ULTICARE MINI PEN NEEDLES 31G X 6 MM MISC	1	VAL Value Preventive List
ULTICARE MINI PEN NEEDLES 32G X 6 MM 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 31G X 5 MM MISC	1	VAL Value Preventive List
ULTIGUARD SAFEPACK PEN NEEDLE 31G X 6 MM MISC	1	VAL Value Preventive List
ULTIGUARD SAFEPACK PEN NEEDLE 31G X 8 MM MISC	1	VAL Value Preventive List
ULTIGUARD SAFEPACK PEN NEEDLE 32G X 4 MM MISC	1	VAL Value Preventive List
ULTIGUARD SAFEPACK PEN NEEDLE 32G X 6 MM MISC	1	VAL Value Preventive List
ULTIGUARD SAFEPACK SYR/NEEDLE 31G X 5/16" 0.3 ML MISC	1	VAL Value Preventive List
ULTIGUARD SAFEPACK SYR/NEEDLE 31G X 5/16" 0.5 ML MISC	1	VAL Value Preventive List
ULTIGUARD SAFEPACK SYR/NEEDLE 31G X 5/16" 1 ML MISC	1	VAL Value Preventive List
ULTILET PEN NEEDLE 31G X 5 MM MISC	1	VAL Value Preventive List
ULTILET PEN NEEDLE 31G X 8 MM MISC	1	VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ULTILET PEN NEEDLE 32G X 4 MM MISC	1	VAL Value Preventive List
ULTRA FLO INSULIN PEN NEEDLES 31G X 5 MM MISC	1	VAL Value Preventive List
ULTRA FLO INSULIN PEN NEEDLES 31G X 8 MM MISC	1	VAL Value Preventive List
ULTRA FLO INSULIN PEN NEEDLES 32G X 4 MM MISC	1	VAL Value Preventive List
ULTRA FLO INSULIN SYR 1/2 UNIT 31G X 5/16" 0.3 ML MISC	1	VAL Value Preventive List
ULTRA FLO INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	1	VAL Value Preventive List
ULTRA FLO INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	1	VAL Value Preventive List
ULTRA FLO INSULIN SYRINGE 31G X 5/16" 1 ML MISC	1	VAL Value Preventive List
ULTRA THIN PEN NEEDLES 32G X 4 MM MISC	1	VAL Value Preventive List
ULTRA-THIN II INS SYR SHORT 31G X 5/16" 0.3 ML MISC	1	VAL Value Preventive List
ULTRA-THIN II INS SYR SHORT 31G X 5/16" 0.5 ML MISC	1	VAL Value Preventive List
ULTRA-THIN II INS SYR SHORT 31G X 5/16" 1 ML MISC	1	VAL Value Preventive List
ULTRA-THIN II MINI PEN NEEDLE 31G X 5 MM MISC	1	VAL Value Preventive List
ULTRA-THIN II PEN NEEDLE SHORT 31G X 8 MM MISC	1	VAL Value Preventive List
ULTRACARE INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	1	VAL Value Preventive List
ULTRACARE INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	1	VAL Value Preventive List
ULTRACARE INSULIN SYRINGE 31G X 5/16" 1 ML MISC	1	VAL Value Preventive List
ULTRACARE PEN NEEDLES 31G X 5 MM MISC	1	VAL Value Preventive List
ULTRACARE PEN NEEDLES 31G X 6 MM MISC	1	VAL Value Preventive List
ULTRACARE PEN NEEDLES 31G X 8 MM MISC	1	VAL Value Preventive List
ULTRACARE PEN NEEDLES 32G X 4 MM MISC	1	VAL Value Preventive List
ULTRACARE PEN NEEDLES 32G X 6 MM MISC	1	VAL Value Preventive List
UNIFINE OTC PEN NEEDLES 31G X 5 MM MISC	1	VAL Value Preventive List
UNIFINE OTC PEN NEEDLES 32G X 4 MM MISC	1	VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
UNIFINE PEN NEEDLES 32G X 4 MM MISC	1	VAL Value Preventive List
UNIFINE PENTIPS 31G X 5 MM MISC	1	VAL Value Preventive List
UNIFINE PENTIPS 31G X 6 MM MISC	1	VAL Value Preventive List
UNIFINE PENTIPS 31G X 8 MM MISC	1	VAL Value Preventive List
UNIFINE PENTIPS 32G X 4 MM MISC	1	VAL Value Preventive List
UNIFINE PENTIPS 32G X 6 MM MISC	1	VAL Value Preventive List
UNIFINE PENTIPS PLUS 31G X 5 MM MISC	1	VAL Value Preventive List
UNIFINE PENTIPS PLUS 31G X 6 MM MISC	1	VAL Value Preventive List
UNIFINE PENTIPS PLUS 31G X 8 MM MISC	1	VAL Value Preventive List
UNIFINE PENTIPS PLUS 32G X 4 MM MISC	1	VAL Value Preventive List
UNIFINE PROTECT PEN NEEDLE 32G X 4 MM MISC	1	VAL Value Preventive List
UNIFINE SAFECONTROL PEN NEEDLE 31G X 5 MM MISC	1	VAL Value Preventive List
UNIFINE SAFECONTROL PEN NEEDLE 31G X 6 MM MISC	1	VAL Value Preventive List
UNIFINE SAFECONTROL PEN NEEDLE 31G X 8 MM MISC	1	VAL Value Preventive List
UNIFINE SAFECONTROL PEN NEEDLE 32G X 4 MM MISC	1	VAL Value Preventive List
UNIFINE ULTRA PEN NEEDLE 31G X 5 MM MISC	1	VAL Value Preventive List
UNIFINE ULTRA PEN NEEDLE 31G X 6 MM MISC	1	VAL Value Preventive List
UNIFINE ULTRA PEN NEEDLE 31G X 8 MM MISC	1	VAL Value Preventive List
UNIFINE ULTRA PEN NEEDLE 32G X 4 MM MISC	1	VAL Value Preventive List
VALUMARK PEN NEEDLES 31G X 6 MM MISC	1	VAL Value Preventive List
VALUMARK PEN NEEDLES 31G X 8 MM MISC	1	VAL Value Preventive List
VERIFINE INSULIN PEN NEEDLE 31G X 5 MM MISC	1	VAL Value Preventive List
VERIFINE INSULIN PEN NEEDLE 31G X 8 MM MISC	1	VAL Value Preventive List
VERIFINE INSULIN PEN NEEDLE 32G X 4 MM MISC	1	VAL Value Preventive List

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VERIFINE INSULIN PEN NEEDLE 32G X 6 MM MISC	1	VAL Value Preventive List
VERIFINE INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	1	VAL Value Preventive List
VERIFINE INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	1	VAL Value Preventive List
VERIFINE INSULIN SYRINGE 31G X 5/16" 1 ML MISC	1	VAL Value Preventive List
VERIFINE PLUS PEN NEEDLE 31G X 5 MM MISC	1	VAL Value Preventive List
VERIFINE PLUS PEN NEEDLE 31G X 8 MM MISC	1	VAL Value Preventive List
VERIFINE PLUS PEN NEEDLE 32G X 4 MM MISC	1	VAL Value Preventive List
VIDA MIA UNIFINE PENTIPS 31G X 6 MM MISC	1	VAL Value Preventive List
VIDA MIA UNIFINE PENTIPS 31G X 8 MM MISC	1	VAL Value Preventive List
VIDA MIA UNIFINE PENTIPS 32G X 4 MM MISC	1	VAL Value Preventive List
WEGMANS UNIFINE PENTIPS PLUS 31G X 5 MM MISC	1	VAL Value Preventive List
WEGMANS UNIFINE PENTIPS PLUS 31G X 6 MM MISC	1	VAL Value Preventive List
WEGMANS UNIFINE PENTIPS PLUS 31G X 8 MM MISC	1	VAL Value Preventive List
WEGMANS UNIFINE PENTIPS PLUS 32G X 4 MM MISC	1	VAL Value Preventive List
ZEVRX PEN NEEDLES 31G X 5 MM MISC	1	VAL Value Preventive List
ZEVRX PEN NEEDLES 31G X 6 MM MISC	1	VAL Value Preventive List
ZEVRX PEN NEEDLES 31G X 8 MM MISC	1	VAL Value Preventive List
ZEVRX PEN NEEDLES 32G X 4 MM MISC	1	VAL Value Preventive List
<b>SPACER/AEROSOL-HOLDING CHAMBERS &amp; SUPPLIES</b>		
AEROCHAMBER HOLDING CHAMBER DEVICE	2	
AEROCHAMBER MINI CHAMBER DEVICE	2	
AEROCHAMBER MV MISC	2	
AEROCHAMBER PLS FLOVU MTHPIECE DEVICE	2	
AEROCHAMBER PLUS FLO-VU MISC	2	
AEROCHAMBER PLUS FLO-VU INTERM DEVICE	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AEROCHAMBER PLUS FLO-VU LARGE DEVICE	2	
AEROCHAMBER PLUS FLO-VU LARGE MISC	2	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	2	
AEROCHAMBER PLUS FLO-VU MEDIUM MISC	2	
AEROCHAMBER PLUS FLO-VU SMALL DEVICE	2	
AEROCHAMBER PLUS FLO-VU SMALL MISC	2	
AEROCHAMBER PLUS FLO-VU W/MASK MISC	2	
AEROCHAMBER PLUS FLOW VU MISC	2	
AEROCHAMBER W/FLOWSIGNAL MISC	2	
AEROCHAMBER Z-STAT PLUS MISC	2	
AEROCHAMBER Z-STAT PLUS CHAMBR MISC	2	
AEROCHAMBER Z-STAT PLUS/LARGE MISC	2	
AEROCHAMBER Z-STAT PLUS/MEDIUM MISC	2	
AEROCHAMBER Z-STAT PLUS/SMALL MISC	2	
AEROCHAMBER2GO ANTI-STATIC DEVICE	2	
COMPACT SPACE CHAMBER DEVICE	2	
COMPACT SPACE CHAMBER/LG MASK DEVICE	2	
COMPACT SPACE CHAMBER/MED MASK DEVICE	2	
COMPACT SPACE CHAMBER/SM MASK DEVICE	2	
EASIVENT MISC	2	
EASIVENT MASK LARGE MISC	2	
EASIVENT MASK MEDIUM MISC	2	
EASIVENT MASK SMALL MISC	2	
MICROCHAMBER MISC	2	
MICROSPACER MISC	2	
OPTICHAMBER DIAMOND MISC	2	
OPTICHAMBER DIAMOND-LG MASK DEVICE	2	
OPTICHAMBER DIAMOND-MD MASK MISC	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OPTICHAMBER DIAMOND-SM MASK MISC	2	
PROCHAMBER VHC DEVICE	2	
<b>MIGRAINE PRODUCTS</b>		
<b>CALCITONIN GENE-RELATED PEPTIDE RECEPTOR ANTAG (CGRP)</b>		
NURTEC 75 MG TAB DISP	3	QL 8 / 30 day(s) PA
QULIPTA 10 MG TAB	3	PA
QULIPTA 30 MG TAB	3	PA
QULIPTA 60 MG TAB	3	PA
UBRELVY 100 MG TAB	2	QL 10 / 30 day(s) PA
UBRELVY 50 MG TAB	2	QL 10 / 30 day(s) PA
<b>CGRP RECEPTOR ANTAGONISTS - MONOCLONAL ANTIBODIES</b>		
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 (300 MG DOSE) 100 MG/ML SOLN PRSYR	2	QL 3 / 30 day(s) PA
EMGALITY 120 MG/ML SOLN A-INJ	2	QL 1 / 30 DAYS PA
EMGALITY 120 MG/ML SOLN PRSYR	2	QL 1 / 30 DAYS PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>ERGOT COMBINATIONS</b>		
ERGOTAMINE-CAFFEINE 1-100 MG TAB	1	
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	2	QL 24 / 30 DAYS
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	2	QL 16 / 30 day(s) PA
<b>SELECTIVE SEROTONIN AGONISTS 5-HT(1)</b>		
<i>almotriptan malate tab 12.5 mg</i>	1	QL 9 / 28 DAYS
<i>almotriptan malate tab 6.25 mg</i>	1	QL 9 / 28 DAYS
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	1	QL 9 / 28 DAYS
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	1	QL 9 / 28 DAYS
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	2	QL 9 / 28 DAYS
<i>naratriptan hcl tab 1 mg (base equiv)</i>	1	QL 9 / 30 DAYS
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	1	QL 9 / 30 DAYS
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	1	QL 9 / 28 DAYS
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	1	QL 9 / 28 DAYS
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	1	QL 9 / 28 DAYS
