



Healthy U Medicaid Preferred Drug List



HEALTH PLANS
UNIVERSITY OF UTAH

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.*

Medications covered under the Pharmacy Benefit are listed as Tier 1 or Carve-Out as defined below. Drugs that are considered Non-Formulary (NF) require use of Tier 1 options before they may be considered for Prior Authorization review. The coverage indicator is identified in the second column on the Preferred Drug List below.

Tier 1:	Preferred
NF (Non-Formulary):	Non-formulary (ALL require Prior Authorization)
CO (Carve-Out):	Medications covered under Utah State Medicaid Fee For Service

Please note that prescription drugs covered under the 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. Pharmacy Customer Service is available at 855-856-5694, 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; check the status of a prescription; and print your prescription drug fill history.

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 855-856-5694.

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

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. 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

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.

NON-PREFERRED OR EXCEPTION REQUESTS FOR PRESCRIPTION DRUGS

For prescription drugs that are not covered by the Plan, you or your provider may 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 your diagnosis and previous therapies that have been tried and failed in the letter. 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 for more information.

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.

PRESCRIPTION DRUGS NOT COVERED BY STATE MEDICAID

Drugs that are not covered by state Medicaid are also not covered by the Plan.

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 listed as Specialty under Limits & Restrictions of the PDL. In cases where prescription drugs are available only through a limited distribution source from the manufacturer, these prescription drugs will be directed by the Plan to another designated specialty pharmacy.

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.

LEGEND

TIER	DESCRIPTION	
1	Preferred	
8	Carved Out	
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.
MDS1	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.
PREV	Preventative	Certain medications are considered preventive under the Affordable Care Act (ACA). ACA preventive drugs are covered at 100 percent (no patient responsibility), although limits may apply. For more information about your preventive drug benefits, please contact Pharmacy Customer Service at the number listed on the back of your ID Card.
HYB	Hybrid PDL Preferred	Preferred status on the Utah Department of Health & Human Services' Hybrid Preferred Drug List (PDL)
HYB	Hybrid PDL Non-Preferred	Non-Preferred status on the Utah Department of Health & Human Services' Hybrid Preferred Drug List (PDL)

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
ADHD AGENT - SELECTIVE ALPHA ADRENERGIC AGONISTS		
<i>clonidine hcl (adhd)</i>	8	QL
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	8	QL
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	8	QL
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	8	QL
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	8	QL
INTUNIV	8	
KAPVAY	8	
ADHD AGENT - SELECTIVE NOREPINEPHRINE REUPTAKE INHIBITOR		
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	8	QL
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	8	QL
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	8	QL
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	8	QL
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	8	QL
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	8	QL
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	8	QL
ATONCY	8	QL AL1 At least 6 yrs old
QELBREE	8	
STRATTERA	8	
AMPHETAMINE MIXTURES		
ADDERALL	8	
ADDERALL XR	8	
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg</i>	8	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg</i>	8	
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg</i>	8	
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg</i>	8	
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	8	QL
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	8	QL
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	8	QL
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	8	QL
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	8	QL
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	8	QL
<i>amphetamine-dextroamphetamine tab 10 mg</i>	8	QL
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	8	QL
<i>amphetamine-dextroamphetamine tab 15 mg</i>	8	QL
<i>amphetamine-dextroamphetamine tab 20 mg</i>	8	QL
<i>amphetamine-dextroamphetamine tab 30 mg</i>	8	QL
<i>amphetamine-dextroamphetamine tab 5 mg</i>	8	QL
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	8	QL
MYDAYIS	8	
AMPHETAMINES		
ADZENYS XR-ODT	8	
<i>amphetamine</i>	8	QL PA AL1 At least 6 yrs old
<i>amphetamine sulfate</i>	8	QL
ARYNTA	8	
DESOXYN	8	
DEXEDRINE 10 MG CAP ER 24H	8	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>DEXEDRINE 15 MG CAP ER 24H</i>	8	QL
<i>DEXEDRINE 5 MG CAP ER 24H</i>	8	
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	8	QL
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	8	QL
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	8	QL
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	8	
<i>dextroamphetamine sulfate tab 10 mg</i>	8	QL
<i>dextroamphetamine sulfate tab 15 mg</i>	8	
<i>dextroamphetamine sulfate tab 2.5 mg</i>	8	
<i>dextroamphetamine sulfate tab 20 mg</i>	8	
<i>dextroamphetamine sulfate tab 30 mg</i>	8	
<i>dextroamphetamine sulfate tab 5 mg</i>	8	QL
<i>dextroamphetamine sulfate tab 7.5 mg</i>	8	
<i>DYANAVEL XR</i>	8	
<i>EVEKEO</i>	8	
<i>EVEKEO ODT</i>	8	
<i>lisdexamfetamine dimesylate</i>	8	QL
<i>methamphetamine hcl</i>	8	
<i>VYVANSE</i>	8	
<i>XELSTRYM</i>	8	
ANALEPTICS		
<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	1	
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)		
<i>SUNOSI</i>	1	PA
STIMULANT COMBINATIONS		
<i>AZSTARYS</i>	8	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
STIMULANTS - MISC.		
ADHANSIA XR	8	
APTENSIO XR	8	
armodafinil	1	QL
CONCERTA	8	
COTEMPLA XR-ODT	8	
DAYTRANA	8	QL
dexmethylphenidate hcl cap er 24 hr 10 mg	8	QL
dexmethylphenidate hcl cap er 24 hr 15 mg	8	QL
dexmethylphenidate hcl cap er 24 hr 20 mg	8	QL
dexmethylphenidate hcl cap er 24 hr 25 mg	8	QL
dexmethylphenidate hcl cap er 24 hr 30 mg	8	QL
dexmethylphenidate hcl cap er 24 hr 35 mg	8	QL
dexmethylphenidate hcl cap er 24 hr 40 mg	8	QL
dexmethylphenidate hcl cap er 24 hr 5 mg	8	QL
dexmethylphenidate hcl tab 10 mg	8	QL
dexmethylphenidate hcl tab 2.5 mg	8	QL
dexmethylphenidate hcl tab 5 mg	8	QL
FOCALIN	8	
FOCALIN XR	8	
JORNAY PM	8	
METADATE CD	8	
METHYLIN	8	
methylphenidate	8	QL
methylphenidate hcl cap er 10 mg (cd)	8	QL
methylphenidate hcl cap er 20 mg (cd)	8	QL
methylphenidate hcl cap er 24hr 10 mg (la)	8	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>methylphenidate hcl cap er 24hr 10 mg (xr)</i>	8	
<i>methylphenidate hcl cap er 24hr 15 mg (xr)</i>	8	
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	8	QL
<i>methylphenidate hcl cap er 24hr 20 mg (xr)</i>	8	
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	8	QL
<i>methylphenidate hcl cap er 24hr 30 mg (xr)</i>	8	
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	8	QL
<i>methylphenidate hcl cap er 24hr 40 mg (xr)</i>	8	
<i>methylphenidate hcl cap er 24hr 50 mg (xr)</i>	8	
<i>methylphenidate hcl cap er 24hr 60 mg (la)</i>	8	QL
<i>methylphenidate hcl cap er 24hr 60 mg (xr)</i>	8	
<i>methylphenidate hcl cap er 30 mg (cd)</i>	8	QL
<i>methylphenidate hcl cap er 40 mg (cd)</i>	8	QL
<i>methylphenidate hcl cap er 50 mg (cd)</i>	8	QL
<i>methylphenidate hcl cap er 60 mg (cd)</i>	8	QL
<i>methylphenidate hcl chew tab 10 mg</i>	8	QL
<i>methylphenidate hcl chew tab 2.5 mg</i>	8	QL
<i>methylphenidate hcl chew tab 5 mg</i>	8	QL
<i>METHYLPHENIDATE HCL ER (OSM)</i>	8	
<i>METHYLPHENIDATE HCL ER 18 MG TAB ER 24H</i>	8	QL
<i>METHYLPHENIDATE HCL ER 27 MG TAB ER 24H</i>	8	QL
<i>METHYLPHENIDATE HCL ER 36 MG TAB ER 24H</i>	8	QL
<i>METHYLPHENIDATE HCL ER 54 MG TAB ER 24H</i>	8	QL
<i>METHYLPHENIDATE HCL ER(DIFFUS) 27 MG TAB ER</i>	8	QL
<i>METHYLPHENIDATE HCL ER(DIFFUS) 36 MG TAB ER</i>	8	QL
<i>METHYLPHENIDATE HCL ER(DIFFUS) 54 MG TAB ER</i>	8	QL
<i>methylphenidate hcl soln 10 mg/5ml</i>	8	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>methylphenidate hcl soln 5 mg/5ml</i>	8	QL
<i>methylphenidate hcl tab 10 mg</i>	8	QL
<i>methylphenidate hcl tab 20 mg</i>	8	QL
<i>methylphenidate hcl tab 5 mg</i>	8	QL
<i>methylphenidate hcl tab er 10 mg</i>	8	QL
<i>methylphenidate hcl tab er 20 mg</i>	8	QL
<i>methylphenidate hcl tab er diffusion 27 mg</i>	8	QL
<i>methylphenidate hcl tab er diffusion 36 mg</i>	8	QL
<i>methylphenidate hcl tab er diffusion 54 mg</i>	8	QL
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	8	QL
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	8	QL
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	8	QL
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	8	QL
<i>methylphenidate hcl tab er osmotic release (osm) 72 mg</i>	8	QL
<i>modafinil tab 100 mg</i>	1	QL
<i>modafinil tab 200 mg</i>	1	QL
QUILLICHEW ER	8	QL AL1 At least 6 yrs old
QUILLIVANT XR	8	QL AL1 6 to 99 yrs old
RELEXXII 18 MG TAB ER	8	
RELEXXII 27 MG TAB ER	8	
RELEXXII 36 MG TAB ER	8	
RELEXXII 45 MG TAB ER	8	
RELEXXII 54 MG TAB ER	8	
RELEXXII 63 MG TAB ER	8	
RELEXXII 72 MG TAB ER	8	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
RITALIN	8	
RITALIN LA	8	
ALTERNATIVE MEDICINES		
ALTERNATIVE MEDICINE - ME'S		
melatonin chew tab 2.5 mg	1	
melatonin tab 3 mg	1	
melatonin tab 5 mg	1	
AMINOGLYCOSIDES		
amikacin sulfate	1	
GENTAMICIN IN SALINE	1	
gentamicin sulfate	1	
neomycin sulfate	1	
STREPTOMYCIN SULFATE	1	
TOBI	1	QL PA S Specialty Drug
TOBRAMYCIN 300 MG/5ML NEBU SOLN	1	QL PA S Specialty Drug
tobramycin nebu soln 300 mg/5ml	1	QL PA S Specialty Drug
TOBRAMYCIN SULFATE 1.2 GM RECON SOLN	1	
TOBRAMYCIN SULFATE 10 MG/ML SOLUTION	1	S Specialty Drug
tobramycin sulfate for inj 1.2 gm	1	
tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)	1	S Specialty Drug
tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)	1	S Specialty Drug
ZEMDRI	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANALGESICS - ANTI-INFLAMMATORY		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
ABRILADA (1 PEN)	1	PA S Specialty Drug HYB
ABRILADA (2 PEN)	1	PA S Specialty Drug HYB
ABRILADA (2 SYRINGE)	1	PA S Specialty Drug HYB
ADALIMUMAB-AACF (2 PEN)	1	PA S Specialty Drug HYB
ADALIMUMAB-AACF (2 SYRINGE)	1	PA S Specialty Drug HYB
ADALIMUMAB-AACF(CD/UC/HS STRT)	1	PA S Specialty Drug HYB
ADALIMUMAB-AACF(PS/UV STARTER)	1	PA S Specialty Drug HYB
ADALIMUMAB-AATY (1 PEN)	1	PA S Specialty Drug HYB
ADALIMUMAB-AATY (2 PEN)	1	PA S Specialty Drug HYB
ADALIMUMAB-AATY (2 SYRINGE)	1	PA S Specialty Drug HYB

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ADALIMUMAB-AATY CD/UC/HS START</i>	1	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;">PA</div> <div style="margin-bottom: 5px;">S Specialty Drug</div> <div style="margin-bottom: 5px;">HYB</div> </div>
<i>ADALIMUMAB-ADAZ</i>	1	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;">PA</div> <div style="margin-bottom: 5px;">S Specialty Drug</div> <div style="margin-bottom: 5px;">HYB</div> </div>
<i>ADALIMUMAB-ADB M (2 PEN)</i>	1	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;">PA</div> <div style="margin-bottom: 5px;">S Specialty Drug</div> <div style="margin-bottom: 5px;">HYB</div> </div>
<i>ADALIMUMAB-ADB M (2 SYRINGE)</i>	1	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;">PA</div> <div style="margin-bottom: 5px;">S Specialty Drug</div> <div style="margin-bottom: 5px;">HYB</div> </div>
<i>ADALIMUMAB-ADB M (CD/UC/HS STRT)</i>	1	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;">PA</div> <div style="margin-bottom: 5px;">S Specialty Drug</div> <div style="margin-bottom: 5px;">HYB</div> </div>
<i>ADALIMUMAB-ADB M (PS/UV STARTER)</i>	1	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;">PA</div> <div style="margin-bottom: 5px;">S Specialty Drug</div> <div style="margin-bottom: 5px;">HYB</div> </div>
<i>ADALIMUMAB-BWWD</i>	1	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;">PA</div> <div style="margin-bottom: 5px;">S Specialty Drug</div> <div style="margin-bottom: 5px;">HYB</div> </div>
<i>ADALIMUMAB-FKJP (2 PEN)</i>	1	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;">PA</div> <div style="margin-bottom: 5px;">S Specialty Drug</div> <div style="margin-bottom: 5px;">HYB</div> </div>
<i>ADALIMUMAB-FKJP (2 SYRINGE)</i>	1	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;">PA</div> <div style="margin-bottom: 5px;">S Specialty Drug</div> <div style="margin-bottom: 5px;">HYB</div> </div>
<i>ADALIMUMAB-RYVK (1 PEN)</i>	1	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;">PA</div> <div style="margin-bottom: 5px;">S Specialty Drug</div> <div style="margin-bottom: 5px;">HYB</div> </div>

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ADALIMUMAB-RYVK (2 SYRINGE)</i>	1	PA S Specialty Drug HYB
<i>AMJEVITA</i>	1	PA S Specialty Drug HYB
<i>AMJEVITA-PED 15KG TO <30KG</i>	1	PA S Specialty Drug HYB
<i>CYLTEZO (2 PEN) 40 MG/0.4ML AUT-IJ KIT</i>	1	PA S Specialty Drug HYB
<i>CYLTEZO (2 PEN) 40 MG/0.8ML AUT-IJ KIT</i>	1	PA S Specialty Drug HYB
<i>CYLTEZO (2 SYRINGE) 10 MG/0.2ML PREF SY KT</i>	1	PA S Specialty Drug HYB
<i>CYLTEZO (2 SYRINGE) 20 MG/0.4ML PREF SY KT</i>	1	PA S Specialty Drug HYB
<i>CYLTEZO (2 SYRINGE) 40 MG/0.4ML PREF SY KT</i>	1	PA S Specialty Drug HYB
<i>CYLTEZO (2 SYRINGE) 40 MG/0.8ML PREF SY KT</i>	1	PA S Specialty Drug HYB
<i>CYLTEZO-CD/UC/HS STARTER 40 MG/0.4ML AUT-IJ KIT</i>	1	PA S Specialty Drug HYB

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>CYLTEZO-PSORIASIS/UV STARTER 40 MG/0.4ML AUT-IJ KIT</i>	1	<div data-bbox="1117 205 1175 237">PA</div> <div data-bbox="1117 254 1175 285">S</div> Specialty Drug <div data-bbox="1117 302 1175 333">HYB</div>
<i>CYLTEZO-PSORIASIS/UV STARTER 40 MG/0.8ML AUT-IJ KIT</i>	1	<div data-bbox="1117 363 1175 394">PA</div> <div data-bbox="1117 411 1175 443">S</div> Specialty Drug <div data-bbox="1117 459 1175 491">HYB</div>
<i>HADLIMA 40 MG/0.4ML SOLN PRSYR</i>	1	<div data-bbox="1117 520 1175 552">PA</div> <div data-bbox="1117 569 1175 600">S</div> Specialty Drug <div data-bbox="1117 617 1175 648">HYB</div>
<i>HADLIMA 40 MG/0.8ML SOLN PRSYR</i>	1	<div data-bbox="1117 678 1175 709">PA</div> <div data-bbox="1117 726 1175 758">S</div> Specialty Drug <div data-bbox="1117 774 1175 806">HYB</div>
<i>HADLIMA PUSHTOUCH 40 MG/0.4ML SOLN A-INJ</i>	1	<div data-bbox="1117 835 1175 867">PA</div> <div data-bbox="1117 884 1175 915">S</div> Specialty Drug <div data-bbox="1117 932 1175 963">HYB</div>
<i>HADLIMA PUSHTOUCH 40 MG/0.8ML SOLN A-INJ</i>	1	<div data-bbox="1117 999 1175 1031">PA</div> <div data-bbox="1117 1047 1175 1079">S</div> Specialty Drug <div data-bbox="1117 1096 1175 1127">HYB</div>
<i>HULIO (2 PEN)</i>	1	<div data-bbox="1117 1161 1175 1192">PA</div> <div data-bbox="1117 1209 1175 1241">S</div> Specialty Drug <div data-bbox="1117 1257 1175 1289">HYB</div>
<i>HULIO (2 SYRINGE)</i>	1	<div data-bbox="1117 1314 1175 1346">PA</div> <div data-bbox="1117 1362 1175 1394">S</div> Specialty Drug <div data-bbox="1117 1411 1175 1442">HYB</div>
<i>HUMIRA</i>	1	<div data-bbox="1117 1476 1175 1507">PA</div> <div data-bbox="1117 1524 1175 1556">S</div> Specialty Drug <div data-bbox="1117 1572 1175 1604">HYB</div>
<i>HUMIRA (1 PEN)</i>	1	<div data-bbox="1117 1633 1175 1665">PA</div> <div data-bbox="1117 1682 1175 1713">S</div> Specialty Drug <div data-bbox="1117 1730 1175 1761">HYB</div>

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>HUMIRA (2 SYRINGE)</i>	1	<div data-bbox="1117 205 1170 235">PA</div> <div data-bbox="1117 254 1170 283">S</div> Specialty Drug <div data-bbox="1117 302 1170 331">HYB</div>
<i>HUMIRA-CD/UC/HS STARTER</i>	1	<div data-bbox="1117 361 1170 390">PA</div> <div data-bbox="1117 409 1170 438">S</div> Specialty Drug <div data-bbox="1117 457 1170 487">HYB</div>
<i>HUMIRA-PED>=40KG UC STARTER</i>	1	<div data-bbox="1117 516 1170 546">PA</div> <div data-bbox="1117 564 1170 594">S</div> Specialty Drug <div data-bbox="1117 613 1170 642">HYB</div>
<i>HUMIRA-PS/UV/ADOL HS STARTER</i>	1	<div data-bbox="1117 672 1170 701">PA</div> <div data-bbox="1117 720 1170 749">S</div> Specialty Drug <div data-bbox="1117 768 1170 798">HYB</div>
<i>HUMIRA-PSORIASIS/VEIT STARTER</i>	1	<div data-bbox="1117 827 1170 856">PA</div> <div data-bbox="1117 875 1170 905">S</div> Specialty Drug <div data-bbox="1117 924 1170 953">HYB</div>
<i>HYRIMOZ 10 MG/0.1ML SOLN PRSYR</i>	1	<div data-bbox="1117 982 1170 1012">PA</div> <div data-bbox="1117 1031 1170 1060">S</div> Specialty Drug <div data-bbox="1117 1079 1170 1108">HYB</div>
<i>HYRIMOZ 20 MG/0.2ML SOLN PRSYR</i>	1	<div data-bbox="1117 1138 1170 1167">PA</div> <div data-bbox="1117 1186 1170 1215">S</div> Specialty Drug <div data-bbox="1117 1234 1170 1264">HYB</div>
<i>HYRIMOZ 40 MG/0.4ML SOLN A-INJ</i>	1	<div data-bbox="1117 1293 1170 1323">PA</div> <div data-bbox="1117 1341 1170 1371">S</div> Specialty Drug <div data-bbox="1117 1390 1170 1419">HYB</div>
<i>HYRIMOZ 40 MG/0.4ML SOLN PRSYR</i>	1	<div data-bbox="1117 1449 1170 1478">PA</div> <div data-bbox="1117 1497 1170 1526">S</div> Specialty Drug <div data-bbox="1117 1545 1170 1575">HYB</div>
<i>HYRIMOZ 80 MG/0.8ML SOLN A-INJ</i>	1	<div data-bbox="1117 1604 1170 1633">PA</div> <div data-bbox="1117 1652 1170 1682">S</div> Specialty Drug <div data-bbox="1117 1701 1170 1730">HYB</div>

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>HYRIMOZ-CROHNS/UC STARTER PACK</i>	1	PA S Specialty Drug HYB
<i>HYRIMOZ-PED CROHNS STARTER</i>	1	PA S Specialty Drug HYB
<i>HYRIMOZ-PLAQ PSOR/UVEIT START</i>	1	PA S Specialty Drug HYB
<i>HYRIMOZ-PLAQUE PSORIASIS START</i>	1	PA S Specialty Drug HYB
<i>IDACIO (2 PEN)</i>	1	PA S Specialty Drug HYB
<i>IDACIO (2 SYRINGE)</i>	1	PA S Specialty Drug HYB
<i>IDACIO-CROHNS/UC STARTER</i>	1	PA S Specialty Drug HYB
<i>IDACIO-PSORIASIS STARTER</i>	1	PA S Specialty Drug HYB
<i>SIMLANDI (1 PEN)</i>	1	PA S Specialty Drug HYB
<i>SIMLANDI (1 SYRINGE)</i>	1	PA S Specialty Drug HYB

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>SIMLANDI (2 SYRINGE)</i>	1	<div data-bbox="1105 201 1175 239">PA</div> <div data-bbox="1105 247 1360 285">S Specialty Drug</div> <div data-bbox="1105 294 1175 331">HYB</div>
<i>SIMPONI</i>	1	<div data-bbox="1105 365 1175 403">PA</div> <div data-bbox="1105 411 1360 449">S Specialty Drug</div> <div data-bbox="1105 457 1175 495">HYB</div>
<i>SIMPONI ARIA</i>	1	<div data-bbox="1105 522 1175 560">PA</div> <div data-bbox="1105 569 1175 606">HYB</div>
<i>YUFLYMA (1 PEN)</i>	1	<div data-bbox="1105 634 1175 672">PA</div> <div data-bbox="1105 680 1360 718">S Specialty Drug</div> <div data-bbox="1105 726 1175 764">HYB</div>
<i>YUFLYMA (2 PEN)</i>	1	<div data-bbox="1105 795 1175 833">PA</div> <div data-bbox="1105 842 1360 879">S Specialty Drug</div> <div data-bbox="1105 888 1175 926">HYB</div>
<i>YUFLYMA (2 SYRINGE)</i>	1	<div data-bbox="1105 953 1175 991">PA</div> <div data-bbox="1105 999 1360 1037">S Specialty Drug</div> <div data-bbox="1105 1045 1175 1083">HYB</div>
<i>YUFLYMA-CD/UC/HS STARTER</i>	1	<div data-bbox="1105 1110 1175 1148">PA</div> <div data-bbox="1105 1157 1360 1194">S Specialty Drug</div> <div data-bbox="1105 1203 1175 1241">HYB</div>
<i>YUSIMRY</i>	1	<div data-bbox="1105 1272 1175 1310">PA</div> <div data-bbox="1105 1318 1360 1356">S Specialty Drug</div> <div data-bbox="1105 1365 1175 1402">HYB</div>
ANTIRHEUMATIC - JANUS KINASE (JAK) INHIBITORS		
<i>OLUMIANT 1 MG TAB</i>	1	<div data-bbox="1105 1488 1175 1526">PA</div> <div data-bbox="1105 1535 1360 1572">S Specialty Drug</div> <div data-bbox="1105 1581 1175 1619">HYB</div>
<i>OLUMIANT 2 MG TAB</i>	1	<div data-bbox="1105 1650 1175 1688">QL</div> <div data-bbox="1105 1696 1175 1734">PA</div> <div data-bbox="1105 1743 1360 1780">S Specialty Drug</div> <div data-bbox="1105 1789 1175 1827">HYB</div>

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>RINVOQ</i>	1	PA S Specialty Drug HYB
<i>RINVOQ LQ</i>	1	PA S Specialty Drug HYB
<i>XELJANZ</i>	1	PA S Specialty Drug HYB
<i>XELJANZ XR</i>	1	PA S Specialty Drug HYB
ANTIRHEUMATIC ANTIMETABOLITES		
<i>RASUVO</i>	1	PA
CYCLOOXYGENASE 2 (COX-2) INHIBITORS		
<i>celecoxib cap 100 mg</i>	1	
<i>celecoxib cap 200 mg</i>	1	QL
<i>celecoxib cap 400 mg</i>	1	QL
<i>celecoxib cap 50 mg</i>	1	
INTERLEUKIN-1 BLOCKERS		
<i>ARCALYST</i>	1	PA S Specialty Drug HYB
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)		
<i>KINERET</i>	1	QL PA S Specialty Drug HYB

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
INTERLEUKIN-1BETA BLOCKERS		
<i>ILARIS</i>	1	PA S Specialty Drug HYB
INTERLEUKIN-6 RECEPTOR INHIBITORS		
<i>ACTEMRA</i>	1	PA S Specialty Drug HYB
<i>ACTEMRA ACTPEN</i>	1	PA S Specialty Drug HYB
<i>AVTOZMA 200 MG/10ML SOLUTION</i>	1	PA S Specialty Drug HYB
<i>AVTOZMA 400 MG/20ML SOLUTION</i>	1	PA S Specialty Drug HYB
<i>AVTOZMA 80 MG/4ML SOLUTION</i>	1	PA S Specialty Drug HYB
<i>KEVZARA</i>	1	PA S Specialty Drug HYB
<i>TOFIDENCE</i>	1	PA S Specialty Drug HYB
<i>TYENNE</i>	1	PA S Specialty Drug HYB

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NONSTEROIDAL ANTI-INFLAMMATORY AGENT COMBINATIONS		
<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	
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
<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	
FENOPROFEN CALCIUM 600 MG TAB	1	
<i>fenoprofen calcium cap 400 mg</i>	1	
FLURBIPROFEN 100 MG TAB	1	
<i>ibuprofen chew tab 100 mg</i>	1	
<i>ibuprofen susp 100 mg/5ml</i>	1	
<i>ibuprofen susp 40 mg/ml</i>	1	
<i>ibuprofen tab 200 mg</i>	1	
<i>ibuprofen tab 400 mg</i>	1	
<i>ibuprofen tab 600 mg</i>	1	
<i>ibuprofen tab 800 mg</i>	1	
<i>indomethacin cap 25 mg</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>indomethacin cap 50 mg</i>	1	
<i>indomethacin cap er 75 mg</i>	1	
KETOPROFEN ER	1	
<i>ketorolac tromethamine im inj 60 mg/2ml (30 mg/ml)</i>	1	QL
<i>ketorolac tromethamine inj 15 mg/ml</i>	1	
<i>ketorolac tromethamine inj 30 mg/ml</i>	1	
<i>ketorolac tromethamine tab 10 mg</i>	1	QL MFL 1 / 30 day(s) MDS1 5 / 1 day(s)
MECLOFENAMATE SODIUM 50 MG CAP	1	
<i>mefenamic acid</i>	1	
<i>meloxicam tab 15 mg</i>	1	
<i>meloxicam tab 7.5 mg</i>	1	
<i>nabumetone</i>	1	
<i>naproxen sodium tab 220 mg</i>	1	
<i>naproxen sodium tab 275 mg</i>	1	
<i>naproxen sodium tab 550 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 500 mg</i>	1	
<i>oxaprozin tab 600 mg</i>	1	
<i>piroxicam</i>	1	
<i>sulindac</i>	1	
TOLMETIN SODIUM 400 MG CAP	1	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
<i>OTEZLA 10 & 20 & 30 MG TAB THPK</i>	1	QL PA S Specialty Drug HYB

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>OTEZLA 20 MG TAB</i>	1	<ul style="list-style-type: none"> QL PA S Specialty Drug HYB
<i>OTEZLA 30 MG TAB</i>	1	<ul style="list-style-type: none"> QL PA S Specialty Drug HYB
<i>OTEZLA 4 X 10 & 51 X20 MG TAB THPK</i>	1	<ul style="list-style-type: none"> QL PA S Specialty Drug HYB
<i>OTEZLA XR</i>	1	<ul style="list-style-type: none"> PA S Specialty Drug
<i>OTEZLA/OTEZLA XR INITIATION PK</i>	1	<ul style="list-style-type: none"> PA S Specialty Drug
PYRIMIDINE SYNTHESIS INHIBITORS		
<i>leflunomide</i>	1	<ul style="list-style-type: none"> QL
SELECTIVE COSTIMULATION MODULATORS		
<i>ORENCIA 125 MG/ML SOLN PRSYR</i>	1	<ul style="list-style-type: none"> PA S Specialty Drug HYB
<i>ORENCIA 250 MG RECON SOLN</i>	1	<ul style="list-style-type: none"> PA HYB
<i>ORENCIA 50 MG/0.4ML SOLN PRSYR</i>	1	<ul style="list-style-type: none"> PA S Specialty Drug HYB
<i>ORENCIA 87.5 MG/0.7ML SOLN PRSYR</i>	1	<ul style="list-style-type: none"> PA S Specialty Drug HYB

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
<i>ENBREL 25 MG/0.5ML SOLN PRSYR</i>	1	PA S Specialty Drug HYB
<i>ENBREL 25 MG/0.5ML SOLUTION</i>	1	PA S Specialty Drug HYB
<i>ENBREL 50 MG/ML SOLN PRSYR</i>	1	PA S Specialty Drug HYB
<i>ENBREL MINI</i>	1	PA S Specialty Drug HYB
<i>ENBREL SURECLICK</i>	1	PA S Specialty Drug HYB
ANALGESICS - NONNARCOTIC		
ANALGESICS OTHER		
<i>acetaminophen cap 500 mg</i>	1	
<i>acetaminophen chew tab 160 mg</i>	1	PA
<i>acetaminophen chew tab 80 mg</i>	1	PA
<i>acetaminophen liquid 160 mg/5ml</i>	1	
<i>acetaminophen soln 160 mg/5ml</i>	1	
<i>acetaminophen suppos 120 mg</i>	1	
<i>acetaminophen suppos 650 mg</i>	1	
<i>acetaminophen susp 160 mg/5ml</i>	1	
<i>acetaminophen tab 325 mg</i>	1	
<i>acetaminophen tab 500 mg</i>	1	
<i>acetaminophen tab er 650 mg</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CLONIDINE HCL (ANALGESIA) 500 MCG/ML SOLUTION	1	
clonidine hcl inj (for epidural infusion) 100 mcg/ml	1	
ANALGESICS-SEDATIVES		
butalbital-acetaminophen tab 50-325 mg	1	
butalbital-acetaminophen-caffeine cap 50-300-40 mg	1	QL
butalbital-acetaminophen-caffeine tab 50-325-40 mg	1	
butalbital-aspirin-caffeine	1	
SALICYLATE COMBINATIONS		
aspirin buffered (cal carb-mag carb-mag oxide)	1	PA
SALICYLATES		
ASPIRIN 300 MG SUPPOS	1	PA
aspirin chew tab 81 mg	1	PREV
aspirin tab 325 mg	1	
aspirin tab delayed release 325 mg	1	
aspirin tab delayed release 81 mg	1	PREV
diflunisal	1	
SALSALATE 500 MG TAB	1	
SALSALATE 750 MG TAB	1	
salsalate tab 500 mg	1	
salsalate tab 750 mg	1	
ANALGESICS - OPIOID		
CODEINE COMBINATIONS		
acetaminophen w/ codeine tab 300-15 mg	1	QL MFL 1 / 60 DAYS MDS1 7 / 1 DAY
acetaminophen w/ codeine tab 300-30 mg	1	QL
acetaminophen w/ codeine tab 300-60 mg	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ACETAMINOPHEN-CODEINE	1	<p>QL</p> <p>MFL 1 / 60 day(s)</p> <p>MDS1 7 / 1 day(s)</p>
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	1	<p>QL</p>
<i>butalbital-aspirin-caffeine w/cod</i>	1	<p>QL</p>
DIHYDROCODEINE COMBINATIONS		
APAP-CAFF-DIHYDROCODEINE 320.5-30-16 MG CAP	1	<p>QL</p>
HYDROCODONE COMBINATIONS		
HYDROCODONE-ACETAMINOPHEN 10-300 MG/15ML SOLUTION	1	<p>QL</p> <p>AL1 Up to 8 yrs old</p> <p>MFL 1 / 60 DAYS</p> <p>MDS1 7 / 1 DAY</p>
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1	<p>QL</p> <p>MFL 1 / 60 day(s)</p> <p>MDS1 7 / 1 day(s)</p>
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1	<p>QL</p> <p>MFL 1 / 60 day(s)</p> <p>MDS1 7 / 1 day(s)</p>
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1	<p>QL</p> <p>MFL 1 / 60 day(s)</p> <p>MDS1 7 / 1 day(s)</p>
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	1	<p>QL</p> <p>MFL 1 / 60 day(s)</p> <p>MDS1 7 / 1 day(s)</p>
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1	<p>QL</p> <p>MFL 1 / 60 day(s)</p> <p>MDS1 7 / 1 day(s)</p>
HYDROCODONE-IBUPROFEN 10-200 MG TAB	1	<p>QL</p> <p>MFL 1 / 60 day(s)</p> <p>MDS1 7 / 1 day(s)</p>

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>HYDROCODONE-IBUPROFEN 5-200 MG TAB</i>	1	QL MFL 1 / 60 day(s) MDS1 7 / 1 day(s)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	1	QL MFL 1 / 60 DAYS MDS1 7 / 1 DAY
<i>LORTAB</i>	1	QL AL1 Up to 8 yrs old MFL 1 / 60 DAYS MDS1 7 / 1 DAY
OPIOID AGONISTS		
<i>CODEINE SULFATE 15 MG TAB</i>	1	QL MFL 1 / 60 DAYS MDS1 7 / 1 DAY
<i>CODEINE SULFATE 60 MG TAB</i>	1	QL MFL 1 / 60 DAYS MDS1 7 / 1 DAY
<i>codeine sulfate tab 30 mg</i>	1	QL MFL 1 / 60 DAYS MDS1 7 / 1 DAY
<i>DISKETS</i>	1	QL PA
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	1	QL PA MFL 1 / 60 DAYS MDS1 7 / 1 DAY
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	1	QL PA MFL 1 / 60 DAYS MDS1 7 / 1 DAY

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	1	<ul style="list-style-type: none"> QL PA MFL 1 / 60 DAYS MDS1 7 / 1 DAY
<i>fentanyl td patch 72hr 100 mcg/hr</i>	1	<ul style="list-style-type: none"> QL PA
<i>fentanyl td patch 72hr 12 mcg/hr</i>	1	<ul style="list-style-type: none"> PA
<i>fentanyl td patch 72hr 25 mcg/hr</i>	1	<ul style="list-style-type: none"> QL PA
<i>fentanyl td patch 72hr 50 mcg/hr</i>	1	<ul style="list-style-type: none"> QL PA
<i>fentanyl td patch 72hr 75 mcg/hr</i>	1	<ul style="list-style-type: none"> QL PA
<i>hydrocodone bitartrate</i>	1	<ul style="list-style-type: none"> QL PA
<i>HYDROCODONE BITARTRATE ER 120 MG TB24 DETER</i>	1	<ul style="list-style-type: none"> QL PA
<i>HYDROMORPHONE HCL 3 MG SUPPOS</i>	1	<ul style="list-style-type: none"> MFL 1 / 60 DAYS MDS1 7 / 1 DAY
<i>hydromorphone hcl liqd 1 mg/ml</i>	1	<ul style="list-style-type: none"> QL MFL 1 / 60 day(s) MDS1 7 / 1 day(s)
<i>hydromorphone hcl tab 2 mg</i>	1	<ul style="list-style-type: none"> QL MFL 1 / 60 day(s) MDS1 7 / 1 day(s)
<i>hydromorphone hcl tab 4 mg</i>	1	<ul style="list-style-type: none"> QL MFL 1 / 60 day(s) MDS1 7 / 1 day(s)
<i>hydromorphone hcl tab 8 mg</i>	1	<ul style="list-style-type: none"> QL MFL 1 / 60 day(s) MDS1 7 / 1 day(s)

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>hydromorphone hcl tab er 24hr 12 mg</i>	1	QL PA
<i>hydromorphone hcl tab er 24hr 16 mg</i>	1	QL PA
<i>hydromorphone hcl tab er 24hr 32 mg</i>	1	QL PA
<i>hydromorphone hcl tab er 24hr 8 mg</i>	1	QL PA
INFUMORPH 200	1	
INFUMORPH 500	1	
MEPERIDINE HCL 50 MG/5ML SOLUTION	1	
METHADONE HCL 5 MG/5ML SOLUTION	1	QL PA
<i>methadone hcl conc 10 mg/ml</i>	1	QL PA
<i>methadone hcl soln 10 mg/5ml</i>	1	QL PA
<i>methadone hcl soln 5 mg/5ml</i>	1	QL PA
<i>methadone hcl tab 10 mg</i>	1	QL PA
<i>methadone hcl tab 5 mg</i>	1	QL PA
<i>methadone hcl tab for oral susp 40 mg</i>	1	QL PA
MORPHINE SULFATE (CONCENTRATE)	1	QL MFL 1 / 60 day(s) MDS1 7 / 1 day(s)
MORPHINE SULFATE 10 MG SUPPOS	1	MFL 1 / 60 DAYS MDS1 7 / 1 DAY

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MORPHINE SULFATE 10 MG/5ML SOLUTION	1	<ul style="list-style-type: none"> QL MFL 1 / 60 day(s) MDS1 7 / 1 day(s)
MORPHINE SULFATE 20 MG SUPPOS	1	<ul style="list-style-type: none"> MFL 1 / 60 DAYS MDS1 7 / 1 DAY
MORPHINE SULFATE 20 MG/5ML SOLUTION	1	<ul style="list-style-type: none"> QL AL1 Up to 8 yrs old MFL 1 / 60 day(s) MDS1 7 / 1 day(s)
MORPHINE SULFATE 30 MG SUPPOS	1	<ul style="list-style-type: none"> MFL 1 / 60 DAYS MDS1 7 / 1 DAY
MORPHINE SULFATE 5 MG SUPPOS	1	<ul style="list-style-type: none"> MFL 1 / 60 DAYS MDS1 7 / 1 DAY
MORPHINE SULFATE ER	1	<ul style="list-style-type: none"> QL PA
morphine sulfate oral soln 10 mg/5ml	1	<ul style="list-style-type: none"> QL MFL 1 / 60 day(s) MDS1 7 / 1 day(s)
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	1	<ul style="list-style-type: none"> QL MFL 1 / 60 DAYS MDS1 7 / 1 DAY
morphine sulfate oral soln 20 mg/5ml	1	<ul style="list-style-type: none"> QL AL1 Up to 8 yrs old MFL 1 / 60 day(s) MDS1 7 / 1 day(s)
morphine sulfate tab 15 mg	1	<ul style="list-style-type: none"> QL MFL 1 / 60 day(s) MDS1 7 / 1 day(s)
morphine sulfate tab 30 mg	1	<ul style="list-style-type: none"> QL MFL 1 / 60 day(s) MDS1 7 / 1 day(s)

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>morphine sulfate tab er 100 mg</i>	1	QL PA
<i>morphine sulfate tab er 15 mg</i>	1	QL PA
<i>morphine sulfate tab er 200 mg</i>	1	QL PA
<i>morphine sulfate tab er 30 mg</i>	1	QL PA
<i>morphine sulfate tab er 60 mg</i>	1	QL PA
<i>oxycodone hcl cap 5 mg</i>	1	QL MFL 1 / 60 DAYS MDS1 7 / 1 DAY
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	1	QL MFL 1 / 60 day(s) MDS1 7 / 1 day(s)
<i>OXYCODONE HCL ER 10 MG TB12 DETER</i>	1	QL PA
<i>OXYCODONE HCL ER 20 MG TB12 DETER</i>	1	QL PA
<i>OXYCODONE HCL ER 40 MG TB12 DETER</i>	1	QL PA
<i>oxycodone hcl soln 5 mg/5ml</i>	1	QL MFL 1 / 60 day(s) MDS1 7 / 1 day(s)
<i>oxycodone hcl tab 10 mg</i>	1	QL MFL 1 / 60 day(s) MDS1 7 / 1 day(s)
<i>oxycodone hcl tab 15 mg</i>	1	QL MFL 1 / 60 day(s) MDS1 7 / 1 day(s)

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>oxycodone hcl tab 20 mg</i>	1	<ul style="list-style-type: none"> QL MFL 1 / 60 day(s) MDS1 7 / 1 day(s)
<i>oxycodone hcl tab 30 mg</i>	1	<ul style="list-style-type: none"> QL MFL 1 / 60 day(s) MDS1 7 / 1 day(s)
<i>oxycodone hcl tab 5 mg</i>	1	<ul style="list-style-type: none"> QL MFL 1 / 60 day(s) MDS1 7 / 1 day(s)
<i>OXYCONTIN 10 MG TB12 DETER</i>	1	<ul style="list-style-type: none"> QL PA
<i>OXYCONTIN 15 MG TB12 DETER</i>	1	<ul style="list-style-type: none"> QL PA
<i>OXYCONTIN 20 MG TB12 DETER</i>	1	<ul style="list-style-type: none"> QL PA
<i>OXYCONTIN 30 MG TB12 DETER</i>	1	<ul style="list-style-type: none"> QL PA
<i>OXYCONTIN 40 MG TB12 DETER</i>	1	<ul style="list-style-type: none"> QL PA
<i>OXYCONTIN 60 MG TB12 DETER</i>	1	<ul style="list-style-type: none"> QL PA
<i>OXYCONTIN 80 MG TB12 DETER</i>	1	<ul style="list-style-type: none"> QL PA
<i>OXYMORPHONE HCL ER</i>	1	<ul style="list-style-type: none"> QL PA
<i>oxymorphone hcl tab 10 mg</i>	1	<ul style="list-style-type: none"> QL MFL 1 / 60 day(s) MDS1 7 / 1 day(s)
<i>oxymorphone hcl tab 5 mg</i>	1	<ul style="list-style-type: none"> QL MFL 1 / 60 day(s) MDS1 7 / 1 day(s)

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>tramadol hcl tab 50 mg</i>	1	QL
<i>tramadol hcl tab er 24hr 100 mg</i>	1	QL
<i>tramadol hcl tab er 24hr 200 mg</i>	1	QL
<i>tramadol hcl tab er 24hr 300 mg</i>	1	QL
OPIOID COMBINATIONS		
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	QL MFL 1 / 60 day(s) MDS1 7 / 1 day(s)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1	QL MFL 1 / 60 day(s) MDS1 7 / 1 day(s)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	QL MFL 1 / 60 day(s) MDS1 7 / 1 day(s)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1	QL MFL 1 / 60 day(s) MDS1 7 / 1 day(s)
OPIOID PARTIAL AGONISTS		
<i>BELBUCA</i>	1	QL ST
<i>BRIXADI</i>	8	S Specialty Drug
<i>BRIXADI (WEEKLY)</i>	8	S Specialty Drug
<i>buprenorphine</i>	1	QL
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	8	QL
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	8	QL
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	8	QL
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	8	
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	8	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	8	QL
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	8	QL
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	8	QL
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	1	QL MFL 1 / 60 DAYS MDS1 7 / 1 DAY
<i>pentazocine w/ naloxone hcl</i>	1	QL
PENTAZOCINE-NALOXONE HCL	1	QL
SUBLOCADE	8	S Specialty Drug
SUBOXONE	8	
ZUBSOLV	8	
TRAMADOL COMBINATIONS		
<i>tramadol-acetaminophen</i>	1	QL
ANDROGENS-ANABOLIC		
ANDROGENS		
<i>danazol</i>	1	
METHITEST	1	
TESTOSTERONE 10 MG/ACT (2%) GEL	1	
TESTOSTERONE 12.5 MG/ACT (1%) GEL	1	
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	1	
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	1	PA
<i>testosterone td gel 12.5 mg/act (1%)</i>	1	
<i>testosterone td gel 20.25 mg/act (1.62%)</i>	1	QL
<i>testosterone td soln 30 mg/act</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANORECTAL AND RELATED PRODUCTS		
INTRARECTAL STEROIDS		
<i>budesonide (intrarectal)</i>	1	QL
<i>hydrocortisone (intrarectal)</i>	1	
NITRATE VASODILATING AGENTS		
<i>nitroglycerin (intra-anal)</i>	1	QL
RECTAL ANESTHETIC/STEROIDS		
<i>LIDOCAINE-HYDROCORT (PERIANAL)</i>	1	
<i>LIDOCORT</i>	1	
<i>PROCTOFOAM HC</i>	1	
RECTAL STEROIDS		
<i>HYDROCORTISONE (PERIANAL)</i>	1	
<i>hydrocortisone (rectal)</i>	1	
<i>PROCTOCORT 1 % CREAM</i>	1	
ANTACIDS		
ANTACID & SIMETHICONE		
<i>alum & mag hydroxide-simethicone chew tab 200-200-25 mg</i>	1	PA
<i>alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml</i>	1	PA
<i>alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml</i>	1	PA
ANTACID COMBINATIONS		
<i>ACID GONE</i>	1	
<i>aluminum hydroxide-magnesium carbonate chew tab 160-105 mg</i>	1	PA
<i>aluminum hydroxide-magnesium carbonate susp 508-475 mg/10ml</i>	1	PA
ANTACIDS - ALUMINUM SALTS		
<i>ALUMINUM HYDROXIDE GEL</i>	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTACIDS - CALCIUM SALTS		
<i>calcium carbonate (antacid) chew tab 1000 mg</i>	1	PA
<i>calcium carbonate (antacid) chew tab 500 mg</i>	1	
CALCIUM CARBONATE ANTACID 1250 MG/5ML SUSPENSION	1	PA
ANTACIDS - MAGNESIUM SALTS		
MAG 440	1	
<i>magnesium oxide tab 420 mg</i>	1	
ANTHELMINTICS		
<i>albendazole</i>	1	QL
EMVERM	1	QL PA
<i>ivermectin tab 3 mg</i>	1	QL MFL 1 / 365 day(s) MDS1 2 / 1 day(s)
ANTI-INFECTIVE AGENTS - MISC.		
BACITRACIN 50000 UNIT RECON SOLN	1	
<i>metronidazole cap 375 mg</i>	1	
<i>metronidazole iv soln 500 mg/100ml</i>	1	
<i>metronidazole tab 250 mg</i>	1	
<i>metronidazole tab 500 mg</i>	1	
<i>pentamidine isethionate for nebulization soln 300 mg</i>	1	
<i>tinidazole</i>	1	
TRIMETHOPRIM 100 MG TAB	1	
<i>trimethoprim tab 100 mg</i>	1	
ANTI-INFECTIVE MISC. - COMBINATIONS		
<i>sulfamethoxazole-trimethoprim</i>	1	
ANTIPROTOZOAL AGENTS		
ALINIA 100 MG/5ML RECON SUSP	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>atovaquone</i>	1	
LAMPIT	1	
<i>nitazoxanide</i>	1	QL PA
CARBAPENEM COMBINATIONS		
IMIPENEM-CILASTATIN 250 MG RECON SOLN	1	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	1	
CARBAPENEMS		
<i>ertapenem sodium</i>	1	
<i>meropenem iv for soln 1 gm</i>	1	
<i>meropenem iv for soln 500 mg</i>	1	
MEROPENEM-SODIUM CHLORIDE	1	
CYCLIC LIPOPEPTIDES		
DAPTOMYCIN 350 MG RECON SOLN	1	
DAPTOMYCIN 500 MG RECON SOLN	1	
<i>daptomycin for iv soln 350 mg</i>	1	
<i>daptomycin for iv soln 500 mg</i>	1	
GLYCOPEPTIDES		
FIRVANQ 25 MG/ML RECON SOLN	1	AL1 0 to 8 yrs old
FIRVANQ 50 MG/ML RECON SOLN	1	
TYZAVAN 1000 MG/200ML SOLUTION	1	
VANCOMYCIN HCL 1 GM RECON SOLN	1	
VANCOMYCIN HCL 1.25 GM RECON SOLN	1	
VANCOMYCIN HCL 1.5 GM RECON SOLN	1	
VANCOMYCIN HCL 10 GM RECON SOLN	1	
VANCOMYCIN HCL 1000 MG/200ML SOLUTION	1	
VANCOMYCIN HCL 1250 MG/250ML SOLUTION	1	
VANCOMYCIN HCL 1500 MG/300ML SOLUTION	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VANCOMYCIN HCL 1750 MG/350ML SOLUTION	1	
VANCOMYCIN HCL 2000 MG/400ML SOLUTION	1	
VANCOMYCIN HCL 5 GM RECON SOLN	1	
VANCOMYCIN HCL 500 MG RECON SOLN	1	
VANCOMYCIN HCL 500 MG/100ML SOLUTION	1	
VANCOMYCIN HCL 750 MG RECON SOLN	1	
VANCOMYCIN HCL 750 MG/150ML SOLUTION	1	
vancomycin hcl cap 125 mg (base equivalent)	1	
vancomycin hcl cap 250 mg (base equivalent)	1	
vancomycin hcl for iv soln 1 gm (base equivalent)	1	
vancomycin hcl for iv soln 10 gm (base equivalent)	1	
vancomycin hcl for iv soln 5 gm (base equivalent)	1	
vancomycin hcl for iv soln 500 mg (base equivalent)	1	
vancomycin hcl for iv soln 750 mg (base equivalent)	1	
vancomycin hcl for oral soln 25 mg/ml (base equivalent)	1	
vancomycin hcl for oral soln 50 mg/ml (base equivalent)	1	
VANCOMYCIN HCL IN DEXTROSE 1-5 GM/200ML-% SOLUTION	1	
VANCOMYCIN HCL IN DEXTROSE 500-5 MG/100ML-% SOLUTION	1	
VANCOMYCIN HCL IN DEXTROSE 750-5 MG/150ML-% SOLUTION	1	
VANCOMYCIN HCL IN NAACL 1-0.9 GM/200ML-% SOLUTION	1	
VANCOMYCIN HCL IN NAACL 500-0.9 MG/100ML-% SOLUTION	1	
VANCOMYCIN HCL IN NAACL 750-0.9 MG/150ML-% SOLUTION	1	
LEPROSTATICS		
dapsone	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LINCOSAMIDES		
<i>clindamycin hcl</i>	1	
<i>clindamycin palmitate hydrochloride</i>	1	
<i>clindamycin phosphate inj 300 mg/2ml</i>	1	
<i>clindamycin phosphate inj 600 mg/4ml</i>	1	
<i>clindamycin phosphate inj 900 mg/6ml</i>	1	
<i>lincomycin hcl</i>	1	
MONOBACTAMS		
<i>aztreonam</i>	1	
CAYSTON	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #a52a2a; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> <div>Specialty Drug</div> </div>
OXAZOLIDINONES		
<i>linezolid for susp 100 mg/5ml</i>	1	<div style="background-color: #2e8b57; color: white; padding: 2px 5px; border-radius: 3px;">AL1</div> 0 to 8 yrs old
LINEZOLID IN SODIUM CHLORIDE	1	
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	1	
<i>linezolid tab 600 mg</i>	1	<div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div>
POLYMYXINS		
<i>colistimethate sodium</i>	1	
<i>polymyxin b sulfate</i>	1	
URINARY ANTI-INFECTIVES		
<i>fosfomycin tromethamine</i>	1	
<i>methenamine hippurate</i>	1	
METHENAMINE MANDELATE 1 GM TAB	1	
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohyd macro</i>	1	
<i>nitrofurantoin susp 25 mg/5ml</i>	1	<div style="background-color: #2e8b57; color: white; padding: 2px 5px; border-radius: 3px;">AL1</div> Up to 8 yrs old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
<i>ranolazine</i>	1	QL
NITRATES		
<i>isosorbide dinitrate tab 10 mg</i>	1	
<i>isosorbide dinitrate tab 20 mg</i>	1	
<i>isosorbide dinitrate tab 30 mg</i>	1	
<i>isosorbide dinitrate tab 5 mg</i>	1	
<i>isosorbide mononitrate tab 10 mg</i>	1	
<i>isosorbide mononitrate tab 20 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	1	
<i>nitroglycerin oint 2%</i>	1	
<i>nitroglycerin sl tab 0.3 mg</i>	1	
<i>nitroglycerin sl tab 0.4 mg</i>	1	
<i>nitroglycerin sl tab 0.6 mg</i>	1	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	1	
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	1	
NITROLINGUAL	1	PA
ANTIANXIETY AGENTS		
ANTIANXIETY AGENTS - MISC.		
<i>BUCAPSOL</i>	8	
<i>bupirone hcl tab 10 mg</i>	8	
<i>bupirone hcl tab 15 mg</i>	8	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>bupirone hcl tab 30 mg</i>	8	
<i>bupirone hcl tab 5 mg</i>	8	
<i>bupirone hcl tab 7.5 mg</i>	8	
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	1	
<i>hydroxyzine hcl tab 10 mg</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</i>	8	
BENZODIAZEPINES		
ALPRAZOLAM INTENSOL	8	AL1 0 to 8 yrs old
<i>alprazolam orally disintegrating tab 0.25 mg</i>	8	QL
<i>alprazolam orally disintegrating tab 0.5 mg</i>	8	QL
<i>alprazolam orally disintegrating tab 1 mg</i>	8	QL
<i>alprazolam orally disintegrating tab 2 mg</i>	8	QL
<i>alprazolam tab 0.25 mg</i>	8	QL
<i>alprazolam tab 0.5 mg</i>	8	QL
<i>alprazolam tab 1 mg</i>	8	QL
<i>alprazolam tab 2 mg</i>	8	QL
<i>alprazolam tab er 24hr 0.5 mg</i>	8	QL
<i>alprazolam tab er 24hr 1 mg</i>	8	QL
<i>alprazolam tab er 24hr 2 mg</i>	8	QL
<i>alprazolam tab er 24hr 3 mg</i>	8	QL
ATIVAN	8	
<i>chlordiazepoxide hcl</i>	8	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>clorazepate dipotassium</i>	8	
<i>DIAZEPAM 10 MG/2ML SOLN A-INJ</i>	8	
<i>DIAZEPAM 5 MG/ML SOLUTION</i>	8	
<i>diazepam conc 5 mg/ml</i>	8	QL AL1 0 to 8 yrs old
<i>diazepam inj 5 mg/ml</i>	8	
<i>diazepam oral soln 1 mg/ml</i>	8	QL AL1 0 to 8 yrs old
<i>diazepam tab 10 mg</i>	8	QL
<i>diazepam tab 2 mg</i>	8	QL
<i>diazepam tab 5 mg</i>	8	QL
<i>LORAZEPAM 2 MG/ML SOLN PRSYR</i>	8	
<i>LORAZEPAM 2 MG/ML SOLUTION</i>	8	
<i>lorazepam conc 2 mg/ml</i>	8	
<i>lorazepam inj 2 mg/ml</i>	8	
<i>lorazepam inj 4 mg/ml</i>	8	
<i>lorazepam tab 0.5 mg</i>	8	QL
<i>lorazepam tab 1 mg</i>	8	QL
<i>lorazepam tab 2 mg</i>	8	QL
<i>LOREEV XR</i>	8	
<i>oxazepam</i>	8	QL
<i>TRANXENE-T</i>	8	
<i>VALIUM 10 MG TAB</i>	8	QL
<i>VALIUM 2 MG TAB</i>	8	QL
<i>VALIUM 5 MG TAB</i>	8	QL
<i>XANAX</i>	8	
<i>XANAX XR</i>	8	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
<i>disopyramide phosphate</i>	1	
<i>quinidine gluconate</i>	1	
QUINIDINE SULFATE	1	
ANTIARRHYTHMICS TYPE I-B		
LIDOCAINE HCL (CARDIAC) PF	1	
<i>lidocaine iv infusion in d5w inj 4 mg/ml</i>	1	
<i>lidocaine iv infusion in d5w inj 8 mg/ml</i>	1	
<i>mexiletine hcl</i>	1	
ANTIARRHYTHMICS TYPE I-C		
<i>flecainide acetate</i>	1	
<i>propafenone hcl cap er 12hr 225 mg</i>	1	
<i>propafenone hcl cap er 12hr 325 mg</i>	1	
<i>propafenone hcl cap er 12hr 425 mg</i>	1	
<i>propafenone hcl tab 150 mg</i>	1	
<i>propafenone hcl tab 225 mg</i>	1	
<i>propafenone hcl tab 300 mg</i>	1	
ANTIARRHYTHMICS TYPE III		
<i>amiodarone hcl tab 100 mg</i>	1	
<i>amiodarone hcl tab 200 mg</i>	1	
<i>amiodarone hcl tab 400 mg</i>	1	
<i>dofetilide</i>	1	
NEXTERONE	1	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ADRENERGIC COMBINATIONS		
ADVAIR DISKUS	1	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">HYB</div> </div>

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ADVAIR HFA	1	QL HYB
AIRDUO RESPICLICK 113/14	1	QL PA HYB
AIRDUO RESPICLICK 232/14	1	QL PA HYB
AIRDUO RESPICLICK 55/14	1	QL PA HYB
AIRSUPRA	1	PA HYB
ANORO ELLIPTA	1	QL HYB HYB
BEVESPI AEROSPHERE	1	QL PA HYB
BREO ELLIPTA	1	PA HYB
BREZTRI AEROSPHERE 160-9-4.8 MCG/ACT AEROSOL	1	PA HYB
budesonide-formoterol fumarate dihydrate	1	QL PA HYB
COMBIVENT RESPIMAT	1	QL HYB
DUAKLIR PRESSAIR	1	PA HYB

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>DULERA</i>	1	<div data-bbox="1117 205 1175 237">QL</div> <div data-bbox="1117 254 1175 285">HYB</div>
<i>FLUTICASONE FUROATE-VILANTEROL</i>	1	<div data-bbox="1117 315 1175 346">PA</div> <div data-bbox="1117 363 1175 394">HYB</div>
<i>FLUTICASONE-SALMETEROL 113-14 MCG/ACT AER POW BA</i>	1	<div data-bbox="1117 424 1175 455">QL</div> <div data-bbox="1117 472 1175 504">PA</div> <div data-bbox="1117 520 1175 552">HYB</div>
<i>FLUTICASONE-SALMETEROL 115-21 MCG/ACT AEROSOL</i>	1	<div data-bbox="1117 581 1175 613">PA</div> <div data-bbox="1117 630 1175 661">HYB</div>
<i>FLUTICASONE-SALMETEROL 230-21 MCG/ACT AEROSOL</i>	1	<div data-bbox="1117 690 1175 722">PA</div> <div data-bbox="1117 739 1175 770">HYB</div>
<i>FLUTICASONE-SALMETEROL 232-14 MCG/ACT AER POW BA</i>	1	<div data-bbox="1117 800 1175 831">QL</div> <div data-bbox="1117 848 1175 879">PA</div> <div data-bbox="1117 896 1175 928">HYB</div>
<i>FLUTICASONE-SALMETEROL 45-21 MCG/ACT AEROSOL</i>	1	<div data-bbox="1117 957 1175 989">PA</div> <div data-bbox="1117 1005 1175 1037">HYB</div>
<i>FLUTICASONE-SALMETEROL 55-14 MCG/ACT AER POW BA</i>	1	<div data-bbox="1117 1075 1175 1106">QL</div> <div data-bbox="1117 1123 1175 1155">PA</div> <div data-bbox="1117 1171 1175 1203">HYB</div>
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	1	<div data-bbox="1117 1232 1175 1264">QL</div> <div data-bbox="1117 1281 1175 1312">PA</div> <div data-bbox="1117 1329 1175 1360">HYB</div> <div data-bbox="1117 1377 1175 1409">HYB</div>
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	1	<div data-bbox="1117 1442 1175 1474">QL</div> <div data-bbox="1117 1491 1175 1522">PA</div> <div data-bbox="1117 1539 1175 1570">HYB</div> <div data-bbox="1117 1587 1175 1619">HYB</div>
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	1	<div data-bbox="1117 1652 1175 1684">QL</div> <div data-bbox="1117 1701 1175 1732">PA</div> <div data-bbox="1117 1749 1175 1780">HYB</div> <div data-bbox="1117 1797 1175 1829">HYB</div>

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ipratropium-albuterol</i>	1	HYB
STIOLTO RESPIMAT	1	QL HYB
SYMBICORT	1	QL HYB
TRELEGY ELLIPTA	1	QL HYB
UMECLIDINIUM-VILANTEROL	1	QL PA HYB
ANTI-IGE MONOCLONAL ANTIBODIES		
XOLAIR 150 MG/ML SOLN A-INJ	1	PA S Specialty Drug
XOLAIR 150 MG/ML SOLN PRSYR	1	PA S Specialty Drug
XOLAIR 300 MG/2ML SOLN A-INJ	1	PA S Specialty Drug
XOLAIR 300 MG/2ML SOLN PRSYR	1	PA S Specialty Drug
XOLAIR 75 MG/0.5ML SOLN A-INJ	1	PA S Specialty Drug
XOLAIR 75 MG/0.5ML SOLN PRSYR	1	PA S Specialty Drug
ANTI-INFLAMMATORY AGENTS		
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	1	
BETA ADRENERGICS		
ALBUTEROL SULFATE (5 MG/ML) 0.5% NEBU SOLN	1	
ALBUTEROL SULFATE HFA	1	QL PA HYB

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	1	QL PA HYB
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	1	QL HYB
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	1	HYB
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	1	QL HYB
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	1	QL HYB
<i>albuterol sulfate syrup 2 mg/5ml</i>	1	
<i>albuterol sulfate tab 2 mg</i>	1	
<i>albuterol sulfate tab 4 mg</i>	1	
<i>arformoterol tartrate</i>	1	PA HYB
<i>BROVANA</i>	1	PA HYB
<i>formoterol fumarate</i>	1	PA HYB
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	1	QL HYB
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	1	QL HYB
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	1	QL HYB
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	1	HYB
<i>LEVALBUTEROL TARTRATE</i>	1	QL PA HYB

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>PERFOROMIST</i>	1	PA HYB
<i>PROAIR RESPICLICK</i>	1	PA HYB
<i>SEREVENT DISKUS</i>	1	QL HYB
<i>STRIVERDI RESPIMAT</i>	1	PA HYB
<i>terbutaline sulfate tab 2.5 mg</i>	1	
<i>terbutaline sulfate tab 5 mg</i>	1	
<i>VENTOLIN HFA</i>	1	QL HYB
<i>XOPENEX HFA</i>	1	QL PA HYB
BRONCHODILATORS - ANTICHOLINERGICS		
<i>ATROVENT HFA</i>	1	QL HYB
<i>INCRUSE ELLIPTA</i>	1	QL PA HYB
<i>ipratropium bromide</i>	1	HYB
<i>ipratropium bromide hfa</i>	1	PA HYB
<i>SPIRIVA HANDIHALER</i>	1	QL HYB
<i>SPIRIVA RESPIMAT</i>	1	QL HYB
<i>tiotropium bromide</i>	1	PA HYB

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>TUDORZA PRESSAIR</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #c49a3d; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #d62728; color: white; padding: 2px 5px; border-radius: 3px;">HYB</div> </div>
<i>YUPELRI</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #c49a3d; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #d62728; color: white; padding: 2px 5px; border-radius: 3px;">HYB</div> </div>
INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)		
<i>EXDENSUR</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #c49a3d; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #d62728; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> Specialty Drug
<i>FASENRA 10 MG/0.5ML SOLN PRSYR</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #c49a3d; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #d62728; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> Specialty Drug
<i>FASENRA 30 MG/ML SOLN PRSYR</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #c49a3d; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #d62728; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> Specialty Drug
<i>FASENRA PEN</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #c49a3d; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #d62728; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> Specialty Drug
<i>NUCALA</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #c49a3d; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #d62728; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> Specialty Drug
LEUKOTRIENE RECEPTOR ANTAGONISTS		
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	1	<div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div>
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	1	<div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div>
<i>montelukast sodium tab 10 mg (base equiv)</i>	1	<div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div>
<i>zafirlukast</i>	1	<div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div>
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
<i>roflumilast</i>	1	
STEROID INHALANTS		
<i>ALVESCO</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #c49a3d; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #d62728; color: white; padding: 2px 5px; border-radius: 3px;">HYB</div> </div>

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ARMONAIR DIGIHALER 113 MCG/ACT AER POW BA	1	PA HYB
ARMONAIR DIGIHALER 232 MCG/ACT AER POW BA	1	PA HYB
ARNUITY ELLIPTA	1	QL HYB
ASMANEX (120 METERED DOSES)	1	QL HYB
ASMANEX (14 METERED DOSES)	1	QL HYB
ASMANEX (30 METERED DOSES)	1	QL HYB
ASMANEX (60 METERED DOSES)	1	QL HYB
ASMANEX HFA	1	QL HYB
budesonide inhalation susp 0.25 mg/2ml	1	HYB
budesonide inhalation susp 0.5 mg/2ml	1	QL HYB
budesonide inhalation susp 1 mg/2ml	1	QL HYB
FLUTICASONE FUROATE ELLIPTA	1	PA HYB
FLUTICASONE PROPIONATE DISKUS	1	QL HYB
FLUTICASONE PROPIONATE HFA 110 MCG/ACT AEROSOL	1	QL HYB
FLUTICASONE PROPIONATE HFA 220 MCG/ACT AEROSOL	1	QL HYB

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>fluticasone propionate hfa inhal aero 44 mcg/act</i>	1	QL HYB
<i>PULMICORT 0.25 MG/2ML SUSPENSION</i>	1	PA HYB
<i>PULMICORT 0.5 MG/2ML SUSPENSION</i>	1	QL PA HYB
<i>PULMICORT 1 MG/2ML SUSPENSION</i>	1	PA HYB
<i>PULMICORT FLEXHALER</i>	1	QL HYB
<i>QVAR REDHALER</i>	1	PA HYB
THYMIC STROMAL LYMPHOPOIETIN (TSLP) ANTAGONISTS		
<i>TEZSPIRE</i>	1	PA S Specialty Drug
XANTHINES		
<i>theophylline elixir 80 mg/15ml</i>	1	AL1 Up to 8 yrs old
<i>theophylline soln 80 mg/15ml</i>	1	AL1 Up to 8 yrs old
<i>theophylline tab er 12hr 300 mg</i>	1	
<i>theophylline tab er 12hr 450 mg</i>	1	
<i>theophylline tab er 24hr 400 mg</i>	1	
<i>theophylline tab er 24hr 600 mg</i>	1	
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
<i>warfarin sodium</i>	1	
DIRECT FACTOR XA INHIBITORS		
<i>ELIQUIS (1.5 MG PACK)</i>	1	QL AL1 Up to 8 yrs old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ELIQUIS (2 MG PACK)</i>	1	QL AL1 Up to 8 yrs old
<i>ELIQUIS 0.15 MG CAP SPRINK</i>	1	QL AL1 Up to 8 yrs old
<i>ELIQUIS 0.5 MG TAB SOL</i>	1	QL AL1 Up to 8 yrs old
<i>ELIQUIS 2.5 MG TAB</i>	1	QL
<i>ELIQUIS 5 MG TAB</i>	1	QL
<i>ELIQUIS DVT/PE STARTER PACK</i>	1	QL
<i>rivaroxaban for susp 1 mg/ml</i>	1	
<i>rivaroxaban tab 2.5 mg</i>	1	QL
<i>SAVAYSA</i>	1	QL
<i>XARELTO 10 MG TAB</i>	1	QL
<i>XARELTO 15 MG TAB</i>	1	QL
<i>XARELTO 20 MG TAB</i>	1	QL
<i>XARELTO STARTER PACK</i>	1	QL
HEPARINS AND HEPARINOID-LIKE AGENTS		
<i>HEPARIN (PORCINE) IN NAACL 1000-0.9 UT/500ML-% SOLUTION</i>	1	
<i>HEPARIN (PORCINE) IN NAACL 12500-0.45 UT/250ML-% SOLUTION</i>	1	
<i>HEPARIN (PORCINE) IN NAACL 2000-0.9 UNIT/L-% SOLUTION</i>	1	
<i>HEPARIN (PORCINE) IN NAACL 25000-0.45 UT/250ML-% SOLUTION</i>	1	
<i>HEPARIN (PORCINE) IN NAACL 25000-0.45 UT/500ML-% SOLUTION</i>	1	
<i>heparin (porcine) in sodium chloride</i>	1	
<i>HEPARIN SOD (PORCINE) IN D5W 25000-5 UT/500ML-% SOLUTION</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<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 20000 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	
LOW MOLECULAR WEIGHT HEPARINS		
<i>enoxaparin sodium inj 300 mg/3ml</i>	1	QL
<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>	1	QL
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>	1	QL
<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>	1	QL PA
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	1	QL
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	1	QL
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	1	QL
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	1	QL
SYNTHETIC HEPARINOID-LIKE AGENTS		
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	1	QL
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	1	QL
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	1	QL
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	1	QL
THROMBIN INHIBITORS - SELECTIVE DIRECT & REVERSIBLE		
<i>argatroban inj 250 mg/2.5ml (concentrate for iv infusion)</i>	1	
<i>dabigatran etexilate mesylate</i>	1	QL
ANTICONSULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
<i>FYCOMPA 0.5 MG/ML SUSPENSION</i>	8	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>FYCOMPA 10 MG TAB</i>	8	QL
<i>FYCOMPA 12 MG TAB</i>	8	QL
<i>FYCOMPA 2 MG TAB</i>	8	QL
<i>FYCOMPA 4 MG TAB</i>	8	QL
<i>FYCOMPA 6 MG TAB</i>	8	QL
<i>FYCOMPA 8 MG TAB</i>	8	QL
<i>perampanel susp 0.5 mg/ml</i>	8	QL ST
<i>perampanel tab 10 mg</i>	8	QL ST
<i>perampanel tab 12 mg</i>	8	QL ST
<i>perampanel tab 2 mg</i>	8	QL ST
<i>perampanel tab 4 mg</i>	8	QL ST
<i>perampanel tab 6 mg</i>	8	QL ST
<i>perampanel tab 8 mg</i>	8	QL ST
ANTICONVULSANTS - BENZODIAZEPINES		
<i>clobazam suspension 2.5 mg/ml</i>	8	
<i>clobazam tab 10 mg</i>	8	
<i>clobazam tab 20 mg</i>	8	
<i>clonazepam orally disintegrating tab 0.125 mg</i>	8	QL
<i>clonazepam orally disintegrating tab 0.25 mg</i>	8	QL
<i>clonazepam orally disintegrating tab 0.5 mg</i>	8	QL
<i>clonazepam orally disintegrating tab 1 mg</i>	8	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>clonazepam orally disintegrating tab 2 mg</i>	8	QL
<i>clonazepam tab 0.5 mg</i>	8	QL
<i>clonazepam tab 1 mg</i>	8	QL
<i>clonazepam tab 2 mg</i>	8	QL
DIASTAT ACUDIAL	8	
DIASTAT PEDIATRIC	8	
<i>diazepam rectal gel delivery system 10 mg</i>	8	QL
<i>diazepam rectal gel delivery system 2.5 mg</i>	1	QL
<i>diazepam rectal gel delivery system 20 mg</i>	8	QL
KLONOPIN	8	
LIBERVANT	8	
NAYZILAM	8	QL ST
ONFI	8	
SYMPAZAN	8	S Specialty Drug
VALTOCO 10 MG DOSE	8	QL ST
VALTOCO 15 MG DOSE	8	QL ST
VALTOCO 20 MG DOSE	8	QL ST
VALTOCO 5 MG DOSE	8	QL ST
ANTICONVULSANTS - MISC.		
APTIOM	8	
BANZEL	8	
<i>brivaracetam iv soln 50 mg/5ml</i>	8	
<i>brivaracetam oral soln 10 mg/ml</i>	8	ST

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>brivaracetam tab 10 mg</i>	8	ST
<i>brivaracetam tab 100 mg</i>	8	ST
<i>brivaracetam tab 25 mg</i>	8	ST
<i>brivaracetam tab 50 mg</i>	8	ST
<i>brivaracetam tab 75 mg</i>	8	ST
BRIVIACT 10 MG TAB	8	ST
BRIVIACT 10 MG/ML SOLUTION	8	ST
BRIVIACT 100 MG TAB	8	ST
BRIVIACT 25 MG TAB	8	ST
BRIVIACT 50 MG TAB	8	ST
BRIVIACT 50 MG/5ML SOLUTION	8	
BRIVIACT 75 MG TAB	8	ST
CARBAMAZEPINE 200 MG CHEW TAB	8	
<i>carbamazepine cap er 12hr 100 mg</i>	8	
<i>carbamazepine cap er 12hr 200 mg</i>	8	
<i>carbamazepine cap er 12hr 300 mg</i>	8	
<i>carbamazepine chew tab 100 mg</i>	8	
<i>carbamazepine susp 100 mg/5ml</i>	8	
<i>carbamazepine tab 200 mg</i>	8	
<i>carbamazepine tab er 12hr 100 mg</i>	8	
<i>carbamazepine tab er 12hr 200 mg</i>	8	
<i>carbamazepine tab er 12hr 400 mg</i>	8	
CARBATROL	8	
DIACOMIT	8	S Specialty Drug
ELEPSIA XR	8	
EPIDIOLEX	8	PA S Specialty Drug

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>EPRONTIA</i>	8	QL AL1 Up to 8 yrs old
<i>eslicarbazepine acetate</i>	8	
<i>FINTEPLA</i>	8	S Specialty Drug
<i>GABAPENTIN 25 MG TAB</i>	8	
<i>GABAPENTIN 50 MG TAB</i>	8	
<i>gabapentin cap 100 mg</i>	8	QL
<i>gabapentin cap 200 mg</i>	8	
<i>gabapentin cap 300 mg</i>	8	QL
<i>gabapentin cap 400 mg</i>	8	QL
<i>gabapentin oral soln 250 mg/5ml</i>	8	QL
<i>gabapentin tab 600 mg</i>	8	QL
<i>gabapentin tab 800 mg</i>	8	QL
<i>GABARONE</i>	8	
<i>KEPPRA</i>	8	
<i>KEPPRA XR</i>	8	
<i>lacosamide iv inj 200 mg/20ml (10 mg/ml)</i>	8	
<i>lacosamide oral solution 10 mg/ml</i>	8	QL ST AL1 0 to 8 yrs old
<i>lacosamide tab 100 mg</i>	8	QL
<i>lacosamide tab 150 mg</i>	8	QL
<i>lacosamide tab 200 mg</i>	8	QL
<i>lacosamide tab 50 mg</i>	8	QL
<i>LAMICTAL</i>	8	
<i>LAMICTAL ODT</i>	8	
<i>LAMICTAL STARTER</i>	8	
<i>LAMICTAL XR</i>	8	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>lamotrigine orally disintegrating tab 100 mg</i>	8	
<i>lamotrigine orally disintegrating tab 200 mg</i>	8	
<i>lamotrigine orally disintegrating tab 25 mg</i>	8	
<i>lamotrigine orally disintegrating tab 50 mg</i>	8	
<i>lamotrigine tab 100 mg</i>	8	
<i>lamotrigine tab 150 mg</i>	8	
<i>lamotrigine tab 200 mg</i>	8	
<i>lamotrigine tab 25 mg</i>	8	
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	8	
<i>lamotrigine tab 35 x 25 mg starter kit</i>	8	
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	8	
<i>lamotrigine tab chewable dispersible 25 mg</i>	8	
<i>lamotrigine tab chewable dispersible 5 mg</i>	8	
<i>lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit</i>	8	
<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i>	8	
<i>lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit</i>	8	
<i>lamotrigine tab er 24hr 100 mg</i>	8	QL
<i>lamotrigine tab er 24hr 200 mg</i>	8	QL
<i>lamotrigine tab er 24hr 25 mg</i>	8	QL
<i>lamotrigine tab er 24hr 250 mg</i>	8	QL
<i>lamotrigine tab er 24hr 300 mg</i>	8	QL
<i>lamotrigine tab er 24hr 50 mg</i>	8	QL
<i>LEVETIRACETAM 250 MG TAB</i>	8	
<i>LEVETIRACETAM 500 MG TAB</i>	8	
<i>LEVETIRACETAM IN NAACL 1000 MG/100ML SOLUTION</i>	8	
<i>LEVETIRACETAM IN NAACL 1500 MG/100ML SOLUTION</i>	8	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LEVETIRACETAM IN NAACL 250 MG/50ML SOLUTION	8	
LEVETIRACETAM IN NAACL 500 MG/100ML SOLUTION	8	
levetiracetam in sodium chloride	8	
levetiracetam inj 500 mg/5ml (100 mg/ml)	8	
levetiracetam oral soln 100 mg/ml	8	
levetiracetam tab 1000 mg	8	
levetiracetam tab 250 mg	8	
levetiracetam tab 500 mg	8	
levetiracetam tab 750 mg	8	
levetiracetam tab er 24hr 500 mg	8	QL
levetiracetam tab er 24hr 750 mg	8	QL
LYRICA 100 MG CAP	8	
LYRICA 150 MG CAP	8	
LYRICA 20 MG/ML SOLUTION	8	QL PA
LYRICA 200 MG CAP	8	
LYRICA 225 MG CAP	8	
LYRICA 25 MG CAP	8	
LYRICA 300 MG CAP	8	
LYRICA 50 MG CAP	8	
LYRICA 75 MG CAP	8	
MYSOLINE	8	
NEURONTIN	8	
oxcarbazepine susp 300 mg/5ml (60 mg/ml)	8	
oxcarbazepine tab 150 mg	8	
oxcarbazepine tab 300 mg	8	
oxcarbazepine tab 600 mg	8	
oxcarbazepine tab er 24hr 150 mg	8	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>oxcarbazepine tab er 24hr 300 mg</i>	8	
<i>oxcarbazepine tab er 24hr 600 mg</i>	8	
<i>OXTELLAR XR</i>	8	
<i>pregabalin cap 100 mg</i>	8	QL
<i>pregabalin cap 150 mg</i>	8	QL
<i>pregabalin cap 200 mg</i>	8	QL
<i>pregabalin cap 225 mg</i>	8	QL
<i>pregabalin cap 25 mg</i>	8	QL
<i>pregabalin cap 300 mg</i>	8	QL
<i>pregabalin cap 50 mg</i>	8	QL
<i>pregabalin cap 75 mg</i>	8	QL
<i>pregabalin soln 20 mg/ml</i>	8	QL
<i>PRIMIDONE 125 MG TAB</i>	8	
<i>primidone tab 250 mg</i>	8	
<i>primidone tab 50 mg</i>	8	
<i>QUDEXY XR 100 MG CP24 SPRNK</i>	8	QL
<i>QUDEXY XR 150 MG CP24 SPRNK</i>	8	QL
<i>QUDEXY XR 200 MG CP24 SPRNK</i>	8	QL
<i>QUDEXY XR 25 MG CP24 SPRNK</i>	8	QL
<i>QUDEXY XR 50 MG CP24 SPRNK</i>	8	QL
<i>rufinamide susp 40 mg/ml</i>	8	PA
<i>rufinamide tab 200 mg</i>	8	QL PA
<i>rufinamide tab 400 mg</i>	8	QL PA
<i>SPRITAM</i>	8	
<i>SUBVENITE</i>	8	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TEGRETOL	8	PA
TEGRETOL-XR	8	PA
TOPAMAX	8	
TOPAMAX SPRINKLE	8	
topiramate cap er 24hr 100 mg	8	
topiramate cap er 24hr 200 mg	8	
topiramate cap er 24hr 25 mg	8	
topiramate cap er 24hr 50 mg	8	
topiramate cap er 24hr sprinkle 100 mg	8	QL PA
topiramate cap er 24hr sprinkle 150 mg	8	QL PA
topiramate cap er 24hr sprinkle 200 mg	8	QL PA
topiramate cap er 24hr sprinkle 25 mg	8	QL PA
topiramate cap er 24hr sprinkle 50 mg	8	QL PA
topiramate oral soln 25 mg/ml	8	QL AL1 Up to 8 yrs old
topiramate sprinkle cap 15 mg	8	QL
topiramate sprinkle cap 25 mg	8	QL
topiramate sprinkle cap 50 mg	8	
topiramate tab 100 mg	8	QL
topiramate tab 200 mg	8	QL
topiramate tab 25 mg	8	QL
topiramate tab 50 mg	8	QL
TRILEPTAL	8	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TROKENDI XR	8	
VIMPAT 10 MG/ML SOLUTION	8	QL AL1 0 to 8 yrs old
VIMPAT 100 MG TAB	8	
VIMPAT 150 MG TAB	8	
VIMPAT 200 MG TAB	8	
VIMPAT 200 MG/20ML SOLUTION	8	
VIMPAT 50 MG TAB	8	
ZONEGRAN	8	
ZONISADE	8	
zonisamide	8	
ZTALMY	8	S Specialty Drug
CARBAMATES		
felbamate	8	
FELBATOL	8	
XCOPRI (250 MG DAILY DOSE)	8	QL ST
XCOPRI (350 MG DAILY DOSE)	8	QL ST
XCOPRI 100 MG TAB	8	QL ST
XCOPRI 14 X 12.5 MG & 14 X 25 MG TAB THPK	8	QL ST
XCOPRI 14 X 150 MG & 14 X200 MG TAB THPK	8	QL ST
XCOPRI 14 X 50 MG & 14 X100 MG TAB THPK	8	QL ST
XCOPRI 150 MG TAB	8	QL ST

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>XCOPRI 200 MG TAB</i>	8	QL ST
<i>XCOPRI 25 MG TAB</i>	8	QL ST
<i>XCOPRI 50 MG TAB</i>	8	QL ST
GABA MODULATORS		
<i>GABITRIL</i>	8	
<i>SABRIL</i>	8	S Specialty Drug
<i>TIAGABINE HCL 12 MG TAB</i>	8	
<i>TIAGABINE HCL 16 MG TAB</i>	8	
<i>tiagabine hcl tab 12 mg</i>	8	
<i>tiagabine hcl tab 16 mg</i>	8	
<i>tiagabine hcl tab 2 mg</i>	8	
<i>tiagabine hcl tab 4 mg</i>	8	
<i>vigabatrin powd pack 500 mg</i>	8	S Specialty Drug
<i>vigabatrin tab 500 mg</i>	8	QL PA S Specialty Drug
<i>VIGAFYDE</i>	8	S Specialty Drug
HYDANTOINS		
<i>CEREBYX</i>	8	
<i>DILANTIN 100 MG CAP</i>	8	
<i>DILANTIN 125 MG/5ML SUSPENSION</i>	8	
<i>DILANTIN 30 MG CAP</i>	8	
<i>DILANTIN INFATABS</i>	8	
<i>DILANTIN-125</i>	8	
<i>fosphenytoin sodium</i>	8	
<i>phenytoin</i>	8	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>phenytoin sodium</i>	8	
<i>phenytoin sodium extended</i>	8	
SUCCINIMIDES		
CELONTIN	8	
<i>ethosuximide</i>	8	
<i>methsuximide</i>	8	
ZARONTIN	8	
VALPROIC ACID		
DEPAKOTE	8	
DEPAKOTE ER	8	
DEPAKOTE SPRINKLES	8	
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	8	
<i>divalproex sodium tab delayed release 125 mg</i>	8	
<i>divalproex sodium tab delayed release 250 mg</i>	8	
<i>divalproex sodium tab delayed release 500 mg</i>	8	
<i>divalproex sodium tab er 24 hr 250 mg</i>	8	
<i>divalproex sodium tab er 24 hr 500 mg</i>	8	
<i>valproate sodium inj 100 mg/ml</i>	8	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	8	
<i>valproic acid</i>	8	
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
<i>mirtazapine</i>	8	QL
REMERON	8	
REMERON SOLTAB	8	
ANTIDEPRESSANT - MISCELLANEOUS COMBINATIONS		
AUVELITY	8	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTIDEPRESSANTS - MISC.		
<i>APLENZIN</i>	8	
<i>BUPROPION HCL ER (XL)</i>	8	QL
<i>bupropion hcl tab 100 mg</i>	8	QL
<i>bupropion hcl tab 75 mg</i>	8	QL
<i>bupropion hcl tab er 12hr 100 mg</i>	8	QL
<i>bupropion hcl tab er 12hr 150 mg</i>	8	QL
<i>bupropion hcl tab er 12hr 200 mg</i>	8	QL
<i>bupropion hcl tab er 24hr 150 mg</i>	8	QL
<i>bupropion hcl tab er 24hr 300 mg</i>	8	QL
<i>FORFIVO XL</i>	8	QL
<i>WELLBUTRIN SR</i>	8	
<i>WELLBUTRIN XL</i>	8	
GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID		
<i>ZULRESSO</i>	8	S Specialty Drug
<i>ZURZUVAE</i>	8	PA S Specialty Drug
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
<i>EMSAM</i>	8	QL ST
<i>MARPLAN</i>	8	
<i>NARDIL</i>	8	
<i>PARNATE</i>	8	
<i>PHENELZINE SULFATE</i>	8	
<i>tranylcypromine sulfate</i>	8	
N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS		
<i>SPRAVATO (56 MG DOSE)</i>	8	QL PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SPRAVATO (84 MG DOSE)	8	QL PA
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
CELEXA	8	
CITALOPRAM HYDROBROMIDE 30 MG CAP	8	
<i>citalopram hydrobromide cap 30 mg</i>	8	
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	8	QL
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	8	QL
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	8	QL
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	8	QL
ESCITALOPRAM OXALATE 15 MG CAP	8	
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	8	QL
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	8	QL
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	8	QL
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	8	QL
FLUOXETINE HCL 60 MG TAB	8	
FLUOXETINE HCL 90 MG CAP DR	8	QL
<i>fluoxetine hcl cap 10 mg</i>	8	QL
<i>fluoxetine hcl cap 20 mg</i>	8	QL
<i>fluoxetine hcl cap 40 mg</i>	8	QL
<i>fluoxetine hcl solution 20 mg/5ml</i>	8	QL
<i>fluoxetine hcl tab 10 mg</i>	8	QL
<i>fluoxetine hcl tab 20 mg</i>	8	QL
<i>fluoxetine hcl tab 60 mg</i>	8	QL
<i>fluvoxamine maleate cap er 24hr 100 mg</i>	8	
<i>fluvoxamine maleate cap er 24hr 150 mg</i>	8	
<i>fluvoxamine maleate tab 100 mg</i>	8	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>fluvoxamine maleate tab 25 mg</i>	8	QL
<i>fluvoxamine maleate tab 50 mg</i>	8	QL
LEXAPRO	8	
PAROXETINE HCL 10 MG/5ML SUSPENSION	8	QL AL1 0 to 8 yrs old
<i>paroxetine hcl tab 10 mg</i>	8	QL
<i>paroxetine hcl tab 20 mg</i>	8	QL
<i>paroxetine hcl tab 30 mg</i>	8	QL
<i>paroxetine hcl tab 40 mg</i>	8	QL
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	8	QL
<i>paroxetine hcl tab er 24hr 25 mg</i>	8	QL
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	8	QL
PAXIL	8	
PAXIL CR	8	
PEXEVA	8	
PROZAC	8	
SERTRALINE HCL 150 MG CAP	8	
SERTRALINE HCL 200 MG CAP	8	
<i>sertraline hcl cap 150 mg</i>	8	
<i>sertraline hcl cap 200 mg</i>	8	
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	8	QL
<i>sertraline hcl tab 100 mg</i>	8	QL
<i>sertraline hcl tab 25 mg</i>	8	QL
<i>sertraline hcl tab 50 mg</i>	8	QL
ZOLOFT	8	
SEROTONIN MODULATORS		
EXXUA	8	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EXXUA TITRATION PACK	8	
NEFAZODONE HCL 100 MG TAB	8	QL
NEFAZODONE HCL 150 MG TAB	8	QL
NEFAZODONE HCL 200 MG TAB	8	QL
NEFAZODONE HCL 250 MG TAB	8	QL
NEFAZODONE HCL 50 MG TAB	8	QL
RALDESY	8	
trazodone hcl tab 100 mg	8	
trazodone hcl tab 150 mg	8	
trazodone hcl tab 300 mg	8	
trazodone hcl tab 50 mg	8	
TRINTELLIX	8	QL ST
VIIBRYD	8	
VIIBRYD STARTER PACK	8	
vilazodone hcl	8	QL
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
CYMBALTA	8	
DESVENLAFAXINE ER	8	QL
desvenlafaxine succinate	8	QL
DRIZALMA SPRINKLE	8	
duloxetine hcl enteric coated pellets cap 20 mg (base eq)	8	QL
duloxetine hcl enteric coated pellets cap 30 mg (base eq)	8	QL
duloxetine hcl enteric coated pellets cap 40 mg (base eq)	8	
duloxetine hcl enteric coated pellets cap 60 mg (base eq)	8	QL
EFFEXOR XR	8	
FETZIMA	8	QL ST

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>FETZIMA TITRATION</i>	8	QL ST
<i>PRISTIQ</i>	8	
<i>VENLAFAXINE BESYLATE ER</i>	8	
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	8	QL
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	8	
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	8	
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	8	QL
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	8	QL
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	8	QL
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	8	QL
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	8	QL
<i>venlafaxine hcl tab er 24hr 150 mg (base equivalent)</i>	8	
<i>venlafaxine hcl tab er 24hr 225 mg (base equivalent)</i>	8	
<i>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)</i>	8	
<i>venlafaxine hcl tab er 24hr 75 mg (base equivalent)</i>	8	
TRICYCLIC AGENTS		
<i>amitriptyline hcl</i>	8	
<i>amoxapine</i>	8	
<i>ANAFRANIL</i>	8	
<i>clomipramine hcl</i>	8	
<i>desipramine hcl</i>	8	
<i>DOXEPIN HCL 10 MG/ML CONC</i>	8	AL1 0 to 8 yrs old
<i>doxepin hcl cap 10 mg</i>	8	
<i>doxepin hcl cap 100 mg</i>	8	
<i>doxepin hcl cap 150 mg</i>	8	
<i>doxepin hcl cap 25 mg</i>	8	
<i>doxepin hcl cap 50 mg</i>	8	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>doxepin hcl cap 75 mg</i>	8	
<i>doxepin hcl conc 10 mg/ml</i>	8	AL1 0 to 8 yrs old
<i>imipramine hcl</i>	8	
<i>imipramine pamoate</i>	8	
NORPRAMIN	8	
<i>nortriptyline hcl</i>	8	
PAMELOR	8	
<i>protriptyline hcl</i>	8	
<i>trimipramine maleate</i>	8	
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
<i>acarbose</i>	1	
MIGLITOL 100 MG TAB	1	
MIGLITOL 25 MG TAB	1	
MIGLITOL 50 MG TAB	1	
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN 60	1	PA
BIGUANIDES		
<i>metformin hcl oral soln 500 mg/5ml</i>	1	AL1 0 to 8 yrs old
<i>metformin hcl tab 1000 mg</i>	1	
<i>metformin hcl tab 500 mg</i>	1	
<i>metformin hcl tab 850 mg</i>	1	
<i>metformin hcl tab er 24hr 500 mg</i>	1	
<i>metformin hcl tab er 24hr 750 mg</i>	1	
DIABETIC OTHER		
BAQSIMI ONE PACK	1	QL
BAQSIMI TWO PACK	1	QL
GLUCAGEN HYPOKIT	1	QL PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>glucagon</i>	1	QL
GVOKE HYPOPEN 1-PACK 0.5 MG/0.1ML SOLN A-INJ	1	QL
GVOKE HYPOPEN 1-PACK 1 MG/0.2ML SOLN A-INJ	1	QL
GVOKE HYPOPEN 2-PACK 0.5 MG/0.1ML SOLN A-INJ	1	QL
GVOKE HYPOPEN 2-PACK 1 MG/0.2ML SOLN A-INJ	1	QL
GVOKE KIT	1	QL
GVOKE PFS 1 MG/0.2ML SOLN PRSYR	1	QL
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
		QL
ALOGLIPTIN BENZOATE	1	ST HYB
BRYNOVIN	1	ST HYB
JANUVIA	1	QL HYB
NESINA 12.5 MG TAB	1	QL ST HYB
NESINA 25 MG TAB	1	QL ST HYB
ONGLYZA 2.5 MG TAB	1	QL ST HYB
ONGLYZA 5 MG TAB	1	QL HYB
saxagliptin hcl	1	ST HYB
SITAGLIPTIN	1	ST HYB