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	1	QL 9 / 28 DAYS
<i>sumatriptan nasal spray 20 mg/act</i>	1	QL 6 / 28 DAYS
<i>sumatriptan nasal spray 5 mg/act</i>	1	QL 6 / 28 DAYS
<i>sumatriptan succinate tab 100 mg</i>	1	QL 9 / 30 DAYS
<i>sumatriptan succinate tab 25 mg</i>	1	QL 9 / 30 DAYS
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	2	QL 2 / 28 day(s)
<i>sumatriptan succinate tab 50 mg</i>	1	QL 9 / 30 DAYS
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	2	QL 2 / 28 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	2	QL 5 / 28 day(s)
ZOLMITRIPTAN 2.5 MG SOLUTION	3	QL 6 / 28 day(s) ST
<i>zolmitriptan tab 2.5 mg</i>	1	QL 12 / 30 DAYS
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	1	QL 9 / 30 DAYS
<i>zolmitriptan nasal spray 5 mg/spray unit</i>	3	QL 6 / 28 day(s) ST
<i>zolmitriptan tab 5 mg</i>	1	QL 9 / 30 DAYS
<i>zolmitriptan orally disintegrating tab 5 mg</i>	1	QL 9 / 30 DAYS
ZOMIG 2.5 MG SOLUTION	3	QL 6 / 28 day(s) ST
<i>zolmitriptan tab 2.5 mg</i>	1	QL 12 / 30 DAYS
<i>zolmitriptan tab 5 mg</i>	1	QL 9 / 30 DAYS
SELECTIVE SEROTONIN AGONISTS 5-HT(1F)		
REYVOW 100 MG TAB	3	QL 4 / 30 day(s) PA
REYVOW 50 MG TAB	3	QL 4 / 30 day(s) PA
MINERALS & ELECTROLYTES FLUORIDE		
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>	1	PRE Preventative
SODIUM FLUORIDE 0.55 (0.25 F) MG CHEW TAB	1	PRE Preventative
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	1	PRE Preventative
SODIUM FLUORIDE 1.1 (0.5 F) MG CHEW TAB	1	PRE Preventative
<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	1	PRE Preventative
SODIUM FLUORIDE 1.1 (0.5 F) MG/ML SOLUTION	1	PRE Preventative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SODIUM FLUORIDE 2.2 (1 F) MG CHEW TAB	1	PRE Preventative
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>	1	PRE Preventative
<b>PHOSPHATE</b>		
PHOSPHO-TRIN K500 500 MG TAB	1	
<b>POTASSIUM</b>		
EFFER-K 25 MEQ EFFER TAB	1	
<i>potassium bicarbonate effer tab 25 meq</i>	1	
KLOR-CON 10 10 MEQ TAB ER	1	
<i>potassium chloride tab er 10 meq</i>	1	
<i>potassium chloride powder packet 20 meq</i>	2	
KLOR-CON 8 MEQ TAB ER	1	
<i>potassium chloride tab er 8 meq (600 mg)</i>	1	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	1	
<i>potassium chloride microencapsulated crys er tab 15 meq</i>	1	
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	1	
<i>potassium bicarbonate effer tab 25 meq</i>	1	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	1	
<i>potassium chloride powder packet 20 meq</i>	2	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	1	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	1	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	1	
<i>potassium chloride microencapsulated crys er tab 15 meq</i>	1	
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	1	
<i>potassium chloride cap er 10 meq</i>	1	
<i>potassium chloride tab er 10 meq</i>	1	
<i>potassium chloride tab er 20 meq (1500 mg)</i>	1	
<i>potassium chloride cap er 8 meq</i>	1	
<i>potassium chloride tab er 8 meq (600 mg)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
POTASSIUM CHLORIDE ER 8 MEQ TAB ER	1	
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>		
<b>ANTILEPROTICS</b>		
THALOMID 100 MG CAP	4	PA S
THALOMID 150 MG CAP	4	PA S
THALOMID 200 MG CAP	4	PA S
THALOMID 50 MG CAP	4	PA S
<b>B-LYMPHOCYTE STIMULATOR (BLYS)-SPECIFIC INHIBITORS</b>		
BENLYSTA 200 MG/ML SOLN A-INJ	4	PA S
BENLYSTA 200 MG/ML SOLN PRSYR	4	PA S
<b>CHELATING AGENTS</b>		
<i>penicillamine cap 250 mg</i>	4	PA S
<i>penicillamine tab 250 mg</i>	4	PA S
<i>trientine hcl cap 250 mg</i>	4	PA S
<b>CYCLOSPORINE ANALOGS</b>		
<i>cyclosporine cap 100 mg</i>	2	
<i>cyclosporine cap 25 mg</i>	1	QL 90 / 30 DAYS
<i>cyclosporine modified cap 100 mg</i>	1	QL 4 / 1 day(s)
<i>cyclosporine modified oral soln 100 mg/ml</i>	1	QL 90 / 30 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>cyclosporine modified cap 25 mg</i>	1	QL 4 / 1 day(s)
<i>cyclosporine modified cap 50 mg</i>	1	QL 120 / 30 DAYS
<i>cyclosporine modified cap 100 mg</i>	1	QL 4 / 1 day(s)
<i>cyclosporine modified oral soln 100 mg/ml</i>	1	QL 90 / 30 DAYS
<i>cyclosporine modified cap 25 mg</i>	1	QL 4 / 1 day(s)
NEORAL 100 MG CAP	4	QL 4 / 1 day(s) PA
NEORAL 100 MG/ML SOLUTION	4	PA
NEORAL 25 MG CAP	4	QL 4 / 1 day(s) PA
<b>ENZYMES</b>		
XIAFLEX 0.9 MG RECON SOLN	4	PA S
<b>IMMUNOMODULATORS - BTK INHIBITORS</b>		
RHAPSIDO 25 MG TAB	4	PA S
<b>IMMUNOMODULATORS FOR MYELODYSPLASTIC SYNDROMES</b>		
<i>lenalidomide cap 10 mg</i>	4	QL 1 / 1 day(s) PA S
<i>lenalidomide cap 15 mg</i>	4	QL 1 / 1 day(s) PA S
<i>lenalidomide caps 2.5 mg</i>	4	PA S
<i>lenalidomide cap 20 mg</i>	4	PA S
<i>lenalidomide cap 25 mg</i>	4	QL 1 / 1 day(s) PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lenalidomide cap 5 mg</i>	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #e74c3c; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> 1 / 1 day(s)
<b>INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS</b>		
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">AL1</div> </div> Up to 8 yrs old
<i>mycophenolate mofetil cap 250 mg</i>	1	
<i>mycophenolate mofetil tab 500 mg</i>	1	
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	2	
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	2	
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	2	
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	2	
<b>IRRIGATION SOLUTIONS</b>		
PHYSIOLYTE SOLUTION	3	
<i>*irrigation solution, physiological**</i>	3	
<b>MACROLIDE IMMUNOSUPPRESSANTS</b>		
ASTAGRAF XL 0.5 MG CAP ER 24H	3	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> 45 / 30 DAYS
ASTAGRAF XL 1 MG CAP ER 24H	3	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> 45 / 30 DAYS
ASTAGRAF XL 5 MG CAP ER 24H	3	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> 45 / 30 DAYS
ENVARUSUS XR 0.75 MG TAB ER 24H	3	<div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</div>
ENVARUSUS XR 1 MG TAB ER 24H	3	<div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</div>
ENVARUSUS XR 4 MG TAB ER 24H	3	<div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</div>
<i>everolimus tab 0.25 mg</i>	2	<div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 120 / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>everolimus tab 0.5 mg</i>	2	QL 120 / 30 day(s)
<i>everolimus tab 0.75 mg</i>	2	QL 60 / 30 day(s)
<i>everolimus tab 1 mg</i>	2	QL 60 / 30 day(s)
<i>sirolimus tab 0.5 mg</i>	2	QL 1 / 1 day(s)
<i>sirolimus tab 1 mg</i>	2	QL 1 / 1 day(s)
<i>sirolimus oral soln 1 mg/ml</i>	4	PA AL1 0 to 8 yrs old S
<i>sirolimus tab 2 mg</i>	2	
<i>tacrolimus cap 0.5 mg</i>	1	
<i>tacrolimus cap 1 mg</i>	1	
<i>tacrolimus cap 5 mg</i>	1	
<b>MONOCLONAL ANTIBODIES</b>		
ENSPRYNG 120 MG/ML SOLN PRSYR	4	PA S
<b>POTASSIUM REMOVING AGENTS</b>		
<i>sodium polystyrene sulfonate susp 15 gm/60ml</i>	1	
LOKELMA 10 GM PACKET	3	PA
LOKELMA 5 GM PACKET	3	PA
<i>*sodium polystyrene sulfonate powder**</i>	1	
<i>sodium polystyrene sulfonate susp 15 gm/60ml</i>	1	
<i>sodium polystyrene sulfonate susp 15 gm/60ml</i>	1	
SPS (SODIUM POLYSTYRENE SULF) 30 GM/120ML SUSPENSION	1	
VELTASSA 1 GM PACKET	3	QL 4 packets / 1 day(s) PA
VELTASSA 16.8 GM PACKET	3	QL 30 / 30 DAYS PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VELTASSA 25.2 GM PACKET	3	QL 30 / 30 DAYS PA
VELTASSA 8.4 GM PACKET	3	QL 60 / 28 DAYS PA
<b>PURINE ANALOGS</b>		
<i>azathioprine tab 50 mg</i>	1	
<b>MOUTH/THROAT/DENTAL AGENTS ANESTHETICS TOPICAL ORAL</b>		
<i>lidocaine hcl viscous soln 2%</i>	1	
<b>ANTI-INFECTIVES - THROAT</b>		
<i>clotrimazole troche 10 mg</i>	1	
NYSTATIN 100000 UNIT/ML SUSPENSION	1	
<i>nystatin susp 100000 unit/ml</i>	1	
ORAVIG 50 MG TAB	3	QL 14 / 14 DAYS PA
<b>ANTISEPTICS - MOUTH/THROAT</b>		
<i>chlorhexidine gluconate soln 0.12%</i>	1	
<i>chlorhexidine gluconate soln 0.12%</i>	1	
<b>SALIVA STIMULANTS</b>		
<i>cevimeline hcl cap 30 mg</i>	1	
<i>pilocarpine hcl tab 5 mg</i>	1	
<i>pilocarpine hcl tab 7.5 mg</i>	1	
<b>STEROIDS - MOUTH/THROAT/DENTAL</b>		
<i>triamcinolone acetonide dental paste 0.1%</i>	1	
<b>MULTIVITAMINS PRENATAL MV &amp; MIN W/FE-FA</b>		
CO-NATAL FA TAB	1	PRE Preventative
COMPLETENATE 29-1 MG CHEW TAB	2	
NEONATAL COMPLETE 27-1 MG TAB	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NEONATAL COMPLETE 29-1 MG TAB	1	PRE Preventative
NEONATAL PLUS 27-1 MG TAB	1	
OB COMPLETE/DHA 30-10-1-200 MG CAP	2	
PNV 27-CA/FE/FA 60-1 MG TAB	2	
PRENATABS FA 29-1 MG TAB	1	PRE Preventative
PRENATAL 19 29-1 MG CHEW TAB	2	
PRENATAL 27-1 MG TAB	1	
PRENATAL VITAMIN PLUS LOW IRON 27-1 MG TAB	1	
TRINATAL RX 1 60-1 MG TAB	2	
VINATE ONE 60-1 MG TAB	2	
VITATHELY WITH GINGER 27-1 MG TAB	1	
WESTAB PLUS 27-1 MG TAB	1	
<b>PRENATAL MV &amp; MIN W/FE-FA-CA-OMEGA 3 FISH OIL</b>		
COMPLETE NATAL DHA 29-1-200 & 200 MG MISC	2	
WESNATAL DHA COMPLETE 29-1-200 & 200 MG MISC	2	
<b>PRENATAL MV &amp; MIN W/FE-FA-DHA</b>		
PNV-DHA+DOCUSATE 27-1.25-300 MG CAP	2	
VITAFOL-OB+DHA 65-1 & 250 MG MISC	2	
VITAMEDMD ONE RX/QUATREFOLIC 30-0.6-0.4-200 MG CAP	2	
<b>PRENATAL VITAMINS</b>		
VITAMEDMD REDICHEW RX 1.4 MG CHEW TAB	2	
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<b>CENTRAL MUSCLE RELAXANTS</b>		
<i>baclofen tab 10 mg</i>	1	QL 8 / 1 day(s)
<i>baclofen oral soln 10 mg/5ml</i>	2	
<i>baclofen tab 20 mg</i>	1	QL 6 / 1 day(s)
<i>baclofen susp 25 mg/5ml</i>	2	
<i>baclofen tab 5 mg</i>	1	QL 16 / 1 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BACLOFEN 5 MG/5ML SOLUTION	2	
<i>baclofen oral soln 5 mg/5ml</i>	2	
<i>carisoprodol tab 250 mg</i>	2	PA
<i>chlorzoxazone tab 500 mg</i>	1	
<i>chlorzoxazone tab 750 mg</i>	1	
<i>cyclobenzaprine hcl tab 10 mg</i>	1	
<i>cyclobenzaprine hcl tab 5 mg</i>	1	
<i>chlorzoxazone tab 750 mg</i>	1	
<i>metaxalone tab 800 mg</i>	1	QL 90 / 30 DAYS
<i>methocarbamol tab 500 mg</i>	1	
<i>methocarbamol tab 750 mg</i>	1	
<i>orphenadrine citrate tab er 12hr 100 mg</i>	1	
<i>tizanidine hcl cap 2 mg (base equivalent)</i>	1	
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	1	
<i>tizanidine hcl cap 4 mg (base equivalent)</i>	1	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	1	
<i>tizanidine hcl cap 6 mg (base equivalent)</i>	1	
<b>DIRECT MUSCLE RELAXANTS</b>		
<i>dantrolene sodium cap 100 mg</i>	1	
<i>dantrolene sodium cap 25 mg</i>	1	
<i>dantrolene sodium cap 50 mg</i>	1	
<b>MUSCLE RELAXANT COMBINATIONS</b>		
ORPHENGESIC FORTE 50-770-60 MG TAB	2	PA
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL ANTIHISTAMINE-STEROID</b>		
<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>NASAL ANTICHOLINERGICS</b>		
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	1	QL 30 / 28 DAYS
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	1	QL 15 / 14 DAYS
<b>NASAL ANTIHISTAMINES</b>		
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	1	QL 30 / 25 DAYS
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	1	QL 30 / 25 DAYS
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	1	QL 30 / 25 DAYS
<i>olopatadine hcl nasal soln 0.6%</i>	1	QL 30.5 / 30 DAYS
<b>NASAL STEROIDS</b>		
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	1	QL 25 / 25 day(s)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	1	QL 16 / 30 DAYS
<i>mometasone furoate nasal susp 50 mcg/act</i>	1	QL 34 / 30 DAYS
XHANCE 93 MCG/ACT EXHU	2	PA
<b>NEUROMUSCULAR AGENTS ALS AGENTS - MISCELLANEOUS</b>		
RADICAVA ORS 105 MG/5ML SUSPENSION	4	PA S
RADICAVA ORS STARTER KIT 105 MG/5ML SUSPENSION	4	PA S
<b>BENZATHIAZOLES</b>		
<i>riluzole tab 50 mg</i>	1	
<b>NONDEPOLARIZING MUSCLE RELAXANTS</b>		
<i>atracurium besylate preservative free (pf) iv soln 50 mg/5ml</i>	2	PA
<b>SPINAL MUSCULAR ATROPHY-SMN2 SPLICING MODIFIERS</b>		
EVRYSDI 0.75 MG/ML RECON SOLN	4	PA S
EVRYSDI 5 MG TAB	4	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>NUTRIENTS</b>		
<b>LIPIDS</b>		
DOJOLVI 100 % LIQUID	4	PA S
<b>OPHTHALMIC AGENTS</b>		
<b>ALPHA ADRENERGIC AGONIST &amp; CARBONIC ANHYDRASE INHIB COMB</b>		
SIMBRINZA 1-0.2 % SUSPENSION	3	
<b>ARTIFICIAL TEAR INSERTS</b>		
LACRISERT 5 MG INSERT	3	PA
<b>BETA-BLOCKERS - OPTHALMIC</b>		
BETAXOLOL HCL 0.5 % SOLUTION	1	
<i>betaxolol hcl ophth soln 0.5%</i>	1	
BETIMOL 0.25 % SOLUTION	3	
BETOPTIC-S 0.25 % SUSPENSION	3	
CARTEOLOL HCL 1 % SOLUTION	1	
LEVOBUNOLOL HCL 0.5 % SOLUTION	1	
<i>timolol ophth soln 0.5%</i>	2	
<i>timolol maleate ophth gel forming soln 0.25%</i>	1	
<i>timolol maleate ophth soln 0.25%</i>	1	
<i>timolol maleate ophth gel forming soln 0.5%</i>	1	
<i>timolol maleate ophth soln 0.5%</i>	1	
<b>BETA-BLOCKERS - OPTHALMIC COMBINATIONS</b>		
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	1	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	1	
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	1	
<i>dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf</i>	1	
<i>dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>CYCLOPLEGIC MYDRIATICS</b>		
ATROPINE SULFATE 1 % SOLUTION	1	
<i>atropine sulfate ophth soln 1%</i>	1	
<i>cyclopentolate hcl ophth soln 0.5%</i>	1	
<i>cyclopentolate hcl ophth soln 1%</i>	1	
<i>cyclopentolate hcl ophth soln 2%</i>	1	
<i>tropicamide ophth soln 0.5%</i>	1	
<i>tropicamide ophth soln 1%</i>	1	
<b>LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG</b>		
XIIDRA 5 % SOLUTION	2	
<b>MIOTICS - DIRECT ACTING</b>		
<i>pilocarpine hcl ophth soln 1%</i>	1	
<i>pilocarpine hcl ophth soln 2%</i>	1	
<i>pilocarpine hcl ophth soln 4%</i>	1	
<b>OPHTHALMIC ANTI-INFECTIVE COMBINATIONS</b>		
<i>bacitracin-polymyxin b ophth oint</i>	1	
BACITRACIN-POLYMYXIN B 500-10000 UNIT/GM OINTMENT	1	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
NEOMYCIN-BACITRACIN ZN-POLYMYX 5-400-10000 OINTMENT	1	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
NEOMYCIN-POLYMYXIN-GRAMICIDIN 1.75-10000-.025 SOLUTION	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>OPHTHALMIC ANTIALLERGIC</b>		
ALOCRI 2 % SOLUTION	2	
ALOMIDE 0.1 % SOLUTION	2	
<i>azelastine hcl ophth soln 0.05%</i>	1	
<i>bepotastine besilate ophth soln 1.5%</i>	2	QL 10 / 30 day(s)
CROMOLYN SODIUM 4 % SOLUTION	1	
<i>cromolyn sodium ophth soln 4%</i>	1	
<i>epinastine hcl ophth soln 0.05%</i>	1	
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	1	
<b>OPHTHALMIC ANTIBIOTICS</b>		
AZASITE 1 % SOLUTION	3	
BACITRACIN 500 UNIT/GM OINTMENT	1	
BESIFLOXACIN HCL 0.6 % SUSPENSION	3	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	1	
ERYTHROMYCIN 5 MG/GM OINTMENT	1	
<i>erythromycin ophth oint 5 mg/gm</i>	1	
<i>gatifloxacin ophth soln 0.5%</i>	1	QL 2.5 / 30 DAYS
<i>gentamicin sulfate ophth soln 0.3%</i>	1	
LEVOFLOXACIN 0.5 % SOLUTION	1	
<i>levofloxacin ophth soln 0.5%</i>	1	
LEVOFLOXACIN 1.5 % SOLUTION	2	
MOXIFLOXACIN HCL (2X DAY) 0.5 % SOLUTION	1	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	1	
<i>ofloxacin ophth soln 0.3%</i>	1	
<i>tobramycin ophth soln 0.3%</i>	1	
<b>OPHTHALMIC ANTIFUNGAL</b>		
NATACYN 5 % SUSPENSION	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>OPHTHALMIC ANTIVIRALS</b>		
TRIFLURIDINE 1 % SOLUTION	1	
ZIRGAN 0.15 % GEL	3	
<b>OPHTHALMIC CARBONIC ANHYDRASE INHIBITORS</b>		
<i>brinzolamide ophth susp 1%</i>	2	
<i>dorzolamide hcl ophth soln 2%</i>	1	
<b>OPHTHALMIC IMMUNOMODULATORS</b>		
<i>cyclosporine (ophth) emulsion 0.05% (pf)</i>	2	
<b>OPHTHALMIC KINASE INHIBITORS - COMBINATIONS</b>		
ROCKLATAN 0.02-0.005 % SOLUTION	3	ST
<b>OPHTHALMIC NONSTEROIDAL ANTI-INFLAMMATORY AGENTS</b>		
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	1	QL 3.4 / 30 DAYS
<i>diclofenac sodium ophth soln 0.1%</i>	1	
FLURBIPROFEN SODIUM 0.03 % SOLUTION	1	
ILEVRO 0.3 % SUSPENSION	3	
<i>ketorolac tromethamine ophth soln 0.4%</i>	1	
<i>ketorolac tromethamine ophth soln 0.5%</i>	1	
NEVANAC 0.1 % SUSPENSION	3	
<b>OPHTHALMIC RHO KINASE INHIBITORS</b>		
RHOPRESSA 0.02 % SOLUTION	3	ST
<b>OPHTHALMIC SELECTIVE ALPHA ADRENERGIC AGONISTS</b>		
APRACLONIDINE HCL 0.5 % SOLUTION	1	
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	1	
<i>brimonidine tartrate ophth soln 0.2%</i>	1	
<b>OPHTHALMIC STEROID COMBINATIONS</b>		
BLEPHAMIDE S.O.P. 10-0.2 % OINTMENT	3	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	
SULFACETAMIDE-PREDNISOLONE 10-0.23 % SOLUTION	1	
TOBRADEX 0.3-0.1 % OINTMENT	2	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
<b>OPHTHALMIC STEROIDS</b>		
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	1	
<i>difluprednate ophth emulsion 0.05%</i>	1	QL 5 / 30 day(s)
FLAREX 0.1 % SUSPENSION	3	
<i>fluorometholone ophth susp 0.1%</i>	1	
FML 0.1 % OINTMENT	2	
FML FORTE 0.25 % SUSPENSION	2	
LOTEMAX 0.5 % OINTMENT	3	ST
<i>loteprednol etabonate ophth susp 0.2%</i>	2	ST
<i>loteprednol etabonate ophth gel 0.5%</i>	1	
<i>loteprednol etabonate ophth susp 0.5%</i>	1	QL 15 / 30 DAYS
MAXIDEX 0.1 % SUSPENSION	3	
PRED MILD 0.12 % SUSPENSION	2	
<i>prednisolone acetate ophth susp 1%</i>	1	QL 15 / 30 day(s)
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	1	
<b>OPHTHALMIC SULFONAMIDES</b>		
SULFACETAMIDE SODIUM 10 % SOLUTION	1	
<i>sulfacetamide sodium ophth soln 10%</i>	1	
<b>OPHTHALMICS - CYSTINOSIS AGENTS</b>		
CYSTADROPS 0.37 % SOLUTION	4	PA S
CYSTARAN 0.44 % SOLUTION	4	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>PROSTAGLANDINS - OPHTHALMIC</b>		
<i>latanoprost ophth soln 0.005%</i>	1	QL 5 / 30 DAYS
LUMIGAN 0.01 % SOLUTION	2	QL 7 / 30 day(s)
<i>tafluprost preservative free (pf) ophth soln 0.0015%</i>	2	QL 1 / 1 day(s)
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	2	
<b>OTIC AGENTS</b>		
<b>OTIC AGENTS - MISCELLANEOUS</b>		
<i>acetic acid otic soln 2%</i>	1	
<b>OTIC ANTI-INFECTIVES</b>		
<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	1	