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>TRADJENTA</i>	1	QL HYB
<i>ZITUVIO</i>	1	ST HYB
DIPEPTIDYL PEPTIDASE-4 INHIBITOR-BIGUANIDE COMBINATIONS		
<i>ALOGLIPTIN-METFORMIN HCL 12.5-1000 MG TAB</i>	1	QL ST HYB
<i>ALOGLIPTIN-METFORMIN HCL 12.5-500 MG TAB</i>	1	ST HYB
<i>JANUMET</i>	1	QL HYB
<i>JANUMET XR 100-1000 MG TAB ER 24H</i>	1	QL HYB
<i>JANUMET XR 50-1000 MG TAB ER 24H</i>	1	QL HYB
<i>JANUMET XR 50-500 MG TAB ER 24H</i>	1	QL HYB
<i>JENTADUETO</i>	1	QL HYB
<i>JENTADUETO XR 2.5-1000 MG TAB ER 24H</i>	1	QL HYB
<i>JENTADUETO XR 5-1000 MG TAB ER 24H</i>	1	QL HYB
<i>KAZANO 12.5-1000 MG TAB</i>	1	QL ST HYB
<i>KAZANO 12.5-500 MG TAB</i>	1	ST HYB
<i>saxagliptin-metformin hcl</i>	1	ST HYB

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>SITAGLIPT BASE-METFORM HCL ER</i>	1	ST HYB
<i>SITAGLIPTIN BASE-METFORMIN HCL</i>	1	ST HYB
<i>ZITUVIMET</i>	1	ST HYB
<i>ZITUVIMET XR</i>	1	ST HYB
DPP-4 INHIBITOR-THIAZOLIDINEDIONE COMBINATIONS		
<i>ALOGLIPTIN-PIOGLITAZONE 12.5-30 MG TAB</i>	1	ST HYB
<i>ALOGLIPTIN-PIOGLITAZONE 25-15 MG TAB</i>	1	ST HYB
<i>ALOGLIPTIN-PIOGLITAZONE 25-30 MG TAB</i>	1	ST HYB
<i>ALOGLIPTIN-PIOGLITAZONE 25-45 MG TAB</i>	1	ST HYB
HUMAN INSULIN		
<i>ADMELOG</i>	1	QL PA HYB
<i>ADMELOG SOLOSTAR</i>	1	QL PA HYB
<i>AFREZZA</i>	1	PA HYB
<i>APIDRA</i>	1	QL PA HYB

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>BASAGLAR KWIKPEN</i>	1	QL PA HYB
<i>BASAGLAR TEMPO PEN</i>	1	PA HYB
<i>FIASP</i>	1	QL HYB
<i>FIASP FLEXTOUCH</i>	1	QL HYB
<i>FIASP PENFILL</i>	1	QL HYB
<i>FIASP PUMPCART</i>	1	QL HYB
<i>HUMALOG 100 UNIT/ML SOLN CART</i>	1	QL HYB
<i>HUMALOG 100 UNIT/ML SOLUTION</i>	1	QL HYB HYB
<i>HUMALOG JUNIOR KWIKPEN</i>	1	QL HYB
<i>HUMALOG KWIKPEN 100 UNIT/ML SOLN PEN</i>	1	QL HYB
<i>HUMALOG KWIKPEN 200 UNIT/ML SOLN PEN</i>	1	QL PA HYB
<i>HUMALOG MIX 50/50</i>	1	QL
<i>HUMALOG MIX 50/50 KWIKPEN</i>	1	QL HYB
<i>HUMALOG MIX 75/25</i>	1	QL HYB

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>HUMALOG MIX 75/25 KWIKPEN</i>	1	QL HYB
<i>HUMALOG TEMPO PEN</i>	1	HYB
<i>HUMULIN 70/30</i>	1	QL HYB HYB
<i>HUMULIN 70/30 KWIKPEN</i>	1	QL HYB
<i>HUMULIN N</i>	1	QL PA HYB
<i>HUMULIN N KWIKPEN</i>	1	QL PA HYB
<i>HUMULIN R</i>	1	QL PA HYB
<i>HUMULIN R U-500 (CONCENTRATED)</i>	1	QL PA HYB
<i>HUMULIN R U-500 KWIKPEN</i>	1	QL PA HYB
<i>INSULIN ASP PROT & ASP FLEXPEN</i>	1	QL HYB
<i>INSULIN ASPART</i>	1	QL HYB
<i>INSULIN ASPART FLEXPEN</i>	1	QL HYB
<i>INSULIN ASPART PENFILL</i>	1	QL HYB

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>INSULIN ASPART PROT & ASPART</i>	1	QL HYB
<i>INSULIN DEGLUDEC</i>	1	QL PA HYB
<i>INSULIN DEGLUDEC FLEXTOUCH 100 UNIT/ML SOLN PEN</i>	1	QL PA HYB
<i>INSULIN DEGLUDEC FLEXTOUCH 200 UNIT/ML SOLN PEN</i>	1	QL PA HYB
<i>INSULIN GLARGINE</i>	1	QL PA HYB
<i>INSULIN GLARGINE MAX SOLOSTAR</i>	1	QL PA HYB
<i>INSULIN GLARGINE SOLOSTAR 100 UNIT/ML SOLN PEN</i>	1	QL PA HYB
<i>INSULIN GLARGINE SOLOSTAR 300 UNIT/ML SOLN PEN</i>	1	QL PA HYB
<i>INSULIN GLARGINE-YFGN</i>	1	QL PA HYB
<i>INSULIN LISPRO</i>	1	QL HYB HYB
<i>INSULIN LISPRO (1 UNIT DIAL)</i>	1	QL HYB HYB

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>INSULIN LISPRO JUNIOR KWIKPEN</i>	1	QL HYB
<i>INSULIN LISPRO PROT & LISPRO</i>	1	QL PA HYB
<i>KIRSTY</i>	1	PA HYB
<i>LANTUS</i>	1	QL HYB HYB
<i>LANTUS SOLOSTAR</i>	1	QL HYB HYB
<i>LEVEMIR</i>	1	QL HYB
<i>LEVEMIR FLEXPEN</i>	1	QL HYB
<i>LEVEMIR FLEXTOUCH</i>	1	QL HYB
<i>LYUMJEV</i>	1	QL PA HYB
<i>LYUMJEV KWIKPEN 100 UNIT/ML SOLN PEN</i>	1	QL PA HYB
<i>LYUMJEV KWIKPEN 200 UNIT/ML SOLN PEN</i>	1	QL PA HYB
<i>LYUMJEV TEMPO PEN</i>	1	PA HYB

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MERILOG	1	PA HYB
MERILOG SOLOSTAR	1	PA HYB
NOVOLIN 70/30	1	QL PA HYB
NOVOLIN 70/30 FLEXPEN	1	QL PA HYB
NOVOLIN 70/30 FLEXPEN RELION	1	QL PA HYB
NOVOLIN 70/30 RELION	1	QL PA HYB
NOVOLIN N	1	QL HYB
NOVOLIN N FLEXPEN	1	QL HYB
NOVOLIN N FLEXPEN RELION	1	QL HYB
NOVOLIN N RELION	1	QL HYB
NOVOLIN R	1	QL PA HYB
NOVOLIN R FLEXPEN	1	QL PA HYB

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>NOVOLIN R FLEXPEN RELION</i>	1	QL PA HYB
<i>NOVOLIN R RELION</i>	1	QL PA HYB
<i>NOVOLOG</i>	1	QL HYB
<i>NOVOLOG 70/30 FLEXPEN RELION</i>	1	QL HYB
<i>NOVOLOG FLEXPEN</i>	1	QL HYB
<i>NOVOLOG FLEXPEN RELION</i>	1	QL HYB
<i>NOVOLOG MIX 70/30</i>	1	QL HYB
<i>NOVOLOG MIX 70/30 FLEXPEN</i>	1	QL HYB
<i>NOVOLOG MIX 70/30 RELION</i>	1	QL HYB
<i>NOVOLOG PENFILL</i>	1	QL HYB
<i>NOVOLOG RELION</i>	1	QL HYB
<i>REZVOGLAR KWIKPEN</i>	1	QL PA HYB
<i>SEMGLEE</i>	1	QL HYB
<i>SEMGLEE (YFGN)</i>	1	QL HYB

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>TOUJEO MAX SOLOSTAR</i>	1	QL HYB
<i>TOUJEO SOLOSTAR</i>	1	QL HYB
<i>TRESIBA</i>	1	QL PA HYB
<i>TRESIBA FLEXTOUCH 100 UNIT/ML SOLN PEN</i>	1	QL PA HYB
<i>TRESIBA FLEXTOUCH 200 UNIT/ML SOLN PEN</i>	1	QL PA HYB
INCRETIN MIMETIC AGENTS (GIP & GLP-1 RECEPTOR AGONISTS)		
<i>MOUNJARO</i>	1	QL PA HYB
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
<i>BYDUREON BCISE</i>	1	QL PA HYB
<i>BYETTA 10 MCG PEN</i>	1	QL PA HYB
<i>BYETTA 5 MCG PEN</i>	1	QL PA HYB
<i>EXENATIDE</i>	1	QL PA HYB

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>OZEMPIC</i>	1	QL PA HYB
<i>OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/1.5ML SOLN PEN</i>	1	QL HYB
<i>OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN</i>	1	QL HYB
<i>OZEMPIC (1 MG/DOSE)</i>	1	QL HYB
<i>OZEMPIC (2 MG/DOSE)</i>	1	QL HYB
<i>RYBELSUS</i>	1	QL PA HYB
<i>TRULICITY</i>	1	QL HYB
<i>VICTOZA</i>	1	QL HYB
INSULIN-INCRETIN MIMETIC COMBINATIONS		
<i>SOLIQUA</i>	1	QL PA HYB
<i>XULTOPHY</i>	1	QL PA HYB
MEGLITINIDE ANALOGUES		
<i>nateglinide</i>	1	QL
<i>repaglinide tab 0.5 mg</i>	1	QL
<i>repaglinide tab 1 mg</i>	1	QL
<i>repaglinide tab 2 mg</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SGLT2 INHIBITOR - DPP-4 INHIBITOR - BIGUANIDE COMB		
<i>TRIJARDY XR</i>	1	ST HYB
SGLT2 INHIBITOR - DPP-4 INHIBITOR COMBINATIONS		
<i>GLYXAMBI</i>	1	ST HYB
<i>QTERN</i>	1	ST HYB
<i>STEGLUJAN</i>	1	ST HYB
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
<i>dapagliflozin</i>	1	ST HYB
<i>FARXIGA</i>	1	QL HYB HYB
<i>INVOKANA</i>	1	QL ST HYB
<i>JARDIANCE</i>	1	QL HYB
<i>STEGLATRO</i>	1	QL ST HYB
SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB		
<i>dapagliflozin free base-metformin hcl tab er 24hr 10-1000 mg</i>	1	ST HYB
<i>dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg</i>	1	ST HYB

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>INVOKAMET XR</i>	1	ST HYB
<i>SEGLUROMET</i>	1	ST HYB
<i>SYNJARDY</i>	1	QL HYB
<i>SYNJARDY XR</i>	1	QL HYB
<i>XIGDUO XR</i>	1	HYB
SULFONYLUREA-BIGUANIDE COMBINATIONS		
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	ST HYB
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	ST HYB
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	ST HYB
<i>glyburide-metformin</i>	1	HYB
SULFONYLUREA-THIAZOLIDINEDIONE COMBINATIONS		
<i>DUETACT</i>	1	ST HYB
<i>pioglitazone hcl-glimepiride</i>	1	ST HYB
SULFONYLUREAS		
<i>glimepiride tab 1 mg</i>	1	
<i>glimepiride tab 2 mg</i>	1	
<i>glimepiride tab 4 mg</i>	1	
<i>glipizide tab 10 mg</i>	1	
<i>glipizide tab 5 mg</i>	1	
<i>glipizide tab er 24hr 10 mg</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>glipizide tab er 24hr 2.5 mg</i>	1	
<i>glipizide tab er 24hr 5 mg</i>	1	
GLYBURIDE MICRONIZED	1	
<i>glyburide tab 1.25 mg</i>	1	
<i>glyburide tab 2.5 mg</i>	1	
<i>glyburide tab 5 mg</i>	1	
THIAZOLIDINEDIONE-BIGUANIDE COMBINATIONS		
<i>pioglitazone hcl-metformin hcl</i>	1	QL
THIAZOLIDINEDIONES		
<i>pioglitazone hcl</i>	1	QL
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIPERISTALTIC AGENTS		
<i>diphenoxylate w/ atropine</i>	1	
DIPHENOXYLATE-ATROPINE	1	
<i>loperamide hcl cap 2 mg</i>	1	
<i>loperamide hcl soln 1 mg/7.5ml</i>	1	PA
<i>loperamide hcl tab 2 mg</i>	1	
OPIUM	1	MDS1 7 / 1 day(s)
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTES - CHELATING AGENTS		
<i>deferasirox granules packet 180 mg</i>	1	PA
<i>deferasirox granules packet 360 mg</i>	1	PA
<i>deferasirox granules packet 90 mg</i>	1	PA
<i>deferasirox tab 180 mg</i>	1	
<i>deferasirox tab 360 mg</i>	1	
<i>deferasirox tab 90 mg</i>	1	
<i>deferasirox tab for oral susp 125 mg</i>	1	PA
<i>deferasirox tab for oral susp 250 mg</i>	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>deferasirox tab for oral susp 500 mg</i>	1	PA
<i>deferiprone</i>	1	PA S Specialty Drug
<i>FERRIPROX 100 MG/ML SOLUTION</i>	1	PA S Specialty Drug
<i>PROTOPAM CHLORIDE</i>	1	
OPIOID ANTAGONISTS		
<i>KLOXXADO</i>	8	QL
<i>NALMEFENE HCL</i>	8	
<i>NALOXONE HCL 0.4 MG/ML SOLN CART</i>	8	QL
<i>naloxone hcl inj 0.4 mg/ml</i>	8	QL
<i>naloxone hcl inj 4 mg/10ml</i>	8	QL
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	8	QL
<i>naloxone hcl soln prefilled syringe 0.4 mg/ml</i>	8	QL
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	8	QL
<i>naltrexone hcl</i>	8	QL
<i>NARCAN</i>	8	QL
<i>OPVEE</i>	8	QL
<i>REXTOVY</i>	8	QL
<i>REZENOPY</i>	8	
<i>VIVITROL</i>	8	QL MFL 1 / 28 day(s) S Specialty Drug
<i>ZIMHI</i>	8	QL
<i>ZURNAI</i>	8	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
<i>granisetron hcl inj 1 mg/ml</i>	1	
<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	1	
<i>granisetron hcl tab 1 mg</i>	1	QL
ONDANSETRON HCL +RFID	1	
ONDANSETRON HCL 4 MG/2ML SOLN PRSYR	1	
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	1	
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	1	
<i>ondansetron hcl oral soln 4 mg/5ml</i>	1	QL
<i>ondansetron hcl tab 4 mg</i>	1	QL
<i>ondansetron hcl tab 8 mg</i>	1	QL
<i>ondansetron orally disintegrating tab 4 mg</i>	1	QL
<i>ondansetron orally disintegrating tab 8 mg</i>	1	QL
SUSTOL	1	PA S Specialty Drug
ANTIEMETIC COMBINATIONS		
AKYNZEO 300-0.5 MG CAP	1	QL PA
ANTIEMETICS - ANTICHOLINERGIC		
<i>meclizine hcl tab 12.5 mg</i>	1	
<i>meclizine hcl tab 25 mg</i>	1	
<i>scopolamine</i>	1	
<i>trimethobenzamide hcl</i>	1	
ANTIEMETICS - MISCELLANEOUS		
<i>dronabinol cap 10 mg</i>	1	QL
<i>dronabinol cap 2.5 mg</i>	1	QL
<i>dronabinol cap 5 mg</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
<i>aprepitant capsule 125 mg</i>	1	QL
<i>aprepitant capsule 80 mg</i>	1	QL
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1	QL
ANTIFUNGALS		
<i>AMPHOTERICIN B</i>	1	
<i>griseofulvin microsize</i>	1	
<i>griseofulvin ultramicrosize tab 125 mg</i>	1	
<i>griseofulvin ultramicrosize tab 250 mg</i>	1	
<i>nystatin tab 500000 unit</i>	1	
<i>terbinafine hcl</i>	1	QL
IMIDAZOLES		
<i>ketoconazole</i>	1	
TRIAZOLES		
<i>fluconazole</i>	1	
<i>itraconazole cap 100 mg</i>	1	
<i>posaconazole susp 40 mg/ml</i>	1	PA S Specialty Drug
<i>posaconazole tab delayed release 100 mg</i>	1	QL PA
<i>voriconazole for susp 40 mg/ml</i>	1	AL1 Up to 8 yrs old
<i>voriconazole tab 200 mg</i>	1	
<i>voriconazole tab 50 mg</i>	1	
ANTIHISTAMINES		
ANTIHISTAMINES - ALKYLAMINES		
<i>chlorpheniramine maleate syrup 2 mg/5ml</i>	1	PA
<i>chlorpheniramine maleate tab 4 mg</i>	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTIHISTAMINES - ETHANOLAMINES		
CARBINOXAMINE MALEATE 4 MG/5ML SOLUTION	1	
carbinoxamine maleate tab 4 mg	1	
CLEMASTINE FUMARATE 2.68 MG TAB	1	
DIPHENHYDRAMINE HCL 12.5 MG/5ML ELIXIR	1	
diphenhydramine hcl cap 25 mg	1	
diphenhydramine hcl cap 50 mg	1	
diphenhydramine hcl chew tab 12.5 mg	1	PA
diphenhydramine hcl inj 50 mg/ml	1	
diphenhydramine hcl liquid 12.5 mg/5ml	1	
diphenhydramine hcl tab 25 mg	1	PA
ANTIHISTAMINES - NON-SEDATING		
cetirizine hcl cap 10 mg	1	PA
cetirizine hcl chew tab 10 mg	1	
cetirizine hcl chew tab 5 mg	1	
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	1	
cetirizine hcl tab 10 mg	1	
cetirizine hcl tab 5 mg	1	
DESLORATADINE 2.5 MG TAB DISP	1	QL
DESLORATADINE 5 MG TAB DISP	1	QL
desloratadine tab 5 mg	1	QL
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)	1	QL
levocetirizine dihydrochloride tab 5 mg	1	QL
loratadine chew tab 5 mg	1	PA
loratadine oral soln 5 mg/5ml	1	
loratadine syrup 5 mg/5ml	1	
loratadine tab 10 mg	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTIHISTAMINES - PHENOTHIAZINES		
<i>promethazine hcl inj 25 mg/ml</i>	1	
<i>promethazine hcl inj 50 mg/ml</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
<i>promethazine hcl tab 12.5 mg</i>	1	
<i>promethazine hcl tab 25 mg</i>	1	
<i>promethazine hcl tab 50 mg</i>	1	
ANTIHISTAMINES - PIPERIDINES		
<i>cyproheptadine hcl</i>	1	
ANTIHYPERTENSIVES		
ACL INHIB-INTestinal CHOLESTEROL ABSORPTION INHIB COMB		
<i>NEXLIZET</i>	1	PA
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
<i>NEXLETOL</i>	1	PA
ANTIHYPERTENSIVES - MISC.		
<i>icosapent ethyl cap 0.5 gm</i>	1	QL
<i>icosapent ethyl cap 1 gm</i>	1	QL
<i>omega-3-acid ethyl esters</i>	1	
BILE ACID SEQUESTRANTS		
<i>cholestyramine</i>	1	
<i>cholestyramine light</i>	1	
<i>colesevelam hcl packet for susp 3.75 gm</i>	1	QL AL1 Up to 8 yrs old
<i>colesevelam hcl tab 625 mg</i>	1	QL
<i>colestipol hcl</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FIBRIC ACID DERIVATIVES		
<i>choline fenofibrate</i>	1	QL
<i>fenofibrate micronized cap 130 mg</i>	1	QL
<i>fenofibrate micronized cap 134 mg</i>	1	QL
<i>fenofibrate micronized cap 200 mg</i>	1	QL
<i>fenofibrate micronized cap 43 mg</i>	1	QL
<i>fenofibrate micronized cap 67 mg</i>	1	QL
<i>fenofibrate tab 145 mg</i>	1	QL
<i>fenofibrate tab 160 mg</i>	1	QL
<i>fenofibrate tab 48 mg</i>	1	QL
<i>fenofibrate tab 54 mg</i>	1	QL
<i>gemfibrozil</i>	1	
HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	1	QL PREV
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	1	QL PREV
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	1	QL
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	1	QL
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	1	QL PREV
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	1	QL PREV
<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i>	1	QL PREV
<i>lovastatin tab 10 mg</i>	1	QL PREV
<i>lovastatin tab 20 mg</i>	1	QL PREV

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>lovastatin tab 40 mg</i>	1	QL PREV
<i>pitavastatin calcium</i>	1	QL
<i>pravastatin sodium tab 10 mg</i>	1	QL PREV
<i>pravastatin sodium tab 20 mg</i>	1	QL PREV
<i>pravastatin sodium tab 40 mg</i>	1	QL PREV
<i>pravastatin sodium tab 80 mg</i>	1	QL PREV
<i>rosuvastatin calcium tab 10 mg</i>	1	QL PREV
<i>rosuvastatin calcium tab 20 mg</i>	1	QL
<i>rosuvastatin calcium tab 40 mg</i>	1	QL
<i>rosuvastatin calcium tab 5 mg</i>	1	QL PREV
<i>simvastatin tab 10 mg</i>	1	QL PREV
<i>simvastatin tab 20 mg</i>	1	QL PREV
<i>simvastatin tab 40 mg</i>	1	QL PREV
<i>simvastatin tab 5 mg</i>	1	QL PREV
<i>simvastatin tab 80 mg</i>	1	QL
INTEST CHOLEST ABSORP INHIB-HMG COA REDUCTASE INHIB COMB		
<i>ezetimibe-simvastatin</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
<i>ezetimibe</i>	1	QL
NICOTINIC ACID DERIVATIVES		
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	1	
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	1	
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	1	
PCSK9 INHIBITORS		
REPATHA	1	ST
REPATHA PUSHTRONEX SYSTEM	1	ST
REPATHA SURECLICK	1	ST
SMALL INTERFERING RNA (SIRNA) PCSK9 INHIBITORS		
LEQVIO	1	PA S Specialty Drug
ANTIHYPERTENSIVES		
ACE INHIBITOR & CALCIUM CHANNEL BLOCKER COMBINATIONS		
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	
TRANDOLAPRIL-VERAPAMIL HCL ER 1-240 MG TAB ER	1	QL
TRANDOLAPRIL-VERAPAMIL HCL ER 2-180 MG TAB ER	1	QL
TRANDOLAPRIL-VERAPAMIL HCL ER 2-240 MG TAB ER	1	QL
TRANDOLAPRIL-VERAPAMIL HCL ER 4-240 MG TAB ER	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ACE INHIBITORS		
<i>benazepril hcl</i>	1	
<i>captopril</i>	1	
<i>enalapril maleate oral soln 1 mg/ml</i>	1	AL1 Up to 8 yrs old
<i>enalapril maleate tab 10 mg</i>	1	
<i>enalapril maleate tab 2.5 mg</i>	1	
<i>enalapril maleate tab 20 mg</i>	1	
<i>enalapril maleate tab 5 mg</i>	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril</i>	1	
<i>moexipril hcl</i>	1	
PERINDOPRIL ERBUMINE 2 MG TAB	1	
PERINDOPRIL ERBUMINE 8 MG TAB	1	
<i>perindopril erbumine tab 4 mg</i>	1	
<i>quinapril hcl</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
ACE INHIBITORS & THIAZIDE/THIAZIDE-LIKE		
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	1	
CAPTOPRIL-HYDROCHLOROTHIAZIDE	1	
<i>enalapril maleate & hydrochlorothiazide</i>	1	
<i>fosinopril sodium & hydrochlorothiazide</i>	1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
QUINAPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	1	PA
QUINAPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	1	
QUINAPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	1	
ANGIOTENSIN II RECEPTOR ANT-CA CHANNEL BLOCKER-THIAZIDES		
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg	1	QL
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg	1	QL
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg	1	QL
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg	1	QL
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg	1	QL
ANGIOTENSIN II RECEPTOR ANTAG & CA CHANNEL BLOCKER COMB		
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	1	
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	1	
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	1	
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	1	
amlodipine besylate-valsartan tab 10-160 mg	1	
amlodipine besylate-valsartan tab 10-320 mg	1	
amlodipine besylate-valsartan tab 5-160 mg	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	
TELMISARTAN-AMLODIPINE 40-10 MG TAB	1	QL
TELMISARTAN-AMLODIPINE 40-5 MG TAB	1	QL
TELMISARTAN-AMLODIPINE 80-10 MG TAB	1	QL
TELMISARTAN-AMLODIPINE 80-5 MG TAB	1	QL
ANGIOTENSIN II RECEPTOR ANTAG & THIAZIDE/THIAZIDE-LIKE		
<i>candesartan cilexetil-hydrochlorothiazide</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>losartan potassium & hydrochlorothiazide</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide</i>	1	
<i>telmisartan-hydrochlorothiazide</i>	1	QL
<i>valsartan-hydrochlorothiazide</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
ARB LI	1	QL AL1 Up to 8 yrs old
<i>candesartan cilexetil</i>	1	QL
<i>irbesartan</i>	1	QL
<i>losartan potassium tab 100 mg</i>	1	QL
<i>losartan potassium tab 25 mg</i>	1	QL
<i>losartan potassium tab 50 mg</i>	1	QL
<i>olmesartan medoxomil</i>	1	
<i>telmisartan</i>	1	
<i>valsartan tab 160 mg</i>	1	
<i>valsartan tab 320 mg</i>	1	
<i>valsartan tab 40 mg</i>	1	
<i>valsartan tab 80 mg</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTIADRENERGICS - CENTRALLY ACTING		
<i>clonidine</i>	1	
<i>clonidine hcl tab 0.1 mg</i>	1	
<i>clonidine hcl tab 0.2 mg</i>	1	
<i>clonidine hcl tab 0.3 mg</i>	1	
<i>guanfacine hcl</i>	1	
METHYLDOPA 500 MG TAB	1	
<i>methyldopa tab 250 mg</i>	1	
ANTIADRENERGICS - PERIPHERALLY ACTING		
<i>doxazosin mesylate</i>	1	
<i>prazosin hcl</i>	1	
<i>terazosin hcl</i>	1	
BETA BLOCKER & DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide</i>	1	
DIRECT RENIN INHIBITORS		
<i>aliskiren fumarate</i>	1	
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
<i>epplerenone</i>	1	QL
VASODILATORS		
<i>hydralazine hcl tab 10 mg</i>	1	
<i>hydralazine hcl tab 100 mg</i>	1	
<i>hydralazine hcl tab 25 mg</i>	1	
<i>hydralazine hcl tab 50 mg</i>	1	
<i>minoxidil</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
<i>atovaquone-proguanil hcl</i>	1	
CHLOROQUINE PHOSPHATE 250 MG TAB	1	
<i>chloroquine phosphate tab 250 mg</i>	1	
<i>chloroquine phosphate tab 500 mg</i>	1	
HYDROXYCHLOROQUINE SULFATE 100 MG TAB	1	
HYDROXYCHLOROQUINE SULFATE 300 MG TAB	1	
HYDROXYCHLOROQUINE SULFATE 400 MG TAB	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</i>	1	
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	1	
<i>quinine sulfate</i>	1	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
<i>pyridostigmine bromide tab 60 mg</i>	1	
<i>pyridostigmine bromide tab er 180 mg</i>	1	
ANTIMYCOBACTERIAL AGENTS		
CYCLOSERINE	1	
<i>ethambutol hcl</i>	1	
ISONIAZID 100 MG/ML SOLUTION	1	
<i>isoniazid syrup 50 mg/5ml</i>	1	
<i>isoniazid tab 100 mg</i>	1	
<i>isoniazid tab 300 mg</i>	1	
PRETOMANID	1	PA
<i>pyrazinamide</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>rifabutin</i>	1	
<i>rifampin cap 150 mg</i>	1	
<i>rifampin cap 300 mg</i>	1	
<i>rifampin for inj 600 mg</i>	1	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ANDROGEN BIOSYNTHESIS INHIBITORS		
<i>abiraterone acetate tab 250 mg</i>	1	QL
ANTIANDROGENS		
<i>bicalutamide</i>	1	QL
<i>ERLEADA 240 MG TAB</i>	1	PA S Specialty Drug
<i>ERLEADA 60 MG TAB</i>	1	QL PA S Specialty Drug
<i>NILUTAMIDE 150 MG TAB</i>	1	QL PA
<i>nilutamide tab 150 mg</i>	1	QL PA
<i>XTANDI</i>	1	PA S Specialty Drug
ANTIESTROGENS		
<i>tamoxifen citrate</i>	1	PREV
<i>toremifene citrate</i>	1	QL
ANTIMETABOLITES		
<i>capecitabine</i>	1	
<i>mercaptopurine susp 2000 mg/100ml (20 mg/ml)</i>	1	PA S Specialty Drug
<i>mercaptopurine tab 50 mg</i>	1	
<i>METHOTREXATE SODIUM (PF)</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
METHOTREXATE SODIUM 250 MG/10ML SOLUTION	1	
METHOTREXATE SODIUM 50 MG/2ML SOLUTION	1	
methotrexate sodium for inj 1 gm	1	
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)	1	
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)	1	
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)	1	
methotrexate sodium tab 2.5 mg (base equiv)	1	
TREXALL	1	PA S Specialty Drug
ANTINEOPLASTIC - ALK INHIBITORS		
ALECENSA	1	PA S Specialty Drug
XALKORI	1	PA S Specialty Drug
ZYKADIA	1	PA S Specialty Drug
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
TUKYSA	1	PA S Specialty Drug
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA	1	PA S Specialty Drug
VENCLEXTA STARTING PACK	1	PA S Specialty Drug
ANTINEOPLASTIC - BCR-ABL KINASE INHIBITORS		
BOSULIF 100 MG CAP	1	PA S Specialty Drug
BOSULIF 100 MG TAB	1	PA S Specialty Drug

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>BOSULIF 400 MG TAB</i>	1	PA S Specialty Drug
<i>BOSULIF 50 MG CAP</i>	1	QL PA S Specialty Drug
<i>BOSULIF 500 MG TAB</i>	1	PA S Specialty Drug
<i>dasatinib</i>	1	QL PA S Specialty Drug
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	1	QL
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	1	QL
<i>nilotinib hcl</i>	1	PA S Specialty Drug
<i>SCEMBLIX</i>	1	PA S Specialty Drug
ANTINEOPLASTIC - BRAF KINASE INHIBITORS		
<i>BRAFTOVI</i>	1	PA S Specialty Drug
<i>TAFINLAR</i>	1	PA S Specialty Drug
<i>ZELBORAF</i>	1	PA S Specialty Drug
ANTINEOPLASTIC - BTK INHIBITORS		
<i>BRUKINSA</i>	1	PA S Specialty Drug
<i>IMBRUVICA 140 MG CAP</i>	1	QL PA S Specialty Drug

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>IMBRUVICA 70 MG CAP</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #c48e3a; 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> Specialty Drug
<i>IMBRUVICA 70 MG/ML SUSPENSION</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #c48e3a; 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> Specialty Drug
<i>JAYPIRCA</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #c48e3a; 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> Specialty Drug
ANTINEOPLASTIC - EGFR INHIBITORS		
<i>erlotinib hcl</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #c48e3a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
<i>gefitinib</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #c48e3a; 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> Specialty Drug
<i>GILOTRIF</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #c48e3a; 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> Specialty Drug
<i>TAGRISO</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #c48e3a; 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> Specialty Drug
ANTINEOPLASTIC - FGFR KINASE INHIBITORS		
<i>BALVERSA</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #c48e3a; 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> Specialty Drug
<i>LYTGOBI (12 MG DAILY DOSE)</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #c48e3a; 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> Specialty Drug
<i>LYTGOBI (16 MG DAILY DOSE)</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #c48e3a; 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> Specialty Drug
<i>LYTGOBI (20 MG DAILY DOSE)</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #c48e3a; 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> Specialty Drug
<i>PEMAZYRE</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #c48e3a; 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> Specialty Drug
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
<i>ERIVEDGE</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #c48e3a; 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> Specialty Drug

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTINEOPLASTIC - HIF-2-ALPHA INHIBITORS		
<i>WELIREG</i>	1	PA S Specialty Drug
ANTINEOPLASTIC - HORMONAL AND RELATED AGENT COMBINATIONS		
<i>AKEEGA</i>	1	PA S Specialty Drug
ANTINEOPLASTIC - IMMUNOMODULATORS		
<i>pomalidomide</i>	1	PA S Specialty Drug
<i>POMALYST</i>	1	QL PA S Specialty Drug
ANTINEOPLASTIC - KRAS INHIBITORS		
<i>KRAZATI</i>	1	PA S Specialty Drug
<i>LUMAKRAS</i>	1	PA S Specialty Drug
ANTINEOPLASTIC - MEK INHIBITORS		
<i>COTELLIC</i>	1	PA S Specialty Drug
<i>KOSELUGO</i>	1	PA S Specialty Drug
<i>MEKINIST</i>	1	PA S Specialty Drug
<i>MEKTOVI</i>	1	PA S Specialty Drug
ANTINEOPLASTIC - MET INHIBITORS		
<i>TABRECTA</i>	1	PA S Specialty Drug

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>TEPMETKO</i>	1	PA S Specialty Drug
ANTINEOPLASTIC - MTOR KINASE INHIBITORS		
<i>everolimus</i>	1	PA S Specialty Drug
ANTINEOPLASTIC - MULTIKINASE INHIBITORS		
<i>CABOMETYX</i>	1	PA S Specialty Drug
<i>CAPRELSA</i>	1	PA S Specialty Drug
<i>lapatinib ditosylate</i>	1	PA S Specialty Drug
<i>NERLYNX</i>	1	PA S Specialty Drug
<i>pazopanib hcl tab 200 mg (base equiv)</i>	1	PA S Specialty Drug
<i>QINLOCK</i>	1	PA S Specialty Drug
<i>sorafenib tosylate</i>	1	PA S Specialty Drug
<i>STIVARGA</i>	1	PA S Specialty Drug
<i>sunitinib malate</i>	1	PA S Specialty Drug
<i>TURALIO 125 MG CAP</i>	1	PA S Specialty Drug
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS		
<i>AYVAKIT</i>	1	PA S Specialty Drug

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTINEOPLASTIC - RET INHIBITORS		
<i>GAVRETO</i>	1	PA S Specialty Drug
<i>RETEVMO</i>	1	PA S Specialty Drug
ANTINEOPLASTIC - TROPOMYOSIN RECEPTOR KINASE INHIBITORS		
<i>ROZLYTREK</i>	1	PA S Specialty Drug
ANTINEOPLASTIC - XPO1 INHIBITORS		
<i>XPOVIO (100 MG ONCE WEEKLY)</i>	1	PA S Specialty Drug
<i>XPOVIO (40 MG ONCE WEEKLY)</i>	1	PA S Specialty Drug
<i>XPOVIO (40 MG TWICE WEEKLY)</i>	1	PA S Specialty Drug
<i>XPOVIO (60 MG ONCE WEEKLY)</i>	1	PA S Specialty Drug
<i>XPOVIO (60 MG TWICE WEEKLY)</i>	1	PA S Specialty Drug
<i>XPOVIO (80 MG ONCE WEEKLY)</i>	1	PA S Specialty Drug
<i>XPOVIO (80 MG TWICE WEEKLY)</i>	1	PA S Specialty Drug
ANTINEOPLASTIC COMBINATIONS		
<i>KISQALI FEMARA (200 MG DOSE)</i>	1	PA S Specialty Drug
<i>KISQALI FEMARA (400 MG DOSE)</i>	1	PA S Specialty Drug
<i>KISQALI FEMARA (600 MG DOSE)</i>	1	PA S Specialty Drug

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>LONSURF</i>	1	PA S Specialty Drug
ANTINEOPLASTICS MISC.		
<i>ACTIMMUNE</i>	1	PA S Specialty Drug
<i>hydroxyurea</i>	1	
AROMATASE INHIBITORS		
<i>anastrozole</i>	1	QL PREV
<i>exemestane</i>	1	QL GL Female
<i>letrozole</i>	1	GL Female
CHEMOTHERAPY ADJUNCTS - HYPERURICEMIA AGENTS		
<i>ELITEK 1.5 MG RECON SOLN</i>	1	
CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS		
<i>IBRANCE</i>	1	QL PA S Specialty Drug
<i>KISQALI (200 MG DOSE)</i>	1	PA S Specialty Drug
<i>KISQALI (400 MG DOSE)</i>	1	PA S Specialty Drug
<i>KISQALI (600 MG DOSE)</i>	1	PA S Specialty Drug
<i>VERZENIO</i>	1	PA S Specialty Drug
FOLIC ACID ANTAGONISTS RESCUE AGENTS		
<i>LEDERLE LEUCOVORIN</i>	1	
<i>leucovorin calcium tab 10 mg</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>leucovorin calcium tab 15 mg</i>	1	
<i>leucovorin calcium tab 25 mg</i>	1	
<i>leucovorin calcium tab 5 mg</i>	1	
IMIDAZOTETRAZINES		
<i>temozolomide</i>	1	QL
JANUS ASSOCIATED KINASE (JAK) INHIBITORS		
<i>JAKAFI</i>	1	QL PA S Specialty Drug
LHRH ANALOGS		
<i>ELIGARD 22.5 MG KIT</i>	1	PA S Specialty Drug
<i>ELIGARD 30 MG KIT</i>	1	PA S Specialty Drug
<i>ELIGARD 45 MG KIT</i>	1	PA S Specialty Drug
<i>ELIGARD 7.5 MG KIT</i>	1	PA S Specialty Drug
<i>LEUPROLIDE ACETATE (3 MONTH)</i>	1	PA S Specialty Drug
<i>LUPRON DEPOT (1-MONTH)</i>	1	PA S Specialty Drug
<i>LUPRON DEPOT (3-MONTH)</i>	1	PA S Specialty Drug
<i>LUPRON DEPOT (4-MONTH)</i>	1	PA S Specialty Drug
<i>LUPRON DEPOT (6-MONTH)</i>	1	PA S Specialty Drug

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MITOTIC INHIBITORS		
<i>ETOPOSIDE 50 MG CAP</i>	1	PA S Specialty Drug
NITROGEN MUSTARDS AND RELATED ANALOGUES		
<i>CYCLOPHOSPHAMIDE 25 MG CAP</i>	1	
<i>CYCLOPHOSPHAMIDE 50 MG CAP</i>	1	
<i>CYCLOPHOSPHAMIDE 50 MG TAB</i>	1	
<i>cyclophosphamide cap 25 mg</i>	1	
<i>cyclophosphamide cap 50 mg</i>	1	
NITROSOUREAS		
<i>Iomustine</i>	1	PA S Specialty Drug
PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS		
<i>COPIKTRA</i>	1	PA S Specialty Drug
<i>ITOVEBI</i>	1	PA S Specialty Drug
<i>PIQRAY (200 MG DAILY DOSE)</i>	1	PA S Specialty Drug
<i>PIQRAY (250 MG DAILY DOSE)</i>	1	PA S Specialty Drug
<i>PIQRAY (300 MG DAILY DOSE)</i>	1	PA S Specialty Drug
<i>ZYDELIG</i>	1	PA S Specialty Drug
POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS		
<i>LYNPARZA 100 MG TAB</i>	1	QL PA S Specialty Drug

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>LYNPARZA 150 MG TAB</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #a52a2a; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> Specialty Drug
<i>RUBRACA</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #a52a2a; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> Specialty Drug
<i>TALZENNA</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #a52a2a; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> Specialty Drug
<i>ZEJULA 100 MG TAB</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #a52a2a; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> Specialty Drug
<i>ZEJULA 200 MG TAB</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #a52a2a; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> Specialty Drug
<i>ZEJULA 300 MG TAB</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #a52a2a; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> Specialty Drug
PROGESTINS-ANTINEOPLASTIC		
<i>megestrol acetate susp 40 mg/ml</i>	1	
<i>megestrol acetate tab 20 mg</i>	1	
<i>megestrol acetate tab 40 mg</i>	1	
RETINOIDS		
<i>tretinoin (chemotherapy)</i>	1	<div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA</div>
SELECTIVE ESTROGEN RECEPTOR DEGRADERS		
<i>ORSERDU</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #a52a2a; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> Specialty Drug
SELECTIVE RETINOID X RECEPTOR AGONISTS		
<i>bexarotene</i>	1	<div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA</div>
TOPOISOMERASE I INHIBITORS		
<i>HYCAMTIN 0.25 MG CAP</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #a52a2a; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> Specialty Drug