<i>ofloxacin otic soln 0.3%</i>	1	
OTIPRIO 6 % SUSPENSION	3	PA
<b>OTIC STEROID-ANTI-INFECTIVE COMBINATIONS</b>		
CIPRO HC 0.2-1 % SUSPENSION	2	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	1	
<i>ciprofloxacin-hydrocortisone otic susp 0.2-1%</i>	2	
<i>neomycin-polymyxin-hc otic soln 1%</i>	1	
<i>neomycin-polymyxin-hc otic soln 1%</i>	1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1	
OTOVEL 0.3-0.025 % SOLUTION	3	ST
<b>OTIC STEROIDS</b>		
<i>fluocinolone acetonide (otic) oil 0.01%</i>	1	
<i>fluocinolone acetonide (otic) oil 0.01%</i>	1	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	1	
<b>OXYTOCICS</b>		
<i>methylergonovine maleate tab 0.2 mg</i>	2	QL 28 / 30 DAYS
<i>methylergonovine maleate tab 0.2 mg</i>	2	QL 28 / 30 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS ANTIVIRAL MONOCLONAL ANTIBODIES</b>		
BEYFORTUS 100 MG/ML SOLN PRSYR	2	<ul style="list-style-type: none"> <li>QL 1 / 0 day(s)</li> <li>AL1 Up to 0.67 yrs old</li> <li>MFL 1 / 365 day(s)</li> <li>PRE Preventative</li> </ul>
BEYFORTUS 50 MG/0.5ML SOLN PRSYR	2	<ul style="list-style-type: none"> <li>QL 0.5 / 0 day(s)</li> <li>AL1 Up to 0.67 yrs old</li> <li>MFL 1 / 365 day(s)</li> <li>PRE Preventative</li> </ul>
ENFLONSIA 105 MG/0.7ML SOLN PRSYR	2	<ul style="list-style-type: none"> <li>QL 0.7 / day(s)</li> <li>AL1 At least 0.67 yrs old</li> <li>MFL 1 / 365 day(s)</li> <li>PRE Preventative</li> </ul>
SYNAGIS 100 MG/ML SOLUTION	4	<ul style="list-style-type: none"> <li>PA</li> <li>S</li> </ul>
SYNAGIS 50 MG/0.5ML SOLUTION	4	<ul style="list-style-type: none"> <li>PA</li> <li>S</li> </ul>
<b>IMMUNE SERUMS</b>		
HIZENTRA 1 GM/5ML SOLN PRSYR	4	<ul style="list-style-type: none"> <li>PA</li> <li>S</li> </ul>
HIZENTRA 1 GM/5ML SOLUTION	4	<ul style="list-style-type: none"> <li>PA</li> <li>S</li> </ul>
HIZENTRA 10 GM/50ML SOLN PRSYR	4	<ul style="list-style-type: none"> <li>PA</li> <li>S</li> </ul>
HIZENTRA 10 GM/50ML SOLUTION	4	<ul style="list-style-type: none"> <li>PA</li> <li>S</li> </ul>
HIZENTRA 2 GM/10ML SOLN PRSYR	4	<ul style="list-style-type: none"> <li>PA</li> <li>S</li> </ul>
HIZENTRA 2 GM/10ML SOLUTION	4	<ul style="list-style-type: none"> <li>PA</li> <li>S</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HIZENTRA 4 GM/20ML SOLN PRSYR	4	PA S
HIZENTRA 4 GM/20ML SOLUTION	4	PA S
<b>PASSIVE IMMUNIZING AGENTS - COMBINATIONS</b>		
HYQVIA 10 GM/100ML KIT	4	PA S
HYQVIA 2.5 GM/25ML KIT	4	PA S
HYQVIA 20 GM/200ML KIT	4	PA S
HYQVIA 30 GM/300ML KIT	4	PA S
HYQVIA 5 GM/50ML KIT	4	PA S
<b>PENICILLINS</b>		
<b>AMINOPENICILLINS</b>		
AMOXICILLIN 125 MG CHEW TAB	1	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) cap 250 mg</i>	1	
AMOXICILLIN 250 MG CHEW TAB	1	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) cap 500 mg</i>	1	
<i>amoxicillin (trihydrate) tab 500 mg</i>	1	
<i>amoxicillin (trihydrate) tab 875 mg</i>	1	
<i>ampicillin cap 500 mg</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>NATURAL PENICILLINS</b>		
PENICILLIN V POTASSIUM 125 MG/5ML RECON SOLN	1	
<i>penicillin v potassium tab 250 mg</i>	1	
PENICILLIN V POTASSIUM 250 MG/5ML RECON SOLN	1	
<i>penicillin v potassium tab 500 mg</i>	1	
<b>PENICILLIN COMBINATIONS</b>		
AMOXICILLIN-POT CLAVULANATE 200-28.5 MG CHEW TAB	1	
<i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i>	1	
<i>amoxicillin &amp; k clavulanate tab 250-125 mg</i>	1	
<i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i>	1	
AMOXICILLIN-POT CLAVULANATE 400-57 MG CHEW TAB	1	
<i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i>	1	
<i>amoxicillin &amp; k clavulanate tab 500-125 mg</i>	1	
<i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i>	1	
<i>amoxicillin &amp; k clavulanate tab 875-125 mg</i>	1	
<b>PENICILLINASE-RESISTANT PENICILLINS</b>		
<i>dicloxacillin sodium cap 250 mg</i>	1	
<i>dicloxacillin sodium cap 500 mg</i>	1	
<i>nafcillin sodium for inj 1 gm</i>	2	PA
<b>PROGESTINS</b>		
<i>norethindrone acetate tab 5 mg</i>	1	
<i>medroxyprogesterone acetate tab 10 mg</i>	1	
<i>medroxyprogesterone acetate tab 2.5 mg</i>	1	
<i>medroxyprogesterone acetate tab 5 mg</i>	1	
MEGESTROL ACETATE 625 MG/5ML SUSPENSION	1	
<i>megestrol acetate susp 625 mg/5ml</i>	1	
<i>norethindrone acetate tab 5 mg</i>	1	
<i>progesterone cap 100 mg</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>progesterone cap 200 mg</i>	1	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. ALCOHOL DETERRENTS		
<i>acamprosate calcium tab delayed release 333 mg</i>	1	
<i>disulfiram tab 250 mg</i>	1	
<i>disulfiram tab 500 mg</i>	2	
BENZODIAZEPINES & TRICYCLIC AGENTS		
CHLORDIAZEPOXIDE-AMITRIPTYLINE 5-12.5 MG TAB	1	
CHOLINOMIMETICS - ACHE INHIBITORS		
<i>donepezil hydrochloride tab 10 mg</i>	1	QL 30 / 30 DAYS
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	1	QL 30 / 30 DAYS
<i>donepezil hydrochloride tab 23 mg</i>	1	QL 30 / 30 DAYS
<i>donepezil hydrochloride tab 5 mg</i>	1	QL 30 / 30 DAYS
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	1	QL 30 / 30 DAYS
<i>galantamine hydrobromide tab 12 mg</i>	1	QL 60 / 30 DAYS
<i>galantamine hydrobromide tab 4 mg</i>	1	QL 60 / 30 DAYS
GALANTAMINE HYDROBROMIDE 4 MG/ML SOLUTION	1	QL 180 / 30 DAYS
<i>galantamine hydrobromide tab 8 mg</i>	1	QL 60 / 30 DAYS
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	1	QL 30 / 30 DAYS
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	1	QL 30 / 30 DAYS
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	1	QL 30 / 30 DAYS
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	1	QL 30 / 30 DAYS
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	1	QL 30 / 30 DAYS
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	1	QL 30 / 30 DAYS
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	1	QL 60 / 30 DAYS
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	1	QL 60 / 30 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	1	QL 60 / 30 DAYS
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	1	QL 60 / 30 DAYS
<b>FIBROMYALGIA AGENT - SNRIS</b>		
SAVELLA 100 MG TAB	3	QL 60 / 30 day(s) PA
SAVELLA 12.5 MG TAB	3	QL 60 / 30 day(s) PA
SAVELLA 25 MG TAB	3	QL 60 / 30 day(s) PA
SAVELLA 50 MG TAB	3	QL 60 / 30 day(s) PA
SAVELLA TITRATION PACK 12.5 & 25 & 50 MG MISC	3	PA
<b>MOVEMENT DISORDER DRUG THERAPY</b>		
<i>tetrabenazine tab 12.5 mg</i>	2	QL 3 / 1 day(s)
<i>tetrabenazine tab 25 mg</i>	2	QL 3 / 1 day(s)
<b>MS AGENTS - PYRIMIDINE SYNTHESIS INHIBITORS</b>		
<i>teriflunomide tab 14 mg</i>	4	PA S
<i>teriflunomide tab 7 mg</i>	4	PA S
<b>MULTIPLE SCLEROSIS AGENTS</b>		
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	4	QL 30 / 30 day(s)
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	4	QL 12 / 28 day(s)
<b>MULTIPLE SCLEROSIS AGENTS - INTERFERONS</b>		
REBIF 22 MCG/0.5ML SOLN PRSYR	4	PA S
REBIF 44 MCG/0.5ML SOLN PRSYR	4	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
REBIF REBIDOSE 22 MCG/0.5ML SOLN A-INJ	4	PA S
REBIF REBIDOSE 44 MCG/0.5ML SOLN A-INJ	4	PA S
REBIF REBIDOSE TITRATION PACK 6X8.8 & 6X22 MCG SOLN A-INJ	4	PA S
REBIF TITRATION PACK 6X8.8 & 6X22 MCG SOLN PRSYR	4	PA S
<b>MULTIPLE SCLEROSIS AGENTS - MONOCLONAL ANTIBODIES</b>		
KESIMPTA 20 MG/0.4ML SOLN A-INJ	4	PA S
<b>MULTIPLE SCLEROSIS AGENTS - NRF2 PATHWAY ACTIVATORS</b>		
<i>dimethyl fumarate capsule delayed release 120 mg</i>	1	QL 2 / 1 day(s)
<i>dimethyl fumarate capsule delayed release 240 mg</i>	1	QL 2 / 1 day(s)
<i>dimethyl fumarate capsule dr starter pack 120 mg &amp; 240 mg</i>	1	QL 2 / 1 day(s)
<b>MULTIPLE SCLEROSIS AGENTS - POTASSIUM CHANNEL BLOCKERS</b>		
<i>dalfampridine tab er 12hr 10 mg</i>	2	QL 60 / 30 DAYS
<b>N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONISTS</b>		
<i>memantine hcl tab 10 mg</i>	1	QL 60 / 30 DAYS
<i>memantine hcl oral solution 2 mg/ml</i>	1	QL 30 / 30 DAYS
<i>memantine hcl oral solution 2 mg/ml</i>	1	QL 30 / 30 DAYS
MEMANTINE HCL 28 X 5 MG & 21 X 10 MG TAB	1	QL 49 / 30 day(s)
<i>memantine hcl tab 5 mg</i>	1	QL 120 / 30 DAYS
<i>memantine hcl cap er 24hr 14 mg</i>	1	QL 30 / 30 DAYS
<i>memantine hcl cap er 24hr 21 mg</i>	1	QL 30 / 30 DAYS
<i>memantine hcl cap er 24hr 28 mg</i>	1	QL 30 / 30 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>memantine hcl cap er 24hr 7 mg</i>	1	QL 30 / 30 DAYS
<b>PHENOTHIAZINES &amp; TRICYCLIC AGENTS</b>		
PERPHENAZINE-AMITRIPTYLINE 2-10 MG TAB	1	
PERPHENAZINE-AMITRIPTYLINE 2-25 MG TAB	1	
PERPHENAZINE-AMITRIPTYLINE 4-10 MG TAB	1	
PERPHENAZINE-AMITRIPTYLINE 4-25 MG TAB	1	
PERPHENAZINE-AMITRIPTYLINE 4-50 MG TAB	1	
<b>PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS - SSRIS</b>		
FLUOXETINE HCL (PMDD) 10 MG TAB	1	QL 90 / 30 DAYS VAL Value Preventive List
FLUOXETINE HCL (PMDD) 20 MG TAB	1	QL 90 / 30 DAYS VAL Value Preventive List
ERGOLOID MESYLATES 1 MG TAB	1	
<i>pimozide tab 1 mg</i>	1	QL 1 / 1 day(s)
<i>pimozide tab 2 mg</i>	1	QL 2 / 1 day(s)
<b>SMOKING DETERRENTS</b>		
APO-VARENICLINE 0.5 MG TAB	1	QL 60 / 30 day(s) PRE Preventative
APO-VARENICLINE 1 MG TAB	1	QL 60 / 30 day(s) PRE Preventative
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	1	QL 3 / 1 day(s) PRE Preventative
CHANTIX 0.5 MG TAB	1	QL 60 / 30 day(s) PRE Preventative
CHANTIX 1 MG TAB	1	QL 60 / 30 day(s) PRE Preventative
CHANTIX CONTINUING MONTH PAK 1 MG TAB	1	QL 60 / 30 day(s) PRE Preventative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CHANTIX STARTING MONTH PAK 0.5 MG X 11 & 1 MG X 42 TAB THPK	1	<p>QL 53 / 0 day(s)</p> <p>MFL 1 / 365 day(s)</p>
<i>nicotine td patch 24hr 14 mg/24hr</i>	1	<p>QL 30 / 30 DAYS</p> <p>PRE Preventative</p>
<i>nicotine polacrilex gum 2 mg</i>	1	<p>QL 720 / 30 DAYS</p> <p>PRE Preventative</p>
<i>nicotine polacrilex lozenge 2 mg</i>	1	<p>PRE Preventative</p>
<i>nicotine td patch 24hr 21 mg/24hr</i>	1	<p>QL 30 / 30 DAYS</p> <p>PRE Preventative</p>
<i>nicotine polacrilex gum 4 mg</i>	1	<p>PRE Preventative</p>
<i>nicotine td patch 24hr 7 mg/24hr</i>	1	<p>QL 30 / 30 DAYS</p> <p>PRE Preventative</p>
<i>nicotine polacrilex gum 2 mg</i>	1	<p>QL 720 / 30 DAYS</p> <p>PRE Preventative</p>
<i>nicotine polacrilex lozenge 2 mg</i>	1	<p>PRE Preventative</p>
<i>nicotine polacrilex gum 4 mg</i>	1	<p>PRE Preventative</p>
<i>nicotine polacrilex lozenge 4 mg</i>	1	<p>QL 720 / 30 DAYS</p> <p>PRE Preventative</p>
<i>nicotine td patch 24hr 14 mg/24hr</i>	1	<p>QL 30 / 30 DAYS</p> <p>PRE Preventative</p>
<i>nicotine td patch 24hr 21 mg/24hr</i>	1	<p>QL 30 / 30 DAYS</p> <p>PRE Preventative</p>
<i>nicotine polacrilex gum 4 mg</i>	1	<p>PRE Preventative</p>
<i>nicotine polacrilex lozenge 4 mg</i>	1	<p>QL 720 / 30 DAYS</p> <p>PRE Preventative</p>
<i>nicotine polacrilex gum 2 mg</i>	1	<p>QL 720 / 30 DAYS</p> <p>PRE Preventative</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nicotine polacrilex lozenge 2 mg</i>	1	PRE Preventative
<i>nicotine polacrilex gum 4 mg</i>	1	PRE Preventative
<i>nicotine polacrilex lozenge 4 mg</i>	1	QL 720 / 30 DAYS PRE Preventative
<i>nicotine td patch 24hr 7 mg/24hr</i>	1	QL 30 / 30 DAYS PRE Preventative
<i>nicotine polacrilex lozenge 2 mg</i>	1	PRE Preventative
<i>nicotine polacrilex lozenge 4 mg</i>	1	QL 720 / 30 DAYS PRE Preventative
<i>nicotine td patch 24hr 14 mg/24hr</i>	1	QL 30 / 30 DAYS PRE Preventative
<i>nicotine polacrilex gum 2 mg</i>	1	QL 720 / 30 DAYS PRE Preventative
<i>nicotine polacrilex lozenge 2 mg</i>	1	PRE Preventative
<i>nicotine td patch 24hr 21 mg/24hr</i>	1	QL 30 / 30 DAYS PRE Preventative
<i>nicotine polacrilex gum 4 mg</i>	1	PRE Preventative
<i>nicotine polacrilex lozenge 4 mg</i>	1	QL 720 / 30 DAYS PRE Preventative
<i>nicotine td patch 24hr 7 mg/24hr</i>	1	QL 30 / 30 DAYS PRE Preventative
<i>nicotine polacrilex lozenge 2 mg</i>	1	PRE Preventative
<i>nicotine polacrilex lozenge 4 mg</i>	1	QL 720 / 30 DAYS PRE Preventative
<i>nicotine td patch 24hr 14 mg/24hr</i>	1	QL 30 / 30 DAYS PRE Preventative
<i>nicotine polacrilex gum 2 mg</i>	1	QL 720 / 30 DAYS PRE Preventative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nicotine td patch 24hr 21 mg/24hr</i>	1	QL 30 / 30 DAYS PRE Preventative
<i>nicotine polacrilex gum 4 mg</i>	1	PRE Preventative
<i>nicotine td patch 24hr 7 mg/24hr</i>	1	QL 30 / 30 DAYS PRE Preventative
<i>nicotine polacrilex lozenge 2 mg</i>	1	PRE Preventative
<i>nicotine polacrilex lozenge 4 mg</i>	1	QL 720 / 30 DAYS PRE Preventative
<i>nicotine polacrilex gum 2 mg</i>	1	QL 720 / 30 DAYS PRE Preventative
<i>nicotine polacrilex lozenge 2 mg</i>	1	PRE Preventative
<i>nicotine polacrilex gum 4 mg</i>	1	PRE Preventative
<i>nicotine polacrilex lozenge 4 mg</i>	1	QL 720 / 30 DAYS PRE Preventative
<i>nicotine polacrilex gum 2 mg</i>	1	QL 720 / 30 DAYS PRE Preventative
<i>nicotine polacrilex lozenge 2 mg</i>	1	PRE Preventative
<i>nicotine polacrilex gum 4 mg</i>	1	PRE Preventative
<i>nicotine polacrilex lozenge 4 mg</i>	1	QL 720 / 30 DAYS PRE Preventative
<i>nicotine polacrilex gum 4 mg</i>	1	PRE Preventative
<i>nicotine td patch 24hr 21 mg/24hr</i>	1	QL 30 / 30 DAYS PRE Preventative
<i>nicotine td patch 24hr 14 mg/24hr</i>	1	QL 30 / 30 DAYS PRE Preventative
<i>nicotine td patch 24hr 21 mg/24hr</i>	1	QL 30 / 30 DAYS PRE Preventative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nicotine td patch 24hr 7 mg/24hr</i>	1	QL 30 / 30 DAYS PRE Preventative
<i>nicotine polacrilex gum 2 mg</i>	1	QL 720 / 30 DAYS PRE Preventative
<i>nicotine polacrilex lozenge 2 mg</i>	1	PRE Preventative
<i>nicotine polacrilex gum 4 mg</i>	1	PRE Preventative
<i>nicotine polacrilex lozenge 4 mg</i>	1	QL 720 / 30 DAYS PRE Preventative
<i>nicotine polacrilex gum 2 mg</i>	1	QL 720 / 30 DAYS PRE Preventative
<i>nicotine polacrilex lozenge 2 mg</i>	1	PRE Preventative
<i>nicotine polacrilex gum 4 mg</i>	1	PRE Preventative
<i>nicotine polacrilex lozenge 4 mg</i>	1	QL 720 / 30 DAYS PRE Preventative
<i>nicotine td patch 24hr 14 mg/24hr</i>	1	QL 30 / 30 DAYS PRE Preventative
<i>nicotine td patch 24hr 21 mg/24hr</i>	1	QL 30 / 30 DAYS PRE Preventative
<i>nicotine td patch 24hr 7 mg/24hr</i>	1	QL 30 / 30 DAYS PRE Preventative
<i>nicotine polacrilex gum 2 mg</i>	1	QL 720 / 30 DAYS PRE Preventative
<i>nicotine polacrilex lozenge 2 mg</i>	1	PRE Preventative
NICORETTE 4 MG GUM	1	PRE Preventative
<i>nicotine polacrilex gum 4 mg</i>	1	PRE Preventative
<i>nicotine polacrilex lozenge 4 mg</i>	1	QL 720 / 30 DAYS PRE Preventative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nicotine polacrilex lozenge 2 mg</i>	1	PRE Preventative
NICORETTE MINI 4 MG LOZENGE	1	PRE Preventative
<i>nicotine polacrilex lozenge 4 mg</i>	1	QL 720 / 30 DAYS PRE Preventative
NICORETTE STARTER KIT 2 MG GUM	1	PRE Preventative
<i>nicotine polacrilex gum 2 mg</i>	1	QL 720 / 30 DAYS PRE Preventative
<i>nicotine polacrilex gum 4 mg</i>	1	PRE Preventative
<i>nicotine td patch 24hr 14 mg/24hr</i>	1	QL 30 / 30 DAYS PRE Preventative
<i>nicotine td patch 24hr 21 mg/24hr</i>	1	QL 30 / 30 DAYS PRE Preventative
NICOTINE 21-14-7 MG/24HR KIT	1	PRE Preventative
<i>nicotine td patch 24hr 7 mg/24hr</i>	1	QL 30 / 30 DAYS PRE Preventative
<i>nicotine polacrilex lozenge 2 mg</i>	1	PRE Preventative
<i>nicotine polacrilex lozenge 4 mg</i>	1	QL 720 / 30 DAYS PRE Preventative
<i>nicotine polacrilex gum 2 mg</i>	1	QL 720 / 30 DAYS PRE Preventative
<i>nicotine polacrilex lozenge 2 mg</i>	1	PRE Preventative
<i>nicotine polacrilex gum 4 mg</i>	1	PRE Preventative
<i>nicotine polacrilex lozenge 4 mg</i>	1	QL 720 / 30 DAYS PRE Preventative
<i>nicotine polacrilex lozenge 2 mg</i>	1	PRE Preventative
<i>nicotine td patch 24hr 21 mg/24hr</i>	1	QL 30 / 30 DAYS PRE Preventative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nicotine td patch 24hr 14 mg/24hr</i>	1	QL 30 / 30 DAYS PRE Preventative
<i>nicotine td patch 24hr 7 mg/24hr</i>	1	QL 30 / 30 DAYS PRE Preventative
NICOTROL 10 MG INHALER	1	QL 672 / 30 DAYS PRE Preventative
NICOTROL NS 10 MG/ML SOLUTION	1	QL 120 / 30 DAYS PRE Preventative
<i>nicotine polacrilex gum 2 mg</i>	1	QL 720 / 30 DAYS PRE Preventative
<i>nicotine polacrilex lozenge 2 mg</i>	1	PRE Preventative
<i>nicotine polacrilex gum 4 mg</i>	1	PRE Preventative
<i>nicotine polacrilex lozenge 4 mg</i>	1	QL 720 / 30 DAYS PRE Preventative
<i>nicotine td patch 24hr 14 mg/24hr</i>	1	QL 30 / 30 DAYS PRE Preventative
<i>nicotine td patch 24hr 21 mg/24hr</i>	1	QL 30 / 30 DAYS PRE Preventative
<i>nicotine polacrilex lozenge 2 mg</i>	1	PRE Preventative
<i>nicotine polacrilex lozenge 4 mg</i>	1	QL 720 / 30 DAYS PRE Preventative
<i>nicotine td patch 24hr 14 mg/24hr</i>	1	QL 30 / 30 DAYS PRE Preventative
<i>nicotine polacrilex gum 2 mg</i>	1	QL 720 / 30 DAYS PRE Preventative
<i>nicotine td patch 24hr 21 mg/24hr</i>	1	QL 30 / 30 DAYS PRE Preventative
<i>nicotine polacrilex gum 4 mg</i>	1	PRE Preventative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nicotine polacrilex gum 2 mg</i>	1	QL 720 / 30 DAYS PRE Preventative
<i>nicotine polacrilex gum 4 mg</i>	1	PRE Preventative
<i>nicotine polacrilex lozenge 2 mg</i>	1	PRE Preventative
<i>nicotine polacrilex lozenge 4 mg</i>	1	QL 720 / 30 DAYS PRE Preventative
<i>nicotine td patch 24hr 14 mg/24hr</i>	1	QL 30 / 30 DAYS PRE Preventative
<i>nicotine polacrilex lozenge 2 mg</i>	1	PRE Preventative
<i>nicotine td patch 24hr 21 mg/24hr</i>	1	QL 30 / 30 DAYS PRE Preventative
<i>nicotine polacrilex gum 4 mg</i>	1	PRE Preventative
<i>nicotine td patch 24hr 7 mg/24hr</i>	1	QL 30 / 30 DAYS PRE Preventative
<i>nicotine polacrilex gum 2 mg</i>	1	QL 720 / 30 DAYS PRE Preventative
<i>nicotine polacrilex lozenge 2 mg</i>	1	PRE Preventative
<i>nicotine polacrilex gum 4 mg</i>	1	PRE Preventative