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>HYCAMTIN 1 MG CAP</i>	1	PA S Specialty Drug
VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) INHIBITORS		
<i>INLYTA</i>	1	QL PA S Specialty Drug
<i>LENVIMA (10 MG DAILY DOSE)</i>	1	PA S Specialty Drug
<i>LENVIMA (12 MG DAILY DOSE)</i>	1	PA S Specialty Drug
<i>LENVIMA (14 MG DAILY DOSE)</i>	1	PA S Specialty Drug
<i>LENVIMA (18 MG DAILY DOSE)</i>	1	PA S Specialty Drug
<i>LENVIMA (20 MG DAILY DOSE)</i>	1	PA S Specialty Drug
<i>LENVIMA (24 MG DAILY DOSE)</i>	1	PA S Specialty Drug
<i>LENVIMA (4 MG DAILY DOSE)</i>	1	PA S Specialty Drug
<i>LENVIMA (8 MG DAILY DOSE)</i>	1	PA S Specialty Drug
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ANTICHOLINERGICS		
<i>benztropine mesylate tab 0.5 mg</i>	1	
<i>benztropine mesylate tab 1 mg</i>	1	
<i>benztropine mesylate tab 2 mg</i>	1	
<i>TRIHXYPHENIDYL HCL 0.4 MG/ML SOLUTION</i>	1	AL1 Up to 8 yrs old
<i>trihexyphenidyl hcl tab 2 mg</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>trihexyphenidyl hcl tab 5 mg</i>	1	
ANTIPARKINSON DOPAMINERGICS		
<i>amantadine hcl</i>	1	
<i>bromocriptine mesylate</i>	1	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
<i>rasagiline mesylate</i>	1	QL
<i>selegiline hcl</i>	1	
CENTRAL/PERIPHERAL COMT INHIBITORS		
<i>tolcapone</i>	1	PA
DECARBOXYLASE INHIBITORS		
<i>carbidopa</i>	1	
LEVODOPA COMBINATIONS		
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab 10-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab er 25-100 mg</i>	1	
<i>carbidopa & levodopa tab er 50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone</i>	1	
NONERGOLINE DOPAMINE RECEPTOR AGONISTS		
<i>pramipexole dihydrochloride tab 0.125 mg</i>	1	QL
<i>pramipexole dihydrochloride tab 0.25 mg</i>	1	QL
<i>pramipexole dihydrochloride tab 0.5 mg</i>	1	QL
<i>pramipexole dihydrochloride tab 0.75 mg</i>	1	QL
<i>pramipexole dihydrochloride tab 1 mg</i>	1	QL
<i>pramipexole dihydrochloride tab 1.5 mg</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i>	1	QL
<i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i>	1	QL
<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i>	1	QL
<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i>	1	QL
<i>pramipexole dihydrochloride tab er 24hr 3 mg</i>	1	QL
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i>	1	QL
<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i>	1	QL
<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
<i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)</i>	1	QL
<i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</i>	1	QL
<i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</i>	1	QL
<i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</i>	1	QL
PERIPHERAL COMT INHIBITORS		
<i>entacapone</i>	1	
ONGENTYS	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
<i>lithium</i>	8	AL1 0 to 8 yrs old
LITHIUM CARBONATE 150 MG CAP	8	
LITHIUM CARBONATE 300 MG CAP	8	
LITHIUM CARBONATE 600 MG CAP	8	
<i>lithium carbonate cap 150 mg</i>	8	
<i>lithium carbonate cap 300 mg</i>	8	
<i>lithium carbonate cap 600 mg</i>	8	
<i>lithium carbonate tab 300 mg</i>	8	
<i>lithium carbonate tab er 300 mg</i>	8	
<i>lithium carbonate tab er 450 mg</i>	8	
LITHOBID	8	
ANTIPSYCHOTICS - MISC.		
CAPLYTA 10.5 MG CAP	8	QL PA
CAPLYTA 21 MG CAP	8	QL PA
CAPLYTA 42 MG CAP	8	QL PA
EQUETRO 100 MG CAP ER 12H	8	QL
EQUETRO 200 MG CAP ER 12H	8	QL
EQUETRO 300 MG CAP ER 12H	8	QL
GEODON 20 MG CAP	8	
GEODON 20 MG RECON SOLN	8	
GEODON 40 MG CAP	8	
GEODON 60 MG CAP	8	
GEODON 80 MG CAP	8	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LATUDA	8	
<i>lurasidone hcl</i>	8	QL
NUPLAZID	8	
VRAYLAR	8	QL PA
<i>ziprasidone hcl cap 20 mg</i>	8	QL
<i>ziprasidone hcl cap 40 mg</i>	8	QL
<i>ziprasidone hcl cap 60 mg</i>	8	QL
<i>ziprasidone hcl cap 80 mg</i>	8	QL
<i>ziprasidone mesylate</i>	8	
BENZISOXAZOLES		
BYSANTI	8	
BYSANTI TITRATION PACK A	8	
BYSANTI TITRATION PACK B	8	
BYSANTI TITRATION PACK C	8	
ERZOFRI	8	
FANAPT 1 MG TAB	8	QL PA
FANAPT 10 MG TAB	8	QL PA
FANAPT 12 MG TAB	8	QL PA
FANAPT 2 MG TAB	8	QL PA
FANAPT 4 MG TAB	8	QL PA
FANAPT 6 MG TAB	8	QL PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>FANAPT 8 MG TAB</i>	8	QL PA
<i>FANAPT TITRATION PACK A</i>	8	QL PA
<i>FANAPT TITRATION PACK B</i>	8	QL PA
<i>FANAPT TITRATION PACK C</i>	8	QL PA
<i>INVEGA</i>	8	
<i>INVEGA HAFYERA</i>	8	ST
<i>INVEGA SUSTENNA</i>	8	ST
<i>INVEGA TRINZA</i>	8	ST
<i>paliperidone tab er 24hr 1.5 mg</i>	8	QL
<i>paliperidone tab er 24hr 3 mg</i>	8	QL
<i>paliperidone tab er 24hr 6 mg</i>	8	QL
<i>paliperidone tab er 24hr 9 mg</i>	8	QL
<i>PERSERIS</i>	8	
<i>RISPERDAL</i>	8	
<i>RISPERDAL CONSTA</i>	8	
<i>RISPERIDONE 0.25 MG TAB DISP</i>	8	QL
<i>risperidone microspheres</i>	8	ST
<i>risperidone orally disintegrating tab 0.5 mg</i>	8	QL
<i>risperidone orally disintegrating tab 1 mg</i>	8	QL
<i>risperidone orally disintegrating tab 2 mg</i>	8	QL
<i>risperidone orally disintegrating tab 3 mg</i>	8	QL
<i>risperidone orally disintegrating tab 4 mg</i>	8	QL
<i>risperidone soln 1 mg/ml</i>	8	AL1 0 to 8 yrs old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>risperidone tab 0.25 mg</i>	8	QL
<i>risperidone tab 0.5 mg</i>	8	QL
<i>risperidone tab 1 mg</i>	8	QL
<i>risperidone tab 2 mg</i>	8	QL
<i>risperidone tab 3 mg</i>	8	QL
<i>risperidone tab 4 mg</i>	8	QL
<i>RYKINDO</i>	8	
<i>UZEDY</i>	8	
BUTYROPHENONES		
<i>HALDOL DECANOATE</i>	8	
<i>haloperidol</i>	8	
<i>haloperidol decanoate</i>	8	
<i>haloperidol lactate</i>	8	
DIBENZO-OXEPINO PYRROLES		
<i>asenapine maleate</i>	8	PA
<i>SAPHRIS</i>	8	
<i>SECUADO</i>	8	
DIBENZODIAZEPINES		
<i>clozapine orally disintegrating tab 100 mg</i>	8	
<i>clozapine orally disintegrating tab 12.5 mg</i>	8	QL
<i>clozapine orally disintegrating tab 150 mg</i>	8	QL
<i>clozapine orally disintegrating tab 200 mg</i>	8	QL
<i>clozapine orally disintegrating tab 25 mg</i>	8	QL
<i>clozapine tab 100 mg</i>	8	QL
<i>clozapine tab 200 mg</i>	8	QL
<i>clozapine tab 25 mg</i>	8	QL
<i>clozapine tab 50 mg</i>	8	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CLOZARIL	8	
VERSACLOZ	8	
DIBENZOTHIAZEPINES		
QUETIAPINE FUMARATE 150 MG TAB	8	
quetiapine fumarate tab 100 mg	8	QL
quetiapine fumarate tab 200 mg	8	QL
quetiapine fumarate tab 25 mg	8	QL
quetiapine fumarate tab 300 mg	8	QL
quetiapine fumarate tab 400 mg	8	QL
quetiapine fumarate tab 50 mg	8	QL
quetiapine fumarate tab er 24hr 150 mg	8	QL
quetiapine fumarate tab er 24hr 200 mg	8	QL
quetiapine fumarate tab er 24hr 300 mg	8	QL
quetiapine fumarate tab er 24hr 400 mg	8	QL
quetiapine fumarate tab er 24hr 50 mg	8	QL
SEROQUEL	8	
SEROQUEL XR	8	
DIBENZOXAZEPINES		
ADASUVE	8	
loxapine succinate	8	
DIHYDROINDOLONES		
MOLINDONE HCL	8	
MUSCARINIC AGENT - COMBINATIONS		
COBENFY	8	PA AL1 18 to 65 yrs old
COBENFY STARTER PACK	8	PA AL1 18 to 65 yrs old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PHENOTHIAZINES		
CHLORPROMAZINE HCL 100 MG/ML CONC	8	
CHLORPROMAZINE HCL 30 MG/ML CONC	8	
chlorpromazine hcl conc 100 mg/ml	8	
chlorpromazine hcl conc 30 mg/ml	8	
chlorpromazine hcl inj 25 mg/ml	8	
chlorpromazine hcl inj 50 mg/2ml	8	
chlorpromazine hcl tab 10 mg	8	
chlorpromazine hcl tab 100 mg	8	
chlorpromazine hcl tab 200 mg	8	
chlorpromazine hcl tab 25 mg	8	
chlorpromazine hcl tab 50 mg	8	
fluphenazine decanoate	8	
FLUPHENAZINE HCL 2.5 MG/5ML ELIXIR	8	AL1 0 to 8 yrs old
FLUPHENAZINE HCL 2.5 MG/ML SOLUTION	8	
FLUPHENAZINE HCL 5 MG/ML CONC	8	AL1 0 to 8 yrs old
fluphenazine hcl tab 1 mg	8	
fluphenazine hcl tab 10 mg	8	
fluphenazine hcl tab 2.5 mg	8	
fluphenazine hcl tab 5 mg	8	
perphenazine	8	
prochlorperazine	1	QL
prochlorperazine edisylate	8	
prochlorperazine maleate	8	
thioridazine hcl	8	
trifluoperazine hcl	8	
QUINOLINONE DERIVATIVES		
ABILIFY	8	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ABILIFY ASIMTUFII	8	ST
ABILIFY MAINTENA	8	ST
ABILIFY MYCITE MAINTENANCE KIT	8	S Specialty Drug
ABILIFY MYCITE STARTER KIT	8	S Specialty Drug
aripiprazole oral solution 1 mg/ml	8	QL
aripiprazole orally disintegrating tab 10 mg	8	
aripiprazole orally disintegrating tab 15 mg	8	
aripiprazole tab 10 mg	8	QL
aripiprazole tab 15 mg	8	QL
aripiprazole tab 2 mg	8	QL
aripiprazole tab 20 mg	8	QL
aripiprazole tab 30 mg	8	QL
aripiprazole tab 5 mg	8	QL
ARISTADA	8	ST
ARISTADA INITIO	8	ST
OPIPZA	8	
REXULTI	8	QL PA
THIENBENZODIAZEPINES		
olanzapine for im inj 10 mg	8	
olanzapine orally disintegrating tab 10 mg	8	QL
olanzapine orally disintegrating tab 15 mg	8	QL
olanzapine orally disintegrating tab 20 mg	8	QL
olanzapine orally disintegrating tab 5 mg	8	QL
olanzapine tab 10 mg	8	QL
olanzapine tab 15 mg	8	QL
olanzapine tab 2.5 mg	8	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>olanzapine tab 20 mg</i>	8	QL
<i>olanzapine tab 5 mg</i>	8	QL
<i>olanzapine tab 7.5 mg</i>	8	QL
ZYPREXA 10 MG RECON SOLN	8	
ZYPREXA 10 MG TAB	8	
ZYPREXA 15 MG TAB	8	
ZYPREXA 2.5 MG TAB	8	
ZYPREXA 20 MG TAB	8	QL
ZYPREXA 5 MG TAB	8	
ZYPREXA 7.5 MG TAB	8	
ZYPREXA RELPREVV	8	ST
ZYPREXA ZYDIS	8	
THIOXANTHENES		
<i>thiothixene</i>	8	
ANTIVIRALS		
ANTIRETROVIRAL COMBINATIONS		
<i>abacavir sulfate-lamivudine</i>	1	QL HYB
BIKTARVY 30-120-15 MG TAB	1	QL S Specialty Drug HYB
BIKTARVY 50-200-25 MG TAB	1	QL S Specialty Drug HYB
CABENUVA	1	PA S Specialty Drug HYB
CIMDUO	1	S Specialty Drug HYB

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
COMPLERA	1	PA S Specialty Drug HYB
DELSTRIGO	1	S Specialty Drug HYB
DESCOVY 120-15 MG TAB	1	QL S Specialty Drug HYB
DESCOVY 200-25 MG TAB	1	QL S Specialty Drug HYB
DOVATO	1	QL S Specialty Drug HYB
efavirenz-emtricitabine-tenofovir disoproxil fumarate	1	HYB
EFAVIRENZ-LAMIVUDINE-TENOFOVIR	1	S Specialty Drug HYB
efavirenz-lamivudine-tenofovir disoproxil fumarate	1	PA HYB
emtricitabine-rilpivirine-tenofovir disoproxil fumarate	1	QL PA S Specialty Drug HYB
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	1	QL HYB
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	1	QL HYB
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	1	QL HYB
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	1	QL PREV HYB

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EVOTAZ	1	S Specialty Drug HYB
GENVOYA	1	QL S Specialty Drug HYB
JULUCA	1	PA S Specialty Drug HYB
KALETRA 100-25 MG TAB	1	PA S Specialty Drug HYB
KALETRA 200-50 MG TAB	1	PA S Specialty Drug HYB
KALETRA 400-100 MG/5ML SOLUTION	1	PA AL1 Up to 8 yrs old HYB
lamivudine-zidovudine	1	HYB
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	1	AL1 Up to 8 yrs old HYB
lopinavir-ritonavir tab 100-25 mg	1	S Specialty Drug HYB
lopinavir-ritonavir tab 200-50 mg	1	S Specialty Drug HYB
ODEFSEY	1	QL PA S Specialty Drug HYB
PREZCOBIX	1	QL S Specialty Drug HYB

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>STRIBILD</i>	1	<ul style="list-style-type: none"> QL PA S Specialty Drug HYB
<i>SYMFI</i>	1	<ul style="list-style-type: none"> HYB
<i>SYMFI LO</i>	1	<ul style="list-style-type: none"> HYB
<i>SYMTUZA</i>	1	<ul style="list-style-type: none"> QL PA S Specialty Drug HYB
<i>TRIUMEQ</i>	1	<ul style="list-style-type: none"> QL S Specialty Drug HYB
<i>TRIUMEQ PD</i>	1	<ul style="list-style-type: none"> QL S Specialty Drug HYB
<i>TRUVADA</i>	1	<ul style="list-style-type: none"> QL PA HYB
ANTIRETROVIRALS - CAPSID INHIBITORS		
<i>SUNLENCA</i>	1	<ul style="list-style-type: none"> PA S Specialty Drug HYB
<i>YEZTUGO</i>	1	<ul style="list-style-type: none"> PA S Specialty Drug HYB
ANTIRETROVIRALS - CCR5 ANTAGONISTS (ENTRY INHIBITOR)		
<i>maraviroc</i>	1	<ul style="list-style-type: none"> S Specialty Drug HYB
<i>SELZENTRY 150 MG TAB</i>	1	<ul style="list-style-type: none"> PA S Specialty Drug HYB

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>SELZENTRY 20 MG/ML SOLUTION</i>	1	S Specialty Drug HYB
<i>SELZENTRY 25 MG TAB</i>	1	PA S Specialty Drug
<i>SELZENTRY 300 MG TAB</i>	1	PA S Specialty Drug HYB
<i>SELZENTRY 75 MG TAB</i>	1	PA S Specialty Drug
ANTIRETROVIRALS - CD4-DIRECTED POST-ATTACHMENT INHIBITOR		
<i>TROGARZO</i>	1	PA S Specialty Drug HYB
ANTIRETROVIRALS - FUSION INHIBITORS		
<i>FUZEON</i>	1	PA S Specialty Drug HYB
ANTIRETROVIRALS - GP120-DIRECTED ATTACHMENT INHIBITOR		
<i>RUKOBIA</i>	1	PA S Specialty Drug HYB
ANTIRETROVIRALS - INTEGRASE INHIBITORS		
<i>APRETUDE</i>	1	S Specialty Drug HYB
<i>ISENTRESS 100 MG CHEW TAB</i>	1	QL AL1 Up to 8 yrs old S Specialty Drug HYB
<i>ISENTRESS 100 MG PACKET</i>	1	S Specialty Drug HYB

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ISENTRESS 25 MG CHEW TAB</i>	1	<ul style="list-style-type: none"> QL AL1 Up to 8 yrs old S Specialty Drug HYB
<i>ISENTRESS 400 MG TAB</i>	1	<ul style="list-style-type: none"> QL S Specialty Drug HYB
<i>ISENTRESS HD</i>	1	<ul style="list-style-type: none"> QL S Specialty Drug HYB
<i>TIVICAY 10 MG TAB</i>	1	<ul style="list-style-type: none"> QL S Specialty Drug HYB
<i>TIVICAY 25 MG TAB</i>	1	<ul style="list-style-type: none"> QL S Specialty Drug HYB
<i>TIVICAY 50 MG TAB</i>	1	<ul style="list-style-type: none"> QL S Specialty Drug HYB
<i>TIVICAY PD</i>	1	<ul style="list-style-type: none"> S Specialty Drug HYB
<i>VOCABRIA</i>	1	<ul style="list-style-type: none"> PA HYB
ANTIRETROVIRALS - PROTEASE INHIBITORS		
<i>APTIVUS</i>	1	<ul style="list-style-type: none"> PA S Specialty Drug HYB
<i>atazanavir sulfate</i>	1	<ul style="list-style-type: none"> HYB
<i>darunavir tab 600 mg</i>	1	<ul style="list-style-type: none"> QL S Specialty Drug HYB

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>darunavir tab 800 mg</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL</div> <div>S Specialty Drug</div> <div>HYB</div> </div>
<i>fosamprenavir calcium</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>PA</div> <div>HYB</div> </div>
<i>NORVIR 100 MG PACKET</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>S Specialty Drug</div> <div>HYB</div> </div>
<i>NORVIR 100 MG TAB</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>PA</div> <div>HYB</div> </div>
<i>PREZISTA 100 MG/ML SUSPENSION</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>S Specialty Drug</div> <div>HYB</div> </div>
<i>PREZISTA 150 MG TAB</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL</div> <div>S Specialty Drug</div> <div>HYB</div> </div>
<i>PREZISTA 600 MG TAB</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL</div> <div>S Specialty Drug</div> <div>HYB</div> </div>
<i>PREZISTA 75 MG TAB</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL</div> <div>S Specialty Drug</div> <div>HYB</div> </div>
<i>PREZISTA 800 MG TAB</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL</div> <div>S Specialty Drug</div> <div>HYB</div> </div>
<i>REYATAZ 200 MG CAP</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>PA</div> <div>HYB</div> </div>
<i>REYATAZ 300 MG CAP</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>PA</div> <div>HYB</div> </div>
<i>REYATAZ 50 MG PACKET</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>AL1 Up to 8 yrs old</div> <div>S Specialty Drug</div> <div>HYB</div> </div>

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ritonavir</i>	1	HYB
<i>VIRACEPT</i>	1	PA S Specialty Drug HYB
ANTIRETROVIRALS - RTI-NON-NUCLEOSIDE ANALOGUES		
<i>EDURANT</i>	1	QL PA S Specialty Drug HYB
<i>EDURANT PED</i>	1	QL PA AL1 Up to 8 yrs old S Specialty Drug HYB
<i>EFAVIRENZ 200 MG CAP</i>	1	HYB
<i>EFAVIRENZ 50 MG CAP</i>	1	HYB
<i>efavirenz tab 600 mg</i>	1	HYB
<i>etravirine tab 100 mg</i>	1	QL S Specialty Drug HYB
<i>etravirine tab 200 mg</i>	1	QL S Specialty Drug HYB
<i>INTELENCE 100 MG TAB</i>	1	QL PA S Specialty Drug HYB
<i>INTELENCE 200 MG TAB</i>	1	QL PA S Specialty Drug HYB

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>INTELENCE 25 MG TAB</i>	1	QL PA S Specialty Drug HYB
<i>NEVIRAPINE 50 MG/5ML SUSPENSION</i>	1	QL AL1 Up to 8 yrs old HYB
<i>nevirapine tab 200 mg</i>	1	HYB
<i>nevirapine tab er 24hr 400 mg</i>	1	QL HYB
<i>PIFELTRO</i>	1	PA S Specialty Drug HYB
ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PURINES		
<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	1	AL1 Up to 8 yrs old HYB
<i>abacavir sulfate tab 300 mg (base equiv)</i>	1	HYB
<i>ZIAGEN 20 MG/ML SOLUTION</i>	1	PA AL1 Up to 8 yrs old HYB
ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PYRIMIDINES		
<i>emtricitabine</i>	1	HYB
<i>EMTRIVA 10 MG/ML SOLUTION</i>	1	PA S Specialty Drug HYB
<i>EMTRIVA 200 MG CAP</i>	1	PA HYB
<i>EPIVIR 10 MG/ML SOLUTION</i>	1	PA HYB
<i>EPIVIR 150 MG TAB</i>	1	PA HYB

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>EPIVIR 300 MG TAB</i>	1	QL PA HYB
<i>lamivudine oral soln 10 mg/ml</i>	1	HYB
<i>lamivudine tab 150 mg</i>	1	HYB
<i>lamivudine tab 300 mg</i>	1	QL HYB
ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-THYMIDINES		
<i>RETROVIR 10 MG/ML SOLUTION</i>	1	PA S Specialty Drug HYB
<i>RETROVIR 100 MG CAP</i>	1	PA HYB
<i>RETROVIR 50 MG/5ML SYRUP</i>	1	PA AL1 Up to 8 yrs old HYB
<i>zidovudine cap 100 mg</i>	1	HYB
<i>zidovudine syrup 10 mg/ml</i>	1	AL1 Up to 8 yrs old HYB
<i>zidovudine tab 300 mg</i>	1	HYB
ANTIRETROVIRALS - RTI-NUCLEOTIDE ANALOGUES		
<i>tenofovir disoproxil fumarate</i>	1	QL HYB
<i>VIREAD 150 MG TAB</i>	1	S Specialty Drug HYB
<i>VIREAD 200 MG TAB</i>	1	S Specialty Drug HYB
<i>VIREAD 250 MG TAB</i>	1	S Specialty Drug HYB

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>VIREAD 300 MG TAB</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">HYB</div> </div>
<i>VIREAD 40 MG/GM POWDER</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #006d62; color: white; padding: 2px 5px; border-radius: 3px;">AL1 Up to 8 yrs old</div> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">S Specialty Drug</div> <div style="background-color: #008000; color: white; padding: 2px 5px; border-radius: 3px;">HYB</div> </div>
ANTIVIRAL COMBINATIONS		
<i>PAXLOVID (150/100)</i>	1	<div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div>
<i>PAXLOVID (300/100 & 150/100)</i>	1	<div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div>
<i>PAXLOVID (300/100)</i>	1	<div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div>
CMV AGENTS		
<i>LIVTENCITY</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">S Specialty Drug</div> </div>
<i>PREVYMIS 120 MG PACKET</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">S Specialty Drug</div> </div>
<i>PREVYMIS 20 MG PACKET</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">S Specialty Drug</div> </div>
<i>PREVYMIS 240 MG TAB</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">S Specialty Drug</div> </div>
<i>PREVYMIS 480 MG TAB</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">S Specialty Drug</div> </div>
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	1	<div style="background-color: #006d62; color: white; padding: 2px 5px; border-radius: 3px;">AL1 Up to 8 yrs old</div>
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	1	
HEPATITIS B AGENTS		
<i>adefovir dipivoxil</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
<i>BARACLUDE 0.05 MG/ML SOLUTION</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">S Specialty Drug</div> </div>
<i>entecavir</i>	1	<div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div>

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>lamivudine (hbv)</i>	1	QL
HEPATITIS C AGENT - COMBINATIONS		
<i>EPCLUSA 150-37.5 MG PACKET</i>	1	PA HYB
<i>EPCLUSA 200-50 MG PACKET</i>	1	PA HYB
<i>EPCLUSA 200-50 MG TAB</i>	1	PA S Specialty Drug HYB
<i>EPCLUSA 400-100 MG TAB</i>	1	PA S Specialty Drug HYB
<i>HARVONI</i>	1	PA S Specialty Drug HYB
<i>LEDIPASVIR-SOFOSBUVIR</i>	1	PA S Specialty Drug HYB
<i>MAVYRET</i>	1	PA S Specialty Drug HYB
<i>SOFOSBUVIR-VELPATASVIR</i>	1	PA S Specialty Drug HYB
<i>VOSEVI</i>	1	PA S Specialty Drug HYB
<i>ZEPATIER</i>	1	PA S Specialty Drug HYB

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
HEPATITIS C AGENTS		
<i>PEGASYS</i>	1	PA S Specialty Drug
<i>RIBAVIRIN 200 MG CAP</i>	1	
<i>RIBAVIRIN 200 MG TAB</i>	1	
<i>SOVALDI</i>	1	PA S Specialty Drug HYB
HERPES AGENTS - PURINE ANALOGUES		
<i>acyclovir</i>	1	
<i>acyclovir sodium</i>	1	
<i>valacyclovir hcl tab 1 gm</i>	1	
<i>valacyclovir hcl tab 500 mg</i>	1	
HERPES AGENTS - THYMIDINE ANALOGUES		
<i>famciclovir</i>	1	QL
INFLUENZA AGENTS		
<i>RIMANTADINE HCL</i>	1	
MISC. ANTIVIRALS		
<i>REMDESIVIR</i>	8	
<i>VEKLURY</i>	8	
NEURAMINIDASE INHIBITORS		
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	1	QL MFL 1 / 180 day(s)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	1	QL MFL 1 / 180 day(s)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	1	QL MFL 1 / 180 day(s)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	1	QL MFL 1 / 180 DAYS

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
<i>carvedilol</i>	1	QL
<i>carvedilol phosphate</i>	1	QL
<i>labetalol hcl iv soln 5 mg/ml</i>	1	
<i>labetalol hcl tab 100 mg</i>	1	
<i>labetalol hcl tab 200 mg</i>	1	
<i>labetalol hcl tab 300 mg</i>	1	
BETA BLOCKERS CARDIO-SELECTIVE		
<i>acebutolol hcl</i>	1	
<i>atenolol</i>	1	
<i>betaxolol hcl tab 10 mg</i>	1	
<i>betaxolol hcl tab 20 mg</i>	1	
<i>bisoprolol fumarate tab 10 mg</i>	1	
<i>bisoprolol fumarate tab 5 mg</i>	1	
<i>LOPRESSOR 10 MG/ML SOLUTION</i>	1	AL1 Up to 8 yrs old
<i>metoprolol succinate</i>	1	QL
<i>metoprolol tartrate iv soln 5 mg/5ml</i>	1	
<i>metoprolol tartrate tab 100 mg</i>	1	
<i>metoprolol tartrate tab 25 mg</i>	1	
<i>metoprolol tartrate tab 37.5 mg</i>	1	
<i>metoprolol tartrate tab 50 mg</i>	1	
<i>metoprolol tartrate tab 75 mg</i>	1	
<i>nebivolol hcl</i>	1	QL
BETA BLOCKERS NON-SELECTIVE		
<i>nadolol</i>	1	
<i>pindolol</i>	1	
<i>PROPRANOLOL HCL 20 MG/5ML SOLUTION</i>	1	AL1 Up to 8 yrs old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>PROPRANOLOL HCL 40 MG/5ML SOLUTION</i>	1	AL1 Up to 8 yrs old
<i>propranolol hcl cap er 24hr 120 mg</i>	1	
<i>propranolol hcl cap er 24hr 160 mg</i>	1	
<i>propranolol hcl cap er 24hr 60 mg</i>	1	
<i>propranolol hcl cap er 24hr 80 mg</i>	1	
<i>propranolol hcl tab 10 mg</i>	1	
<i>propranolol hcl tab 20 mg</i>	1	
<i>propranolol hcl tab 40 mg</i>	1	
<i>propranolol hcl tab 60 mg</i>	1	
<i>propranolol hcl tab 80 mg</i>	1	
<i>sotalol hcl (afib/af)</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	
<i>SOTYLIZE</i>	1	QL AL1 Up to 8 yrs old
<i>TIMOLOL MALEATE 20 MG TAB</i>	1	
<i>TIMOLOL MALEATE 5 MG TAB</i>	1	
<i>timolol maleate tab 10 mg</i>	1	
<i>timolol maleate tab 5 mg</i>	1	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	1	
<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	1	
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	1	
<i>CARDAMYST</i>	1	QL MFL 4 / 365 day(s)
<i>diltiazem hcl cap er 12hr 120 mg</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>diltiazem hcl cap er 12hr 60 mg</i>	1	
<i>diltiazem hcl cap er 12hr 90 mg</i>	1	
<i>diltiazem hcl cap er 24hr 120 mg</i>	1	
<i>diltiazem hcl cap er 24hr 180 mg</i>	1	
<i>diltiazem hcl cap er 24hr 240 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	1	
<i>diltiazem hcl extended release beads</i>	1	
<i>diltiazem hcl tab 120 mg</i>	1	
<i>diltiazem hcl tab 30 mg</i>	1	
<i>diltiazem hcl tab 60 mg</i>	1	
<i>diltiazem hcl tab 90 mg</i>	1	
<i>diltiazem hcl tab er 24hr 120 mg</i>	1	
<i>diltiazem hcl tab er 24hr 180 mg</i>	1	
<i>diltiazem hcl tab er 24hr 240 mg</i>	1	
<i>diltiazem hcl tab er 24hr 300 mg</i>	1	
<i>diltiazem hcl tab er 24hr 360 mg</i>	1	
<i>diltiazem hcl tab er 24hr 420 mg</i>	1	
<i>felodipine</i>	1	
<i>isradipine</i>	1	
KATERZIA	1	AL1 Up to 8 yrs old
<i>nicardipine hcl cap 20 mg</i>	1	
<i>nicardipine hcl cap 30 mg</i>	1	
<i>nifedipine cap 10 mg</i>	1	
<i>nifedipine cap 20 mg</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>nifedipine tab er 24hr 30 mg</i>	1	
<i>nifedipine tab er 24hr 60 mg</i>	1	
<i>nifedipine tab er 24hr 90 mg</i>	1	
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	1	
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	1	
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	1	
<i>nimodipine cap 30 mg</i>	1	
<i>nisoldipine</i>	1	
NISOLDIPINE ER	1	
NORLIQVA	1	AL1 Up to 8 yrs old
<i>verapamil hcl cap er 24hr 120 mg</i>	1	
<i>verapamil hcl cap er 24hr 180 mg</i>	1	
<i>verapamil hcl cap er 24hr 240 mg</i>	1	
<i>verapamil hcl iv soln 2.5 mg/ml</i>	1	
<i>verapamil hcl tab 120 mg</i>	1	
<i>verapamil hcl tab 40 mg</i>	1	
<i>verapamil hcl tab 80 mg</i>	1	
<i>verapamil hcl tab er 120 mg</i>	1	
<i>verapamil hcl tab er 180 mg</i>	1	
<i>verapamil hcl tab er 240 mg</i>	1	
CARDIOTONICS		
CARDIAC GLYCOSIDES		
<i>digoxin oral soln 0.05 mg/ml</i>	1	
<i>digoxin tab 125 mcg (0.125 mg)</i>	1	
<i>digoxin tab 250 mcg (0.25 mg)</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CARDIOVASCULAR AGENTS - MISC.		
CALCIUM CHANNEL BLOCKER & HMG COA REDUCTASE INHIBIT COMB		
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	1	QL
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	1	QL
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	1	QL
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	1	QL
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	1	QL
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	1	QL
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	1	QL
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	1	QL
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	1	QL
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	1	QL
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	1	QL
CARDIOPLEGIC SOLUTIONS		
<i>cardioplegic soln</i>	1	
CARDIOVASCULAR SGLT2 INHIBITORS		
<i>INPEFA</i>	1	ST HYB
NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB		
<i>ENTRESTO 15-16 MG CAP SPRINK</i>	1	QL
<i>ENTRESTO 6-6 MG CAP SPRINK</i>	1	QL
<i>sacubitril-valsartan</i>	1	QL
PROSTAGLANDIN VASODILATORS		
<i>epoprostenol sodium</i>	1	PA S Specialty Drug
<i>ORENITRAM</i>	1	PA S Specialty Drug

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ORENITRAM MONTH 1</i>	1	PA S Specialty Drug
<i>ORENITRAM MONTH 2</i>	1	PA S Specialty Drug
<i>ORENITRAM MONTH 3</i>	1	PA S Specialty Drug
<i>REMODULIN</i>	1	PA S Specialty Drug
<i>treprostinil</i>	1	PA S Specialty Drug
PULM HYPERTEN-SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
<i>ADEMPAS</i>	1	PA S Specialty Drug
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
<i>ambrisentan</i>	1	QL PA S Specialty Drug
<i>bosentan tab 125 mg</i>	1	QL PA S Specialty Drug
<i>bosentan tab 62.5 mg</i>	1	QL PA S Specialty Drug
<i>bosentan tab for oral susp 32 mg</i>	1	PA S Specialty Drug
<i>macitentan</i>	1	PA S Specialty Drug
<i>OPSUMIT</i>	1	QL PA S Specialty Drug

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
<i>sildenafil citrate for suspension 10 mg/ml</i>	1	
<i>sildenafil citrate tab 20 mg</i>	1	
<i>tadalafil (pulmonary hypertension)</i>	1	
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
<i>UPTRAVI 1000 MCG TAB</i>	1	QL PA S Specialty Drug
<i>UPTRAVI 1200 MCG TAB</i>	1	QL PA S Specialty Drug
<i>UPTRAVI 1400 MCG TAB</i>	1	QL PA S Specialty Drug
<i>UPTRAVI 1600 MCG TAB</i>	1	QL PA S Specialty Drug
<i>UPTRAVI 200 & 800 MCG TAB THPK</i>	1	QL PA S Specialty Drug
<i>UPTRAVI 200 MCG TAB</i>	1	QL PA S Specialty Drug
<i>UPTRAVI 400 MCG TAB</i>	1	QL PA S Specialty Drug
<i>UPTRAVI 600 MCG TAB</i>	1	QL PA S Specialty Drug
<i>UPTRAVI 800 MCG TAB</i>	1	QL PA S Specialty Drug

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SELECTIVE CGMP PHOSPHODIESTERASE TYPE 5 INHIBITORS		
<i>tadalafil tab 5 mg</i>	1	
SINUS NODE INHIBITORS		
<i>ivabradine hcl</i>	1	QL
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
<i>CEFADROXIL 1 GM TAB</i>	1	
<i>cefadroxil cap 500 mg</i>	1	
<i>cefadroxil for susp 250 mg/5ml</i>	1	
<i>cefadroxil for susp 500 mg/5ml</i>	1	
<i>CEFAZOLIN SODIUM 1 GM RECON SOLN</i>	1	
<i>cefazolin sodium for inj 1 gm</i>	1	
<i>cefazolin sodium for inj 10 gm</i>	1	
<i>cefazolin sodium for inj 500 mg</i>	1	
<i>CEFAZOLIN SODIUM-DEXTROSE 1-4 GM-%(50ML) RECON SOLN</i>	1	
<i>CEFAZOLIN SODIUM-DEXTROSE 1-4 GM/50ML-% SOLUTION</i>	1	
<i>CEFAZOLIN SODIUM-DEXTROSE 2-3 GM-%(50ML) RECON SOLN</i>	1	
<i>CEFAZOLIN SODIUM-DEXTROSE 2-4 GM/100ML-% SOLUTION</i>	1	
<i>CEFAZOLIN SODIUM-DEXTROSE 3-2 GM-%(50ML) RECON SOLN</i>	1	
<i>cephalexin cap 250 mg</i>	1	
<i>cephalexin cap 500 mg</i>	1	
<i>cephalexin for susp 125 mg/5ml</i>	1	
<i>cephalexin for susp 250 mg/5ml</i>	1	
CEPHALOSPORINS - 2ND GENERATION		
<i>CEFACLOR 125 MG/5ML RECON SUSP</i>	1	AL1 Up to 8 yrs old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CEFACLOR 250 MG CAP	1	QL
CEFACLOR 375 MG/5ML RECON SUSP	1	AL1 Up to 8 yrs old
CEFACLOR 500 MG CAP	1	QL
CEFACLOR ER	1	QL
cefotetan disodium	1	
cefoxitin sodium	1	
CEFOXITIN SODIUM-DEXTROSE	1	
cefprozil	1	
cefuroxime axetil	1	
cefuroxime sodium	1	
CEPHALOSPORINS - 3RD GENERATION		
cefdinir	1	
CEFIXIME 100 MG/5ML RECON SUSP	1	
cefixime cap 400 mg	1	QL
cefixime for susp 100 mg/5ml	1	
cefixime for susp 200 mg/5ml	1	AL1 Up to 8 yrs old
CEFPODOXIME PROXETIL 100 MG/5ML RECON SUSP	1	AL1 Up to 8 yrs old
CEFPODOXIME PROXETIL 50 MG/5ML RECON SUSP	1	AL1 Up to 8 yrs old
cefpodoxime proxetil tab 100 mg	1	
cefpodoxime proxetil tab 200 mg	1	
CEFTAZIDIME 6 GM RECON SOLN	1	
ceftazidime for inj 1 gm	1	
ceftazidime for iv soln 2 gm	1	
CEFTRIAXONE SODIUM 1 GM RECON SOLN	1	
CEFTRIAXONE SODIUM 2 GM RECON SOLN	1	
ceftriaxone sodium for inj 1 gm	1	
ceftriaxone sodium for inj 10 gm	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ceftriaxone sodium for inj 2 gm</i>	1	
<i>ceftriaxone sodium for inj 250 mg</i>	1	
<i>ceftriaxone sodium for inj 500 mg</i>	1	
CEFTRIAZONE SODIUM IN DEXTROSE	1	
CEFTRIAZONE SODIUM-DEXTROSE	1	
TAZICEF 1 GM RECON SOLN	1	
TAZICEF 6 GM RECON SOLN	1	
CEPHALOSPORINS - 4TH GENERATION		
CEFEPIME HCL 1 GM/50ML SOLUTION	1	
CEFEPIME HCL 2 GM/100ML SOLUTION	1	
<i>cefepime hcl for inj 1 gm</i>	1	
<i>cefepime hcl for iv soln 2 gm</i>	1	
CEFEPIME-DEXTROSE	1	
CONTRACEPTIVES		
BIPHASIC CONTRACEPTIVES - ORAL		
<i>desogestrel-ethinyl estradiol (biphasic)</i>	1	PREV
LO LOESTRIN FE	1	QL
COMBINATION CONTRACEPTIVES - ORAL		
<i>desogestrel & ethinyl estradiol</i>	1	PREV
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	1	QL PREV
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	1	QL PREV
<i>drospirenone-ethinyl estradiol</i>	1	PREV
<i>ethynodiol diacet & eth estrad</i>	1	PREV
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	PREV
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	PREV
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i>	1	PREV

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg</i>	1	PREV
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i>	1	PREV
<i>norethindrone & ethinyl estradiol-fe</i>	1	PREV
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	1	PREV
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	1	PREV
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	PREV
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	1	PREV
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	1	PREV
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	1	PREV
<i>norgestimate-ethinyl estradiol</i>	1	PREV
<i>norgestrel & ethinyl estradiol</i>	1	PREV
TYBLUME	1	PREV
VALTYA 1/50	1	PREV
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
<i>norelgestromin-ethinyl estradiol</i>	1	QL PREV
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA	1	QL MFL 1 / 365 day(s) PREV
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	1	QL PREV
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	1	QL PREV
CONTINUOUS CONTRACEPTIVES - ORAL		
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	1	PREV

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EMERGENCY CONTRACEPTIVES		
<i>ELLA</i>	1	PREV
<i>levonorgestrel (emergency oc)</i>	1	PREV
EXTENDED-CYCLE CONTRACEPTIVES - ORAL		
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	1	PREV
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	1	QL PREV
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	1	QL PREV
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	1	QL PREV
PROGESTIN CONTRACEPTIVES - INJECTABLE		
<i>DEPO-SUBQ PROVERA 104</i>	1	PREV
<i>medroxyprogesterone acetate (contraceptive)</i>	1	PREV
PROGESTIN CONTRACEPTIVES - ORAL		
<i>norethindrone (contraceptive)</i>	1	PREV
<i>OPILL</i>	1	
<i>SLYND</i>	1	
TRIPHASIC CONTRACEPTIVES - ORAL		
<i>ARANELLE</i>	1	PREV
<i>levonorgestrel-eth estradiol (triphasic)</i>	1	PREV
<i>norethindrone acetate-ethinyl estradiol-fe</i>	1	PREV
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	1	PREV
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	1	PREV
<i>norgestimate-ethinyl estradiol (triphasic)</i>	1	PREV
<i>VELIVET</i>	1	PREV

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
<i>ALKINDI SPRINKLE</i>	1	<div style="display: flex; align-items: center; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">AL1</div> <div>Up to 8 yrs old</div> </div> <div style="background-color: #c0392b; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">S</div> <div>Specialty Drug</div>
<i>budesonide delayed release particles cap 3 mg</i>	1	<div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div>
<i>budesonide tab er 24hr 9 mg</i>	1	<div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div>
<i>CORTISONE ACETATE</i>	1	
<i>DEXAMETHASONE 0.5 MG/5ML SOLUTION</i>	1	
<i>dexamethasone elixir 0.5 mg/5ml</i>	1	
<i>DEXAMETHASONE INTENSOL</i>	1	<div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">AL1</div> Up to 8 yrs old
<i>dexamethasone sod phosphate preservative free inj 10 mg/ml</i>	1	
<i>DEXAMETHASONE SODIUM PHOSPHATE 10 MG/ML SOLUTION</i>	1	
<i>DEXAMETHASONE SODIUM PHOSPHATE 4 MG/ML SOLUTION</i>	1	
<i>dexamethasone sodium phosphate inj 100 mg/10ml</i>	1	
<i>dexamethasone sodium phosphate inj 120 mg/30ml</i>	1	
<i>dexamethasone sodium phosphate inj 20 mg/5ml</i>	1	
<i>dexamethasone sodium phosphate inj 4 mg/ml</i>	1	
<i>dexamethasone tab 0.5 mg</i>	1	
<i>dexamethasone tab 0.75 mg</i>	1	
<i>dexamethasone tab 1 mg</i>	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	
<i>hydrocortisone sod succinate</i>	1	<div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div>
<i>hydrocortisone tab 10 mg</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>hydrocortisone tab 20 mg</i>	1	
<i>hydrocortisone tab 5 mg</i>	1	
<i>methylprednisolone tab 16 mg</i>	1	
<i>methylprednisolone tab 32 mg</i>	1	
<i>methylprednisolone tab 4 mg</i>	1	
<i>methylprednisolone tab 8 mg</i>	1	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	1	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</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
<i>prednisolone sod phosphate oral soln 5 mg/5ml (base equiv)</i>	1	
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	1	AL1 Up to 8 yrs old
<i>prednisolone soln 15 mg/5ml</i>	1	
PREDNISON 5 MG/5ML SOLUTION	1	
PREDNISON INTENSOL	1	AL1 Up to 8 yrs old
<i>prednisone tab 1 mg</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 5 mg</i>	1	
<i>prednisone tab 50 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 therapy pack 5 mg (21)</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>prednisone tab therapy pack 5 mg (48)</i>	1	
<i>SOLU-CORTEF 100 MG RECON SOLN</i>	1	QL
<i>SOLU-CORTEF 1000 MG RECON SOLN</i>	1	QL
<i>SOLU-CORTEF 250 MG RECON SOLN</i>	1	QL
<i>SOLU-CORTEF 500 MG RECON SOLN</i>	1	QL
<i>SOLU-MEDROL 2 GM RECON SOLN</i>	1	
<i>TARPEYO</i>	1	PA S Specialty Drug
<i>triamcinolone acetonide inj susp 10 mg/ml</i>	1	
MINERALOCORTICOIDS		
<i>fludrocortisone acetate</i>	1	
COUGH/COLD/ALLERGY		
ANTITUSSIVE - NONNARCOTIC		
<i>benzonatate cap 100 mg</i>	1	
<i>benzonatate cap 150 mg</i>	1	
<i>benzonatate cap 200 mg</i>	1	
<i>dextromethorphan polistirex</i>	1	
ANTITUSSIVE - OPIOID		
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	1	QL MFL 1 / 60 day(s) MDS1 7 / 1 day(s)
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	1	QL
ANTITUSSIVE-ANTIHISTAMINE-ANALGESIC		
<i>dextromethorphan-doxylamine-apap cap 15-6.25-325 mg</i>	1	PA
<i>dextromethorphan-doxylamine-apap liquid 15-6.25-325 mg/15ml</i>	1	PA
ANTITUSSIVE-EXPECTORANT		
<i>guaifenesin-codeine</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MAR-COF CG EXPECTORANT	1	PA
ANTITUSSIVE-EXPECTORANT - DECONGEST-ANALGESIC		
DURAFLU	1	
DECONGESTANT & ANTIHISTAMINE		
ALAHIST D	1	PA
ALAHIST PE	1	PA
brompheniramine & pseudoeph	1	
chlorpheniramine & pseudoeph	1	
LOHIST-D	1	
NASOPEN PE	1	
POLY HIST FORTE	1	
triprolidine & pseudoephedrine	1	
DECONGESTANT-ANALGESIC		
phenylephrine w/ acetaminophen tab 5-325 mg	1	PA
pseudoephedrine-naproxen sodium	1	
DECONGESTANT-ANTI-HISTAMINE-ANALGESIC		
chlorphen-phenylephrine w/ apap tab 2-5-325 mg	1	PA
diphenhydramine-phenylephrine-apap packet 25-10-650 mg	1	PA
NOREL AD	1	
MISC. RESPIRATORY INHALANTS		
NEBUSAL 3 % NEBU SOLN	1	
PULMOSAL	1	
SODIUM CHLORIDE 3 % NEBU SOLN	1	
SODIUM CHLORIDE 7 % NEBU SOLN	1	
MUCOLYTICS		
acetylcysteine	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NON-NARC ANTITUSSIVE-ANTIHISTAMINE		
CHLO HIST	1	
ENDAL	1	
NINJACOF	1	
promethazine-dm	1	
VANACOF 2	1	
VANACOF CP	1	
NON-NARC ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE		
ALAHIST DM 5-12.5-10 MG/5ML LIQUID	1	
CHLO TUSS	1	
HISTEX-DM 10-2.5-20 MG/5ML SYRUP	1	
NINJACOF-D	1	
POLY-HIST DM 5-25-10 MG/5ML LIQUID	1	
POLYTUSSIN DM 5-12.5-7.5 MG/5ML LIQUID	1	
PSE-DEXCHLORPHEN-CHLOPHEDIANOL	1	PA
pseudoephed-bromphen-dm	1	
VANACOF	1	PA
WESTUSSIN DM	1	PA
NON-NARC ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE-ANALG		
pe-dm-apap & pe-cpm-dm-apap tab day/night therapy pack	1	
OPIOID ANTITUSSIVE-ANTIHISTAMINE		
promethazine w/codeine	1	QL MFL 3 / 180 DAYS
OPIOID ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE		
CAPCOF	1	
POLY-TUSSIN AC	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DERMATOLOGICALS		
ACNE ANTIBIOTICS		
<i>clindamycin phosphate lotion 1%</i>	1	
<i>clindamycin phosphate soln 1%</i>	1	
<i>clindamycin phosphate swab 1%</i>	1	
<i>dapsone (topical)</i>	1	
ERYTHROMYCIN 2 % GEL	1	
<i>erythromycin soln 2%</i>	1	
<i>sulfacetamide sodium (acne)</i>	1	
ACNE COMBINATIONS		
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	1	QL
AVAR CLEANSER	1	
AVAR-E EMOLLIENT	1	
<i>benzoyl peroxide-erythromycin</i>	1	
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	1	
SSS 10-5 10-5 % CREAM	1	
SULFACETAMIDE SODIUM-SULFUR 10-2 % LIQUID	1	
SULFACETAMIDE SODIUM-SULFUR 10-5 % CREAM	1	
SULFACETAMIDE SODIUM-SULFUR 10-5 % LIQUID	1	
SULFACETAMIDE SODIUM-SULFUR 8-4 % SUSPENSION	1	
SULFACLEANSE 8/4	1	
ACNE PRODUCTS		
<i>adapalene cream 0.1%</i>	1	
<i>adapalene gel 0.3%</i>	1	
<i>isotretinoin cap 10 mg</i>	1	QL
<i>isotretinoin cap 20 mg</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>isotretinoin cap 30 mg</i>	1	QL
<i>isotretinoin cap 40 mg</i>	1	QL
<i>tretinoin cream 0.025%</i>	1	
<i>tretinoin cream 0.05%</i>	1	
<i>tretinoin cream 0.1%</i>	1	
<i>tretinoin gel 0.01%</i>	1	
<i>tretinoin gel 0.025%</i>	1	
<i>tretinoin gel 0.05%</i>	1	
WINLEVI	1	ST
ALOPECIA AGENTS - JANUS KINUS (JAK) INHIBITORS		
LEQSELVI	1	PA S Specialty Drug HYB
LITFULO	1	PA S Specialty Drug HYB
ANTI-INFLAMMATORY AGENTS - TOPICAL		
DICLOFENAC EPOLAMINE	1	QL PA
<i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i>	1	QL
<i>diclofenac sodium soln 1.5%</i>	1	QL
ANTIBIOTICS - TOPICAL		
<i>gentamicin sulfate (topical)</i>	1	
<i>mupirocin</i>	1	
ANTIFUNGALS - TOPICAL		
<i>ciclopirox</i>	1	
<i>ciclopirox olamine</i>	1	
CICLOPIROX TREATMENT	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>LOPROX 0.77 % KIT</i>	1	
<i>NAFTIFINE HCL 1 % CREAM</i>	1	
<i>naftifine hcl cream 2%</i>	1	PA
<i>nystatin (topical)</i>	1	
ANTIFUNGALS - TOPICAL COMBINATIONS		
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	1	
<i>CLOTRIMAZOLE-BETAMETHASONE</i>	1	
<i>nystatin-triamcinolone</i>	1	
ANTINEOPLASTIC ANTIMETABOLITES - TOPICAL		
<i>FLUOROURACIL 0.5 % CREAM</i>	1	
<i>fluorouracil cream 5%</i>	1	QL
ANTINEOPLASTIC OR PREMALIGNANT LESIONS - TOPICAL NSAID'S		
<i>diclofenac sodium (actinic keratoses)</i>	1	QL
ANTIPSORIATICS		
<i>CALCIPOTRIENE 0.005 % SOLUTION</i>	1	
<i>calcipotriene cream 0.005%</i>	1	
<i>calcipotriene oint 0.005%</i>	1	
<i>CALCITRIOL 3 MCG/GM OINTMENT</i>	1	PA
<i>tazarotene cream 0.1%</i>	1	
<i>VTAMA</i>	1	QL PA HYB
ANTIPSORIATICS - SYSTEMIC		
<i>acitretin</i>	1	QL
<i>BIMZELX</i>	1	PA S Specialty Drug HYB