<i>nicotine polacrilex lozenge 4 mg</i>	1	QL 720 / 30 DAYS PRE Preventative
<i>nicotine polacrilex gum 2 mg</i>	1	QL 720 / 30 DAYS PRE Preventative
<i>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack</i>	1	QL 53 / 0 day(s) MFL 1 / 365 day(s) PRE Preventative
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	1	QL 60 / 30 day(s) PRE Preventative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>varenicline tartrate tab 1 mg (base equiv)</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px;">QL</div> <div>60 / 30 day(s)</div> <div style="background-color: #0056b3; color: white; padding: 2px;">PRE</div> <div>Preventative</div> </div>
<i>varenicline tartrate tab 1 mg (base equiv)</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px;">QL</div> <div>60 / 30 day(s)</div> <div style="background-color: #0056b3; color: white; padding: 2px;">PRE</div> <div>Preventative</div> </div>
<b>SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS</b>		
<i> fingolimod hcl cap 0.5 mg (base equiv)</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px;">QL</div> <div>1 / 1 day(s)</div> </div>
GILENYA 0.25 MG CAP	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8b6914; color: white; padding: 2px;">PA</div> <div style="background-color: #8b4513; color: white; padding: 2px;">S</div> </div>
MAYZENT 0.25 MG TAB	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8b6914; color: white; padding: 2px;">PA</div> <div style="background-color: #8b4513; color: white; padding: 2px;">S</div> </div>
MAYZENT 1 MG TAB	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8b6914; color: white; padding: 2px;">PA</div> <div style="background-color: #8b4513; color: white; padding: 2px;">S</div> </div>
MAYZENT 2 MG TAB	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8b6914; color: white; padding: 2px;">PA</div> <div style="background-color: #8b4513; color: white; padding: 2px;">S</div> </div>
MAYZENT STARTER PACK 12 X 0.25 MG TAB THPK	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8b6914; color: white; padding: 2px;">PA</div> <div style="background-color: #8b4513; color: white; padding: 2px;">S</div> </div>
MAYZENT STARTER PACK 7 X 0.25 MG TAB THPK	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8b6914; color: white; padding: 2px;">PA</div> <div style="background-color: #8b4513; color: white; padding: 2px;">S</div> </div>
<b>VASOMOTOR SYMPTOM AGENTS - SSRIS</b>		
<i> paroxetine mesylate cap 7.5 mg (base equiv)</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px;">QL</div> <div>30 / 30 DAYS</div> </div>
<b>RESPIRATORY AGENTS - MISC. CYSTIC FIBROSIS AGENT - COMBINATIONS</b>		
ORKAMBI 100-125 MG PACKET	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8b6914; color: white; padding: 2px;">PA</div> <div style="background-color: #8b4513; color: white; padding: 2px;">S</div> </div>
ORKAMBI 100-125 MG TAB	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8b6914; color: white; padding: 2px;">PA</div> <div style="background-color: #8b4513; color: white; padding: 2px;">S</div> </div>
ORKAMBI 150-188 MG PACKET	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8b6914; color: white; padding: 2px;">PA</div> <div style="background-color: #8b4513; color: white; padding: 2px;">S</div> </div>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ORKAMBI 200-125 MG TAB	4	PA S
ORKAMBI 75-94 MG PACKET	4	PA S
TRIKAFTA 100-50-75 & 150 MG TAB THPK	4	PA S
TRIKAFTA 100-50-75 & 75 MG THER PACK	4	PA S
TRIKAFTA 50-25-37.5 & 75 MG TAB THPK	4	PA S
TRIKAFTA 80-40-60 & 59.5 MG THER PACK	4	PA S
<b>HYDROLYTIC ENZYMES</b>		
PULMOZYME 2.5 MG/2.5ML SOLUTION	4	PA S
<b>PULMONARY FIBROSIS AGENTS</b>		
<i>pirfenidone cap 267 mg</i>	2	
<i>pirfenidone tab 267 mg</i>	2	
<i>pirfenidone tab 801 mg</i>	2	
<b>PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS</b>		
OFEV 100 MG CAP	4	PA S
OFEV 150 MG CAP	4	PA S
<b>SULFONAMIDES</b>		
<i>sulfadiazine tab 500 mg</i>	1	
<b>TETRACYCLINES</b>		
<i>doxycycline monohydrate tab 100 mg</i>	1	
<i>minocycline hcl tab er 24hr 90 mg</i>	2	QL 30 / 30 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>demeclocycline hcl tab 150 mg</i>	2	
<i>demeclocycline hcl tab 300 mg</i>	2	
<i>doxycycline hyclate cap 100 mg</i>	1	
<i>doxycycline hyclate tab 100 mg</i>	1	
<i>doxycycline hyclate tab delayed release 100 mg</i>	2	
<i>doxycycline hyclate tab delayed release 150 mg</i>	2	
<i>doxycycline hyclate tab 20 mg</i>	1	
<i>doxycycline hyclate cap 50 mg</i>	1	
<i>doxycycline hyclate tab delayed release 50 mg</i>	2	
<i>doxycycline hyclate tab delayed release 75 mg</i>	2	
<i>doxycycline monohydrate cap 100 mg</i>	1	
<i>doxycycline monohydrate tab 100 mg</i>	1	
<i>doxycycline monohydrate tab 150 mg</i>	1	
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	1	AL1 Up to 8 yrs old
<i>doxycycline monohydrate cap 50 mg</i>	1	
<i>doxycycline monohydrate tab 50 mg</i>	1	
<i>doxycycline monohydrate tab 75 mg</i>	1	
<i>doxycycline hyclate tab 100 mg</i>	1	
<i>minocycline hcl cap 100 mg</i>	1	
<i>minocycline hcl tab 100 mg</i>	1	
<i>minocycline hcl cap 50 mg</i>	1	
<i>minocycline hcl tab 50 mg</i>	1	
<i>minocycline hcl cap 75 mg</i>	1	
<i>minocycline hcl tab er 24hr 105 mg</i>	2	QL 30 / 30 DAYS
<i>minocycline hcl tab er 24hr 115 mg</i>	2	QL 30 / 30 DAYS
<i>minocycline hcl tab er 24hr 135 mg</i>	2	QL 30 / 30 DAYS
MINOCYCLINE HCL ER 135 MG TAB ER 24H	2	QL 30 / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>minocycline hcl tab er 24hr 45 mg</i>	2	QL 30 / 30 DAYS
MINOCYCLINE HCL ER 45 MG TAB ER 24H	2	QL 30 / 30 day(s)
<i>minocycline hcl tab er 24hr 55 mg</i>	2	QL 30 / 30 DAYS
<i>minocycline hcl tab er 24hr 65 mg</i>	2	QL 30 / 30 DAYS
<i>minocycline hcl tab er 24hr 80 mg</i>	2	QL 30 / 30 DAYS
<i>minocycline hcl tab er 24hr 90 mg</i>	2	QL 30 / 30 DAYS
MINOCYCLINE HCL ER 90 MG TAB ER 24H	2	QL 30 / 30 day(s)
<i>doxycycline monohydrate cap 100 mg</i>	1	
<i>tetracycline hcl cap 250 mg</i>	1	
<i>tetracycline hcl cap 500 mg</i>	1	
<b>THYROID AGENTS</b>		
<b>ANTITHYROID AGENTS</b>		
<i>methimazole tab 10 mg</i>	1	
<i>methimazole tab 5 mg</i>	1	
<i>propylthiouracil tab 50 mg</i>	1	
<b>THYROID HORMONES</b>		
ARMOUR THYROID 120 MG TAB	2	
ARMOUR THYROID 15 MG TAB	2	
ARMOUR THYROID 180 MG TAB	2	
ARMOUR THYROID 240 MG TAB	2	
ARMOUR THYROID 30 MG TAB	2	
ARMOUR THYROID 300 MG TAB	2	
ARMOUR THYROID 60 MG TAB	2	
ARMOUR THYROID 90 MG TAB	2	
<i>levothyroxine sodium tab 100 mcg</i>	1	
<i>levothyroxine sodium tab 112 mcg</i>	1	
<i>levothyroxine sodium tab 125 mcg</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>levothyroxine sodium tab 137 mcg</i>	1	
<i>levothyroxine sodium tab 150 mcg</i>	1	
<i>levothyroxine sodium tab 175 mcg</i>	1	
<i>levothyroxine sodium tab 200 mcg</i>	1	
<i>levothyroxine sodium tab 25 mcg</i>	1	
<i>levothyroxine sodium tab 50 mcg</i>	1	
<i>levothyroxine sodium tab 75 mcg</i>	1	
<i>levothyroxine sodium tab 88 mcg</i>	1	
EVEXITHROID 120 MG TAB	2	
EVEXITHROID 15 MG TAB	2	
EVEXITHROID 180 MG TAB	2	
EVEXITHROID 30 MG TAB	2	
EVEXITHROID 45 MG TAB	2	
EVEXITHROID 60 MG TAB	2	
EVEXITHROID 75 MG TAB	2	
EVEXITHROID 90 MG TAB	2	
<i>levothyroxine sodium tab 100 mcg</i>	1	
<i>levothyroxine sodium tab 112 mcg</i>	1	
<i>levothyroxine sodium tab 125 mcg</i>	1	
<i>levothyroxine sodium tab 137 mcg</i>	1	
<i>levothyroxine sodium tab 150 mcg</i>	1	
<i>levothyroxine sodium tab 175 mcg</i>	1	
<i>levothyroxine sodium tab 200 mcg</i>	1	
<i>levothyroxine sodium tab 25 mcg</i>	1	
<i>levothyroxine sodium tab 300 mcg</i>	1	
<i>levothyroxine sodium tab 50 mcg</i>	1	
<i>levothyroxine sodium tab 75 mcg</i>	1	
<i>levothyroxine sodium tab 88 mcg</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LEVOTHYROXINE SODIUM 100 MCG CAP	2	
<i>levothyroxine sodium tab 100 mcg</i>	1	
LEVOTHYROXINE SODIUM 112 MCG CAP	2	
<i>levothyroxine sodium tab 112 mcg</i>	1	
LEVOTHYROXINE SODIUM 125 MCG CAP	2	
<i>levothyroxine sodium tab 125 mcg</i>	1	
LEVOTHYROXINE SODIUM 13 MCG CAP	2	
LEVOTHYROXINE SODIUM 137 MCG CAP	2	
<i>levothyroxine sodium tab 137 mcg</i>	1	
LEVOTHYROXINE SODIUM 150 MCG CAP	2	
<i>levothyroxine sodium tab 150 mcg</i>	1	
LEVOTHYROXINE SODIUM 175 MCG CAP	2	
<i>levothyroxine sodium tab 175 mcg</i>	1	
LEVOTHYROXINE SODIUM 200 MCG CAP	2	
<i>levothyroxine sodium tab 200 mcg</i>	1	
LEVOTHYROXINE SODIUM 25 MCG CAP	2	
<i>levothyroxine sodium tab 25 mcg</i>	1	
<i>levothyroxine sodium tab 300 mcg</i>	1	
LEVOTHYROXINE SODIUM 50 MCG CAP	2	
<i>levothyroxine sodium tab 50 mcg</i>	1	
LEVOTHYROXINE SODIUM 75 MCG CAP	2	
<i>levothyroxine sodium tab 75 mcg</i>	1	
LEVOTHYROXINE SODIUM 88 MCG CAP	2	
<i>levothyroxine sodium tab 88 mcg</i>	1	
<i>levothyroxine sodium tab 100 mcg</i>	1	
<i>levothyroxine sodium tab 112 mcg</i>	1	
<i>levothyroxine sodium tab 125 mcg</i>	1	