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>COSENTYX 125 MG/5ML SOLUTION</i>	1	PA S Specialty Drug HYB
<i>COSENTYX 150 MG/ML SOLN PRSYR</i>	1	QL PA S Specialty Drug HYB
<i>COSENTYX 75 MG/0.5ML SOLN PRSYR</i>	1	QL PA S Specialty Drug HYB
<i>COSENTYX SENSOREADY (300 MG)</i>	1	QL PA S Specialty Drug HYB
<i>COSENTYX SENSOREADY PEN</i>	1	QL PA S Specialty Drug HYB
<i>COSENTYX UNOREADY</i>	1	QL PA S Specialty Drug HYB
<i>ILUMYA</i>	1	PA S Specialty Drug HYB
<i>IMULDOSA 45 MG/0.5ML SOLN PRSYR</i>	1	PA S Specialty Drug HYB
<i>IMULDOSA 90 MG/ML SOLN PRSYR</i>	1	PA S Specialty Drug HYB

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
METHOXSALLEN RAPID	1	PA
OTULFI 45 MG/0.5ML SOLN PRSYR	1	PA S Specialty Drug HYB
OTULFI 45 MG/0.5ML SOLUTION	1	PA S Specialty Drug HYB
OTULFI 90 MG/ML SOLN PRSYR	1	PA S Specialty Drug HYB
PYZCHIVA 45 MG/0.5ML SOLN A-INJ	1	PA S Specialty Drug HYB
PYZCHIVA 45 MG/0.5ML SOLN PRSYR	1	PA S Specialty Drug HYB HYB
PYZCHIVA 45 MG/0.5ML SOLUTION	1	PA S Specialty Drug HYB
PYZCHIVA 90 MG/ML SOLN A-INJ	1	PA S Specialty Drug HYB
PYZCHIVA 90 MG/ML SOLN PRSYR	1	PA S Specialty Drug HYB HYB
SELARSDI 45 MG/0.5ML SOLN PRSYR	1	PA S Specialty Drug HYB

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>SKYRIZI 150 MG/ML SOLN PRSYR</i>	1	<div data-bbox="1117 205 1175 237">PA</div> <div data-bbox="1117 254 1175 285">S</div> Specialty Drug <div data-bbox="1117 302 1175 333">HYB</div>
<i>SKYRIZI PEN</i>	1	<div data-bbox="1117 363 1175 394">PA</div> <div data-bbox="1117 411 1175 443">S</div> Specialty Drug <div data-bbox="1117 459 1175 491">HYB</div>
<i>SOTYKTU</i>	1	<div data-bbox="1117 520 1175 552">PA</div> <div data-bbox="1117 569 1175 600">S</div> Specialty Drug <div data-bbox="1117 617 1175 648">HYB</div>
<i>SPEVIGO</i>	1	<div data-bbox="1117 678 1175 709">PA</div> <div data-bbox="1117 726 1175 758">S</div> Specialty Drug <div data-bbox="1117 774 1175 806">HYB</div>
<i>STARJEMZA 45 MG/0.5ML SOLN PRSYR</i>	1	<div data-bbox="1117 835 1175 867">PA</div> <div data-bbox="1117 884 1175 915">S</div> Specialty Drug <div data-bbox="1117 932 1175 963">HYB</div>
<i>STARJEMZA 45 MG/0.5ML SOLUTION</i>	1	<div data-bbox="1117 993 1175 1024">PA</div> <div data-bbox="1117 1041 1175 1073">S</div> Specialty Drug <div data-bbox="1117 1089 1175 1121">HYB</div>
<i>STARJEMZA 90 MG/ML SOLN PRSYR</i>	1	<div data-bbox="1117 1150 1175 1182">PA</div> <div data-bbox="1117 1199 1175 1230">S</div> Specialty Drug <div data-bbox="1117 1247 1175 1278">HYB</div>
<i>STELARA 45 MG/0.5ML SOLN PRSYR</i>	1	<div data-bbox="1117 1308 1175 1339">PA</div> <div data-bbox="1117 1356 1175 1388">S</div> Specialty Drug <div data-bbox="1117 1404 1175 1436">HYB</div>
<i>STELARA 45 MG/0.5ML SOLUTION</i>	1	<div data-bbox="1117 1465 1175 1497">PA</div> <div data-bbox="1117 1514 1175 1545">S</div> Specialty Drug <div data-bbox="1117 1562 1175 1593">HYB</div>
<i>STELARA 90 MG/ML SOLN PRSYR</i>	1	<div data-bbox="1117 1623 1175 1654">PA</div> <div data-bbox="1117 1671 1175 1703">S</div> Specialty Drug <div data-bbox="1117 1719 1175 1751">HYB</div>

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>STEQEYMA 45 MG/0.5ML SOLUTION</i>	1	PA S Specialty Drug HYB
<i>STEQEYMA 90 MG/ML SOLN PRSYR</i>	1	PA S Specialty Drug HYB
<i>TALTZ</i>	1	PA S Specialty Drug HYB
<i>TREMFYA 100 MG/ML SOLN PRSYR</i>	1	PA S Specialty Drug HYB
<i>TREMFYA ONE-PRESS</i>	1	PA S Specialty Drug HYB
<i>TREMFYA PEN 100 MG/ML SOLN A-INJ</i>	1	PA S Specialty Drug HYB
<i>USTEKINUMAB 45 MG/0.5ML SOLN PRSYR</i>	1	PA S Specialty Drug HYB
<i>USTEKINUMAB 45 MG/0.5ML SOLUTION</i>	1	PA S Specialty Drug HYB
<i>USTEKINUMAB 90 MG/ML SOLN PRSYR</i>	1	PA S Specialty Drug HYB
<i>USTEKINUMAB-AAUZ</i>	1	PA S Specialty Drug HYB

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>USTEKINUMAB-TTWE 45 MG/0.5ML SOLN PRSYR</i>	1	PA S Specialty Drug HYB
<i>USTEKINUMAB-TTWE 45 MG/0.5ML SOLUTION</i>	1	PA S Specialty Drug HYB
<i>USTEKINUMAB-TTWE 90 MG/ML SOLN PRSYR</i>	1	PA S Specialty Drug HYB
<i>YESINTEK 45 MG/0.5ML SOLN PRSYR</i>	1	PA S Specialty Drug HYB
<i>YESINTEK 45 MG/0.5ML SOLUTION</i>	1	PA S Specialty Drug HYB
<i>YESINTEK 90 MG/ML SOLN PRSYR</i>	1	PA S Specialty Drug HYB
ANTISEBORRHEIC PRODUCTS		
<i>SELENIUM SULFIDE 2.25 % SHAMPOO</i>	1	
<i>SELENIUM SULFIDE 2.5 % LOTION</i>	1	
<i>selenium sulfide shampoo 2.25%</i>	1	
<i>SULFACETAMIDE SODIUM (CLEANS)</i>	1	
ANTIVIRALS - TOPICAL		
<i>acyclovir oint 5%</i>	1	QL
ATOPIIC DERMATITIS - JANUS KINASE (JAK) INHIBITORS		
<i>ANZUPGO</i>	1	PA HYB
<i>CIBINQO</i>	1	PA S Specialty Drug HYB

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
OPZELURA	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px;">PA</div> <div style="background-color: #009933; color: white; padding: 2px;">HYB</div> </div>
ATOPIC DERMATITIS - MONOCLONAL ANTIBODIES		
ADBRY	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #996633; color: white; padding: 2px;">PA</div> <div style="background-color: #993333; color: white; padding: 2px;">S Specialty Drug</div> <div style="background-color: #009933; color: white; padding: 2px;">HYB</div> </div>
DUPIXENT	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #996633; color: white; padding: 2px;">PA</div> <div style="background-color: #993333; color: white; padding: 2px;">S Specialty Drug</div> <div style="background-color: #009933; color: white; padding: 2px;">HYB</div> </div>
EBGLYSS	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #996633; color: white; padding: 2px;">PA</div> <div style="background-color: #993333; color: white; padding: 2px;">S Specialty Drug</div> <div style="background-color: #cc3333; color: white; padding: 2px;">HYB</div> </div>
BURN PRODUCTS		
MAFENIDE ACETATE 5 % PACKET	1	
silver sulfadiazine	1	
CORTICOSTEROIDS - TOPICAL		
ALCLOMETASONE DIPROPIONATE 0.05 % OINTMENT	1	
alclometasone dipropionate cream 0.05%	1	
AMCINONIDE 0.1 % CREAM	1	
APEXICON E	1	
betamethasone dipropionate (topical)	1	
BETAMETHASONE DIPROPIONATE AUG	1	
betamethasone dipropionate augmented	1	
BETAMETHASONE VALERATE 0.1 % LOTION	1	
betamethasone valerate aerosol foam 0.12%	1	
betamethasone valerate cream 0.1% (base equivalent)	1	
betamethasone valerate oint 0.1% (base equivalent)	1	
clobetasol propionate cream 0.05%	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>clobetasol propionate emollient base</i>	1	
<i>clobetasol propionate emulsion</i>	1	
<i>clobetasol propionate foam 0.05%</i>	1	
<i>clobetasol propionate gel 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 spray 0.05%</i>	1	
<i>desonide cream 0.05%</i>	1	
<i>desonide lotion 0.05%</i>	1	
<i>desonide oint 0.05%</i>	1	
DESOXIMETASONE 0.05 % GEL	1	
<i>desoximetasone cream 0.05%</i>	1	
<i>desoximetasone cream 0.25%</i>	1	
<i>desoximetasone oint 0.25%</i>	1	
DIFLORASONE DIACETATE 0.05 % CREAM	1	
<i>diflorasone diacetate oint 0.05%</i>	1	
<i>fluocinolone acetonide cream 0.01%</i>	1	
<i>fluocinolone acetonide cream 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>fluocinolone acetonide oint 0.025%</i>	1	
<i>fluocinolone acetonide soln 0.01%</i>	1	
<i>fluocinonide</i>	1	
<i>fluocinonide emulsified base</i>	1	
FLUTICASONE PROPIONATE 0.05 % LOTION	1	
<i>fluticasone propionate cream 0.05%</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>fluticasone propionate oint 0.005%</i>	1	
<i>halobetasol propionate cream 0.05%</i>	1	
<i>halobetasol propionate oint 0.05%</i>	1	
HYDROCORTISONE 2.5 % LOTION	1	
HYDROCORTISONE ACETATE 1 % CREAM	1	PA
<i>hydrocortisone acetate oint 1%</i>	1	
HYDROCORTISONE BUTYRATE 0.1 % CREAM	1	
HYDROCORTISONE BUTYRATE 0.1 % OINTMENT	1	
HYDROCORTISONE BUTYRATE 0.1 % SOLUTION	1	
<i>hydrocortisone butyrate lotion 0.1%</i>	1	
<i>hydrocortisone cream 0.5%</i>	1	
<i>hydrocortisone cream 1%</i>	1	
<i>hydrocortisone cream 2.5%</i>	1	
<i>hydrocortisone oint 1%</i>	1	
<i>hydrocortisone oint 2.5%</i>	1	
<i>hydrocortisone valerate cream 0.2%</i>	1	
<i>mometasone furoate</i>	1	
TRIAMCINOLONE ACETONIDE 0.025 % LOTION	1	
<i>triamcinolone acetonide cream 0.025%</i>	1	
<i>triamcinolone acetonide cream 0.1%</i>	1	
<i>triamcinolone acetonide cream 0.5%</i>	1	
<i>triamcinolone acetonide lotion 0.1%</i>	1	
<i>triamcinolone acetonide oint 0.025%</i>	1	
<i>triamcinolone acetonide oint 0.1%</i>	1	
<i>triamcinolone acetonide oint 0.5%</i>	1	
EMOLLIENT/KERATOLYTIC AGENTS		
UREA 40 % CREAM	1	
UREA 41 % CREAM	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>urea cream 40%</i>	1	
UREMEZ-40	1	
EMOLLIENTS		
<i>lactic acid (ammonium lactate)</i>	1	
IMIDAZOLE-RELATED ANTIFUNGALS - TOPICAL		
<i>clotrimazole (topical)</i>	1	
<i>econazole nitrate cream 1%</i>	1	
<i>ketoconazole (topical)</i>	1	
<i>oxiconazole nitrate</i>	1	
IMMUNOMODULATORS IMIDAZOQUINOLINAMINES - TOPICAL		
<i>imiquimod cream 5%</i>	1	
INTERLEUKIN-31 RECEPTOR ANTAGONISTS - SYSTEMIC		
NEMLUVIO	1	<div style="display: flex; align-items: center; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #8B0000; color: white; padding: 2px 5px; border-radius: 3px;">S</div> Specialty Drug </div> <div style="background-color: #DC143C; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">HYB</div>
KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS		
PODOFILOX 0.5 % SOLUTION	1	
LOCAL ANESTHETICS - TOPICAL		
LIDOCAINE HCL 3 % CREAM	1	
<i>lidocaine hcl soln 4%</i>	1	
LIDOCAINE HCL URETHRAL/MUCOSAL	1	
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	1	
<i>lidocaine oint 5%</i>	1	
<i>lidocaine patch 5%</i>	1	<div style="background-color: #6A5ACD; color: white; padding: 2px 5px; border-radius: 3px;">QL</div>
LIDOPIN 3 % CREAM	1	
MACROLIDE IMMUNOSUPPRESSANTS - TOPICAL		
HYFTOR	1	<div style="display: flex; align-items: center; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #8B0000; color: white; padding: 2px 5px; border-radius: 3px;">S</div> Specialty Drug </div> <div style="background-color: #DC143C; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">HYB</div>

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>pimecrolimus</i>	1	QL HYB
<i>tacrolimus (topical)</i>	1	HYB
OXABOROLE-RELATED ANTIFUNGALS - TOPICAL		
<i>tavaborole</i>	1	QL ST
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
<i>EUCRISA</i>	1	PA HYB
<i>ZORYVE 0.05 % CREAM</i>	1	QL PA HYB
<i>ZORYVE 0.15 % CREAM</i>	1	QL PA HYB
<i>ZORYVE 0.3 % CREAM</i>	1	QL PA
ROSACEA AGENTS		
<i>azelaic acid</i>	1	QL
<i>ivermectin (rosacea)</i>	1	QL
<i>metronidazole cream 0.75%</i>	1	
<i>metronidazole gel 0.75%</i>	1	
<i>metronidazole gel 1%</i>	1	
<i>metronidazole lotion 0.75%</i>	1	
SCABICIDE COMBINATIONS		
<i>pyrethrins-piperonyl butoxide shampoo 0.33-4%</i>	1	
<i>VANALICE</i>	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SCABICIDES & PEDICULICIDES		
<i>malathion</i>	1	
<i>permethrin cream 5%</i>	1	
STEROID-LOCAL ANESTHETIC COMBINATIONS		
<i>EPIFOAM</i>	1	
TOPICAL ANESTHETIC COMBINATIONS		
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1	
TOPICAL SELECTIVE RETINOID X RECEPTOR AGONISTS		
<i>bexarotene (topical)</i>	1	PA S Specialty Drug
TOPICAL STEROID COMBINATIONS		
<i>CLODAN</i>	1	
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC TESTS		
<i>CONTOUR NEXT TEST</i>	1	QL PA HYB
<i>CONTOUR TEST</i>	1	QL PA HYB
<i>FREESTYLE INSULINX TEST</i>	1	QL HYB
<i>FREESTYLE LITE TEST</i>	1	QL HYB
<i>FREESTYLE PRECISION NEO TEST</i>	1	QL HYB
<i>FREESTYLE TEST</i>	1	QL HYB
<i>PRECISION XTRA BLOOD GLUCOSE</i>	1	QL HYB

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>RELION BLOOD GLUCOSE TEST</i>	1	QL PA HYB
<i>TRUE METRIX BLOOD GLUCOSE TEST</i>	1	QL PA HYB
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
<i>CREON</i>	1	PA
<i>ZENPEP</i>	1	PA
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
<i>acetazolamide cap er 12hr 500 mg</i>	1	
<i>acetazolamide tab 125 mg</i>	1	
<i>acetazolamide tab 250 mg</i>	1	
<i>methazolamide tab 25 mg</i>	1	QL
<i>methazolamide tab 50 mg</i>	1	
DIURETIC COMBINATIONS		
<i>AMILORIDE-HYDROCHLOROTHIAZIDE</i>	1	
<i>spironolactone & hydrochlorothiazide</i>	1	
<i>triamterene & hydrochlorothiazide</i>	1	
LOOP DIURETICS		
<i>bumetanide</i>	1	
<i>ethacrynic acid</i>	1	
<i>FUROSEMIDE 10 MG/ML SOLUTION</i>	1	
<i>FUROSEMIDE 8 MG/ML SOLUTION</i>	1	AL1 Up to 8 yrs old
<i>furosemide inj 10 mg/ml</i>	1	
<i>furosemide tab 20 mg</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>furosemide tab 40 mg</i>	1	
<i>furosemide tab 80 mg</i>	1	
<i>torseamide</i>	1	
POTASSIUM SPARING DIURETICS		
<i>amiloride hcl</i>	1	
<i>spironolactone susp 25 mg/5ml</i>	1	AL1 0 to 8 yrs old
<i>spironolactone tab 100 mg</i>	1	
<i>spironolactone tab 25 mg</i>	1	
<i>spironolactone tab 50 mg</i>	1	
<i>triamterene</i>	1	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
<i>chlorthalidone</i>	1	
<i>hydrochlorothiazide cap 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 25 mg</i>	1	
<i>hydrochlorothiazide tab 50 mg</i>	1	
<i>indapamide</i>	1	
INZIRQO	1	QL AL1 Up to 8 yrs old
<i>metolazone</i>	1	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BISPHOSPHONATES		
<i>alendronate sodium oral soln 70 mg/75ml</i>	1	QL AL1 0 to 8 yrs old
<i>alendronate sodium tab 10 mg</i>	1	QL
<i>alendronate sodium tab 35 mg</i>	1	QL
<i>alendronate sodium tab 70 mg</i>	1	QL
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>risedronate sodium tab 150 mg</i>	1	QL
<i>risedronate sodium tab 35 mg</i>	1	QL
<i>risedronate sodium tab 5 mg</i>	1	QL
<i>risedronate sodium tab delayed release 35 mg</i>	1	QL
CALCIMIMETIC AGENTS		
<i>cinacalcet hcl</i>	1	QL
CALCITONINS		
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	1	
CARNITINE REPLENISHER - AGENTS		
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	1	
<i>levocarnitine tab 330 mg</i>	1	
DOPAMINE RECEPTOR AGONISTS		
<i>cabergoline</i>	1	
GAA DEFICIENCY TREATMENT - AGENTS		
<i>LUMIZYME</i>	1	
GROWTH HORMONES		
<i>NORDITROPIN FLEXPRO 10 MG/1.5ML SOLN PEN</i>	1	PA S Specialty Drug
<i>NORDITROPIN FLEXPRO 15 MG/1.5ML SOLN PEN</i>	1	PA S Specialty Drug
<i>NORDITROPIN FLEXPRO 5 MG/1.5ML SOLN PEN</i>	1	PA S Specialty Drug
HYPERPARATHYROID TREATMENT - VITAMIN D ANALOGS		
<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
<i>DOXERCALCIFEROL 0.5 MCG CAP</i>	1	
<i>DOXERCALCIFEROL 1 MCG CAP</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>DOXERCALCIFEROL 2.5 MCG CAP</i>	1	
<i>paricalcitol cap 1 mcg</i>	1	
<i>paricalcitol cap 2 mcg</i>	1	
<i>paricalcitol cap 4 mcg</i>	1	
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
<i>LUPRON DEPOT-PED (1-MONTH)</i>	1	PA S Specialty Drug
<i>LUPRON DEPOT-PED (3-MONTH)</i>	1	PA S Specialty Drug
<i>LUPRON DEPOT-PED (6-MONTH)</i>	1	PA S Specialty Drug
NEUROKININ 1 & 3 (NK1/NK3) RECEPTOR ANTAGONISTS		
<i>LYNKUET</i>	1	PA
NEUROKININ 3 (NK3) RECEPTOR ANTAGONISTS		
<i>VEOZAH</i>	1	PA
OVULATION STIMULANTS-GONADOTROPINS		
<i>CHORIONIC GONADOTROPIN</i>	1	PA
<i>FOLLISTIM AQ</i>	1	PA S Specialty Drug
<i>GONAL-F</i>	1	PA S Specialty Drug
<i>GONAL-F RFF</i>	1	PA S Specialty Drug
<i>GONAL-F RFF REDIJECT</i>	1	PA S Specialty Drug
<i>MENOPUR</i>	1	PA S Specialty Drug
<i>NOVAREL</i>	1	PA S Specialty Drug

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>PREGNYL</i>	1	PA
PARATHYROID HORMONE AND DERIVATIVES		
<i>teriparatide soln pen-inj 560 mcg/2.24ml</i>	1	PA S Specialty Drug
<i>TYMLOS</i>	1	PA S Specialty Drug
PHENYLKETONURIA TREATMENT - AGENTS		
<i>PALYNZIQ</i>	1	PA S Specialty Drug
<i>sapropterin dihydrochloride</i>	1	PA S Specialty Drug
SCLEROSTIN INHIBITORS		
<i>EVENITY</i>	1	QL PA MFL 12 / 9999 DAYS S Specialty Drug
SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)		
<i>raloxifene hcl</i>	1	QL PREV
SELECTIVE VASOPRESSIN V2-RECEPTOR ANTAGONISTS		
<i>tolvaptan</i>	1	S Specialty Drug
<i>tolvaptan (hyponatremia)</i>	1	S Specialty Drug
SOMATOSTATIC AGENTS		
<i>OCTREOTIDE ACETATE 100 MCG/ML SOLN PRSYR</i>	1	
<i>OCTREOTIDE ACETATE 50 MCG/ML SOLN PRSYR</i>	1	
<i>OCTREOTIDE ACETATE 500 MCG/ML SOLN PRSYR</i>	1	
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	1	
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	1	
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	1	
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	1	
SIGNIFOR	1	PA S Specialty Drug
SIGNIFOR LAR	1	PA S Specialty Drug
UREA CYCLE DISORDER - AGENTS		
PHEBURANE	1	PA S Specialty Drug
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	1	AL1 Up to 8 yrs old S Specialty Drug
VASOPRESSIN		
DESMOPRESSIN ACETATE 1.5 MG/ML SOLUTION	8	QL
<i>desmopressin acetate inj 4 mcg/ml</i>	1	
<i>desmopressin acetate nasal spray soln 0.01%</i>	1	
<i>desmopressin acetate preservative free (pf) inj 4 mcg/ml</i>	1	
DESMOPRESSIN ACETATE SPRAY 0.01 % SOLUTION	1	
<i>desmopressin acetate tab 0.1 mg</i>	1	
<i>desmopressin acetate tab 0.2 mg</i>	1	
STIMATE	8	QL
ESTROGENS		
ESTROGEN & PROGESTIN		
CLIMARA PRO	1	QL
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	1	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	1	
<i>norethindrone acetate-ethinyl estradiol</i>	1	
PREMPRO	1	
<i>estradiol tab 0.5 mg</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>estradiol tab 1 mg</i>	1	
<i>estradiol tab 2 mg</i>	1	
<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	
<i>estradiol td patch weekly 0.025 mg/24hr</i>	1	QL
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	1	QL
<i>estradiol td patch weekly 0.05 mg/24hr</i>	1	QL
<i>estradiol td patch weekly 0.06 mg/24hr</i>	1	QL
<i>estradiol td patch weekly 0.075 mg/24hr</i>	1	QL
<i>estradiol td patch weekly 0.1 mg/24hr</i>	1	QL
<i>estradiol valerate</i>	1	
<i>estrogens, conjugated</i>	1	
<i>MENEST 0.3 MG TAB</i>	1	
<i>MENEST 0.625 MG TAB</i>	1	
<i>MENEST 1.25 MG TAB</i>	1	
<i>PREMARIN 25 MG RECON SOLN</i>	1	
FLUOROQUINOLONES		
<i>CIPRO 250 MG/5ML (5%) RECON SUSP</i>	1	AL1 Up to 8 yrs old
<i>CIPRO 500 MG/5ML (10%) RECON SUSP</i>	1	AL1 Up to 8 yrs old
<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	
<i>CIPROFLOXACIN IN D5W 200 MG/100ML SOLUTION</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>CIPROFLOXACIN IN D5W 400 MG/200ML SOLUTION</i>	1	
<i>levofloxacin in d5w</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
<i>levofloxacin tab 500 mg</i>	1	QL
<i>levofloxacin tab 750 mg</i>	1	QL
<i>MOXIFLOXACIN HCL 400 MG/250ML SOLUTION</i>	1	
<i>MOXIFLOXACIN HCL IN NAACL</i>	1	PA
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	1	
<i>OFLOXACIN 300 MG TAB</i>	1	
<i>OFLOXACIN 400 MG TAB</i>	1	
GASTROINTESTINAL AGENTS - MISC.		
5-HT4 RECEPTOR AGONISTS		
<i>prucalopride succinate</i>	1	QL PA
BILE ACID SYNTHESIS DISORDER AGENTS		
<i>CTEXLI</i>	1	PA S Specialty Drug
GALLSTONE SOLUBILIZING AGENTS		
<i>ursodiol cap 300 mg</i>	1	
<i>ursodiol tab 250 mg</i>	1	
<i>ursodiol tab 500 mg</i>	1	
GASTROINTESTINAL ANTIALLERGY AGENTS		
<i>cromolyn sodium (mastocytosis)</i>	1	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
<i>lubiprostone</i>	1	QL
GASTROINTESTINAL STIMULANTS		
<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	1	
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	1	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	1	
IBS AGENT - GUANYLATE CYCLASE-C (GC-C) AGONISTS		
<i>LINZESS</i>	1	QL PA
IBS AGENT - SELECTIVE 5-HT3 RECEPTOR ANTAGONISTS		
<i>alosetron hcl</i>	1	QL PA
INFLAMMATORY BOWEL AGENTS		
<i>balsalazide disodium</i>	1	
<i>mesalamine cap er 24hr 0.375 gm</i>	1	QL
<i>mesalamine enema 4 gm</i>	1	
<i>mesalamine suppos 1000 mg</i>	1	QL
<i>mesalamine tab delayed release 1.2 gm</i>	1	QL
<i>mesalamine tab delayed release 800 mg</i>	1	QL
<i>mesalamine w/ cleanser</i>	1	
<i>sulfasalazine</i>	1	
INTEGRIN RECEPTOR ANTAGONISTS		
<i>ENTYVIO</i>	1	PA HYB
<i>ENTYVIO PEN</i>	1	PA S Specialty Drug HYB
INTERLEUKIN ANTAGONISTS		
<i>IMULDOSA 130 MG/26ML SOLUTION</i>	1	PA S Specialty Drug HYB

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>OMVOH</i>	1	<div data-bbox="1105 201 1175 237">PA</div> <div data-bbox="1105 247 1175 283">S</div> Specialty Drug <div data-bbox="1105 294 1175 329">HYB</div>
<i>OMVOH (300 MG DOSE)</i>	1	<div data-bbox="1105 365 1175 401">PA</div> <div data-bbox="1105 411 1175 447">S</div> Specialty Drug <div data-bbox="1105 457 1175 493">HYB</div>
<i>OTULFI 130 MG/26ML SOLUTION</i>	1	<div data-bbox="1105 529 1175 564">PA</div> <div data-bbox="1105 575 1175 611">S</div> Specialty Drug <div data-bbox="1105 621 1175 657">HYB</div>
<i>PYZCHIVA 130 MG/26ML SOLUTION</i>	1	<div data-bbox="1105 693 1175 728">PA</div> <div data-bbox="1105 739 1175 774">S</div> Specialty Drug <div data-bbox="1105 785 1175 821">HYB</div>
<i>SELARSDI 130 MG/26ML SOLUTION</i>	1	<div data-bbox="1105 856 1175 892">PA</div> <div data-bbox="1105 903 1175 938">S</div> Specialty Drug <div data-bbox="1105 949 1175 984">HYB</div>
<i>SKYRIZI 180 MG/1.2ML SOLN CART</i>	1	<div data-bbox="1105 1020 1175 1056">PA</div> <div data-bbox="1105 1066 1175 1102">S</div> Specialty Drug <div data-bbox="1105 1113 1175 1148">HYB</div>
<i>SKYRIZI 360 MG/2.4ML SOLN CART</i>	1	<div data-bbox="1105 1184 1175 1220">PA</div> <div data-bbox="1105 1230 1175 1266">S</div> Specialty Drug <div data-bbox="1105 1276 1175 1312">HYB</div>
<i>SKYRIZI 600 MG/10ML SOLUTION</i>	1	<div data-bbox="1105 1348 1175 1383">PA</div> <div data-bbox="1105 1394 1175 1430">S</div> Specialty Drug <div data-bbox="1105 1440 1175 1476">HYB</div>
<i>STARJEMZA 130 MG/26ML SOLUTION</i>	1	<div data-bbox="1105 1512 1175 1547">PA</div> <div data-bbox="1105 1558 1175 1593">S</div> Specialty Drug <div data-bbox="1105 1604 1175 1640">HYB</div>
<i>STELARA 130 MG/26ML SOLUTION</i>	1	<div data-bbox="1105 1675 1175 1711">PA</div> <div data-bbox="1105 1722 1175 1757">S</div> Specialty Drug <div data-bbox="1105 1768 1175 1803">HYB</div>

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TREMFYA 200 MG/20ML SOLUTION	1	PA S Specialty Drug HYB
TREMFYA 200 MG/2ML SOLN PRSYR	1	PA S Specialty Drug HYB
TREMFYA PEN 200 MG/2ML SOLN A-INJ	1	PA S Specialty Drug HYB
TREMFYA-CD/UC INDUCTION	1	PA S Specialty Drug HYB
USTEKINUMAB 130 MG/26ML SOLUTION	1	PA S Specialty Drug HYB
USTEKINUMAB-TTWE 130 MG/26ML SOLUTION	1	PA S Specialty Drug HYB
YESINTEK 130 MG/26ML SOLUTION	1	PA S Specialty Drug HYB
INTESTINAL ACIDIFIERS		
<i>lactulose (encephalopathy)</i>	1	
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
MOVANTIK 12.5 MG TAB	1	QL PA
MOVANTIK 25 MG TAB	1	PA
SYMPROIC	1	QL PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder)</i>	1	
<i>lanthanum carbonate</i>	1	
<i>sevelamer carbonate packet 0.8 gm</i>	1	AL1 Up to 8 yrs old
<i>sevelamer carbonate packet 2.4 gm</i>	1	AL1 Up to 8 yrs old
<i>sevelamer carbonate tab 800 mg</i>	1	
SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS (GI)		
<i>VELSIPITY</i>	1	PA S Specialty Drug HYB
TUMOR NECROSIS FACTOR ALPHA BLOCKERS		
<i>AVSOLA</i>	1	PA S Specialty Drug HYB
<i>CIMZIA</i>	1	PA S Specialty Drug HYB
<i>CIMZIA (1 SYRINGE)</i>	1	PA S Specialty Drug HYB
<i>CIMZIA (2 SYRINGE)</i>	1	PA S Specialty Drug HYB
<i>CIMZIA-STARTER</i>	1	PA S Specialty Drug HYB
<i>INFLECTRA</i>	1	PA S Specialty Drug HYB
<i>INFLIXIMAB</i>	1	PA HYB

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>REMICADE</i>	1	PA HYB
<i>RENFLEXIS</i>	1	PA HYB
<i>ZYMFENTRA (1 PEN)</i>	1	PA S Specialty Drug HYB
<i>ZYMFENTRA (2 PEN)</i>	1	PA S Specialty Drug HYB
<i>ZYMFENTRA (2 SYRINGE)</i>	1	PA S Specialty Drug HYB
GENITOURINARY AGENTS - MISCELLANEOUS		
5-ALPHA REDUCTASE INHIBITORS		
<i>dutasteride</i>	1	QL
<i>finasteride</i>	1	QL
ALPHA 1-ADRENOCEPTOR ANTAGONISTS		
<i>alfuzosin hcl</i>	1	QL
<i>silodosin cap 4 mg</i>	1	QL
<i>silodosin cap 8 mg</i>	1	QL
<i>tamsulosin hcl</i>	1	QL
ANTI-INFECTIVE GENITOURINARY IRRIGANTS		
<i>NEOMYCIN-POLYMYXIN B GU</i>	1	
CITRATES		
<i>potassium citrate (alkalinizer)</i>	1	
<i>POTASSIUM CITRATE-CITRIC ACID 1100-334 MG/5ML SOLUTION</i>	1	
<i>SOD CITRATE-CITRIC ACID</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SODIUM CITRATE-CITRIC ACID	1	
CYSTINOSIS AGENTS		
CYSTAGON	1	PA S Specialty Drug
GENITOURINARY IRRIGANTS		
<i>acetic acid</i>	1	
ARGYLE STERILE SALINE	1	
CURITY STERILE SALINE	1	
<i>glycine (gu irrigant)</i>	1	
<i>sodium chloride (gu irrigant)</i>	1	
SODIUM CHLORIDE 0.9 % SOLUTION	1	
IGAN AGENTS - ENDOTHELIN & ANGIOTENSIN II RECEPTOR ANTAG		
FILSPARI	1	PA S Specialty Drug
IGAN AGENTS - ENDOTHELIN RECEPTOR ANTAGONIST		
VANRAFIA	1	PA S Specialty Drug
PHOSPHATES		
K-PHOS NO 2	1	
PROSTATIC HYPERTROPHY AGENT COMBINATIONS		
<i>dutasteride-tamsulosin hcl</i>	1	QL
URINARY ANALGESICS		
PHENAZOPYRIDINE HCL 100 MG TAB	1	
PHENAZOPYRIDINE HCL 200 MG TAB	1	
<i>phenazopyridine hcl tab 100 mg</i>	1	
<i>phenazopyridine hcl tab 200 mg</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
<i>colchicine w/ probenecid</i>	1	
<i>allopurinol tab 100 mg</i>	1	
<i>allopurinol tab 300 mg</i>	1	
<i>colchicine tab 0.6 mg</i>	1	QL
<i>febuxostat tab 40 mg</i>	1	QL
<i>febuxostat tab 80 mg</i>	1	QL
URICOSURICS		
<i>probenecid</i>	1	
HEMATOLOGICAL AGENTS - MISC.		
ANTIHEMOPHILIC PRODUCTS		
<i>ADVATE</i>	8	PA S Specialty Drug
<i>ADYNOVATE</i>	8	PA S Specialty Drug
<i>AFSTYLA</i>	8	PA S Specialty Drug
<i>ALPHANATE</i>	8	PA S Specialty Drug
<i>ALPHANINE SD</i>	8	PA S Specialty Drug
<i>ALPROLIX</i>	8	PA S Specialty Drug
<i>ALTUVIIIIO</i>	8	S Specialty Drug
<i>BALFAXAR</i>	8	
<i>BENEFIX</i>	8	PA S Specialty Drug
<i>COAGADEX</i>	8	S Specialty Drug

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>CORIFACT</i>	8	S Specialty Drug
<i>ELOCTATE</i>	8	PA S Specialty Drug
<i>ESPEROCT</i>	8	PA S Specialty Drug
<i>FEIBA</i>	8	S Specialty Drug
<i>FIBRYGA RECON SOLN</i>	8	S Specialty Drug
<i>HEMOFIL M</i>	8	PA S Specialty Drug
<i>HUMATE-P</i>	8	PA S Specialty Drug
<i>IDELVION</i>	8	PA S Specialty Drug
<i>IXINITY</i>	8	PA S Specialty Drug
<i>JIVI</i>	8	PA S Specialty Drug
<i>KCENTRA</i>	8	
<i>KOATE</i>	8	PA S Specialty Drug
<i>KOATE-DVI</i>	8	PA S Specialty Drug
<i>KOGENATE FS</i>	8	PA S Specialty Drug
<i>KOVALTRY</i>	8	PA S Specialty Drug
<i>NOVOEIGHT</i>	8	PA S Specialty Drug
<i>NOVOSEVEN RT</i>	8	S Specialty Drug

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>NUWIQ</i>	8	PA S Specialty Drug
<i>OBIZUR</i>	8	PA S Specialty Drug
<i>PROFILNINE</i>	8	S Specialty Drug
<i>REBINYN</i>	8	PA S Specialty Drug
<i>RECOMBINATE</i>	8	PA S Specialty Drug
<i>RIASTAP</i>	8	S Specialty Drug
<i>RIXUBIS</i>	8	PA S Specialty Drug
<i>SEVENFACT</i>	8	S Specialty Drug
<i>TRETTEN</i>	8	S Specialty Drug
<i>VONVENDI</i>	8	S Specialty Drug
<i>WILATE</i>	8	PA S Specialty Drug
<i>XYNTHA</i>	8	PA S Specialty Drug
<i>XYNTHA SOLOFUSE</i>	8	PA S Specialty Drug
ANTIHEMOPHILIC PRODUCTS - ANTITHROMBIN-DIRECTED SIRNA		
<i>QFITLIA</i>	8	S Specialty Drug
ANTIHEMOPHILIC PRODUCTS - GENE THERAPY AGENTS		
<i>HEMGENIX</i>	8	S Specialty Drug
<i>ROCTAVIAN</i>	8	S Specialty Drug
ANTIHEMOPHILIC PRODUCTS - MONOCLONAL ANTIBODIES		
<i>ALHEMO</i>	8	S Specialty Drug

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>HEMLIBRA</i>	8	PA S Specialty Drug
<i>HYMPAVZI</i>	8	S Specialty Drug
BRADYKININ B2 RECEPTOR ANTAGONISTS		
<i>icatibant acetate</i>	1	PA S Specialty Drug
C1 ESTERASE INHIBITORS		
<i>BERINERT</i>	1	PA S Specialty Drug
<i>HAEGARDA</i>	1	PA S Specialty Drug
COMPLEMENT FACTOR B INHIBITORS		
<i>FABHALTA</i>	1	PA S Specialty Drug
DIRECT-ACTING P2Y12 INHIBITORS		
<i>ticagrelor tab 60 mg</i>	1	QL
<i>ticagrelor tab 90 mg</i>	1	QL
GLYCOPROTEIN IIB/IIIA RECEPTOR INHIBITORS		
<i>AGGRASTAT 12.5-0.9 MG/250ML-% SOLUTION</i>	1	
HEMATORHEOLOGIC AGENTS		
<i>pentoxifylline</i>	1	
PHOSPHODIESTERASE III INHIBITORS		
<i>cilostazol</i>	1	
PLASMA EXPANDERS		
<i>HEXTEND</i>	1	
<i>LMD IN D5W</i>	1	
<i>LMD IN NAACL</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PLATELET AGGREGATION INHIBITORS		
<i>dipyridamole tab 25 mg</i>	1	
<i>dipyridamole tab 50 mg</i>	1	
<i>dipyridamole tab 75 mg</i>	1	
QUINAZOLINE AGENTS		
<i>anagrelide hcl</i>	1	
THIENOPYRIDINE DERIVATIVES		
<i>clopidogrel bisulfate</i>	1	
<i>prasugrel hcl</i>	1	
TISSUE PLASMINOGEN ACTIVATORS		
ACTIVASE	1	
CATHFLO ACTIVASE	1	QL
TNKASE	1	
HEMATOPOIETIC AGENTS		
AMINO ACIDS		
<i>glutamine (sickle cell)</i>	1	PA
COBALAMINS		
<i>cyanocobalamin inj 1000 mcg/ml</i>	1	
HYDROXOCOBALAMIN ACETATE	1	
CYTOTOXIC AGENTS		
DROXIA	1	
XROMI	1	AL1 Up to 8 yrs old
ERYTHROPOIESIS-STIMULATING AGENTS (ESAS)		
ARANESP (ALBUMIN FREE)	1	PA S Specialty Drug
PROCRIT	1	PA
RETACRIT 10000 UNIT/ML SOLUTION	1	PA
RETACRIT 2000 UNIT/ML SOLUTION	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>RETACRIT 20000 UNIT/ML SOLUTION</i>	1	PA S Specialty Drug
<i>RETACRIT 3000 UNIT/ML SOLUTION</i>	1	PA
<i>RETACRIT 4000 UNIT/ML SOLUTION</i>	1	PA
FOLIC ACID/FOLATES		
<i>folic acid tab 1 mg</i>	1	
GRANULOCYTE COLONY-STIMULATING FACTORS (G-CSF)		
<i>FULPHILA</i>	1	QL S Specialty Drug
<i>FYLNETRA</i>	1	QL S Specialty Drug
<i>GRANIX 300 MCG/0.5ML SOLN PRSYR</i>	1	QL S Specialty Drug
<i>GRANIX 300 MCG/ML SOLUTION</i>	1	QL S Specialty Drug
<i>GRANIX 480 MCG/0.8ML SOLN PRSYR</i>	1	QL S Specialty Drug
<i>GRANIX 480 MCG/1.6ML SOLUTION</i>	1	QL S Specialty Drug
<i>NIVESTYM 300 MCG/0.5ML SOLN PRSYR</i>	1	QL S Specialty Drug
<i>NIVESTYM 300 MCG/ML SOLUTION</i>	1	QL S Specialty Drug
<i>NIVESTYM 480 MCG/0.8ML SOLN PRSYR</i>	1	QL S Specialty Drug
<i>NIVESTYM 480 MCG/1.6ML SOLUTION</i>	1	QL S Specialty Drug
<i>NYPOZI 300 MCG/0.5ML SOLN PRSYR</i>	1	QL S Specialty Drug

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>NYPOZI 480 MCG/0.8ML SOLN PRSYR</i>	1	QL S Specialty Drug
<i>NYVEPRIA</i>	1	QL S Specialty Drug
<i>RELEUKO 300 MCG/0.5ML SOLN PRSYR</i>	1	QL S Specialty Drug
<i>RELEUKO 480 MCG/0.8ML SOLN PRSYR</i>	1	QL S Specialty Drug
<i>UDENYCA</i>	1	QL S Specialty Drug
<i>UDENYCA ONBODY</i>	1	QL S Specialty Drug
<i>ZARXIO 300 MCG/0.5ML SOLN PRSYR</i>	1	QL S Specialty Drug
<i>ZARXIO 480 MCG/0.8ML SOLN PRSYR</i>	1	QL S Specialty Drug
<i>ZIEXTENZO</i>	1	QL S Specialty Drug
IRON		
<i>FERROUS GLUCONATE 239 (27 FE) MG TAB</i>	1	
<i>ferrous gluconate tab 240 mg (27 mg elemental fe)</i>	1	
<i>ferrous gluconate tab 324 mg (37.5 mg elemental iron)</i>	1	
<i>ferrous gluconate tab 324 mg (38 mg elemental iron)</i>	1	
<i>FERROUS SULFATE 27 MG TAB</i>	1	PA
<i>ferrous sulfate soln 220 mg/5ml (44 mg/5ml elemental fe)</i>	1	PA
<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i>	1	PA
<i>ferrous sulfate tab 27 mg (elemental fe)</i>	1	PA
<i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i>	1	
<i>ferrous sulfate tab ec 324 mg (65 mg fe equivalent)</i>	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ferrous sulfate tab ec 325 mg (65 mg fe equivalent)</i>	1	
<i>ferrous sulfate tab er 45 mg (elemental fe)</i>	1	PA
<i>ferrous sulfate tab er 50 mg (elemental fe)</i>	1	PA
IRON 28 MG TAB	1	PA
SLOW RELEASE IRON	1	PA
SPATONE PUR-ABSORB IRON	1	PA
THROMBOPOIETIN (TPO) RECEPTOR AGONISTS		
<i>eltrombopag olamine</i>	1	PA S Specialty Drug
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
<i>aminocaproic acid inj 250 mg/ml</i>	1	S Specialty Drug
<i>aminocaproic acid oral soln 0.25 gm/ml</i>	1	AL1 Up to 8 yrs old
<i>aminocaproic acid tab 1000 mg</i>	1	
<i>aminocaproic acid tab 500 mg</i>	1	
<i>tranexamic acid tab 650 mg</i>	1	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
BARBITURATE HYPNOTICS		
NEMBUTAL	8	
<i>pentobarbital sodium</i>	8	
PHENOBARBITAL 100 MG TAB	8	
PHENOBARBITAL 15 MG TAB	8	
PHENOBARBITAL 16.2 MG TAB	8	
PHENOBARBITAL 20 MG/5ML ELIXIR	8	
PHENOBARBITAL 30 MG TAB	8	
PHENOBARBITAL 30 MG/7.5ML ELIXIR	8	
PHENOBARBITAL 32.4 MG TAB	8	
PHENOBARBITAL 60 MG TAB	8	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PHENOBARBITAL 60 MG/15ML ELIXIR	8	
PHENOBARBITAL 64.8 MG TAB	8	
PHENOBARBITAL 97.2 MG TAB	8	
phenobarbital elixir 20 mg/5ml	8	
PHENOBARBITAL SODIUM	8	
phenobarbital tab 100 mg	8	
phenobarbital tab 15 mg	8	
phenobarbital tab 16.2 mg	8	
phenobarbital tab 30 mg	8	
phenobarbital tab 32.4 mg	8	
phenobarbital tab 60 mg	8	
phenobarbital tab 64.8 mg	8	
phenobarbital tab 97.2 mg	8	
SEZABY	8	
BENZODIAZEPINE HYPNOTICS		
estazolam	1	QL
FLURAZEPAM HCL	1	QL
midazolam hcl inj 10 mg/10ml (base equivalent)	1	
midazolam hcl inj 10 mg/2ml (base equivalent)	1	
midazolam hcl inj 2 mg/2ml (base equivalent)	1	
midazolam hcl inj 25 mg/5ml (base equivalent)	1	
midazolam hcl inj 5 mg/5ml (base equivalent)	1	
midazolam hcl inj 5 mg/ml (base equivalent)	1	
midazolam hcl inj 50 mg/10ml (base equivalent)	1	
midazolam hcl inj pf 10 mg/2ml (base equivalent)	1	
midazolam hcl inj pf 2 mg/2ml (base equivalent)	1	
midazolam hcl inj pf 5 mg/5ml (base equivalent)	1	
midazolam hcl inj pf 5 mg/ml (base equivalent)	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>midazolam hcl syrup 2 mg/ml (base equivalent)</i>	1	AL1 Up to 8 yrs old
<i>temazepam</i>	1	QL
<i>triazolam</i>	1	QL
HYPNOTICS - TRICYCLIC AGENTS		
<i>doxepin hcl (sleep)</i>	1	
NON-BENZODIAZEPINE - GABA-RECEPTOR MODULATORS		
<i>eszopiclone tab 1 mg</i>	1	QL
<i>eszopiclone tab 2 mg</i>	1	QL
<i>eszopiclone tab 3 mg</i>	1	QL
<i>zaleplon cap 10 mg</i>	1	QL
<i>zaleplon cap 5 mg</i>	1	QL
<i>ZOLPIDEM TARTRATE 1.75 MG SL TAB</i>	1	QL
<i>ZOLPIDEM TARTRATE 3.5 MG SL TAB</i>	1	QL
<i>zolpidem tartrate tab 10 mg</i>	1	QL
<i>zolpidem tartrate tab 5 mg</i>	1	QL
<i>zolpidem tartrate tab er 12.5 mg</i>	1	QL
<i>zolpidem tartrate tab er 6.25 mg</i>	1	QL
OREXIN RECEPTOR ANTAGONISTS		
<i>BELSOMRA</i>	1	QL ST
<i>DAYVIGO</i>	1	QL ST
SELECTIVE MELATONIN RECEPTOR AGONISTS		
<i>ramelteon</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LAXATIVES		
BOWEL EVACUANT COMBINATIONS		
<i>GAVILYTE-C</i>	1	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	1	PREV
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	1	PREV
<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	1	QL
ELECTROLYTE-BASED OSMOTIC LAXATIVES		
<i>magnesium hydroxide susp 400 mg/5ml</i>	1	
<i>MILK OF MAGNESIA CONCENTRATE</i>	1	PA
LAXATIVES & DSS		
<i>sennosides-docusate sodium tab 8.6-50 mg</i>	1	
LAXATIVES - MISCELLANEOUS		
<i>lactulose solution 10 gm/15ml</i>	1	
<i>polyethylene glycol 3350 oral packet 17 gm</i>	1	
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>	1	PREV
STIMULANT LAXATIVES		
<i>bisacodyl</i>	1	PREV
<i>sennosides syrup 8.8 mg/5ml</i>	1	
<i>sennosides tab 8.6 mg</i>	1	
SURFACTANT LAXATIVES		
<i>docusate calcium</i>	1	PA
<i>docusate sodium cap 100 mg</i>	1	
<i>docusate sodium cap 250 mg</i>	1	
<i>docusate sodium liquid 150 mg/15ml</i>	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LOCAL ANESTHETICS-PARENTERAL		
LOCAL ANESTHETICS - AMIDES		
LIDOCAINE HCL 100 MG/5ML SOLN PRSYR	1	
<i>lidocaine hcl local inj 2%</i>	1	
<i>lidocaine hcl local preservative free (pf) inj 2%</i>	1	
LOCAL ANESTHETICS - ESTERS		
NESACAINE 1 % SOLUTION	1	
MACROLIDES		
AZITHROMYCIN		
AZITHROMYCIN 1 GM PACKET	1	AL1 Up to 8 yrs old
<i>azithromycin for susp 100 mg/5ml</i>	1	
<i>azithromycin for susp 200 mg/5ml</i>	1	
<i>azithromycin iv for soln 500 mg</i>	1	
<i>azithromycin tab 250 mg</i>	1	
<i>azithromycin tab 500 mg</i>	1	QL
<i>azithromycin tab 600 mg</i>	1	QL
CLARITHROMYCIN		
CLARITHROMYCIN 125 MG/5ML RECON SUSP	1	
CLARITHROMYCIN 250 MG/5ML RECON SUSP	1	PA
<i>clarithromycin tab 250 mg</i>	1	
<i>clarithromycin tab 500 mg</i>	1	
<i>clarithromycin tab er 24hr 500 mg</i>	1	
ERYTHROMYCINS		
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	1	PA
<i>erythromycin tab delayed release 250 mg</i>	1	
<i>erythromycin tab delayed release 500 mg</i>	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FIDAXOMICIN		
<i>DIFICID 40 MG/ML RECON SUSP</i>	1	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #663399; color: white; padding: 2px; border-radius: 3px;">QL</div> <div style="background-color: #666633; color: white; padding: 2px; border-radius: 3px;">ST</div> <div style="background-color: #993366; color: white; padding: 2px; border-radius: 3px;">MDS1</div> </div> 10 / 1 day(s)
<i>fidaxomicin</i>	1	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #663399; color: white; padding: 2px; border-radius: 3px;">QL</div> <div style="background-color: #666633; color: white; padding: 2px; border-radius: 3px;">ST</div> <div style="background-color: #993366; color: white; padding: 2px; border-radius: 3px;">MDS1</div> </div> 10 / 1 day(s)
MEDICAL DEVICES AND SUPPLIES		
APPLICATORS,COTTON BALLS,ETC		
<i>ADVOCATE ALCOHOL PREP PADS</i>	1	
<i>ALCOHOL PADS</i>	1	
<i>ALCOHOL PREP</i>	1	
<i>ALCOHOL PREP PADS</i>	1	
<i>ALCOHOL SWABS</i>	1	
<i>ALCOHOL SWABSTICK</i>	1	
<i>AUM ALCOHOL PREP PADS</i>	1	
<i>BD SWAB SINGLE USE REGULAR</i>	1	
<i>CARETOUCH ALCOHOL PREP</i>	1	
<i>COMFORT TOUCH ALCOHOL PREP</i>	1	
<i>CURITY ALCOHOL PREPS</i>	1	
<i>CVS ALCOHOL PREP PADS</i>	1	
<i>CVS PREP</i>	1	
<i>DROPSAFE ALCOHOL PREP</i>	1	
<i>EASY COMFORT ALCOHOL PADS</i>	1	
<i>EASY TOUCH ALCOHOL PREP MEDIUM</i>	1	
<i>EQL ALCOHOL SWABS</i>	1	
<i>FIFTY50 ALCOHOL PREP</i>	1	
<i>GLOBAL ALCOHOL PREP EASE</i>	1	
<i>GNP ALCOHOL SWABS</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GOODSENSE ALCOHOL SWABS	1	
H-E-B INCONTROL ALCOHOL	1	
HM STERILE ALCOHOL PREP	1	
MEIJER ALCOHOL SWABS	1	
PHARMACIST CHOICE ALCOHOL	1	
PRO COMFORT ALCOHOL	1	
PURE COMFORT ALCOHOL PREP	1	
QC ALCOHOL SWABS	1	
RA ALCOHOL SWABS	1	
REALITY SWABS	1	
RELION ALCOHOL SWABS	1	
SAPS CARE ALCOHOL PREP	1	
SAPS HEALTH ALCOHOL PREP PAD	1	
SAPS HEALTH ALCOHOL PREP 70 % PAD	1	
SAPS HEALTH CARE ALCOHOL PREP	1	
SB ALCOHOL PREP	1	
SM ALCOHOL PREP	1	
SURE COMFORT ALCOHOL PREP	1	
TRUE COMFORT ALCOHOL PREP PADS	1	
TRUE COMFORT PRO ALCOHOL PREP	1	
ULTICARE ALCOHOL SWABS	1	
ULTILET ALCOHOL SWABS	1	
ULTRA-CARE ALCOHOL PREP PADS	1	
WEBCOL ALCOHOL PREP LARGE	1	
WEBCOL ALCOHOL PREP MEDIUM	1	
ZEV RX STERILE ALCOHOL PREP PAD	1	
CONDOMS - FEMALE		
FC2 FEMALE CONDOM	1	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #007bff; color: white; padding: 2px 5px; border-radius: 3px;">PREV</div> </div>

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CONDOMS - MALE		
<i>AIMSCO LUBRICATED</i>	1	QL
<i>CONDOMS</i>	1	QL
<i>DUREX EXTRA SENSITIVE THIN</i>	1	QL
<i>DUREX REALFEEL</i>	1	QL
<i>DUREX TROPICAL</i>	1	QL
<i>FANTASY LUBRICATED</i>	1	QL
<i>FANTASY LUBRICATED/SPERMICIDE</i>	1	QL
<i>K-Y ME & YOU EXTRA LUBRICATED</i>	1	QL
<i>K-Y ME & YOU INTENSE</i>	1	QL
<i>KAMELEON LUBRICATED</i>	1	QL
<i>KIMONO</i>	1	QL
<i>KIMONO COLORS</i>	1	QL
<i>KIMONO MAXX-LARGE FLARE</i>	1	QL
<i>KIMONO MICRO THIN</i>	1	QL
<i>KIMONO MICRO THIN PLUS</i>	1	QL
<i>KIMONO PLUS</i>	1	QL
<i>KIMONO PS</i>	1	QL
<i>KIMONO PS PLUS</i>	1	QL
<i>KIMONO SENSATION</i>	1	QL
<i>KIMONO SENSATION PLUS</i>	1	QL
<i>KIMONO SPECIAL</i>	1	QL
<i>MAXX</i>	1	QL
<i>MAXX PLUS</i>	1	QL
<i>PREMIUM CONDOMS LUBRICATED</i>	1	QL
<i>REALITY LATEX CONDOMS</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
REALITY LATEX/ULTRA TEXTURED	1	QL
REALITY LATEX/ULTRA THIN	1	QL
TROJAN BARESKIN	1	QL
TROJAN ENZ	1	QL
TROJAN MAGNUM	1	QL
TROJAN ULTRA RIBBED LUBRICATED	1	QL
TROJAN ULTRA THIN	1	QL
TROJAN ULTRA THIN/SPERMICIDAL	1	QL
TROJAN-ENZ LUBRICATED	1	QL
TROJAN-ENZ/SPERMICIDAL	1	QL
TRUE COVER	1	QL
TRUSTEX COLOR CONDOMS + LUBE	1	QL
TRUSTEX LUB/RIBBED/STUDDERED	1	QL
TRUSTEX LUB/SPERMICIDE EX ST	1	QL
TRUSTEX LUB/SPERMICIDE XL	1	QL
TRUSTEX LUBRICATED	1	QL
TRUSTEX LUBRICATED EX LARGE	1	QL
TRUSTEX LUBRICATED EXTRA ST	1	QL
TRUSTEX LUBRICATED/SPERMICIDE	1	QL
TRUSTEX NATURAL CONDOMS + LUBE	1	QL
TRUSTEX NON-LUBRICATED	1	QL
TRUSTEX RIA LUB/SPERMICIDE	1	QL
TRUSTEX RIA LUBRICATED	1	QL
TRUSTEX RIA NON-LUBRICATED	1	QL
TRUSTEX-NONOXYNOL-9/RIB/STUD	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GLUCOSE MONITOR & KETONE MONITOR COMBINATIONS		
<i>PRECISION XTRA-GLUCOSE/KETONE</i>	1	HYB
GLUCOSE MONITORING TEST SUPPLIES		
<i>ACCU-CHEK FASTCLIX LANCET</i>	1	PA
<i>ACCU-CHEK SOFTCLIX LANCET DEV</i>	1	PA
<i>ADJUSTABLE LANCING DEVICE</i>	1	
<i>ADVOCATE LANCING DEVICE</i>	1	
<i>ADVOCATE RAPID-SAFE LANCING</i>	1	
<i>AUTO-LANCET</i>	1	
<i>AUTO-LANCET MINI</i>	1	
<i>AUTOLET II CLINISAFE</i>	1	PA
<i>AUTOLET LANCING DEVICE</i>	1	HYB
<i>AUTOLET LITE CLINISAFE</i>	1	PA
<i>AUTOLET LITE LANCING DEVICE</i>	1	
<i>AUTOLET LITE STARTER PACK</i>	1	PA
<i>AUTOLET MINI</i>	1	
<i>AUTOLET PLUS</i>	1	
<i>CARDIOCOM LANCING DEVICE</i>	1	
<i>CAREONE ADVANCED LANCING DEV</i>	1	
<i>CARETOUCH LANCING/EJECTOR</i>	1	
<i>CHOSEN LANCING DEVICE</i>	1	
<i>CONTOUR NEXT EZ</i>	1	PA HYB
<i>CONTOUR NEXT GEN MONITOR</i>	1	PA HYB
<i>CVS LANCING DEVICE</i>	1	
<i>DEXCOM G6 RECEIVER</i>	1	QL PA HYB

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>DEXCOM G6 SENSOR</i>	1	QL PA HYB
<i>DEXCOM G6 TRANSMITTER</i>	1	QL PA HYB
<i>DEXCOM G7 15 DAY SENSOR</i>	1	QL PA HYB
<i>DEXCOM G7 RECEIVER</i>	1	QL PA HYB
<i>DEXCOM G7 SENSOR</i>	1	QL PA HYB
<i>DIATHRIVE LANCING DEVICE</i>	1	
<i>DROPLET GENTEEL LANCING DEVICE</i>	1	
<i>DROPLET LANCING DEVICE</i>	1	
<i>DRUG MART LANCING DEVICE</i>	1	
<i>EASY MINI EJECT LANCING DEVICE</i>	1	
<i>EASY MINI LANCING DEVICE</i>	1	
<i>EASY TOUCH LANCING DEVICE</i>	1	
<i>EMBRACE LANCING DEVICE/EJECTOR</i>	1	
<i>FONDCIRCLE LANCING DEVICE</i>	1	
<i>FORA LANCING DEVICE</i>	1	
<i>FREDS PHARMACY AUTOLET LANCING</i>	1	
<i>FREESTYLE FREEDOM LITE</i>	1	HYB
<i>FREESTYLE LIBRE 14 DAY READER</i>	1	QL PA HYB

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>FREESTYLE LIBRE 14 DAY SENSOR</i>	1	QL PA HYB
<i>FREESTYLE LIBRE 2 PLUS SENSOR</i>	1	QL PA HYB
<i>FREESTYLE LIBRE 2 READER</i>	1	QL PA HYB
<i>FREESTYLE LIBRE 2 SENSOR</i>	1	QL PA HYB
<i>FREESTYLE LIBRE 3 PLUS SENSOR</i>	1	QL PA HYB
<i>FREESTYLE LIBRE 3 READER</i>	1	QL PA HYB
<i>FREESTYLE LIBRE 3 SENSOR</i>	1	QL PA HYB
<i>FREESTYLE LIBRE READER</i>	1	QL PA HYB
<i>FREESTYLE LITE DEVICE</i>	1	
<i>FREESTYLE LITE W/DEVICE KIT</i>	1	HYB
<i>FREESTYLE PRECISION NEO SYSTEM</i>	1	HYB
<i>GENTEEL LANCING KIT (BLUE)</i>	1	PA
<i>GENTEEL PLUS LANCING (BLACK)</i>	1	
<i>GENTEEL PLUS LANCING (PURPLE)</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>GENTEEL PLUS LANCING (WHITE)</i>	1	
<i>GENTEEL PLUS LANCING DEV(BLUE)</i>	1	
<i>GENTEEL PLUS LANCING DEV(PINK)</i>	1	
<i>GLOBAL LANCING DEVICE</i>	1	
<i>GNP LANCING SYSTEM DEVICE</i>	1	
<i>GOJJI LANCING DEVICE/CLEAR CAP</i>	1	
<i>GOODSENSE LANCING DEVICE</i>	1	
<i>GUARDIAN 4 GLUCOSE SENSOR</i>	1	PA HYB
<i>GUARDIAN 4 TRANSMITTER</i>	1	PA HYB
<i>GUARDIAN LINK 3 TRANSMITTER</i>	1	PA HYB
<i>GUARDIAN SENSOR (3)</i>	1	PA HYB
<i>GUARDIAN SENSOR 3</i>	1	PA HYB
<i>H-E-B INCONTROL ADV LANCING</i>	1	
<i>HEALTH CARE LANCING DEVICE</i>	1	
<i>HEALTHY ACCENTS LANCING DEVICE</i>	1	
<i>HYPOLANCE AST LANCING</i>	1	PA
<i>IHEALTH LANCING DEVICE</i>	1	
<i>IN TOUCH LANCING DEVICE</i>	1	
<i>KROGER AUTOLET LANCING DEVICE</i>	1	
<i>KROGER LANCING DEVICE</i>	1	
<i>LANCET DEVICE</i>	1	
<i>LANCET DEVICE WITH EJECTOR</i>	1	
<i>LANCETS</i>	1	
<i>LANCETS 30G</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LANCETS THIN	1	
LANCING DEVICE	1	
LANZO	1	
LEADER ADVANCED LANCING DEVICE	1	
LIBERTY MINI LANCING DEVICE	1	
LITE TOUCH LANCING PEN	1	
LIVE BETTER ADV LANCING DEVICE	1	
MICROLET LANCETS	1	PA HYB
MICROLET NEXT LANCING DEVICE	1	
MINI LANCING DEVICE	1	
MINIMED INSTINCT GLUC SENSOR	1	PA HYB
MM LANCING DEVICE	1	
MULTI-LANCET DEVICE	1	
MULTI-LANCET DEVICE 2	1	PA
NOVA SUREFLEX LANCING DEVICE	1	
ONETOUCH DELICA PLUS LANCING	1	
PRODIGY LANCING DEVICE	1	
PX ADVANCED LANCING DEVICE	1	
PX LANCET AUTO INJECTOR	1	
QC ADVANCED LANCING DEVICE	1	
RELION LANCING DEVICE KIT	1	PA
RELION LANCING DEVICE MISC	1	
RELION PREMIER VOICE MONITOR	1	PA HYB
RIGHTTEST GD500 LANCING DEVICE	1	
SAFETY LANCET 30G/PRESSURE ACT	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SAFETY LANCETS 28G	1	
SELECT-LITE DEVICE/LANCETS	1	PA
SELECT-LITE LANCING DEVICE	1	
SENSILANCE SAFETY LANCETS 21G	1	
SHOPKO AUTOLET LANCING DEVICE	1	
SIMPLE DIAGNOSTICS LANCING DEV	1	
SM TRUEDRAW LANCING DEVICE	1	
SMART DIABETES VANTAGE LANCING	1	
SOLUS V2 LANCING DEVICE	1	
SURE COMFORT LANCING PEN	1	
TGT LANCING DEVICE	1	
TODAYS HEALTH LANCING DEVICE	1	
TRUE METRIX AIR GLUCOSE METER W/DEVICE KIT	1	PA HYB
TRUE METRIX GO GLUCOSE METER	1	PA HYB
TRUE METRIX METER W/DEVICE KIT	1	PA HYB
TRUEDRAW LANCING DEVICE	1	HYB
TRUEPLUS LANCETS 28G	1	HYB
TRUEPLUS LANCETS 30G	1	HYB
TRUEPLUS LANCETS 33G	1	HYB
TWIST TOP LANCETS 30G	1	
ULTI-LANCE AUTOMATIC	1	
UNILET MICRO-THIN 33G	1	HYB
UNILET SUPER-THIN 30G	1	HYB
UNILET ULTRA-THIN 28G	1	HYB
VALUE PLUS LANCING DEVICE	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>VIDA MIA AUTOLET LANCING DEV</i>	1	
<i>VIVAGUARD LANCING DEVICE</i>	1	
INSULIN ADMINISTRATION SUPPLIES		
<i>OMNIPOD 5 DEXG7G6 INTRO GEN 5</i>	1	QL PA HYB
<i>OMNIPOD 5 DEXG7G6 PODS GEN 5</i>	1	QL PA HYB
<i>OMNIPOD 5 LIBRE INTRO</i>	1	QL PA HYB
<i>OMNIPOD 5 LIBRE PODS</i>	1	QL PA HYB
MISC. DEVICES		
<i>14-COUNT WARMER</i>	1	PA
<i>3-IN-1 BEDSIDE TOILET</i>	1	PA
<i>ACU-LIFE CRUSHER/CONTAINER</i>	1	PA
<i>ADJUST BATH/SHOWER SEAT</i>	1	PA
<i>ADJUST BATH/SHOWER SEAT/BACK</i>	1	PA
<i>ADJUST FOLD CANE/YORK HANDLE</i>	1	PA
<i>ADJUSTABLE ALUMINUM CANE</i>	1	PA
<i>ADJUSTABLE ALUMINUM CANE 3/4"</i>	1	PA
<i>ADJUSTABLE ALUMINUM CANE 5/8"</i>	1	PA
<i>ADJUSTABLE ALUMINUM CANE 7/8"</i>	1	PA
<i>ADJUSTABLE COMMODOE 3-IN-1</i>	1	PA
<i>ADJUSTABLE FOLDING CANE</i>	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ADULT PUSH BUTTON ALUM CRUTCH	1	PA
ALEVE TENS REFILL PADS	1	PA
ALL-BODY MASSAGE	1	PA
ALUMINUM BLANKET SUPPORT	1	PA
ALUMINUM FLIP OFF SEALS 13MM	1	PA
AMEDA ADAPTER CAP	1	PA
AMEDA BREAST FLANGE INSERT	1	PA
AMEDA CUSTOMFIT BREAST FLANGE	1	PA
AMEDA DIAPHRAGMS	1	PA
AMEDA DUAL HYGIENIKIT SYSTEM	1	PA
AMEDA DUAL HYGIENIKIT W/ADAPT	1	PA
AMEDA ELITE BREAST PUMP	1	PA
AMEDA FINESSE BREAST PUMP	1	PA
AMEDA FLEXISHIELD	1	PA
AMEDA MYA JOY BREAST PUMP	1	PA
AMEDA MYA JOY BREAST PUMP/TOTE	1	PA
AMEDA ONE-HAND BREAST PUMP	1	PA
AMEDA PLATINUM BREAST PUMP	1	PA
AMEDA PURELY YOURS BREAST PUMP	1	PA
AMEDA SILICONE TUBING	1	PA
AMEDA TUBING ADAPTER	1	PA
AMEDA VALVES	1	PA
AMIELLE RESTORE VAG EXERCISERS	1	PA
AMIELLE VAGINAL TRAINER	1	PA
AQUA FILTER HOLDERS	1	PA
ARGYLE TRACH TUBE HOLDER	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
BABY FRIDGE	1	PA
BAMBOO CANE	1	PA
BANDAGE SCISSORS	1	PA
BARIATRIC ALUMINUM CANE	1	PA
BATH BENCH WITH BACK	1	PA
BATH/SHOWER SEAT	1	PA
BATHTUB SAFETY RAIL	1	PA
BD SAFE CLIP NEEDLE CLIPPER	1	PA
BED WEDGE	1	PA
BEUTLICH PH TEST ROLL	1	PA
BI-FOCAL MAGNIFIER	1	PA
BLOOD COLLECTION TUBE HOLDER	1	PA
BLOOD PRESSURE SMART CARD	1	PA
BMI DIGITAL SMART SCALE	1	PA
BODY COMPOSITION SCALE	1	PA
BOULES QUIES EAR PLUGS	1	PA
BREAST PUMP	1	PA
BREATHE COMFORT NASAL ASPIRATO	1	PA
BREATHE COMFORT NASAL IRRIGAT	1	PA
BREATHE EASE PULSE OXIMETER	1	PA
CANE	1	PA
CANE FOR BLIND FOLDING	1	PA
CANE HOLDER	1	PA
CANE TIPS	1	PA
CANE TIPS 3/4"	1	PA
CANE TIPS 7/8"	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>CANE TIPS FOR ALUM 3/4"</i>	1	PA
<i>CANE TIPS FOR WOOD 3/4"</i>	1	PA
<i>CANE TIPS FOR WOOD 5/8"</i>	1	PA
<i>CANE TIPS FOR WOOD 7/8"</i>	1	PA
<i>CANE WRIST STRAP</i>	1	PA
<i>CANE/OFFSET HANDLE</i>	1	PA
<i>CANE/T-HANDLE</i>	1	PA
<i>CARDIAC CARE PORT BP/ECG MONIT</i>	1	PA
<i>CARETOUCH PULSE OXIMETER</i>	1	PA
<i>CAREX COCCYX CUSHION</i>	1	PA
<i>CAREX ULTRA GRABBER 32"</i>	1	PA
<i>CAREX WHEELCHAIR</i>	1	PA
<i>CERVICAL PILLOW</i>	1	PA
<i>CERVICAL PILLOW/COVER</i>	1	PA
<i>CHEMO TRANSFER PIN</i>	1	PA
<i>CINIS PREEMIE HALO LARGE</i>	1	PA
<i>CINIS PREEMIE HALO MEDIUM</i>	1	PA
<i>CINIS PREEMIE HALO SMALL</i>	1	PA
<i>CLASSIC DENTAL GUARD</i>	1	PA
<i>CLASSICS ROLLING WALKER</i>	1	PA
<i>CLEVER CHOICE BMI SCALE</i>	1	PA
<i>CLEVER CHOICE BREAST PUMP</i>	1	PA
<i>CLEVER CHOICE HEARING AMPLIFIE</i>	1	PA
<i>CLEVER CHOICE HYDROTHERAPY SYS</i>	1	PA
<i>CLINERE EARWAX CLEANERS</i>	1	PA
<i>CLINERE EARWAX REMOVER</i>	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>CLIP & STOR</i>	1	PA
<i>COLD SEAL BLISTER/LG 62 DOSE</i>	1	PA
<i>COLD SEAL BLISTER/MD 28 DOSE</i>	1	PA
<i>COLD SEAL BLISTER/MD 31 DOSE</i>	1	PA
<i>COLD SEAL BLISTER/MD 90 DOSE</i>	1	PA
<i>COLD SEAL BLISTER/SM 28 DOSE</i>	1	PA
<i>COLD SEAL BLISTER/SM 31 DOSE</i>	1	PA
<i>COLD SEAL BLISTERS/LARGE</i>	1	PA
<i>COMFORT CURVE MASSAGE CUSHION</i>	1	PA
<i>COMFORT FIT FLANGES LARGE</i>	1	PA
<i>COMFORT PERSONAL CLEANS CART</i>	1	PA
<i>COMFORT PERSONAL MICROWAVE</i>	1	PA
<i>COMFORT PERSONAL SHAMPOO CAP</i>	1	PA
<i>COMFORT PERSONAL WARMER 14-CT</i>	1	PA
<i>COMFORT PERSONAL WARMER 28-CT</i>	1	PA
<i>COMMODE</i>	1	PA
<i>COMMODE 3-IN-1</i>	1	PA
<i>COMMODE BEDSIDE</i>	1	PA
<i>COMMODE BEDSIDE/BACK</i>	1	PA
<i>COMMODE PAIL</i>	1	PA
<i>COMMODE SPLASH GUARD</i>	1	PA
<i>CONTOUR BACK CUSHION</i>	1	PA
<i>CONTOUR FITTED SHEETS</i>	1	PA
<i>CONTOUR MATTRESS COVER</i>	1	PA
<i>CRUTCH</i>	1	PA
<i>CRUTCH ACCESSORY KIT</i>	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CRUTCH HANDGRIPS	1	PA
CRUTCH PILLOWS/ARM/HAND	1	PA
CRUTCH SET	1	PA
CRUTCH TIPS	1	PA
CRUTCH UNDERARM PADS	1	PA
CRUTCH-MATE ADULT ARM	1	PA
CRUTCH-MATE ADULT FOREARM	1	PA
CRUTCH-MATE ADULT HAND GRIP LG	1	PA
CRUTCH-MATE ADULT HAND GRIPS	1	PA
CRUTCHES-ALUMINUM	1	PA
CUSTOM-FLEX	1	PA
CVS ALKALINE BATTERIES SIZE AA	1	PA
CVS CANE	1	PA
CVS CRUTCHES	1	PA
CVS DIABETIC ORGANIZER	1	PA
CVS EAR PLUGS	1	PA
CVS GEL GRIP FOLDING CANE	1	PA
CVS INFLATABLE VINYL CUSHION	1	PA
CVS PILL SPLITTER	1	PA
CVS PULSE OXIMETER	1	PA
CVS QUAD CANE	1	PA
CVS READY SET GO BATH BENCH	1	PA
CVS REUSABLE SHEET PROTECTOR	1	PA
CVS RUBBER CUSHION	1	PA
DEEP-TISSUE	1	PA
DENTAL GUARD	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DENTEK PROF-FIT DENTAL GUARD	1	PA
DIFFUSER ULTRA SONIC	1	PA
DIGITAL GLASS SCALE	1	PA
DIGITAL SCALE/BLUETOOTH	1	PA
DINAMAP MONITOR PROBE COVERS	1	PA
DISP SINGLE HEAD STETHOSCOPE	1	PA
DISPOSABLE BULB/VALVE	1	PA
DIVERTER VALVE	1	PA
DOVER COMMUNE SPECIMEN COLLECT	1	PA
DOVER MIDSTREAM SPECIMEN CATCH	1	PA
DROPTAINER TIP CAPS	1	PA
DUAL PADDLE FOLDING WALKER	1	PA
DUNLAP FOAM RING CUSHION	1	PA
DUNLAP INFLATABLE VINYL RING	1	PA
E-Z LOCK RAISED TOILET SEAT	1	PA
EAR WAX REMOVAL/TRI-STREAM TIP	1	PA
EARPLUGS	1	PA
EASY FEED ELECTRIC BREAST PUMP	1	PA
EGG CRATE BED PAD	1	PA
ELECTRODES 2"X2"/REUSABLE	1	PA
ELECTROTHERAPY PAIN RELIEF	1	PA
ELON PROFESSIONAL NAIL CARE	1	PA
ELONGATED TOILET SEAT ELEVATOR	1	PA
ELOSHIELD FACE SHIELD	1	PA
ENDOSCOPIC DELIVERY SYSTEM	1	PA
ENDURANCE FOUR LEG SEAT CANE	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ENDURANCE HD COMMODE	1	PA
EQ BATH & SHOWER SEAT/BACK	1	PA
EQ CRUTCHES	1	PA
EQ FOLDING WALKER	1	PA
EQ WHEELCHAIR FOLDING BLACK	1	PA
EQL EAR PLUGS/SILICONE	1	PA
EQL MUSTACHE/BEARD SCISSORS	1	PA
EQL SKIN CARE TOOL	1	PA
EVERYDAY PICK	1	PA
EXTENDABLE BEDSIDE RAIL	1	PA
EYE/EAR DROPPER	1	PA
EZY DOSE ADULT-LOCK PILL CUT	1	PA
EZY DOSE COLD SEAL CRD 28 DOSE	1	PA
EZY DOSE COLD SEAL CRD 62 DOSE	1	PA
EZY DOSE COLD SEAL CRD 90 DOSE	1	PA
EZY DOSE CUT N CRUSH	1	PA
EZY DOSE DELUXE PILL CUTTER	1	PA
EZY DOSE EZY CRUSH PILL CRUSH	1	PA
EZY DOSE MEDICINE CUPS	1	PA
EZY DOSE PILL CUTTER	1	PA
EZY DOSE PILL CUTTER ORIGINAL	1	PA
FACE SHIELD	1	PA
FALL MAT	1	PA
FASHION CANE/T-HANDLE	1	PA
FETAL DOPPLER	1	PA
FLA ADJUST AIR ANKLE WALKER	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FLAORTHO WALKER	1	PA
FLEX & GO FOLDING CANE	1	PA
FLEX SHIELD WITH EAR LOOPS	1	PA
FLEX SHIELD WITH TIE STRINGS	1	PA
FLEX THERAPY	1	PA
FLIGHT EAR PLUGS	1	PA
FOAM CHAIR CUSHION	1	PA
FOAM CRUTCH PAD	1	PA
FOAM CUSHION	1	PA
FOAM EAR PLUGS	1	PA
FOAM INVALID CUSHION	1	PA
FOLDING CANE	1	PA
FOLDING COMMODE	1	PA
FOLDING PADDLE WALKER	1	PA
FOLDING REACHER	1	PA
FOLDING SEAT CANE	1	PA
FOLDING WALKER	1	PA
FOLDING WALKER/ADULT	1	PA
FOLDING WALKING CANE	1	PA
FONDCIRCLE BODY FAT SCALE	1	PA
FONDCIRCLE BODY WEIGHT SCALE	1	PA
FONDCIRCLE DIGITAL BODY TAPE M	1	PA
FONDCIRCLE ENT SMART OTOSCOPE	1	PA
FONDCIRCLE MULTI-FUNC OTOSCOPE	1	PA
FONDCIRCLE PORTABLE ECG MONITO	1	PA
FONDCIRCLE PULSE OXIMETER	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FOOT MASSAGER	1	PA
FORA GATEWAY	1	PA
FORA GW9014 TELEHEALTH GATEWAY	1	PA
FORA TN'G SCALE 550	1	PA
FREE SPIRIT KNEE/LEG WALKER	1	PA
FREESTYLE DOUBLE BREASTPUMP	1	PA
FT COMFORT FOAM EAR PLUGS	1	PA
FT FINGERTIP PULSE OXIMETER	1	PA
GETGO ROLLING WALKER	1	PA
GNP ASSORTED COMBS	1	PA
GNP DELUXE PULSE OXIMETER	1	PA
GNP DIGITAL WEIGHT SCALE	1	PA
GNP FOAM EAR PLUGS	1	PA
GNP NAIL CLIPPERS	1	PA
GNP POCKET TISSUE	1	PA
GNP PULSE OXIMETER	1	PA
GNP REACHER 32"	1	PA
GNP TWEEZERS SLANT TIP	1	PA
GNP ULTRA PILL CRUSHER	1	PA
GNP ULTRA PILL SPLITTER	1	PA
GOJJI WEIGHT SCALE	1	PA
GROOVE ROLLING WALKER	1	PA
HAND HELD SHOWER SPRAY	1	PA
HARMONY BREASTPUMP	1	PA
HEAD HALTER	1	PA
HEAD HALTER OVER DOOR TRACTION	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
HEAD LICE COMB	1	PA
HEAT THERAPY	1	PA
HEELBOOT LARGE	1	PA
HEELBOOT LAUNDRY BAG	1	PA
HEELBOOT LINER LARGE	1	PA
HEELBOOT LINER REGULAR	1	PA
HEELBOOT REGULAR	1	PA
HEELBOOT WALK PAD	1	PA
HIBICLENS FOOT PEDAL	1	PA
HIBICLENS HAND PUMP 16OZ	1	PA
HIBICLENS HAND PUMP 32OZ	1	PA
HIBICLENS HAND PUMP GALLON	1	PA
HIBICLENS HAND PUMP NON FOAM	1	PA
HIBICLENS PUMP ASSEMBLY	1	PA
HIBICLENS WALL DISPENSER/FOOT	1	PA
HIBICLENS WALL DISPENSER/HAND	1	PA
HM COMFORT FOAM EAR PLUGS	1	PA
HOME STYLE BED RAILS	1	PA
HOT-COLD THERAPY	1	PA
HURRICAIN DISPENSING CAP	1	PA
HURRICAIN LIQUID DISPENSER	1	PA
HURRICAIN SPR EXTENSION TUBES	1	PA
HURRIPAK PERIO IRRIGATION TIPS	1	PA
HURRIPAK PERIODONTAL ANESTHETI	1	PA
HURRYCANE FREEDOM EDITION CANE	1	PA
ICY DIAMOND TOTE CANVAS	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ICY DIAMOND TOTE NON LEATHER	1	PA
ICY HOT TENS THERAPY REFILL	1	PA
INFLATABLE NECK REST	1	PA
ITOUCH SURE PELVIC EXERCISER	1	PA
J & J ANTISEPTIC WIPES	1	PA
J & J INSTANT COLD PACK	1	PA
J & J TOURNIQUET	1	PA
JOURNEY SERIES ROLLING WALKER	1	PA
KABOOTI	1	PA
KABOOTI ICE	1	PA
KANESON BREAST PUMP/NURSER	1	PA
KANGAROO RIGID CONTAINER	1	PA
KEGEL BALL TRAINER	1	PA
KEGEL FIT	1	PA
KEGEL TONER PELVIC TRAINER	1	PA
LAB COAT-DISPOSABLE	1	PA
LADYCARE MENOPAUSE	1	PA
LANSINOH BREASTFEEDING PILLOW	1	PA
LANSINOH BREASTMILK COLLECTOR	1	PA
LANSINOH EXTRA PUMPING SET	1	PA
LANSINOH MANUAL BREAST PUMP	1	PA
LANSINOH POSTPART WASH BOTTLE	1	PA
LANSINOH PUMP ADAPTERS	1	PA
LANSINOH SMART PUMP TOTE BAGS	1	PA
LANSINOH SMARTPUMP	1	PA
LANSINOH SMARTPUMP 2.0	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LATCH ASSIST NIPPLE EVERTER	1	PA
LITE'N UP 50	1	PA
LITE'N UP 90	1	PA
LOS YANKAUER HOLDER	1	PA
LULLABY DBL ELECT BREAST PUMP	1	PA
LUMBAR CUSHION	1	PA
LUMBAR SUPPORT CUSHION	1	PA
MAGNIFIER HANDS-FREE	1	PA
MASSAGER	1	PA
MATTRESS COVER	1	PA
MATTRESS PAD	1	PA
MEDELA DOUBLE BREAST PUMP	1	PA
MEDELA LACTINA DOUBLE PUMPING	1	PA
MEDELA PUMP IN STYLE	1	PA
MEDI-COOLER	1	PA
MEDI-FRIDGE IIX	1	PA
MEDICINE DROPPER	1	PA
MEDICINE DROPPER/CALIBRATED	1	PA
MEDICINE SPOON	1	PA
METAL REACHER	1	PA
MICROCLENS WALL MOUNT BRACKET	1	PA
MINI DIFFUSER	1	PA
MINI TRANSFER PIN	1	PA
MN8	1	PA
MOIST-SURE REPLACEMENT COVER/L	1	PA
MOIST-SURE REPLACEMENT COVER/M	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MOIST-SURE REPLACEMENT COVER/P	1	PA
MOISTUREPLUS COVER LARGE	1	PA
MOISTUREPLUS COVER/MEDIUM	1	PA
MOISTUREPLUS COVER/PETITE	1	PA
MONOJECT BLOOD COLLECTION SET	1	PA
MONOJECT BLOOD COLLECTION TUBE	1	PA
MUCOSAL ATOMIZATION DEVICE	1	PA
NAILIT	1	PA
NASADOCK	1	PA
NATURAL WOOD CANE	1	PA
NATURAL WOOD WALKING STICK	1	PA
NATURESPIRIT	1	PA
NEXCARE COMFORT FOAM EAR PLUGS	1	PA
NEXCARE REUSABLE EAR PLUGS	1	PA
NG SECURE	1	PA
NIX ELECTRONIC LICE COMB	1	PA
NIX METAL TWO-SIDED COMB	1	PA
NOURI AUTO	1	PA
NOURI DUO	1	PA
NOVA BATH SEAT	1	PA
NOVA CUSHION GEL SEAT PAD	1	PA
NOVA QUAD TIP-FOUR PRONGS	1	PA
NUASKIN FACIAL SCRUBBER	1	PA
NUASKIN SKIN TAG REMOVER	1	PA
NUASKIN VACUUM PRO	1	PA
NVZZLER PRO DOUBLE BREAST PUMP	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>NVZZLER SINGLE BREAST PUMP</i>	1	PA
<i>O-RING CUSHION</i>	1	PA
<i>OFFSET CANE</i>	1	PA
<i>ONE OUNCE MEDICINE CUPS</i>	1	PA
<i>ONE STEP AT A TIME FILTERS</i>	1	PA
<i>ONE-DAY-AT-A-TIME PLANNER</i>	1	PA
<i>ORABRUSH</i>	1	PA
<i>ORAL DOSE SYRINGE</i>	1	PA
<i>ORAL ENDOTRACHEAL DEVICE</i>	1	PA
<i>ORAL MEDICINE DROPPER</i>	1	PA
<i>ORAL SYRINGE/BRUSH</i>	1	PA
<i>ORIG MCKENZIE CERVICAL ROLL</i>	1	PA
<i>OSTEOBOOST BELT LARGE</i>	1	PA
<i>OSTEOBOOST BELT MEDIUM</i>	1	PA
<i>OSTEOBOOST BELT SMALL</i>	1	PA
<i>PEDAL EXERCISER</i>	1	PA
<i>PERSONALFIT FLEX CONNECTORS</i>	1	PA
<i>PILL BOX 7 DAY</i>	1	PA
<i>PILL COUNTING TRAY/RIGHT HAND</i>	1	PA
<i>PILL CRUSHER</i>	1	PA
<i>PILL POUCH</i>	1	PA
<i>PILL SPLITTER</i>	1	PA
<i>PLASTIC BED PAN</i>	1	PA
<i>PLATFORM WALKER ATTACHMENT</i>	1	PA
<i>PLATINUM REACHER 31"</i>	1	PA
<i>POCKET MAGNIFIER</i>	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
POSTURE SEAT	1	PA
POWER ADAPTOR PUMP IN STYLE	1	PA
PRECISION CATHETER URINE SYS	1	PA
PRECISION MIDSTREAM KIT	1	PA
PRECISION SPECIMEN CONTAINER	1	PA
PRECISION SPUTUM COLLECTOR	1	PA
PRECISION STOOL COLLECTOR	1	PA
PRECISION TISSUE GRINDER	1	PA
PRECISION TISSUE GRINDER 15ML	1	PA
PRECISION TISSUE GRINDER 50ML	1	PA
PRECISION URINE SPECIMEN SYS	1	PA
PREMIUM PILL CRUSHER	1	PA
PRO COMFORT FOOT BATH	1	PA
PRO COMFORT PULSE OXIMETER	1	PA
PROTECTIVE SAFETY EYEWARE	1	PA
PULSE OXIMETER	1	PA
PULSE OXIMETER DELUXE	1	PA
PULSE OXIMETER FOR FINGER	1	PA
PUMP IN STYLE ADVANCED	1	PA
PUMP IN STYLE/MAXFLOW	1	PA
PUMP IN STYLE/MAXFLOW TUBING	1	PA
PURE COMFORT LEG COMP MASSAGER	1	PA
QUAD CANE	1	PA
QUAD CANE TIPS	1	PA
QUAD CANE/SMALL BASE	1	PA
QUICK-FIT CRUTCHES	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>RA DELUXE PULSE OXIMETER</i>	1	PA
<i>RA EXTRA COMFORT NIGHT PROTECT</i>	1	PA
<i>RAISED TOILET SEAT</i>	1	PA
<i>RAISED TOILET SEAT/LOCK</i>	1	PA
<i>RAISED TOILET SEAT/LOCK & ARMS</i>	1	PA
<i>RECONSTITUBE</i>	1	PA
<i>REFLECTIONS AA BREAST PROSTHES</i>	1	PA
<i>RELION PULSE OXIMETER</i>	1	PA
<i>REPLACEMENT NECKBAND STRAPS</i>	1	PA
<i>RING CUSHION 14"</i>	1	PA
<i>RING CUSHION 16"</i>	1	PA
<i>RING CUSHION 18"</i>	1	PA
<i>RO2 FINGER PULSE OXIMETER</i>	1	PA
<i>ROLLATOR ULTRA-LIGHT</i>	1	PA
<i>ROLLER WALKER</i>	1	PA
<i>ROLLING WALKER/BURGUNDY</i>	1	PA
<i>ROUND SHOWER STOOL</i>	1	PA
<i>RUBBER BATH MAT</i>	1	PA
<i>RUBBER INFLATABLE CUSHION</i>	1	PA
<i>RX LOCKING CAP</i>	1	PA
<i>SAFE-SENSE BEARD NET</i>	1	PA
<i>SAFE-SENSE HEAD COVER 21"</i>	1	PA
<i>SAFE-SENSE HEAD COVER CIRC 21"</i>	1	PA
<i>SAFE-SENSE SHOE COVER NON-SKID</i>	1	PA
<i>SEAL-TIGHT CAST/BANDAGE</i>	1	PA
<i>SEAL-TIGHT MID-ARM PROTECTOR</i>	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SHOWER-PAK	1	PA
SIGNATURE PRO ELEC BREAST PUMP	1	PA
SILICONE EAR PLUGS	1	PA
SILICONE EAR PLUGS FOR KIDS	1	PA
SILICONE EARPLUGS CHILDRENS	1	PA
SIMPLE WISHES PUMPING BRA	1	PA
SIMPLYGO BREAST PUMP	1	PA
SITZ BATH	1	PA
SLEEPRIGHT BREATHE AID	1	PA
SLEEPRIGHT DENTAL GUARD	1	PA
SLEEPRIGHT DENTAL GUARD DURA	1	PA
SLEEPRIGHT DENTAL GUARD SLIM	1	PA
SLEEPRIGHT SPORT BREATHE AID	1	PA
SLEEPRIGHT VAPOR INHALER	1	PA
SM FOAM EAR PLUGS	1	PA
SM WALKER/YOUTH	1	PA
SOFT HANDS COTTON GLOVE	1	PA
SOOTHIES COOLING GEL PADS	1	PA
SOOTHIES GEL PADS	1	PA
SPLASH SHIELD FULL FACE	1	PA
SPLASH SHIELD SHORT FACE	1	PA
SPLIT HANDGRIPS	1	PA
SPRAY APPLICATOR KIT	1	PA
STANDARD CRUTCH TIP	1	PA
STEEL ROLLING WALKER	1	PA
STEP COUNTER	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
STEP N REST II WALKER	1	PA
STEP N REST WALKER	1	PA
STETHOSCOPE	1	PA
STETHOSCOPE DUAL HEAD	1	PA
STETHOSCOPE SINGLE HEAD	1	PA
STOCKING APPLICATOR PETITE	1	PA
STOCKING APPLICATOR REGULAR	1	PA
STOP LICE EGG & NIT REMOVAL	1	PA
SUCTION GRAB BAR	1	PA
SUCTION TIPS	1	PA
SUPPOSITORY MOLD 2GM	1	PA
SUPPOSITORY MOLDS 1.3 ML	1	PA
SUPPOSITORY MOLDS 2 CC/V-NOTCH	1	PA
SUPPOSITORY MOLDS 2 ML	1	PA
SUPPOSITORY MOLDS 2.25 ML	1	PA
SUPPOSITORY MOLDS 3 ML	1	PA
SUPPOSITORY SHELLS 2.0 ML	1	PA
SURELIFE CLEARWAVE II OXIMETER	1	PA
SURELIFE CLEARWAVE OXIMETER	1	PA
SWIM EARPLUGS	1	PA
SWING MAXI HANDS-FREE PUMP	1	PA
SYMPHONY DOUBLE PUMPING SYSTEM	1	PA
TABLET CUTTER-CRUSHER	1	PA
TABLET CUTTER/CRUSHER	1	PA
TABLET CUTTER/DELUXE SAFETY	1	PA
TABLET CUTTER/SAFETY SHIELD	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TAKEAWAY ENVIRONMENTAL RETURN	1	PA
THE DOCTORS NIGHTGUARD	1	PA
THE SIDE RESTER CUSHION	1	PA
TOILET SAFETY FRAME	1	PA
TOILET SEAT ELEVATOR	1	PA
TOMMEE TIPPEE BREAST PUMP	1	PA
TOMMEE TIPPEE BREAST PUMP ADTP	1	PA
TONGUE CLEANER/COMFORT CURVE	1	PA
TONGUE DEPRESSORS	1	PA
TOOTHETTE BITE BLOCK	1	PA
TOPI-CLICK 1 PORT	1	PA
TOPI-CLICK 140	1	PA
TOPI-CLICK 3 PORT	1	PA
TOPI-CLICK APPLICATOR	1	PA
TOPI-CLICK DOSE CHECK	1	PA
TOPI-CLICK MICRO ANGLED AA	1	PA
TOPI-CLICK MICRO PIN POINT AA	1	PA
TOPI-CLICK MICRO ROUNDED AA	1	PA
TOPI-CLICK UV BLOCKING	1	PA
TOPI-CLICK VAGINAL APPLICATOR	1	PA
TOPI-CLICK VAGINAL DOSE LOADER	1	PA
TOPI-CLICK VAGINAL DOSING	1	PA
TOTAL COMFORT CHAIR CUSHION	1	PA
TOTAL COMFORT SEAT CUSHION	1	PA
TRACTION FLOOR STAND	1	PA
TRACTION HEAD HALTER ROPE	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TRACTION PELVIC BELT	1	PA
TRACTION WEIGHT BAG	1	PA
TRANSFER BENCH	1	PA
TRANSFER BOARD	1	PA
TRANSFER PIN	1	PA
TRANSPORT CHAIR	1	PA
TRAVEL POUCH	1	PA
TRAVELER 3 WHEEL ROLL WALKER	1	PA
TRI-GRIP BATHTUB RAIL	1	PA
TRIGGER RELEASE JUNIOR WALKER	1	PA
TRIO ROLLING WALKER	1	PA
TRUE COMFORT FOLDING 2 WHEEL	1	PA
TRUE COMFORT FOLDING WALKER	1	PA
TRUE COMFORT HEIGHT ADJ CANE	1	PA
TRUE COMFORT QUAD ADJ CANE	1	PA
TUB TRANSFER BOARD	1	PA
TWIN MEDICINE SPOON	1	PA
ULTRA CARE EAR WAX REMOVER	1	PA
ULTRA COMFORT BODY MASSAGER	1	PA
ULTRA FIT SMART BODY SCALE	1	PA
UNIVERSAL QUICK ADJUST CRUTCH	1	PA
UNIVERSAL TIPS	1	PA
UNIVERSAL WALKER ORGANIZER	1	PA
UNODOSE APPLICATOR	1	PA
VANISHPOINT TUBE HOLDER	1	PA
VIBE 6	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VIBRATING FOOT BATH	1	PA
VIDA CELLULAR SCALE	1	PA
VINYL INFLATABLE CUSHION	1	PA
VIVI EPI	1	PA
WALKER	1	PA
WALKER AUTO GLIDES	1	PA
WALKER BASKET	1	PA
WALKER GLIDE WHEELS	1	PA
WALKER SKI GLIDES	1	PA
WALKER SWIVEL WHEELS	1	PA
WALKER TALL EXTENSION LEGS	1	PA
WALKER TIPS	1	PA
WALKER TIPS 1-1/8"	1	PA
WALKER WHEELS	1	PA
WALL GRAB BAR	1	PA
WASH GLOVES PRE-MOISTENED	1	PA
WATERPROOF SHEETING	1	PA
WET-STOP 3	1	PA
WHEELCHAIR	1	PA
WHEELCHAIR CUSHION	1	PA
WHEELCHAIR INVALID RING	1	PA
WITHINGS BODY SCALE	1	PA
WOODEN CANE 7/8"	1	PA
WORK BELT	1	PA
WRIST BRACE	1	PA
WRIST SLEEP SUPPORT	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
YOUTH PUSH BUTTON ALUM CRUTCH	1	PA
ZEWA ELECTRODES	1	PA
ZIPPERED MATTRESS COVER	1	PA
ZOOM 20 ROLLING WALKER	1	PA
NEEDLES & SYRINGES		
1ST TIER UNIFINE PENTIPS	1	
1ST TIER UNIFINE PENTIPS PLUS	1	
ABOUTTIME PEN NEEDLE	1	
ADVOCATE INSULIN PEN NEEDLE	1	
ADVOCATE INSULIN PEN NEEDLES	1	
ADVOCATE INSULIN SYRINGE	1	
AQ INSULIN SYRINGE	1	
AQINJECT PEN NEEDLE	1	
ASSURE ID DUO PRO PEN NEEDLES	1	
ASSURE ID PRO PEN NEEDLES	1	
ASSURE ID SAFETY PEN NEEDLES	1	
AUM INSULIN SAFETY PEN NEEDLE	1	
AUM MINI INSULIN PEN NEEDLE	1	
AUM PEN NEEDLE	1	
AUM READYGARD DUO PEN NEEDLE	1	
AUM SAFETY PEN NEEDLE	1	
AURORA PEN NEEDLES	1	
AURORA UNIFINE PENTIPS	1	
BD AUTOSHIELD DUO	1	
BD BLUNT FILL NEEDLE	1	
BD BLUNT FILL NEEDLE W/FILTER	1	
BD DISP NEEDLE 23G X 1" MISC	1	
BD DISP NEEDLE 25G X 1" MISC	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>BD DISP NEEDLE 30G X 1" MISC</i>	1	
<i>BD DISP NEEDLES 16G X 1-1/2" MISC</i>	1	
<i>BD DISP NEEDLES 18G X 1-1/2" MISC</i>	1	
<i>BD DISP NEEDLES 19G X 1" MISC</i>	1	
<i>BD DISP NEEDLES 20G X 1" MISC</i>	1	
<i>BD DISP NEEDLES 20G X 1-1/2" MISC</i>	1	
<i>BD DISP NEEDLES 21G X 1-1/2" MISC</i>	1	
<i>BD DISP NEEDLES 22G X 1-1/2" MISC</i>	1	
<i>BD DISP NEEDLES 25G X 5/8" MISC</i>	1	
<i>BD DISP NEEDLES 25G X 7/8" MISC</i>	1	
<i>BD DISP NEEDLES 27G X 1/2" MISC</i>	1	
<i>BD DISP NEEDLES 30G X 1/2" MISC</i>	1	
<i>BD ECLIPSE LUER-LOK NEEDLE</i>	1	
<i>BD ECLIPSE NEEDLE 18G X 1-1/2" MISC</i>	1	
<i>BD ECLIPSE NEEDLE 21G X 1" MISC</i>	1	
<i>BD ECLIPSE NEEDLE 21G X 1-1/2" MISC</i>	1	
<i>BD ECLIPSE NEEDLE 23G X 1" MISC</i>	1	
<i>BD ECLIPSE NEEDLE 25G X 1" MISC</i>	1	
<i>BD ECLIPSE NEEDLE 25G X 1-1/2" MISC</i>	1	
<i>BD ECLIPSE NEEDLE 25G X 5/8" MISC</i>	1	
<i>BD ECLIPSE NEEDLE 27G X 1/2" MISC</i>	1	
<i>BD ECLIPSE SHIELDED NEEDLE</i>	1	
<i>BD HYPODERMIC NEEDLE 16G X 1" MISC</i>	1	
<i>BD HYPODERMIC NEEDLE 18G X 1" MISC</i>	1	
<i>BD HYPODERMIC NEEDLE 18G X 1-1/2" MISC</i>	1	
<i>BD HYPODERMIC NEEDLE 19G X 1" MISC</i>	1	
<i>BD HYPODERMIC NEEDLE 19G X 1-1/2" MISC</i>	1	
<i>BD HYPODERMIC NEEDLE 21G X 1" MISC</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>BD HYPODERMIC NEEDLE 21G X 2" MISC</i>	1	
<i>BD HYPODERMIC NEEDLE 22G X 1" MISC</i>	1	
<i>BD HYPODERMIC NEEDLE 22G X 1-1/2" MISC</i>	1	
<i>BD HYPODERMIC NEEDLE 23G X 1" MISC</i>	1	
<i>BD HYPODERMIC NEEDLE 23G X 3/4" MISC</i>	1	
<i>BD HYPODERMIC NEEDLE 25G X 1-1/2" MISC</i>	1	
<i>BD HYPODERMIC NEEDLE 26G X 1/2" MISC</i>	1	
<i>BD INSULIN SYR ULTRAFINE II</i>	1	
<i>BD INSULIN SYRINGE 27.5G X 5/8" 2 ML MISC</i>	1	
<i>BD INSULIN SYRINGE 27G X 1/2" 1 ML MISC</i>	1	
<i>BD INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC</i>	1	
<i>BD INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC</i>	1	
<i>BD INSULIN SYRINGE 29G X 1/2" 1 ML MISC</i>	1	
<i>BD INSULIN SYRINGE HALF-UNIT</i>	1	
<i>BD INSULIN SYRINGE MICROFINE</i>	1	
<i>BD INSULIN SYRINGE U-100 1 ML MISC</i>	1	
<i>BD INSULIN SYRINGE U-500</i>	1	
<i>BD INSULIN SYRINGE U/F</i>	1	
<i>BD INSULIN SYRINGE U/F 1/2UNIT</i>	1	
<i>BD INSULIN SYRINGE ULTRAFINE</i>	1	
<i>BD INTEGRA NEEDLE</i>	1	
<i>BD LUER-LOK SYRINGE 25G X 5/8" 1 ML MISC</i>	1	
<i>BD NOKOR ADMIX NEEDLE</i>	1	
<i>BD PEN NEEDLE MICRO ULTRAFINE</i>	1	
<i>BD PEN NEEDLE MINI ULTRAFINE</i>	1	
<i>BD PEN NEEDLE NANO 2ND GEN</i>	1	
<i>BD PEN NEEDLE NANO ULTRAFINE</i>	1	
<i>BD PEN NEEDLE ORIG ULTRAFINE</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>BD PEN NEEDLE SHORT ULTRAFINE</i>	1	
<i>BD PRECISIONGLIDE NEEDLE 23G X 1-1/2" MISC</i>	1	
<i>BD PRECISIONGLIDE NEEDLE 27G X 1-1/2" MISC</i>	1	
<i>BD PRECISIONGLIDE NEEDLE 27G X 3/8" MISC</i>	1	
<i>BD SAFETYGLIDE INSULIN SYRINGE</i>	1	
<i>BD SAFETYGLIDE NEEDLE 18G X 1-1/2" MISC</i>	1	
<i>BD SAFETYGLIDE NEEDLE 21G X 1" MISC</i>	1	
<i>BD SAFETYGLIDE NEEDLE 23G X 1-1/2" MISC</i>	1	
<i>BD SAFETYGLIDE NEEDLE 25G X 1" MISC</i>	1	
<i>BD SAFETYGLIDE NEEDLE 25G X 5/8" MISC</i>	1	
<i>BD SAFETYGLIDE NEEDLE 27G X 5/8" MISC</i>	1	
<i>BD SAFETYGLIDE SHIELDED NEEDLE 21G X 1-1/2" MISC</i>	1	
<i>BD SAFETYGLIDE SHIELDED NEEDLE 22G X 1-1/2" MISC</i>	1	
<i>BD SAFETYGLIDE SHIELDED NEEDLE 23G X 1" MISC</i>	1	
<i>BD SYRINGE/NEEDLE 25G X 5/8" 1 ML MISC</i>	1	
<i>BD VEO INSULIN SYR U/F 1/2UNIT</i>	1	
<i>BD VEO INSULIN SYR ULTRAFINE</i>	1	
<i>CAREFINE PEN NEEDLES</i>	1	
<i>CAREONE INSULIN SYRINGE</i>	1	
<i>CAREONE UNIFINE PENTIPS</i>	1	
<i>CAREONE UNIFINE PENTIPS PLUS</i>	1	
<i>CAREPOINT POLY HUB NEEDLE 18G X 1" MISC</i>	1	
<i>CAREPOINT POLY HUB NEEDLE 18G X 1-1/2" MISC</i>	1	
<i>CAREPOINT POLY HUB NEEDLE 20G X 1" MISC</i>	1	
<i>CAREPOINT POLY HUB NEEDLE 21G X 1" MISC</i>	1	
<i>CAREPOINT POLY HUB NEEDLE 21G X 1-1/2" MISC</i>	1	
<i>CAREPOINT POLY HUB NEEDLE 22G X 1" MISC</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CAREPOINT POLY HUB NEEDLE 22G X 1-1/2" MISC	1	
CAREPOINT POLY HUB NEEDLE 23G X 1" MISC	1	
CAREPOINT POLY HUB NEEDLE 23G X 1-1/2" MISC	1	
CAREPOINT POLY HUB NEEDLE 25G X 1" MISC	1	
CAREPOINT POLY HUB NEEDLE 25G X 1-1/2" MISC	1	
CAREPOINT POLY HUB NEEDLE 25G X 5/8" MISC	1	
CAREPOINT POLY HUB NEEDLE 27G X 1/2" MISC	1	
CAREPOINT POLY HUB NEEDLE 30G X 1/2" MISC	1	
CAREPOINT PRECISION POLY HUB 23G X 1" MISC	1	
CAREPOINT PRECISION POLY HUB 25G X 5/8" MISC	1	
CAREPOINT SAFETY 1ST NEEDLE 23G X 1" MISC	1	
CAREPOINT SAFETY 1ST NEEDLE 23G X 1-1/2" MISC	1	
CAREPOINT SAFETY 1ST NEEDLE 25G X 1" MISC	1	
CAREPOINT SAFETY 1ST NEEDLE 25G X 1-1/2" MISC	1	
CAREPOINT SAFETY 1ST NEEDLE 25G X 5/8" MISC	1	
CAREPOINT SAFETY1ST SYR/NEEDLE 25G X 1" 1 ML MISC	1	
CARETOUCH HYPODERMIC NEEDLE 18G X 1-1/2" MISC	1	
CARETOUCH HYPODERMIC NEEDLE 20G X 1" MISC	1	
CARETOUCH HYPODERMIC NEEDLE 22G X 1" MISC	1	
CARETOUCH HYPODERMIC NEEDLE 23G X 1" MISC	1	
CARETOUCH HYPODERMIC NEEDLE 23G X 1-1/2" MISC	1	
CARETOUCH HYPODERMIC NEEDLE 25G X 1" MISC	1	
CARETOUCH HYPODERMIC NEEDLE 25G X 1-1/2" MISC	1	
CARETOUCH HYPODERMIC NEEDLE 25G X 5/8" MISC	1	
CARETOUCH HYPODERMIC NEEDLE 26G X 1" MISC	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CARETOUCH HYPODERMIC NEEDLE 27G X 1-1/2" MISC	1	
CARETOUCH INSULIN SYRINGE	1	
CARETOUCH PEN NEEDLES	1	
CLEVER CHOICE COMFORT EZ 29G X 12MM MISC	1	
CLEVER CHOICE COMFORT EZ 33G X 4 MM MISC	1	
CLICKFINE PEN NEEDLES	1	
COMFORT ASSIST INSULIN SYRINGE	1	
COMFORT EZ INSULIN SYRINGE	1	
COMFORT EZ MICRO PEN NEEDLES	1	
COMFORT EZ PEN NEEDLES	1	
COMFORT EZ PRO PEN NEEDLES	1	
COMFORT EZ SHORT PEN NEEDLES	1	
COMFORT TOUCH INSULIN PEN NEED	1	
DIATHRIVE PEN NEEDLE	1	
DROPLET INSULIN SYRINGE	1	
DROPLET MICRON	1	
DROPLET PEN NEEDLES	1	
DROPSAFE AUTOPROTECT DUO	1	
DROPSAFE SAFETY PEN NEEDLES	1	
DROPSAFE SAFETY SYRINGE/NEEDLE	1	
DROPSAFE SICURA	1	
DRUG MART UNIFINE PENTIPS	1	
DRUG MART UNIFINE PENTIPS PLUS	1	
EASY COMFORT INSULIN SYRINGE	1	
EASY COMFORT PEN NEEDLES	1	
EASY GLIDE PEN NEEDLES	1	
EASY TOUCH FLIPLOCK INSULIN SY	1	
EASY TOUCH FLIPLOCK NEEDLES 18G X 1" MISC	1	