<i>levothyroxine sodium tab 137 mcg</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>levothyroxine sodium tab 150 mcg</i>	1	
<i>levothyroxine sodium tab 175 mcg</i>	1	
<i>levothyroxine sodium tab 200 mcg</i>	1	
<i>levothyroxine sodium tab 25 mcg</i>	1	
<i>levothyroxine sodium tab 50 mcg</i>	1	
<i>levothyroxine sodium tab 75 mcg</i>	1	
<i>levothyroxine sodium tab 88 mcg</i>	1	
<i>liothyronine sodium tab 25 mcg</i>	1	
<i>liothyronine sodium tab 5 mcg</i>	1	
<i>liothyronine sodium tab 50 mcg</i>	1	
<i>liothyronine sodium tab 25 mcg</i>	1	
<i>liothyronine sodium tab 5 mcg</i>	1	
<i>liothyronine sodium tab 50 mcg</i>	1	
NIVA THYROID 120 MG TAB	1	
NIVA THYROID 15 MG TAB	1	
NIVA THYROID 30 MG TAB	1	
NIVA THYROID 60 MG TAB	1	
NIVA THYROID 90 MG TAB	1	
NP THYROID 120 MG TAB	1	
NP THYROID 15 MG TAB	1	
NP THYROID 30 MG TAB	1	
NP THYROID 60 MG TAB	1	
NP THYROID 90 MG TAB	1	
RENTHYROID 120 MG TAB	1	
RENTHYROID 15 MG TAB	1	
RENTHYROID 30 MG TAB	1	
RENTHYROID 45 MG TAB	2	
RENTHYROID 60 MG TAB	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RENTHYROID 75 MG TAB	2	
RENTHYROID 90 MG TAB	1	
SYNTHROID 100 MCG TAB	2	
SYNTHROID 112 MCG TAB	2	
SYNTHROID 125 MCG TAB	2	
SYNTHROID 137 MCG TAB	2	
SYNTHROID 150 MCG TAB	2	
SYNTHROID 175 MCG TAB	2	
SYNTHROID 200 MCG TAB	2	
SYNTHROID 25 MCG TAB	2	
SYNTHROID 300 MCG TAB	2	
SYNTHROID 50 MCG TAB	2	
SYNTHROID 75 MCG TAB	2	
SYNTHROID 88 MCG TAB	2	
THYROID 120 MG TAB	1	
THYROID 15 MG TAB	1	
THYROID 30 MG TAB	1	
THYROID 60 MG TAB	1	
THYROID 90 MG TAB	1	
<i>levothyroxine sodium tab 100 mcg</i>	1	
<i>levothyroxine sodium tab 112 mcg</i>	1	
<i>levothyroxine sodium tab 125 mcg</i>	1	
<i>levothyroxine sodium tab 137 mcg</i>	1	
<i>levothyroxine sodium tab 150 mcg</i>	1	
<i>levothyroxine sodium tab 175 mcg</i>	1	
<i>levothyroxine sodium tab 200 mcg</i>	1	
<i>levothyroxine sodium tab 25 mcg</i>	1	
<i>levothyroxine sodium tab 300 mcg</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>levothyroxine sodium tab 50 mcg</i>	1	
<i>levothyroxine sodium tab 75 mcg</i>	1	
<i>levothyroxine sodium tab 88 mcg</i>	1	
<b>TOXOIDS</b>		
<b>TOXOID COMBINATIONS</b>		
ADACEL 5-2-15.5 LF-MCG/0.5 SUSP PRSYR	1	PRE Preventative
ADACEL 5-2-15.5 LF-MCG/0.5 SUSPENSION	1	PRE Preventative
BOOSTRIX 5-2.5-18.5 LF-MCG/0.5 SUSP PRSYR	1	PRE Preventative
BOOSTRIX 5-2.5-18.5 LF-MCG/0.5 SUSPENSION	1	PRE Preventative
DAPTACEL 23-15-5 SUSPENSION	1	PRE Preventative
DIPHThERIA-TETANUS TOXOIDS DT 25-5 LFU/0.5ML SUSPENSION	1	PRE Preventative
INFANRIX 25-58-10 SUSPENSION	1	PRE Preventative
KINRIX 0.5 ML SUSP PRSYR	1	PRE Preventative
PEDIARIX SUSP PRSYR	1	PRE Preventative
PENTACEL RECON SUSP	1	PRE Preventative
QUADRACEL SUSPENSION	1	PRE Preventative
QUADRACEL 0.5 ML SUSP PRSYR	1	PRE Preventative
TDVAX 2-2 LF/0.5ML SUSPENSION	1	PRE Preventative
TENIVAC 5-2 LF/0.5ML SUSPENSION	1	PRE Preventative
TETANUS-DIPHThERIA TOXOIDS TD 2-2 LF/0.5ML SUSPENSION	1	PRE Preventative
VAXELIS SUSP PRSYR	1	PRE Preventative
VAXELIS SUSPENSION	1	PRE Preventative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS</b>		
<b>ANTICHOLINERGIC COMBINATIONS</b>		
BELLADONNA ALKALOIDS-OPIUM 16.2-60 MG SUPPOS	2	
<b>ANTISPASMODICS</b>		
<i>dicyclomine hcl cap 10 mg</i>	1	
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	1	AL1 Up to 8 yrs old
<i>dicyclomine hcl tab 20 mg</i>	1	
<b>BELLADONNA ALKALOIDS</b>		
HYOSCYAMINE SULFATE 0.125 MG SL TAB	1	
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	1	
HYOSCYAMINE SULFATE 0.125 MG TAB	1	
<i>hyoscyamine sulfate tab 0.125 mg</i>	1	
HYOSCYAMINE SULFATE 0.125 MG TAB DISP	1	
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	1	
HYOSCYAMINE SULFATE 0.125 MG/5ML ELIXIR	1	AL1 Up to 8 yrs old
<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i>	1	AL1 Up to 8 yrs old
<i>hyoscyamine sulfate tab er 12hr 0.375 mg</i>	1	
HYOSCYAMINE SULFATE ER 0.375 MG TAB ER 12H	1	
HYOSCYAMINE SULFATE SL 0.125 MG SL TAB	1	
OSCIMIN 0.125 MG SL TAB	1	
<b>H-2 ANTAGONISTS</b>		
CIMETIDINE HCL 300 MG/5ML SOLUTION	1	AL1 Up to 8 yrs old
<i>cimetidine hcl soln 300 mg/5ml</i>	1	AL1 Up to 8 yrs old
<i>cimetidine hcl soln 300 mg/5ml</i>	1	AL1 Up to 8 yrs old
<i>famotidine tab 20 mg</i>	1	
<i>famotidine tab 40 mg</i>	1	
<i>famotidine for susp 40 mg/5ml</i>	1	
<i>nizatidine cap 150 mg</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NIZATIDINE 300 MG CAP	1	
MISC. ANTI-ULCER		
<i>sucralfate tab 1 gm</i>	1	
<i>sucralfate susp 1 gm/10ml</i>	2	AL1 Up to 12 yrs old
PROTON PUMP INHIBITOR-ANTACID COMBINATIONS		
KONVOMEK 2-84 MG/ML RECON SUSP	3	QL 300 / 30 day(s) AL1 Up to 8 yrs old
PROTON PUMP INHIBITORS		
<i>dexlansoprazole cap delayed release 30 mg</i>	2	QL 1 / 1 day(s) ST
<i>dexlansoprazole cap delayed release 60 mg</i>	2	QL 30 / 30 day(s) ST
<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	2	AL1 Up to 8 yrs old
<i>esomeprazole magnesium for delayed release susp pack 2.5 mg</i>	2	AL1 Up to 8 yrs old
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	1	
<i>esomeprazole magnesium for delayed release susp packet 20 mg</i>	2	AL1 Up to 8 yrs old
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	1	QL 60 / 30 DAYS
<i>esomeprazole magnesium for delayed release susp packet 40 mg</i>	2	AL1 Up to 8 yrs old
<i>esomeprazole magnesium for delayed release susp packet 5 mg</i>	2	AL1 Up to 8 yrs old
FIRST-LANSOPRAZOLE 3 MG/ML SUSPENSION	1	QL 10 / 1 day(s) AL1 Up to 8 yrs old
FIRST-OMEPRAZOLE 2 MG/ML SUSPENSION	1	QL 10 / 1 day(s) AL1 Up to 8 yrs old
<i>lansoprazole cap delayed release 15 mg</i>	1	QL 60 / 30 DAYS
<i>lansoprazole tab delayed release orally disintegrating 15 mg</i>	2	QL 60 / 30 day(s) AL1 Up to 8 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lansoprazole cap delayed release 30 mg</i>	1	QL 60 / 30 DAYS
<i>lansoprazole tab delayed release orally disintegrating 30 mg</i>	2	QL 60 / 30 day(s) AL1 Up to 8 yrs old
<i>omeprazole cap delayed release 10 mg</i>	1	QL 60 / 30 DAYS
<i>omeprazole cap delayed release 20 mg</i>	1	QL 60 / 30 day(s)
<i>omeprazole cap delayed release 40 mg</i>	1	QL 60 / 30 DAYS
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	1	QL 60 / 30 DAYS
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	1	QL 60 / 30 DAYS
<i>rabeprazole sodium ec tab 20 mg</i>	1	QL 60 / 30 DAYS
<b>QUATERNARY ANTICHOLINERGICS</b>		
<i>glycopyrrolate tab 1 mg</i>	1	
<i>glycopyrrolate oral soln 1 mg/5ml</i>	1	
<i>glycopyrrolate tab 2 mg</i>	1	
<i>methscopolamine bromide tab 2.5 mg</i>	1	
<i>methscopolamine bromide tab 5 mg</i>	1	
<b>ULCER DRUGS - PROSTAGLANDINS</b>		
<i>misoprostol tab 100 mcg</i>	1	
<i>misoprostol tab 200 mcg</i>	1	
<b>URINARY ANTISPASMODICS</b>		
<b>URINARY ANTISPASMODIC - ANTIMUSCARINIC (ANTICHOLINERGIC)</b>		
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	1	QL 30 / 30 DAYS
<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	1	
<i>fesoterodine fumarate tab er 24hr 4 mg</i>	1	QL 30 / 30 day(s)
<i>fesoterodine fumarate tab er 24hr 8 mg</i>	1	QL 30 / 30 day(s)
GELNIQUE 10 % GEL	3	QL 30 / 30 DAYS
OXYBUTYNIN CHLORIDE 2.5 MG TAB	2	QL 1 / 1 day(s) AL1 0 to 18 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>oxybutynin chloride tab 5 mg</i>	1	QL 120 / 30 DAYS
<i>oxybutynin chloride solution 5 mg/5ml</i>	1	QL 20 ml / 1 day(s)
<i>oxybutynin chloride tab er 24hr 10 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 15 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 5 mg</i>	1	
<i>solifenacin succinate tab 10 mg</i>	2	QL 30 / 30 DAYS
<i>solifenacin succinate tab 5 mg</i>	2	QL 30 / 30 DAYS
<i>tolterodine tartrate tab 1 mg</i>	1	QL 60 / 30 DAYS
<i>tolterodine tartrate tab 2 mg</i>	1	QL 60 / 30 DAYS
<i>tolterodine tartrate cap er 24hr 2 mg</i>	1	QL 30 / 30 DAYS
<i>tolterodine tartrate cap er 24hr 4 mg</i>	1	QL 30 / 30 DAYS
<i>tropium chloride tab 20 mg</i>	1	QL 60 / 30 DAYS
<i>tropium chloride cap er 24hr 60 mg</i>	1	
VESICARE LS 5 MG/5ML SUSPENSION	3	AL1 Up to 8 yrs old
<b>URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS</b>		
<i>mirabegron tab er 24 hr 25 mg</i>	2	QL 30 / 30 day(s) ST
<i>mirabegron tab er 24 hr 50 mg</i>	2	QL 30 / 30 day(s) ST
MYRBETRIQ 8 MG/ML SRER	3	QL 10 / 1 day(s) ST AL1 Up to 8 yrs old
<b>URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS</b>		
<i>bethanechol chloride tab 10 mg</i>	1	
<i>bethanechol chloride tab 25 mg</i>	1	
<i>bethanechol chloride tab 5 mg</i>	1	
<i>bethanechol chloride tab 50 mg</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS</b>		
<i>flavoxate hcl tab 100 mg</i>	1	
<b>VACCINES</b>		
<b>BACTERIAL VACCINES</b>		
ACTHIB RECON SOLN	1	PRE Preventative
BEXSERO SUSP PRSYR	1	PRE Preventative
CAPVAXIVE 0.5 ML SOLN PRSYR	1	PRE Preventative
HIBERIX 10 MCG RECON SOLN	1	PRE Preventative
MENACTRA SOLUTION	1	PRE Preventative
MENQUADFI SOLUTION	1	PRE Preventative