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EASY TOUCH FLIPLOCK SAFETY SYR 25G X 1" 1 ML MISC	1	
EASY TOUCH FLURINGE	1	
EASY TOUCH FLURINGE FLIPLOCK	1	
EASY TOUCH FLURINGE SHEATHLOCK	1	
EASY TOUCH HYPODERMIC NEEDLE 16G X 1" MISC	1	
EASY TOUCH HYPODERMIC NEEDLE 16G X 1-1/2" MISC	1	
EASY TOUCH HYPODERMIC NEEDLE 18G X 1" MISC	1	
EASY TOUCH HYPODERMIC NEEDLE 18G X 1-1/2" MISC	1	
EASY TOUCH HYPODERMIC NEEDLE 18G X 1.25" MISC	1	PA
EASY TOUCH HYPODERMIC NEEDLE 19G X 1" MISC	1	
EASY TOUCH HYPODERMIC NEEDLE 19G X 1-1/2" MISC	1	
EASY TOUCH HYPODERMIC NEEDLE 20G X 1" MISC	1	
EASY TOUCH HYPODERMIC NEEDLE 20G X 1-1/2" MISC	1	
EASY TOUCH HYPODERMIC NEEDLE 21G X 1" MISC	1	
EASY TOUCH HYPODERMIC NEEDLE 21G X 1-1/2" MISC	1	
EASY TOUCH HYPODERMIC NEEDLE 22G X 1" MISC	1	
EASY TOUCH HYPODERMIC NEEDLE 22G X 1-1/2" MISC	1	
EASY TOUCH HYPODERMIC NEEDLE 23G X 1" MISC	1	
EASY TOUCH HYPODERMIC NEEDLE 23G X 1-1/2" MISC	1	
EASY TOUCH HYPODERMIC NEEDLE 23G X 1-1/4" MISC	1	
EASY TOUCH HYPODERMIC NEEDLE 23G X 3/4" MISC	1	
EASY TOUCH HYPODERMIC NEEDLE 24G X 1" MISC	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EASY TOUCH HYPODERMIC NEEDLE 24G X 1.25" MISC	1	PA
EASY TOUCH HYPODERMIC NEEDLE 25G X 1" MISC	1	
EASY TOUCH HYPODERMIC NEEDLE 25G X 1-1/2" MISC	1	
EASY TOUCH HYPODERMIC NEEDLE 25G X 5/8" MISC	1	
EASY TOUCH HYPODERMIC NEEDLE 26G X 1/2" MISC	1	
EASY TOUCH HYPODERMIC NEEDLE 26G X 3/8" MISC	1	
EASY TOUCH HYPODERMIC NEEDLE 26G X 5/8" MISC	1	
EASY TOUCH HYPODERMIC NEEDLE 27G X 1-1/2" MISC	1	
EASY TOUCH HYPODERMIC NEEDLE 27G X 1-1/4" MISC	1	
EASY TOUCH HYPODERMIC NEEDLE 27G X 1/2" MISC	1	
EASY TOUCH HYPODERMIC NEEDLE 30G X 1" MISC	1	
EASY TOUCH HYPODERMIC NEEDLE 30G X 1/2" MISC	1	
EASY TOUCH HYPODERMIC NEEDLE 31G X 5/16" MISC	1	PA
EASY TOUCH HYPODERMIC NEEDLE 32G X 5/16" MISC	1	PA
EASY TOUCH INSULIN BARRELS	1	
EASY TOUCH INSULIN SAFETY SYR	1	
EASY TOUCH INSULIN SYRINGE	1	
EASY TOUCH PEN NEEDLES 29G X 12MM MISC	1	
EASY TOUCH PEN NEEDLES 30G X 5 MM MISC	1	
EASY TOUCH PEN NEEDLES 30G X 6 MM MISC	1	PA
EASY TOUCH PEN NEEDLES 30G X 8 MM MISC	1	
EASY TOUCH PEN NEEDLES 31G X 5 MM MISC	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EASY TOUCH PEN NEEDLES 31G X 6 MM MISC	1	
EASY TOUCH PEN NEEDLES 31G X 8 MM MISC	1	
EASY TOUCH PEN NEEDLES 32G X 4 MM MISC	1	
EASY TOUCH PEN NEEDLES 32G X 5 MM MISC	1	
EASY TOUCH PEN NEEDLES 32G X 6 MM MISC	1	
EASY TOUCH SAFETY PEN NEEDLES	1	
EASY TOUCH SAFETY SYRINGE 25G X 1" 1 ML MISC	1	
EASY TOUCH SAFETY SYRINGE 25G X 5/8" 1 ML MISC	1	
EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ML MISC	1	
EASY TOUCH SHEATHLOCK SYRINGE 30G X 1/2" 1 ML MISC	1	
EASY TOUCH SHEATHLOCK SYRINGE 30G X 5/16" 1 ML MISC	1	
EASY TOUCH SHEATHLOCK SYRINGE 31G X 5/16" 1 ML MISC	1	
EASYPOINT NEEDLE 18G X 1" MISC	1	
EASYPOINT NEEDLE 18G X 1-1/2" MISC	1	
EASYPOINT NEEDLE 20G X 1" MISC	1	
EASYPOINT NEEDLE 20G X 1-1/2" MISC	1	
EASYPOINT NEEDLE 21G X 1" MISC	1	
EASYPOINT NEEDLE 21G X 1-1/2" MISC	1	
EASYPOINT NEEDLE 22G X 1" MISC	1	
EASYPOINT NEEDLE 22G X 1-1/2" MISC	1	
EASYPOINT NEEDLE 23G X 1" MISC	1	
EASYPOINT NEEDLE 25G X 1" MISC	1	
EASYPOINT NEEDLE 25G X 1-1/2" MISC	1	
EASYPOINT NEEDLE 25G X 5/8" MISC	1	
EMBECTA AUTOSHIELD DUO	1	
EMBECTA INS SYR U/F 1/2 UNIT	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EMBECTA INSULIN SYRINGE	1	
EMBECTA INSULIN SYRINGE U-100	1	
EMBECTA INSULIN SYRINGE U-500	1	
EMBECTA INSULIN SYRINGE U/F	1	
EMBECTA PEN NEEDLE NANO	1	
EMBECTA PEN NEEDLE NANO 2 GEN	1	
EMBECTA PEN NEEDLE U/F	1	
EMBECTA PEN NEEDLE ULTRAFINE	1	
EMBRACE PEN NEEDLES 29G X 12MM MISC	1	QL
EMBRACE PEN NEEDLES 30G X 5 MM MISC	1	
EMBRACE PEN NEEDLES 30G X 8 MM MISC	1	
EMBRACE PEN NEEDLES 31G X 6 MM MISC	1	
EMBRACE PEN NEEDLES 31G X 8 MM MISC	1	
EMBRACE PEN NEEDLES 32G X 4 MM MISC	1	
EQL INSULIN SYRINGE	1	
EXEL COMFORT POINT INSULIN SYR	1	
EXEL COMFORT POINT PEN NEEDLE	1	
FIFTY50 PEN NEEDLES	1	
FIFTY50 SUPERIOR COMFORT SYR	1	
FLOW-EZE VENTED NEEDLE	1	
FREDS PHARMACY UNIFINE PENTIP+	1	
FREDS PHARMACY UNIFINE PENTIPS	1	
GLOBAL EASE INJECT PEN NEEDLES	1	
GLOBAL EASY GLIDE INSULIN SYR	1	
GLOBAL EASY GLIDE PEN NEEDLES	1	
GLOBAL INJECT EASE INSULIN SYR	1	
GLOBAL INSULIN SYRINGES	1	
GLUCOPRO INSULIN SYRINGE	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>GNP CLICKFINE PEN NEEDLES</i>	1	
<i>GNP INSULIN SYRINGE</i>	1	
<i>GNP INSULIN SYRINGES</i>	1	
<i>GNP INSULIN SYRINGES 28GX1/2"</i>	1	
<i>GNP INSULIN SYRINGES 29GX1/2"</i>	1	
<i>GNP INSULIN SYRINGES 30GX5/16"</i>	1	
<i>GNP INSULIN SYRINGES 31GX5/16"</i>	1	
<i>GNP PEN NEEDLES</i>	1	
<i>GNP ULTICARE PEN NEEDLES</i>	1	
<i>GNP ULTIGUARD SAFEPACK NEEDLE</i>	1	
<i>GNP ULTRA COM INSULIN SYRINGE</i>	1	
<i>GOODSENSE CLICKFINE PEN NEEDLE</i>	1	
<i>GOODSENSE PEN NEEDLE PENFINE</i>	1	
<i>H-E-B INCONTROL PEN NEEDLES</i>	1	
<i>H-E-B INCONTROL UNIFINE PENTIP</i>	1	
<i>HEALTHWISE INSULIN SYR/NEEDLE</i>	1	
<i>HEALTHWISE MICRON PEN NEEDLES</i>	1	
<i>HEALTHWISE MINI PEN NEEDLES</i>	1	
<i>HEALTHWISE PEN NEEDLES</i>	1	
<i>HEALTHWISE SHORT PEN NEEDLES</i>	1	
<i>HEALTHWISE UNIFINE PENTIPS</i>	1	
<i>HEALTHY ACCENTS UNIFINE PENTIP</i>	1	
<i>HM ULTICARE INSULIN SYRINGE</i>	1	
<i>HM ULTICARE MINI PEN NEEDLES</i>	1	
<i>HM ULTICARE SHORT PEN NEEDLES</i>	1	
<i>HUBER NEEDLE 19G X 1" MISC</i>	1	
<i>HUBER NEEDLE 20G X 1" MISC</i>	1	
<i>HUBER NEEDLE 20G X 1-1/2" MISC</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
HUBER NEEDLE 22G X 1" MISC	1	
HUBER NEEDLE 22G X 1-1/2" MISC	1	
HUBER NEEDLE 22G X 3/4" MISC	1	
HYPODERMIC NEEDLE 18G X 1" MISC	1	
HYPODERMIC NEEDLE 18G X 1-1/2" MISC	1	
HYPODERMIC NEEDLE 19G X 1" MISC	1	
HYPODERMIC NEEDLE 19G X 1-1/2" MISC	1	
HYPODERMIC NEEDLE 20G X 1" MISC	1	
HYPODERMIC NEEDLE 20G X 1-1/2" MISC	1	
HYPODERMIC NEEDLE 21G X 1" MISC	1	
HYPODERMIC NEEDLE 21G X 1-1/2" MISC	1	
HYPODERMIC NEEDLE 21G X 1-1/4" MISC	1	
HYPODERMIC NEEDLE 22G X 1" MISC	1	
HYPODERMIC NEEDLE 22G X 1-1/2" MISC	1	
HYPODERMIC NEEDLE 22G X 3/4" MISC	1	
HYPODERMIC NEEDLE 23G X 1" MISC	1	
HYPODERMIC NEEDLE 23G X 1-1/2" MISC	1	
HYPODERMIC NEEDLE 23G X 3/4" MISC	1	
HYPODERMIC NEEDLE 25G X 1" MISC	1	
HYPODERMIC NEEDLE 25G X 1-1/2" MISC	1	
HYPODERMIC NEEDLE 25G X 5/8" MISC	1	
HYPODERMIC NEEDLE 26G X 1/2" MISC	1	
HYPODERMIC NEEDLE 26G X 3/8" MISC	1	
HYPODERMIC NEEDLE 26G X 5/8" MISC	1	
HYPODERMIC NEEDLE 27G X 1-1/2" MISC	1	
HYPODERMIC NEEDLE 27G X 1-1/4" MISC	1	
HYPODERMIC NEEDLE 27G X 1/2" MISC	1	
HYPODERMIC NEEDLE 30G X 1/2" MISC	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>INCONTROL ULTICARE PEN NEEDLES</i>	1	
<i>INSULIN SYRINGE</i>	1	
<i>INSULIN SYRINGE-NEEDLE U-100</i>	1	
<i>INSULIN SYRINGE/NEEDLE</i>	1	
<i>INSUPEN PEN NEEDLES</i>	1	
<i>INSUPEN SENSITIVE</i>	1	
<i>INSUPEN ULTRAFIN</i>	1	
<i>INSUPEN32G EXTR3ME</i>	1	
<i>KINRAY INSULIN SYRINGE</i>	1	
<i>KMART VALU INSULIN SYRINGE 29G</i>	1	
<i>KMART VALU INSULIN SYRINGE 30G</i>	1	
<i>KROGER INSULIN SYRINGE</i>	1	
<i>KROGER PEN NEEDLES</i>	1	
<i>LEADER INSULIN SYRINGE</i>	1	
<i>LEADER UNIFINE PENTIPS</i>	1	
<i>LEADER UNIFINE PENTIPS PLUS</i>	1	
<i>LITETOUCH INSULIN SYRINGE</i>	1	
<i>LITETOUCH PEN NEEDLES</i>	1	
<i>LONGS INSULIN SYRINGE</i>	1	
<i>MAGELLAN INSULIN SAFETY SYR</i>	1	
<i>MARATHON MEDICAL PENTIPS</i>	1	
<i>MAXI-COMFORT INSULIN SYRINGE</i>	1	
<i>MAXI-COMFORT SAFETY PEN NEEDLE</i>	1	
<i>MAXICOMFORT II PEN NEEDLE</i>	1	
<i>MAXICOMFORT SYR 27G X 1/2"</i>	1	
<i>MEDIC INSULIN SYRINGE</i>	1	
<i>MEDICINE SHOPPE PEN NEEDLES</i>	1	
<i>MEIJER PEN NEEDLES</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MICRODOT PEN NEEDLE	1	
MM INSULIN SYRINGE/NEEDLE	1	
MM PEN NEEDLES	1	
MONOJECT BLUNTIP CANNULA 20G X 1-1/2" MISC	1	
MONOJECT BLUNTIP CANNULA 21G X 1" MISC	1	
MONOJECT HYPODERMIC NEEDLE 14G X 1" MISC	1	
MONOJECT HYPODERMIC NEEDLE 14G X 1-1/2" MISC	1	
MONOJECT HYPODERMIC NEEDLE 14G X 2" MISC	1	
MONOJECT HYPODERMIC NEEDLE 16G X 1" MISC	1	
MONOJECT HYPODERMIC NEEDLE 16G X 1-1/2" MISC	1	
MONOJECT HYPODERMIC NEEDLE 16G X 3/4" MISC	1	
MONOJECT HYPODERMIC NEEDLE 16G X 5/8" MISC	1	
MONOJECT HYPODERMIC NEEDLE 18G X 1" MISC	1	
MONOJECT HYPODERMIC NEEDLE 18G X 1-1/2" MISC	1	
MONOJECT HYPODERMIC NEEDLE 19G X 1" MISC	1	
MONOJECT HYPODERMIC NEEDLE 19G X 1-1/2" MISC	1	
MONOJECT HYPODERMIC NEEDLE 20G X 1" MISC	1	
MONOJECT HYPODERMIC NEEDLE 20G X 1-1/2" MISC	1	
MONOJECT HYPODERMIC NEEDLE 21G X 1" MISC	1	
MONOJECT HYPODERMIC NEEDLE 21G X 1-1/2" MISC	1	
MONOJECT HYPODERMIC NEEDLE 21G X 2" MISC	1	
MONOJECT HYPODERMIC NEEDLE 22G X 1" MISC	1	
MONOJECT HYPODERMIC NEEDLE 22G X 1-1/2" MISC	1	
MONOJECT HYPODERMIC NEEDLE 23G X 1" MISC	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MONOJECT HYPODERMIC NEEDLE 23G X 3/4" MISC	1	
MONOJECT HYPODERMIC NEEDLE 25G X 1" MISC	1	
MONOJECT HYPODERMIC NEEDLE 25G X 1-1/2" MISC	1	
MONOJECT HYPODERMIC NEEDLE 25G X 1-1/4" MISC	1	
MONOJECT HYPODERMIC NEEDLE 25G X 2" MISC	1	
MONOJECT HYPODERMIC NEEDLE 25G X 5/8" MISC	1	
MONOJECT HYPODERMIC NEEDLE 26G X 1-1/2" MISC	1	
MONOJECT HYPODERMIC NEEDLE 26G X 1/2" MISC	1	
MONOJECT HYPODERMIC NEEDLE 27G X 1-1/2" MISC	1	
MONOJECT HYPODERMIC NEEDLE 27G X 1-1/4" MISC	1	
MONOJECT HYPODERMIC NEEDLE 27G X 1/2" MISC	1	
MONOJECT HYPODERMIC NEEDLE 30G X 3/4" MISC	1	
MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML MISC	1	
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	
MONOJECT INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC	1	
MONOJECT INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	1	
MONOJECT INSULIN SYRINGE 30G X 5/16" 1 ML MISC	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MONOJECT INSULIN SYRINGE 31G X 5/16" 1 ML MISC	1	
MONOJECT INSULIN SYRINGE U-100 1 ML MISC	1	
MONOJECT MAGELLAN SAFETY NDL 18G X 1" MISC	1	
MONOJECT MAGELLAN SAFETY NDL 18G X 1-1/2" MISC	1	
MONOJECT MAGELLAN SAFETY NDL 19G X 1" MISC	1	
MONOJECT MAGELLAN SAFETY NDL 19G X 1-1/2" MISC	1	
MONOJECT MAGELLAN SAFETY NDL 20G X 1" MISC	1	
MONOJECT MAGELLAN SAFETY NDL 20G X 1-1/2" MISC	1	
MONOJECT MAGELLAN SAFETY NDL 21G X 1" MISC	1	
MONOJECT MAGELLAN SAFETY NDL 21G X 1-1/2" MISC	1	
MONOJECT MAGELLAN SAFETY NDL 22G X 1" MISC	1	
MONOJECT MAGELLAN SAFETY NDL 22G X 1-1/2" MISC	1	
MONOJECT MAGELLAN SAFETY NDL 23G X 1" MISC	1	
MONOJECT MAGELLAN SAFETY NDL 25G X 1" MISC	1	
MONOJECT MAGELLAN SAFETY NDL 25G X 5/8" MISC	1	
MONOJECT MAGELLAN SYRINGE 25G X 1" 1 ML MISC	1	
MONOJECT MAGELLAN SYRINGE 25G X 5/8" 1 ML MISC	1	
MONOJECT MEDICATION TRANSF NDL	1	
MONOJECT ULTRA COMFORT SYRINGE	1	
MS INSULIN SYRINGE	1	
MULTI-DRAW NEEDLE 20G X 1-1/2" MISC	1	
MULTI-DRAW NEEDLE 21G X 1-1/2" MISC	1	
MULTI-DRAW NEEDLE 22G X 1-1/2" MISC	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NOKOR VENTED NEEDLE	1	
NOVOFINE AUTOCOVER PEN NEEDLE	1	
NOVOFINE PEN NEEDLE	1	
NOVOFINE PLUS PEN NEEDLE	1	
PC UNIFINE PENTIPS	1	
PEN NEEDLE/5-BEVEL TIP	1	
PEN NEEDLES	1	
PEN NEEDLES 5/16"	1	
PENTIPS 29G X 12MM MISC	1	
PENTIPS 31G X 5 MM MISC	1	
PENTIPS 31G X 6 MM MISC	1	
PENTIPS 31G X 8 MM MISC	1	
PENTIPS 32G X 4 MM MISC	1	
PENTIPS 32G X 6 MM MISC	1	
PENTIPS GENERIC PEN NEEDLES	1	
PERFECT POINT SAFETY NEEDLE	1	
PIP PEN NEEDLES 31G X 5MM	1	
PIP PEN NEEDLES 32G X 4MM	1	
POLY HUB NEEDLE 18G X 1" MISC	1	
POLY HUB NEEDLE 18G X 1-1/2" MISC	1	
POLY HUB NEEDLE 21G X 1" MISC	1	
POLY HUB NEEDLE 21G X 1-1/2" MISC	1	
POLY HUB NEEDLE 22G X 1" MISC	1	
POLY HUB NEEDLE 22G X 1-1/2" MISC	1	
POLY HUB NEEDLE 23G X 1" MISC	1	
POLY HUB NEEDLE 23G X 1-1/2" MISC	1	
POLY HUB NEEDLE 25G X 1" MISC	1	
POLY HUB NEEDLE 25G X 1-1/2" MISC	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
POLY HUB NEEDLE 25G X 5/8" MISC	1	
POLY HUB NEEDLE 27G X 1-1/4" MISC	1	
POLY HUB NEEDLE 27G X 1/2" MISC	1	
POLY HUB NEEDLE 30G X 1/2" MISC	1	
PRECISION SURE-DOSE SYRINGE	1	
PREFERRED PLUS INSULIN SYRINGE	1	
PREFERRED PLUS UNIFINE PENTIPS	1	
PREVENT DROPSAFE PEN NEEDLES	1	
PREVENT SAFETY PEN NEEDLES	1	
PRO COMFORT INSULIN SYRINGE	1	
PRO COMFORT PEN NEEDLES	1	
PRODIGY INSULIN SYRINGE	1	
PURE COMFORT PEN NEEDLE	1	
PURE COMFORT SAFETY PEN NEEDLE	1	
PX EXTRA SHORT PEN NEEDLES	1	
PX INSULIN SYRINGE	1	
PX MINI PEN NEEDLES	1	
PX PEN NEEDLE	1	
PX SHORTLENGTH PEN NEEDLES	1	
QC PEN NEEDLES	1	
QC UNIFINE PENTIPS	1	
QUICK TOUCH INSULIN PEN NEEDLE	1	
RA INSULIN SYRINGE	1	
RA PEN NEEDLES	1	
RAYA SURE PEN NEEDLE	1	
REALITY INSULIN SYRINGE	1	
RELION INSULIN SYRINGE	1	
RELION MINI PEN NEEDLES	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
RELION PEN NEEDLES	1	
RELION SHORT PEN NEEDLES	1	
SAFETY INSULIN SYRINGES	1	
SAFETY PEN NEEDLES	1	
SAFETY SYRINGE/NEEDLE 25G X 5/8" 1 ML MISC	1	
SB INSULIN SYRINGE	1	
SECURESAFE HYPODERMIC NEEDLE 19G X 1" MISC	1	
SECURESAFE HYPODERMIC NEEDLE 19G X 1-1/2" MISC	1	
SECURESAFE HYPODERMIC NEEDLE 21G X 1-1/2" MISC	1	
SECURESAFE HYPODERMIC NEEDLE 22G X 1" MISC	1	
SECURESAFE HYPODERMIC NEEDLE 25G X 1-1/2" MISC	1	
SECURESAFE HYPODERMIC NEEDLE 26G X 1/2" MISC	1	
SECURESAFE HYPODERMIC NEEDLE 27G X 1/2" MISC	1	
SECURESAFE INSULIN SYRINGE	1	
SECURESAFE SAFETY PEN NEEDLES	1	
SHOPKO UNIFINE PENTIPS	1	
SHOPKO UNIFINE PENTIPS PLUS	1	
SURE COMFORT INSULIN SYRINGE	1	
SURE COMFORT PEN NEEDLES	1	
SYRINGE LUER SLIP 25G X 5/8" 1 ML MISC	1	
TECHLITE INSULIN SYRINGE	1	
TECHLITE PEN NEEDLES	1	
TECHLITE PLUS PEN NEEDLES	1	
TODAYS HEALTH MINI PEN NEEDLES	1	
TODAYS HEALTH PEN NEEDLES	1	
TODAYS HEALTH SHORT PEN NEEDLE	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TOPCARE CLICKFINE PEN NEEDLES	1	
TOPCARE ULTRA COMFORT INS SYR	1	
TRUE COMFORT INSULIN SYRINGE	1	
TRUE COMFORT PEN NEEDLES	1	
TRUE COMFORT PRO INSULIN SYR	1	
TRUE COMFORT PRO PEN NEEDLES	1	
TRUE COMFORT SAFETY PEN NEEDLE	1	
TRUEPLUS 5-BEVEL PEN NEEDLES	1	
TRUEPLUS INSULIN SYRINGE	1	
TRUEPLUS PEN NEEDLES	1	
ULTICARE INSULIN SAFETY SYR	1	
ULTICARE INSULIN SYR 1/2 UNIT	1	
ULTICARE INSULIN SYRINGE	1	
ULTICARE MICRO PEN NEEDLES	1	
ULTICARE MINI PEN NEEDLES	1	
ULTICARE PEN NEEDLES	1	
ULTICARE SHORT PEN NEEDLES	1	
ULTIGUARD SAFEPACK PEN NEEDLE	1	
ULTIGUARD SAFEPACK SYR/NEEDLE	1	
ULTILET PEN NEEDLE	1	
ULTRA COMFORT INSULIN SYRINGE	1	
ULTRA FLO INSULIN PEN NEEDLES	1	
ULTRA FLO INSULIN SYR 1/2 UNIT	1	
ULTRA FLO INSULIN SYRINGE	1	
ULTRA THIN PEN NEEDLES	1	
ULTRA-THIN II INS SYR SHORT	1	
ULTRA-THIN II INSULIN SYRINGE	1	
ULTRA-THIN II MINI PEN NEEDLE	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ULTRA-THIN II PEN NEEDLE SHORT	1	
ULTRA-THIN II PEN NEEDLES	1	
ULTRACARE INSULIN SYRINGE	1	
ULTRACARE PEN NEEDLES	1	
UNIFINE OTC PEN NEEDLES	1	
UNIFINE PEN NEEDLES	1	
UNIFINE PENTIPS	1	
UNIFINE PENTIPS PLUS	1	
UNIFINE PROTECT PEN NEEDLE	1	
UNIFINE SAFECONTROL PEN NEEDLE	1	
UNIFINE ULTRA PEN NEEDLE	1	
VALUE HEALTH INSULIN SYRINGE	1	
VALUMARK PEN NEEDLES	1	
VANISHPOINT INSULIN SYRINGE	1	
VANISHPOINT SYRINGE 25G X 1" 1 ML MISC	1	
VERIFINE INSULIN PEN NEEDLE	1	
VERIFINE INSULIN SYRINGE	1	
VERIFINE PLUS PEN NEEDLE	1	
VERISAFE SAFE STERILE SYRINGE	1	
VERISAFE SAFETY STERILE NEEDLE 23G X 1-1/2" MISC	1	
VERISAFE SAFETY STERILE NEEDLE 25G X 1" MISC	1	
VIDA MIA UNIFINE PENTIPS	1	
VP INSULIN SYRINGE	1	
WEGMANS UNIFINE PENTIPS PLUS	1	
YALE DISP NEEDLES	1	
ZEV RX INSULIN SYRINGE	1	
ZEV RX PEN NEEDLES	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SPACER/AEROSOL-HOLDING CHAMBERS & SUPPLIES		
AEROCHAMBER HOLDING CHAMBER	1	
AEROCHAMBER MINI CHAMBER	1	
AEROCHAMBER MV	1	
AEROCHAMBER PLS FLOVU MTHPIECE	1	
AEROCHAMBER PLUS FLO-VU	1	
AEROCHAMBER PLUS FLO-VU INTERM	1	
AEROCHAMBER PLUS FLO-VU LARGE	1	
AEROCHAMBER PLUS FLO-VU MEDIUM	1	
AEROCHAMBER PLUS FLO-VU SMALL	1	
AEROCHAMBER PLUS FLO-VU W/MASK	1	
AEROCHAMBER PLUS FLOW VU	1	
AEROCHAMBER W/FLOWSIGNAL	1	
AEROCHAMBER Z-STAT PLUS	1	
AEROCHAMBER Z-STAT PLUS CHAMBR	1	
AEROCHAMBER Z-STAT PLUS/LARGE	1	
AEROCHAMBER Z-STAT PLUS/MEDIUM	1	
AEROCHAMBER Z-STAT PLUS/SMALL	1	
AEROCHAMBER2GO ANTI-STATIC	1	
AEROVENT PLUS	1	
BREATHE COMFORT CHAMBER/ADULT	1	
BREATHE COMFORT CHAMBER/CHILD	1	
BREATHE EASE LARGE	1	
BREATHE EASE MEDIUM	1	
BREATHE EASE SMALL	1	
CLEVER CHOICE HOLDING CHAMBER	1	
COMPACT SPACE CHAMBER	1	
COMPACT SPACE CHAMBER/LG MASK	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
COMPACT SPACE CHAMBER/MED MASK	1	
COMPACT SPACE CHAMBER/SM MASK	1	
EASIVENT	1	
EASIVENT MASK LARGE	1	
EASIVENT MASK MEDIUM	1	
EASIVENT MASK SMALL	1	
EQ SPACE CHAMBER ANTI-STATIC	1	
EQ SPACE CHAMBER ANTI-STATIC L	1	
EQ SPACE CHAMBER ANTI-STATIC M	1	
EQ SPACE CHAMBER ANTI-STATIC S	1	
FLEXICHAMBER	1	
FLEXICHAMBER ADULT MASK/SMALL	1	
FLEXICHAMBER CHILD MASK/LARGE	1	
FLEXICHAMBER CHILD MASK/SMALL	1	
INSPIREASE	1	
MICROCHAMBER	1	
MICROSPACER	1	
OPTICHAMBER DIAMOND	1	
OPTICHAMBER DIAMOND-LG MASK	1	
OPTICHAMBER DIAMOND-MD MASK	1	
OPTICHAMBER DIAMOND-SM MASK	1	
POCKET CHAMBER	1	
POCKET SPACER	1	
PRO COMFORT SPACER ADULT	1	
PRO COMFORT SPACER CHILD	1	
PRO COMFORT SPACER INFANT	1	
PROCARE SPACER/ADULT MASK	1	
PROCARE SPACER/CHILD MASK	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>PROCHAMBER VHC</i>	1	
<i>PURE COMFORT SPACER CHAMBER</i>	1	
<i>RITEFLO</i>	1	
<i>VORTEX HOLD CHMBR/MASK/CHILD</i>	1	
<i>VORTEX VALVE CHAMBER-PEDI MASK</i>	1	
<i>VORTEX VALVED HOLDING CHAMBER</i>	1	
MIGRAINE PRODUCTS		
CALCITONIN GENE-RELATED PEPTIDE RECEPTOR ANTAG (CGRP)		
<i>NURTEC</i>	1	QL PA
<i>QULIPTA</i>	1	QL PA
<i>UBRELVY</i>	1	QL PA
CGRP RECEPTOR ANTAGONISTS - MONOCLONAL ANTIBODIES		
<i>AIMOVIG</i>	1	QL PA
<i>AJOVY 225 MG/1.5ML SOLN A-INJ</i>	1	QL PA
<i>AJOVY 225 MG/1.5ML SOLN PRSYR</i>	1	QL PA
<i>EMGALITY</i>	1	QL PA
<i>EMGALITY (300 MG DOSE)</i>	1	QL PA
ERGOT COMBINATIONS		
<i>MIGERGOT</i>	1	
<i>ERGOMAR</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SELECTIVE SEROTONIN AGONISTS 5-HT(1)		
<i>almotriptan malate</i>	1	QL
<i>eletriptan hydrobromide</i>	1	QL
<i>frovatriptan succinate</i>	1	QL
<i>naratriptan hcl</i>	1	QL
<i>rizatriptan benzoate</i>	1	QL
<i>sumatriptan</i>	1	QL
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	1	QL
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	1	QL
<i>sumatriptan succinate tab 100 mg</i>	1	QL
<i>sumatriptan succinate tab 25 mg</i>	1	QL
<i>sumatriptan succinate tab 50 mg</i>	1	QL
ZOLMITRIPTAN 2.5 MG SOLUTION	1	QL ST
<i>zolmitriptan nasal spray 5 mg/spray unit</i>	1	QL ST
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	1	QL
<i>zolmitriptan orally disintegrating tab 5 mg</i>	1	QL
<i>zolmitriptan tab 2.5 mg</i>	1	QL
<i>zolmitriptan tab 5 mg</i>	1	QL
ZOMIG 2.5 MG SOLUTION	1	QL ST
MINERALS & ELECTROLYTES		
BICARBONATES		
SODIUM BICARBONATE 7.5 % SOLUTION	1	
<i>sodium bicarbonate iv soln 4.2%</i>	1	
<i>sodium bicarbonate iv soln 8.4%</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ELECTROLYTES & DEXTROSE		
<i>dextrose 5% w/ sodium chloride 0.45%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	1	
<i>dextrose in lactated ringers</i>	1	
DEXTROSE-NACL	1	
DEXTROSE-SODIUM CHLORIDE 5-0.2 % SOLUTION	1	
DEXTROSE-SODIUM CHLORIDE 5-0.225 % SOLUTION	1	
DEXTROSE-SODIUM CHLORIDE 5-0.33 % SOLUTION	1	
DEXTROSE-SODIUM CHLORIDE 5-0.45 % SOLUTION	1	
DEXTROSE-SODIUM CHLORIDE 5-0.9 % SOLUTION	1	
KCL IN DEXTROSE-NACL	1	
KCL-LACTATED RINGERS-D5W	1	
NORMOSOL-M IN D5W	1	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	1	
<i>potassium chloride in dextrose & sodium chloride</i>	1	
POTASSIUM CL IN DEXTROSE 5%	1	
ELECTROLYTES PARENTERAL		
HYPERLYTE-CR	1	
ISOLYTE-S PH 7.4	1	
KCL (0.149%) IN NACL	1	
KCL (0.298%) IN NACL	1	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	1	
<i>lactated ringer's</i>	1	
LACTATED RINGERS	1	
PLASMA-LYTE A	1	
POTASSIUM CHLORIDE IN NACL 20-0.45 MEQ/L-% SOLUTION	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
POTASSIUM CHLORIDE IN NACL 20-0.9 MEQ/L-% SOLUTION	1	
POTASSIUM CHLORIDE IN NACL 40-0.9 MEQ/L-% SOLUTION	1	
ringer's	1	
TPN ELECTROLYTES	1	
FLUORIDE		
SODIUM FLUORIDE 0.55 (0.25 F) MG CHEW TAB	1	PREV
SODIUM FLUORIDE 1.1 (0.5 F) MG CHEW TAB	1	PREV
SODIUM FLUORIDE 1.1 (0.5 F) MG/ML SOLUTION	1	PREV
SODIUM FLUORIDE 2.2 (1 F) MG CHEW TAB	1	PREV
PHOSPHATE		
PHOSPHA 250 NEUTRAL	1	
PHOSPHO-TRIN 250 NEUTRAL	1	
PHOSPHO-TRIN K500	1	
PHOSPHOROUS	1	
WES-PHOS 250 NEUTRAL	1	
POTASSIUM		
EFFER-K 25 MEQ EFFER TAB	1	
KLOR-CON	1	
KLOR-CON 10	1	PA
potassium bicarbonate	1	
POTASSIUM CHLORIDE 10 MEQ/100ML SOLUTION	1	
POTASSIUM CHLORIDE 20 MEQ/100ML SOLUTION	1	
potassium chloride cap er 10 meq	1	
potassium chloride cap er 8 meq	1	
potassium chloride inj 10 meq/100ml	1	
potassium chloride inj 2 meq/ml	1	
potassium chloride inj 20 meq/100ml	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<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 oral soln 10% (20 meq/15ml)</i>	1	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	1	
<i>potassium chloride powder packet 20 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 tab er 8 meq (600 mg)</i>	1	
SODIUM		
<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	1	
<i>sodium chloride iv soln 0.45%</i>	1	
<i>sodium chloride iv soln 0.9%</i>	1	
<i>sodium chloride iv soln 3%</i>	1	
<i>sodium chloride iv soln 4 meq/ml (23.4%)</i>	1	
<i>sodium chloride iv soln 5%</i>	1	
<i>sodium chloride preservative free (pf) inj 0.9%</i>	1	
MISCELLANEOUS THERAPEUTIC CLASSES		
B-LYMPHOCYTE STIMULATOR (BLYS)-SPECIFIC INHIBITORS		
<i>BENLYSTA 200 MG/ML SOLN A-INJ</i>	1	PA S Specialty Drug
<i>BENLYSTA 200 MG/ML SOLN PRSYR</i>	1	PA S Specialty Drug
CHELATING AGENTS		
<i>trientine hcl cap 250 mg</i>	1	PA S Specialty Drug