MENQUADFI 0.5 ML SOLUTION	1	PRE Preventative
MENVEO RECON SOLN	1	PRE Preventative
MENVEO SOLUTION	1	PRE Preventative
PEDVAX HIB 7.5 MCG/0.5ML SUSPENSION	1	PRE Preventative
PENBRAYA RECON SUSP	1	PRE Preventative
PENMENVY RECON SUSP	1	PRE Preventative
PNEUMOVAX 23 25 MCG/0.5ML SOLN PRSYR	1	PRE Preventative
PNEUMOVAX 23 25 MCG/0.5ML SOLUTION	1	PRE Preventative
PREVNAR 13 SUSPENSION	1	PRE Preventative
PREVNAR 20 0.5 ML SUSP PRSYR	1	PRE Preventative
TRUMENBA SUSP PRSYR	1	PRE Preventative
VAXNEUVANCE 0.5 ML SUSP PRSYR	1	PRE Preventative
<b>VIRAL VACCINE COMBINATIONS</b>		
M-M-R II RECON SOLN	1	PRE Preventative
PRIORIX RECON SUSP	1	PRE Preventative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PROQUAD RECON SUSP	1	PRE Preventative
TWINRIX 720-20 ELU-MCG/ML SUSP PRSYR	1	PRE Preventative
<b>VIRAL VACCINES</b>		
ABRYSVO 120 MCG/0.5ML RECON SOLN	2	PRE Preventative
ACAM2000 RECON SOLN	2	PRE Preventative
AFLURIA SUSPENSION	1	QL 0.5 / 0 DAYS PRE Preventative
AFLURIA PRESERVATIVE FREE 0.5 ML SUSP PRSYR	1	QL 0.5 / 0 DAYS PRE Preventative
AFLURIA QUADRIVALENT SUSPENSION	1	QL 0.5 / 0 DAYS PRE Preventative
AFLURIA QUADRIVALENT 0.25 ML SUSP PRSYR	1	QL 0.5 / 0 DAYS PRE Preventative
AFLURIA QUADRIVALENT 0.5 ML SUSP PRSYR	1	QL 0.5 / 0 DAYS PRE Preventative
AREXVY 120 MCG/0.5ML RECON SUSP	2	AL1 At least 18 yrs old PRE Preventative
AUDENZ EMULSION	1	QL 1 / 0 day(s)
AUDENZ 0.5 ML PRSYR	1	QL 1 / 0 day(s)
COMIRNATY 30 MCG/0.3ML SUSP PRSYR	1	MFL 3 / 1 year(s) PRE Preventative
COMIRNATY 30 MCG/0.3ML SUSPENSION	1	MFL 3 / 1 year(s) PRE Preventative
COMIRNATY 5-11 YEARS 10 MCG/0.3ML SUSPENSION	2	MFL 3 / 1 year(s) PRE Preventative
ENGERIX-B 10 MCG/0.5ML SUSP PRSYR	1	PRE Preventative
ENGERIX-B 20 MCG/ML SUSP PRSYR	1	PRE Preventative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ENGERIX-B 20 MCG/ML SUSPENSION	1	PRE Preventative
FLUAD 0.5 ML SUSP PRSYR	1	QL 0.5 / 0 DAYS PRE Preventative
FLUAD QUADRIVALENT 0.5 ML PRSYR	1	MFL 1 / 365 day(s) PRE Preventative
FLUARIX 0.5 ML SUSP PRSYR	1	QL 0.5 / 0 DAYS PRE Preventative
FLUARIX QUADRIVALENT 0.5 ML SUSP PRSYR	1	QL 0.5 / 0 DAYS PRE Preventative
FLUBLOK 0.5 ML SOLN PRSYR	1	QL 0.5 ml / 0 day(s) PRE Preventative
FLUBLOK QUADRIVALENT 0.5 ML SOLN PRSYR	1	QL 0.5 / 0 day(s) AL1 At least 18 yrs old PRE Preventative
FLUCELVAX SUSPENSION	2	QL 0.5 ml / 0 day(s) PRE Preventative
FLUCELVAX 0.5 ML SUSP PRSYR	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 0.5 ML SUSP PRSYR	1	QL 0.5 / 0 DAYS PRE Preventative
FLULAVAL QUADRIVALENT 0.5 ML SUSP PRSYR	1	QL 0.5 / 0 DAYS PRE Preventative
FLUMIST LIQUID	1	MFL 1 / 365 day(s) PRE Preventative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FLUMIST QUADRIVALENT SUSPENSION	1	QL 0.5 / 0 DAYS PRE Preventative
FLUZONE SUSPENSION	1	QL 0.5 / 0 DAYS PRE Preventative
FLUZONE 0.5 ML SUSP PRSYR	1	QL 0.5 / 0 DAYS PRE Preventative
FLUZONE HIGH-DOSE 0.5 ML SUSP PRSYR	1	QL 0.5 / 0 DAYS PRE Preventative
FLUZONE HIGH-DOSE QUADRIVALENT 0.7 ML SUSP PRSYR	1	PRE Preventative
FLUZONE QUADRIVALENT SUSPENSION	1	QL 0.5 / 0 DAYS PRE Preventative
FLUZONE QUADRIVALENT 0.5 ML SUSP PRSYR	1	QL 0.5 / 0 DAYS PRE Preventative
FLUZONE QUADRIVALENT 0.5 ML SUSPENSION	1	QL 0.5 / 0 DAYS PRE Preventative
GARDASIL 9 SUSPENSION	1	AL1 9 to 45 yrs old PRE Preventative
GARDASIL 9 0.5 ML SUSP PRSYR	1	AL1 9 to 45 yrs old PRE Preventative
HAVRIX 1440 EL U/ML SUSP PRSYR	1	PRE Preventative
HAVRIX 720 EL U/0.5ML SUSP PRSYR	1	PRE Preventative
HAVRIX 720 EL U/0.5ML SUSPENSION	1	PRE Preventative
HEPLISAV-B 20 MCG/0.5ML SOLN PRSYR	1	PRE Preventative
IPOL SUSPENSION	1	PRE Preventative
JYNNEOS 0.5 ML SUSPENSION	2	PRE Preventative
MNEXSPIKE 10 MCG/0.2ML SUSP PRSYR	1	MFL 3 / 1 year(s) PRE Preventative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MODERNA COVID-19 BIVAL 6M-5Y 10 MCG/0.2ML SUSPENSION	1	MFL 3 / 1 year(s) PRE Preventative
MODERNA COVID-19 BIVAL BOOSTER 50 MCG/0.5ML SUSPENSION	1	MFL 3 / 1 year(s) PRE Preventative
MODERNA COVID-19 BIVALENT 50 MCG/0.5ML SUSPENSION	1	MFL 3 / 1 year(s) PRE Preventative
MODERNA COVID-19 VAC (BOOSTER) 50 MCG/0.5ML SUSPENSION	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 6-11Y 50 MCG/0.5ML SUSPENSION	1	MFL 3 / 1 year(s) PRE Preventative
MODERNA COVID-19 VACC 6M-5Y 25 MCG/0.25ML SUSPENSION	1	MFL 3 / 1 year(s) PRE Preventative
MODERNA COVID-19 VACCINE 100 MCG/0.5ML SUSPENSION	1	MFL 3 / 1 year(s) PRE Preventative
MRESVIA 50 MCG/0.5ML SUSP PRSYR	2	AL1 At least 18 yrs old PRE Preventative
NOVAVAX COVID-19 VACCINE 5 MCG/0.5ML SUSP PRSYR	1	MFL 3 / 1 year(s) PRE Preventative
NOVAVAX COVID-19 VACCINE 5 MCG/0.5ML SUSPENSION	1	MFL 3 / 1 year(s) PRE Preventative
NUVAXOVID COVID-19 VACCINE 5 MCG/0.5ML SUSP PRSYR	1	MFL 3 / 1 year(s) PRE Preventative
PFIZER COVID-19 BIVAL 6MO-4YR 3 MCG/0.2ML SUSPENSION	1	MFL 3 / 1 year(s) PRE Preventative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PFIZER COVID-19 VAC BIVAL 5-11 10 MCG/0.2ML SUSPENSION	1	MFL 3 / 1 year(s) PRE Preventative
PFIZER COVID-19 VAC BIVALENT 30 MCG/0.3ML SUSPENSION	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 30 MCG/0.3ML SUSPENSION	1	MFL 3 / 1 year(s) PRE Preventative
PFIZER-BIONTECH COVID-19 VACC 30 MCG/0.3ML SUSPENSION	1	MFL 3 / 1 year(s) PRE Preventative
PREHEVBRIO 10 MCG/ML SUSPENSION	1	PRE Preventative
RECOMBIVAX HB 10 MCG/ML SUSP PRSYR	1	PRE Preventative
RECOMBIVAX HB 10 MCG/ML SUSPENSION	1	PRE Preventative
RECOMBIVAX HB 40 MCG/ML SUSPENSION	1	PRE Preventative
RECOMBIVAX HB 5 MCG/0.5ML SUSP PRSYR	1	PRE Preventative
RECOMBIVAX HB 5 MCG/0.5ML SUSPENSION	1	PRE Preventative
ROTARIX RECON SUSP	1	AL1 Up to 8 yrs old PRE Preventative
ROTARIX SUSPENSION	1	AL1 Up to 8 yrs old PRE Preventative
ROTATEQ SOLUTION	1	AL1 Up to 8 yrs old PRE Preventative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SANOFI COVID-19 VAC (BOOSTER) 5 MCG/0.5ML EMULSION	1	MFL 3 / 1 year(s) PRE Preventative
SHINGRIX 50 MCG/0.5ML RECON SUSP	1	PRE Preventative
SHINGRIX 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 25 MCG/0.25ML SUSP PRSYR	1	MFL 3 / 1 year(s) PRE Preventative
SPIKEVAX COVID-19 VACCINE 100 MCG/0.5ML SUSPENSION	1	MFL 3 / 1 year(s) PRE Preventative
VAQTA 25 UNIT/0.5ML SUSP PRSYR	1	PRE Preventative
VAQTA 25 UNIT/0.5ML SUSPENSION	1	PRE Preventative
VAQTA 50 UNIT/ML SUSP PRSYR	1	PRE Preventative
VAQTA 50 UNIT/ML SUSPENSION	1	PRE Preventative
VARIVAX 1350 PFU/0.5ML RECON SUSP	1	PRE Preventative
<b>VAGINAL AND RELATED PRODUCTS</b>		
<b>IMIDAZOLE-RELATED ANTIFUNGALS</b>		
<i>terconazole vaginal cream 0.4%</i>	1	QL 450 / 30 DAYS
<i>terconazole vaginal cream 0.8%</i>	1	QL 450 / 30 day(s)
<i>terconazole vaginal suppos 80 mg</i>	1	QL 3 / 3 DAYS
<b>VAGINAL ANTI-INFECTIVES</b>		
<i>clindamycin phosphate vaginal cream 2%</i>	1	
<i>metronidazole vaginal gel 0.75%</i>	1	
VANDAZOLE 0.75 % GEL	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>VAGINAL CONTRACEPTIVE PH MODULATOR - COMBINATIONS</b>		
PHEXX 1.8-1-0.4 % GEL	1	<span>QL</span> 60 / 30 day(s) <span>PRE</span> Preventative
PHEXXI 1.8-1-0.4 % GEL	1	<span>QL</span> 60 / 30 day(s) <span>PRE</span> Preventative
<b>VAGINAL ESTROGENS</b>		
<i>estradiol vaginal cream 0.01%</i>	2	
<i>estradiol vaginal tab 10 mcg</i>	1	
ESTRING 2 MG RING	2	<span>QL</span> 1 / 90 DAYS
ESTRING 7.5 MCG/24HR RING	2	<span>QL</span> 1 / 90 DAYS
FEMRING 0.05 MG/24HR RING	3	<span>QL</span> 1 / 84 DAYS
FEMRING 0.1 MG/24HR RING	3	<span>QL</span> 1 / 84 DAYS
PREMARIN 0.625 MG/GM CREAM	2	
<i>estradiol vaginal tab 10 mcg</i>	1	
<b>VAGINAL PROGESTINS</b>		
CRINONE 4 % GEL	4	<span>PA</span> <span>S</span>
CRINONE 8 % GEL	4	<span>PA</span> <span>S</span>
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<i>progesterone vaginal insert 100 mg</i>	3	
<b>VASOPRESSORS</b>		
<b>ANAPHYLAXIS THERAPY AGENTS</b>		
EPINEPHRINE 0.15 MG/0.15ML SOLN A-INJ	1	<span>QL</span> 4 / 365 day(s)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	1	<span>QL</span> 4 / 365 day(s)
EPINEPHRINE 0.3 MG/0.3ML SOLN A-INJ	1	<span>QL</span> 4 / 365 day(s)
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	1	<span>QL</span> 4 / 365 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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<i>droxidopa cap 200 mg</i>	2	
<i>droxidopa cap 300 mg</i>	2	
<i>midodrine hcl tab 10 mg</i>	1	
<i>midodrine hcl tab 2.5 mg</i>	1	
<i>midodrine hcl tab 5 mg</i>	1	
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<b>VITAMIN D</b>		
DRISDOL 1.25 MG (50000 UT) CAP	1	
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	1	QL 4 / 28 day(s)
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	1	QL 4 / 28 day(s)
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	1	QL 4 / 28 day(s)
<b>VITAMIN K</b>		
<i>phytonadione tab 5 mg</i>	2	QL 5 / 30 DAYS

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