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CYCLOSPORINE ANALOGS		
<i>cyclosporine cap 100 mg</i>	8	
<i>cyclosporine cap 25 mg</i>	8	QL
<i>cyclosporine iv soln 50 mg/ml</i>	8	S Specialty Drug
<i>cyclosporine modified cap 100 mg</i>	8	QL
<i>cyclosporine modified cap 25 mg</i>	8	QL
<i>cyclosporine modified cap 50 mg</i>	8	QL
<i>cyclosporine modified oral soln 100 mg/ml</i>	8	QL
LUPKYNIS	8	PA S Specialty Drug
NEORAL	8	
SANDIMMUNE 100 MG CAP	8	
SANDIMMUNE 100 MG/ML SOLUTION	8	S Specialty Drug
SANDIMMUNE 25 MG CAP	8	
SANDIMMUNE 50 MG/ML SOLUTION	8	S Specialty Drug
IMMUNE GLOBULIN IMMUNOSUPPRESSANTS		
ATGAM	8	S Specialty Drug
THYMOGLOBULIN	8	S Specialty Drug
IMMUNOMODULATORS - BTK INHIBITORS		
RHAPSIDO	1	PA S Specialty Drug
IMMUNOMODULATORS FOR MYELODYSPLASTIC SYNDROMES		
<i>lenalidomide cap 10 mg</i>	1	QL PA S Specialty Drug
<i>lenalidomide cap 15 mg</i>	1	QL PA S Specialty Drug

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>lenalidomide cap 20 mg</i>	1	PA S Specialty Drug
<i>lenalidomide cap 25 mg</i>	1	QL PA S Specialty Drug
<i>lenalidomide cap 5 mg</i>	1	QL PA S Specialty Drug
<i>lenalidomide caps 2.5 mg</i>	1	PA S Specialty Drug
INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS		
<i>CELLCEPT 200 MG/ML RECON SUSP</i>	8	AL1 Up to 8 yrs old
<i>CELLCEPT 250 MG CAP</i>	8	
<i>CELLCEPT 500 MG TAB</i>	8	
<i>CELLCEPT INTRAVENOUS</i>	8	S Specialty Drug
<i>mycophenolate mofetil cap 250 mg</i>	8	
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	8	PA AL1 Up to 8 yrs old
<i>mycophenolate mofetil hcl</i>	8	S Specialty Drug
<i>mycophenolate mofetil tab 500 mg</i>	8	
<i>mycophenolate sodium</i>	8	
<i>MYFORTIC</i>	8	
<i>MYHIBBIN</i>	8	
IRRIGATION SOLUTIONS		
<i>lactated ringer's (irrigation)</i>	1	
<i>ringer's irrigation</i>	1	
<i>RINGERS IRRIGATION</i>	1	
<i>water for irrigation, sterile</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MACROLIDE IMMUNOSUPPRESSANTS		
ASTAGRAF XL	8	QL PA
ENVARUSUS XR	8	PA
everolimus tab 0.25 mg	8	QL
everolimus tab 0.5 mg	8	QL
everolimus tab 0.75 mg	8	QL
everolimus tab 1 mg	8	QL
PROGRAF 0.2 MG PACKET	8	S Specialty Drug
PROGRAF 0.5 MG CAP	8	
PROGRAF 1 MG CAP	8	
PROGRAF 1 MG PACKET	8	S Specialty Drug
PROGRAF 5 MG CAP	8	
PROGRAF 5 MG/ML SOLUTION	8	S Specialty Drug
RAPAMUNE 0.5 MG TAB	8	QL
RAPAMUNE 1 MG TAB	8	QL
RAPAMUNE 1 MG/ML SOLUTION	8	S Specialty Drug
RAPAMUNE 2 MG TAB	8	
sirolimus oral soln 1 mg/ml	8	PA AL1 0 to 8 yrs old S Specialty Drug
sirolimus tab 0.5 mg	8	QL
sirolimus tab 1 mg	8	QL
sirolimus tab 2 mg	8	
tacrolimus cap 0.5 mg	8	
tacrolimus cap 1 mg	8	
tacrolimus cap 5 mg	8	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>tacrolimus cap er 24hr 0.5 mg</i>	8	QL PA
<i>tacrolimus cap er 24hr 1 mg</i>	8	QL PA
<i>tacrolimus cap er 24hr 5 mg</i>	8	QL PA
<i>tacrolimus inj 5 mg/ml</i>	8	S Specialty Drug
ZORTRESS	8	
MONOCLONAL ANTIBODIES		
ENSPRYNG	8	PA S Specialty Drug
GAMIFANT	8	S Specialty Drug
SIMULECT	8	S Specialty Drug
UPLIZNA	8	S Specialty Drug
POTASSIUM REMOVING AGENTS		
LOKELMA	1	PA
<i>sodium polystyrene sulfonate</i>	1	
SPS (SODIUM POLYSTYRENE SULF)	1	
VELTASSA 1 GM PACKET	1	QL PA
VELTASSA 16.8 GM PACKET	1	QL PA
VELTASSA 25.2 GM PACKET	1	QL PA
VELTASSA 8.4 GM PACKET	1	QL PA
PURINE ANALOGS		
AZATHIOPRINE SODIUM	8	
<i>azathioprine tab 100 mg</i>	8	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>azathioprine tab 50 mg</i>	8	
<i>azathioprine tab 75 mg</i>	8	
<i>IMURAN</i>	8	
ROCK INHIBITORS		
<i>REZUROCK</i>	1	PA S Specialty Drug
SELECTIVE T-CELL COSTIMULATION BLOCKERS		
<i>NULOJIX</i>	8	
TYPE I INTERFERON (IFN) RECEPTOR ANTAGONISTS		
<i>SAPHNELO 300 MG/2ML SOLUTION</i>	1	PA S Specialty Drug HYB
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
<i>lidocaine hcl (mouth-throat)</i>	1	
<i>LIDOCAINE HCL 4 % SOLUTION</i>	1	
ANTI-INFECTIVES - THROAT		
<i>clotrimazole</i>	1	
<i>nystatin (mouth-throat)</i>	1	
<i>NYSTATIN 100000 UNIT/ML SUSPENSION</i>	1	
ANTISEPTICS - MOUTH/THROAT		
<i>chlorhexidine gluconate (mouth-throat)</i>	1	
FLUORIDE DENTAL PRODUCTS		
<i>DENTA 5000 PLUS</i>	1	
<i>DENTAGEL</i>	1	
<i>FRAICHE 5000 DENTAL</i>	1	
<i>SF</i>	1	
<i>SF 5000 PLUS</i>	1	
<i>SODIUM FLUORIDE 1.1 % CREAM</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SODIUM FLUORIDE 1.1 % GEL	1	
SODIUM FLUORIDE 5000 PLUS	1	
SODIUM FLUORIDE 5000 PPM 1.1 % GEL	1	
sodium fluoride cream 1.1%	1	
sodium fluoride gel 1.1% (0.5% f)	1	
SALIVA STIMULANTS		
cevimeline hcl	1	
pilocarpine hcl (oral)	1	
STEROIDS - MOUTH/THROAT/DENTAL		
triamcinolone acetonide (mouth)	1	
MULTIVITAMINS		
PED MULTI VITAMINS W/FL & FE		
FLORAFOL FE PEDIATRIC	1	
MULTI-VITAMIN/FLUORIDE/IRON	1	
PED MV W/ FLUORIDE		
*pediatric multiple vitamin w/ fluoride susp 0.25 mg/ml***	1	
*pediatric multiple vitamins w/ fluoride susp 0.5 mg/ml***	1	AL1 Up to 8 yrs old
MULTI-VITAMIN/FLUORIDE 0.25 MG/ML SUSPENSION	1	
MULTI-VITAMIN/FLUORIDE 0.5 MG/ML SUSPENSION	1	AL1 Up to 8 yrs old
PED VITAMINS ACD W/ FLUORIDE		
TRI-VITE/FLUORIDE	1	AL1 Up to 8 yrs old
PRENATAL MV & MIN W/FE-FA		
COMPLETENATE	1	PA
CONCEPT DHA	1	
M-NATAL PLUS	1	
MATRONEX	1	
NATALCHEW	1	PA
NEONATAL COMPLETE 27-1 MG TAB	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NEONATAL PLUS	1	
NIVA-PLUS	1	
ONE VITE WOMENS PLUS	1	
PNV 27-CA/FE/FA	1	PA
PRENATAL 19 CHEW TAB	1	PA
PRENATAL 19 29-1 MG CHEW TAB	1	PA
PRENATAL 19 29-1 MG TAB	1	PA
PRENATAL 27-1 MG TAB	1	
PRENATAL PLUS	1	
PRENATAL PLUS VITAMIN/MINERAL	1	
PRENATAL VITAMIN PLUS LOW IRON	1	
PRENATRIX	1	
PRENATRYL	1	
SE-NATAL 19 29-1 MG CHEW TAB	1	PA
SE-NATAL 19 29-1 MG TAB	1	PA
TARON-C DHA	1	
TRICARE	1	
TRINATAL RX 1	1	PA
VINATE ONE	1	PA
VIRT-C DHA	1	
VITATHELY WITH GINGER	1	
WESCAP-C DHA	1	
WESTAB PLUS	1	
PRENATAL MV & MIN W/FE-FA-CA-OMEGA 3 FISH OIL		
COMPLETE NATAL DHA	1	
WESNATAL DHA COMPLETE	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
BACLOFEN 5 MG/5ML SOLUTION	1	
BACLOFEN 50 MCG/ML SOLN PRSYR	1	
<i>baclofen oral soln 10 mg/5ml</i>	1	
<i>baclofen susp 25 mg/5ml</i>	1	
<i>baclofen tab 10 mg</i>	1	QL
<i>baclofen tab 20 mg</i>	1	QL
<i>baclofen tab 5 mg</i>	1	QL
<i>chlorzoxazone tab 250 mg</i>	1	
<i>chlorzoxazone tab 500 mg</i>	1	
<i>cyclobenzaprine hcl tab 10 mg</i>	1	
<i>cyclobenzaprine hcl tab 5 mg</i>	1	
GABLOFEN 10000 MCG/20ML SOLUTION	1	
GABLOFEN 20000 MCG/20ML SOLUTION	1	
GABLOFEN 40000 MCG/20ML SOLUTION	1	
GABLOFEN 50 MCG/ML SOLN PRSYR	1	
<i>metaxalone tab 800 mg</i>	1	QL
<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 cap 4 mg (base equivalent)</i>	1	
<i>tizanidine hcl cap 6 mg (base equivalent)</i>	1	
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	1	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	1	
DIRECT MUSCLE RELAXANTS		
<i>dantrolene sodium cap 100 mg</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>dantrolene sodium cap 25 mg</i>	1	
<i>dantrolene sodium cap 50 mg</i>	1	
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENTS - MISC.		
<i>NOZIN NASAL SANITIZER POPSWAB</i>	1	
NASAL ANTICHOLINERGICS		
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	1	QL
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	1	QL
NASAL ANTIHISTAMINES		
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	1	QL
<i>olopatadine hcl (nasal)</i>	1	QL
NASAL STEROIDS		
<i>flunisolide (nasal)</i>	1	QL
<i>fluticasone propionate (nasal)</i>	1	QL
<i>mometasone furoate (nasal)</i>	1	QL
<i>XHANCE</i>	1	PA
NEUROMUSCULAR AGENTS		
ALS AGENTS - MISCELLANEOUS		
<i>RADICAVA ORS</i>	1	PA S Specialty Drug
<i>RADICAVA ORS STARTER KIT</i>	1	PA S Specialty Drug
BENZATHIAZOLES		
<i>riluzole</i>	1	
MUSCULAR DYSTROPHY - GENE THERAPY AGENTS		
<i>ELEVIDYS 10.0-10.4 KG</i>	8	S Specialty Drug
<i>ELEVIDYS 10.5-11.4 KG</i>	8	S Specialty Drug
<i>ELEVIDYS 11.5-12.4 KG</i>	8	S Specialty Drug

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ELEVIDYS 12.5-13.4 KG	8	S Specialty Drug
ELEVIDYS 13.5-14.4 KG	8	S Specialty Drug
ELEVIDYS 14.5-15.4 KG	8	S Specialty Drug
ELEVIDYS 15.5-16.4 KG	8	S Specialty Drug
ELEVIDYS 16.5-17.4 KG	8	S Specialty Drug
ELEVIDYS 17.5-18.4 KG	8	S Specialty Drug
ELEVIDYS 18.5-19.4 KG	8	S Specialty Drug
ELEVIDYS 19.5-20.4 KG	8	S Specialty Drug
ELEVIDYS 20.5-21.4 KG	8	S Specialty Drug
ELEVIDYS 21.5-22.4 KG	8	S Specialty Drug
ELEVIDYS 22.5-23.4 KG	8	S Specialty Drug
ELEVIDYS 23.5-24.4 KG	8	S Specialty Drug
ELEVIDYS 24.5-25.4 KG	8	S Specialty Drug
ELEVIDYS 25.5-26.4 KG	8	S Specialty Drug
ELEVIDYS 26.5-27.4 KG	8	S Specialty Drug
ELEVIDYS 27.5-28.4 KG	8	S Specialty Drug
ELEVIDYS 28.5-29.4 KG	8	S Specialty Drug
ELEVIDYS 29.5-30.4 KG	8	S Specialty Drug
ELEVIDYS 30.5-31.4 KG	8	S Specialty Drug
ELEVIDYS 31.5-32.4 KG	8	S Specialty Drug
ELEVIDYS 32.5-33.4 KG	8	S Specialty Drug
ELEVIDYS 33.5-34.4 KG	8	S Specialty Drug
ELEVIDYS 34.5-35.4 KG	8	S Specialty Drug
ELEVIDYS 35.5-36.4 KG	8	S Specialty Drug
ELEVIDYS 36.5-37.4 KG	8	S Specialty Drug
ELEVIDYS 37.5-38.4 KG	8	S Specialty Drug

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ELEVIDYS 38.5-39.4 KG	8	S Specialty Drug
ELEVIDYS 39.5-40.4 KG	8	S Specialty Drug
ELEVIDYS 40.5-41.4 KG	8	S Specialty Drug
ELEVIDYS 41.5-42.4 KG	8	S Specialty Drug
ELEVIDYS 42.5-43.4 KG	8	S Specialty Drug
ELEVIDYS 43.5-44.4 KG	8	S Specialty Drug
ELEVIDYS 44.5-45.4 KG	8	S Specialty Drug
ELEVIDYS 45.5-46.4 KG	8	S Specialty Drug
ELEVIDYS 46.5-47.4 KG	8	S Specialty Drug
ELEVIDYS 47.5-48.4 KG	8	S Specialty Drug
ELEVIDYS 48.5-49.4 KG	8	S Specialty Drug
ELEVIDYS 49.5-50.4 KG	8	S Specialty Drug
ELEVIDYS 50.5-51.4 KG	8	S Specialty Drug
ELEVIDYS 51.5-52.4 KG	8	S Specialty Drug
ELEVIDYS 52.5-53.4 KG	8	S Specialty Drug
ELEVIDYS 53.5-54.4 KG	8	S Specialty Drug
ELEVIDYS 54.5-55.4 KG	8	S Specialty Drug
ELEVIDYS 55.5-56.4 KG	8	S Specialty Drug
ELEVIDYS 56.5-57.4 KG	8	S Specialty Drug
ELEVIDYS 57.5-58.4 KG	8	S Specialty Drug
ELEVIDYS 58.5-59.4 KG	8	S Specialty Drug
ELEVIDYS 59.5-60.4 KG	8	S Specialty Drug
ELEVIDYS 60.5-61.4 KG	8	S Specialty Drug
ELEVIDYS 61.5-62.4 KG	8	S Specialty Drug
ELEVIDYS 62.5-63.4 KG	8	S Specialty Drug
ELEVIDYS 63.5-64.4 KG	8	S Specialty Drug

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ELEVIDYS 64.5-65.4 KG</i>	8	S Specialty Drug
<i>ELEVIDYS 65.5-66.4 KG</i>	8	S Specialty Drug
<i>ELEVIDYS 66.5-67.4 KG</i>	8	S Specialty Drug
<i>ELEVIDYS 67.5-68.4 KG</i>	8	S Specialty Drug
<i>ELEVIDYS 68.5-69.4 KG</i>	8	S Specialty Drug
<i>ELEVIDYS 69.5 KG PLUS</i>	8	S Specialty Drug
SPINAL MUSCULAR ATROPHY-GENE THERAPY AGENTS		
<i>ZOLGENSMA 20.6-21.0 KG</i>	8	
<i>ZOLGENSMA 10.1-10.5 KG</i>	8	PA
<i>ZOLGENSMA 10.6-11.0 KG</i>	8	PA
<i>ZOLGENSMA 11.1-11.5 KG</i>	8	PA
<i>ZOLGENSMA 11.6-12.0 KG</i>	8	PA
<i>ZOLGENSMA 12.1-12.5 KG</i>	8	PA
<i>ZOLGENSMA 12.6-13.0 KG</i>	8	PA
<i>ZOLGENSMA 13.1-13.5 KG</i>	8	PA
<i>ZOLGENSMA 13.6-14.0 KG</i>	8	
<i>ZOLGENSMA 14.1-14.5 KG</i>	8	
<i>ZOLGENSMA 14.6-15.0 KG</i>	8	
<i>ZOLGENSMA 15.1-15.5 KG</i>	8	
<i>ZOLGENSMA 15.6-16.0 KG</i>	8	
<i>ZOLGENSMA 16.1-16.5 KG</i>	8	
<i>ZOLGENSMA 16.6-17.0 KG</i>	8	
<i>ZOLGENSMA 17.1-17.5 KG</i>	8	
<i>ZOLGENSMA 17.6-18.0 KG</i>	8	
<i>ZOLGENSMA 18.1-18.5 KG</i>	8	
<i>ZOLGENSMA 18.6-19.0 KG</i>	8	
<i>ZOLGENSMA 19.1-19.5 KG</i>	8	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ZOLGENSMA 19.6-20.0 KG	8	
ZOLGENSMA 2.6-3.0 KG	8	PA
ZOLGENSMA 20.1-20.5 KG	8	
ZOLGENSMA 3.1-3.5 KG	8	PA
ZOLGENSMA 3.6-4.0 KG	8	PA
ZOLGENSMA 4.1-4.5 KG	8	PA
ZOLGENSMA 4.6-5.0 KG	8	PA
ZOLGENSMA 5.1-5.5 KG	8	PA
ZOLGENSMA 5.6-6.0 KG	8	PA
ZOLGENSMA 6.1-6.5 KG	8	PA
ZOLGENSMA 6.6-7.0 KG	8	PA
ZOLGENSMA 7.1-7.5 KG	8	PA
ZOLGENSMA 7.6-8.0 KG	8	PA
ZOLGENSMA 8.1-8.5 KG	8	PA
ZOLGENSMA 8.6-9.0 KG	8	PA
ZOLGENSMA 9.1-9.5 KG	8	PA
ZOLGENSMA 9.6-10.0 KG	8	PA
SPINAL MUSCULAR ATROPHY-SMN2 SPLICING MODIFIERS		
EVRYSDI	1	PA S Specialty Drug
NUTRIENTS		
AMINO ACIDS-SINGLE		
CITRULLINE 1000	1	PA
CITRULLINE1000	1	PA
CARBOHYDRATES		
DEXTROSE 10 % SOLUTION	1	
DEXTROSE 5 % SOLUTION	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>DEXTROSE 50 % SOLUTION</i>	1	
<i>DEXTROSE 70 % SOLUTION</i>	1	
<i>dextrose inj 10%</i>	1	
<i>dextrose inj 5%</i>	1	
<i>dextrose inj 50%</i>	1	
<i>GLUCOSE (DEXTROSE)</i>	1	
LIPIDS		
<i>DOJOLVI</i>	1	PA S Specialty Drug
OPHTHALMIC AGENTS		
ALPHA ADRENERGIC AGONIST & CARBONIC ANHYDRASE INHIB COMB		
<i>SIMBRINZA</i>	1	
BETA-BLOCKERS - OPTHALMIC		
<i>BETAXOLOL HCL 0.5 % SOLUTION</i>	1	
<i>CARTEOLOL HCL</i>	1	
<i>LEVOBUNOLOL HCL</i>	1	
<i>timolol maleate ophth gel forming soln 0.25%</i>	1	
<i>timolol maleate ophth gel forming soln 0.5%</i>	1	
<i>timolol maleate ophth soln 0.25%</i>	1	
<i>timolol maleate ophth soln 0.5%</i>	1	
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	1	
BETA-BLOCKERS - OPTHALMIC COMBINATIONS		
<i>brimonidine tartrate-timolol maleate</i>	1	
<i>dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf</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 pf ophth soln 2-0.5%</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CYCLOPLEGIC MYDRIATIC COMBINATIONS		
CYCLOMYDRIL	1	
CYCLOPLEGIC MYDRIATICS		
ATROPINE SULFATE 1 % SOLUTION	1	
<i>atropine sulfate ophth soln 1%</i>	1	
<i>cyclopentolate hcl ophth soln 1%</i>	1	
ISOPTO ATROPINE	1	
<i>phenylephrine hcl (mydriatic)</i>	1	
<i>tropicamide</i>	1	
LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG		
XIIDRA	1	
MIOTICS - DIRECT ACTING		
MIOCHOL-E	1	
<i>pilocarpine hcl ophth soln 1%</i>	1	
<i>pilocarpine hcl ophth soln 2%</i>	1	
<i>pilocarpine hcl ophth soln 4%</i>	1	
OPHTHALMIC ANTI-INFECTIVE COMBINATIONS		
BACITRACIN-POLYMYXIN B 500-10000 UNIT/GM OINTMENT	1	
NEOMYCIN-BACITRACIN ZN-POLYMYX	1	
<i>neomycin-bacitracin zn-polymyxin</i>	1	
NEOMYCIN-POLYMYXIN-GRAMICIDIN	1	
<i>polymyxin b-trimethoprim</i>	1	
OPHTHALMIC ANTIALLERGIC		
<i>azelastine hcl (ophth)</i>	1	
CROMOLYN SODIUM 4 % SOLUTION	1	
<i>epinastine hcl (ophth)</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
OPHTHALMIC ANTIBIOTICS		
<i>BACITRACIN 500 UNIT/GM OINTMENT</i>	1	
<i>CILOXAN</i>	1	
<i>ciprofloxacin hcl (ophth)</i>	1	
<i>erythromycin (ophth)</i>	1	
<i>gatifloxacin (ophth)</i>	1	QL
<i>gentamicin sulfate (ophth)</i>	1	
<i>LEVOFLOXACIN 0.5 % SOLUTION</i>	1	
<i>moxifloxacin hcl (ophth)</i>	1	
<i>ofloxacin (ophth)</i>	1	
<i>tobramycin (ophth)</i>	1	
<i>TOBREX</i>	1	
OPHTHALMIC ANTIVIRALS		
<i>TRIFLURIDINE</i>	1	
OPHTHALMIC CARBONIC ANHYDRASE INHIBITORS		
<i>dorzolamide hcl ophth soln 2%</i>	1	
OPHTHALMIC IMMUNOMODULATORS		
<i>cyclosporine (ophth)</i>	1	
OPHTHALMIC IRRIGATION SOLUTIONS		
<i>BSS PLUS</i>	1	
OPHTHALMIC KINASE INHIBITORS - COMBINATIONS		
<i>ROCKLATAN</i>	1	ST
OPHTHALMIC LOCAL ANESTHETICS		
<i>ALTACAINE</i>	1	
<i>proparacaine hcl</i>	1	
<i>tetracaine hcl (ophth)</i>	1	
<i>TETRACAINE HCL 0.5 % SOLUTION</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE	1	PA S Specialty Drug
OPHTHALMIC NONSTEROIDAL ANTI-INFLAMMATORY AGENTS		
ACUVAIL	1	
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	1	QL
<i>diclofenac sodium (ophth)</i>	1	
FLURBIPROFEN SODIUM	1	
ILEVRO	1	PA
<i>ketorolac tromethamine (ophth)</i>	1	
KETOROLAC TROMETHAMINE 0.4 % SOLUTION	1	
NEVANAC	1	PA
OPHTHALMIC RHO KINASE INHIBITORS		
RHOPRESSA	1	ST
OPHTHALMIC SELECTIVE ALPHA ADRENERGIC AGONISTS		
APRACLONIDINE HCL 0.5 % SOLUTION	1	
<i>brimonidine tartrate ophth soln 0.2%</i>	1	
OPHTHALMIC STEROID COMBINATIONS		
BACITRA-NEOMYCIN-POLYMYXIN-HC	1	
<i>neomycin-polymy-dexameth</i>	1	
NEOMYCIN-POLYMYXIN-HC	1	
SULFACETAMIDE-PREDNISOLONE	1	
TOBRADEX 0.3-0.1 % OINTMENT	1	
<i>tobramycin-dexamethasone</i>	1	
OPHTHALMIC STEROIDS		
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	1	
<i>difluprednate</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FLAREX	1	
fluorometholone (ophth)	1	
FML FORTE	1	
LOTEMAX 0.5 % OINTMENT	1	ST
loteprednol etabonate ophth gel 0.5%	1	
loteprednol etabonate ophth susp 0.2%	1	ST
loteprednol etabonate ophth susp 0.5%	1	QL
MAXIDEX	1	
PRED MILD	1	
prednisolone acetate (ophth)	1	QL
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	1	
RETISERT	1	
OPHTHALMIC SULFONAMIDES		
SULFACETAMIDE SODIUM 10 % SOLUTION	1	
OPHTHALMICS - CYSTINOSIS AGENTS		
CYSTADROPS	1	PA S Specialty Drug
CYSTARAN	1	PA S Specialty Drug
PROSTAGLANDINS - OPHTHALMIC		
bimatoprost ophth soln 0.03%	1	
latanoprost ophth soln 0.005%	1	QL
TRAVATAN Z	1	PA
travoprost	1	QL
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
acetic acid (otic)	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
OTIC ANTI-INFECTIVES		
<i>ciprofloxacin hcl (otic)</i>	1	
<i>ofloxacin (otic)</i>	1	
OTIC STEROID-ANTI-INFECTIVE COMBINATIONS		
<i>CIPRO HC</i>	1	
<i>ciprofloxacin-dexamethasone</i>	1	
<i>ciprofloxacin-hydrocortisone</i>	1	
<i>neomycin-polymyxin-hc (otic)</i>	1	
OTIC STEROIDS		
<i>fluocinolone acetonide (otic)</i>	1	
<i>hydrocortisone w/acetic acid</i>	1	
OXYTOCICS		
ABORTIFACIENTS/CERVICAL RIPENING - PROSTAGLANDINS		
<i>HEMABATE</i>	1	
<i>methylergonovine maleate tab 0.2 mg</i>	1	QL
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
ANTIVIRAL MONOCLONAL ANTIBODIES		
<i>BEBTELOVIMAB</i>	8	
<i>SYNAGIS</i>	1	PA S Specialty Drug
IMMUNE SERUMS		
<i>HIZENTRA</i>	1	PA S Specialty Drug
<i>HYPERHEP B</i>	1	
<i>HYPERTET</i>	1	
<i>NABI-HB</i>	1	
<i>RHOPHYLAC</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MONOCLONAL ANTIBODY - COMBINATIONS		
EVUSHELD	8	PA
PASSIVE IMMUNIZING AGENTS - COMBINATIONS		
HYQVIA	1	PA S Specialty Drug
PENICILLINS		
AMINOPENICILLINS		
<i>amoxicillin (trihydrate) cap 250 mg</i>	1	
<i>amoxicillin (trihydrate) cap 500 mg</i>	1	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) tab 500 mg</i>	1	
<i>amoxicillin (trihydrate) tab 875 mg</i>	1	
AMOXICILLIN 125 MG CHEW TAB	1	
AMOXICILLIN 250 MG CHEW TAB	1	
<i>ampicillin</i>	1	
AMPICILLIN SODIUM 1 GM RECON SOLN	1	
AMPICILLIN SODIUM 2 GM RECON SOLN	1	
<i>ampicillin sodium for inj 1 gm</i>	1	
<i>ampicillin sodium for inj 2 gm</i>	1	
<i>ampicillin sodium for inj 250 mg</i>	1	
<i>ampicillin sodium for inj 500 mg</i>	1	
<i>ampicillin sodium for iv soln 10 gm</i>	1	
NATURAL PENICILLINS		
BICILLIN L-A	1	
PENICILLIN G POT IN DEXTROSE 40000 UNIT/ML SOLUTION	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PENICILLIN G POT IN DEXTROSE 60000 UNIT/ML SOLUTION	1	
<i>penicillin g potassium</i>	1	
PENICILLIN G SODIUM	1	
PENICILLIN V POTASSIUM 125 MG/5ML RECON SOLN	1	
PENICILLIN V POTASSIUM 250 MG/5ML RECON SOLN	1	
<i>penicillin v potassium tab 250 mg</i>	1	
<i>penicillin v potassium tab 500 mg</i>	1	
PENICILLIN COMBINATIONS		
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1	
AMOXICILLIN-POT CLAVULANATE	1	
<i>ampicillin & sulbactam sodium</i>	1	
AMPICILLIN-SULBACTAM SODIUM	1	
BICILLIN C-R	1	
BICILLIN C-R 900/300	1	
<i>piperacillin sodium-tazobactam sodium</i>	1	
ZOSYN	1	
PENICILLINASE-RESISTANT PENICILLINS		
<i>dicloxacillin sodium</i>	1	
<i>nafcillin sodium for inj 1 gm</i>	1	
<i>nafcillin sodium for inj 2 gm</i>	1	
<i>nafcillin sodium for iv soln 10 gm</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>oxacillin sodium</i>	1	
OXACILLIN SODIUM IN DEXTROSE 2 GM/50ML SOLUTION	1	
PHARMACEUTICAL ADJUVANTS		
PARENTERAL VEHICLES		
SALINE BACTERIOSTATIC	1	
SODIUM CHLORIDE BACTERIOSTATIC	1	
STERILE WATER FOR INJECTION	1	PA
<i>water for injection, sterile</i>	1	
PROGESTINS		
<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>norethindrone acetate</i>	1	
<i>progesterone cap 100 mg</i>	1	
<i>progesterone cap 200 mg</i>	1	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR OPIOID WITHDRAWAL		
<i>lofexidine hcl</i>	8	
LUCEMYRA	8	
ALCOHOL DETERRENTS		
<i>acamprosate calcium</i>	8	
<i>disulfiram</i>	8	
BENZODIAZEPINES & TRICYCLIC AGENTS		
CHLORDIAZEPOXIDE-AMITRIPTYLINE	8	
CHOLINOMIMETICS - ACHE INHIBITORS		
<i>donepezil hydrochloride</i>	1	QL
GALANTAMINE HYDROBROMIDE 4 MG/ML SOLUTION	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	1	QL
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	1	QL
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	1	QL
<i>galantamine hydrobromide tab 12 mg</i>	1	
<i>galantamine hydrobromide tab 4 mg</i>	1	
<i>galantamine hydrobromide tab 8 mg</i>	1	
<i>rivastigmine</i>	1	QL
<i>rivastigmine tartrate</i>	1	QL
FIBROMYALGIA AGENT - SNRIS		
SAVELLA	1	QL PA
SAVELLA TITRATION PACK	1	PA
MOVEMENT DISORDER DRUG THERAPY		
<i>tetrabenazine</i>	1	QL PA
MS AGENTS - PYRIMIDINE SYNTHESIS INHIBITORS		
<i>teriflunomide</i>	1	PA S Specialty Drug
MULTIPLE SCLEROSIS AGENTS		
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	1	QL
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	1	QL
MULTIPLE SCLEROSIS AGENTS - INTERFERONS		
BETASERON	1	PA S Specialty Drug
REBIF	1	PA S Specialty Drug
REBIF REBIDOSE	1	PA S Specialty Drug

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>REBIF REBIDOSE TITRATION PACK</i>	1	PA S Specialty Drug
<i>REBIF TITRATION PACK</i>	1	PA S Specialty Drug
MULTIPLE SCLEROSIS AGENTS - MONOCLONAL ANTIBODIES		
<i>KESIMPTA</i>	1	PA S Specialty Drug
MULTIPLE SCLEROSIS AGENTS - NRF2 PATHWAY ACTIVATORS		
<i>dimethyl fumarate capsule delayed release 120 mg</i>	1	QL
<i>dimethyl fumarate capsule delayed release 240 mg</i>	1	QL
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	1	QL
MULTIPLE SCLEROSIS AGENTS - POTASSIUM CHANNEL BLOCKERS		
<i>dalfampridine</i>	1	QL
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONISTS		
<i>MEMANTINE HCL 28 X 5 MG & 21 X 10 MG TAB</i>	1	QL
<i>memantine hcl cap er 24hr 14 mg</i>	1	QL
<i>memantine hcl cap er 24hr 21 mg</i>	1	QL
<i>memantine hcl cap er 24hr 28 mg</i>	1	QL
<i>memantine hcl cap er 24hr 7 mg</i>	1	QL
<i>memantine hcl oral solution 2 mg/ml</i>	1	
<i>memantine hcl tab 10 mg</i>	1	QL
<i>memantine hcl tab 5 mg</i>	1	QL
PHENOTHIAZINES & TRICYCLIC AGENTS		
<i>PERPHENAZINE-AMITRIPTYLINE</i>	8	
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS - SSRIS		
<i>FLUOXETINE HCL (PMDD)</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PSEUDOBULBAR AFFECT AGENT COMBINATIONS		
<i>NUDEXTA</i>	1	PA
<i>pimozide tab 1 mg</i>	8	QL
<i>pimozide tab 2 mg</i>	8	QL
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deterrent)</i>	1	PREV
<i>CHANTIX</i>	1	QL PREV
<i>CHANTIX CONTINUING MONTH PAK</i>	1	QL PREV
<i>CHANTIX STARTING MONTH PAK</i>	1	QL MFL 1 / 365 day(s)
<i>NICOTINE 21-14-7 MG/24HR KIT</i>	1	PREV
<i>nicotine polacrilex gum 2 mg</i>	1	PA PREV
<i>nicotine polacrilex gum 4 mg</i>	1	PREV
<i>nicotine polacrilex lozenge 2 mg</i>	1	PREV
<i>nicotine polacrilex lozenge 4 mg</i>	1	PREV
<i>nicotine td patch 24hr 14 mg/24hr</i>	1	PREV
<i>nicotine td patch 24hr 21 mg/24hr</i>	1	PREV
<i>nicotine td patch 24hr 7 mg/24hr</i>	1	PREV
<i>NICOTROL NS</i>	1	PREV
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	1	QL PREV
<i>varenicline tartrate tab 1 mg (base equiv)</i>	1	QL PREV
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	1	QL MFL 1 / 365 day(s) PREV

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS		
<i>fingolimod hcl</i>	1	QL
<i>GILENYA 0.25 MG CAP</i>	1	PA S Specialty Drug
<i>MAYZENT</i>	1	PA S Specialty Drug
<i>MAYZENT STARTER PACK</i>	1	PA S Specialty Drug
THIENBENZODIAZEPINES & OPIOID ANTAGONISTS		
<i>LYBALVI</i>	8	
THIENBENZODIAZEPINES & SSRIS		
<i>olanzapine-fluoxetine hcl</i>	8	
<i>SYMBYAX</i>	8	
VASOMOTOR SYMPTOM AGENTS - SSRIS		
<i>paroxetine mesylate (vasomotor)</i>	1	QL
RESPIRATORY AGENTS - MISC. CFTR POTENTIATORS		
<i>KALYDECO</i>	1	PA S Specialty Drug
CYSTIC FIBROSIS AGENT - COMBINATIONS		
<i>ORKAMBI</i>	1	PA S Specialty Drug
<i>SYMDEKO</i>	1	PA S Specialty Drug
<i>TRIKAFTA</i>	1	PA S Specialty Drug
HYDROLYTIC ENZYMES		
<i>PULMOZYME</i>	1	PA S Specialty Drug

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PULMONARY FIBROSIS AGENTS		
<i>pirfenidone cap 267 mg</i>	1	
<i>pirfenidone tab 267 mg</i>	1	
<i>pirfenidone tab 801 mg</i>	1	
PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS		
<i>OFEV</i>	1	PA S Specialty Drug
SULFONAMIDES		
<i>sulfadiazine</i>	1	
TETRACYCLINES		
GLYCYLCYCLINES		
<i>TIGECYCLINE 50 MG RECON SOLN</i>	1	
<i>tigecycline for iv soln 50 mg</i>	1	
<i>demeclocycline hcl</i>	1	
<i>doxycycline hyclate cap 100 mg</i>	1	
<i>doxycycline hyclate cap 50 mg</i>	1	
<i>doxycycline hyclate tab 100 mg</i>	1	
<i>doxycycline hyclate tab 20 mg</i>	1	
<i>doxycycline hyclate tab delayed release 100 mg</i>	1	
<i>doxycycline hyclate tab delayed release 150 mg</i>	1	
<i>doxycycline hyclate tab delayed release 50 mg</i>	1	
<i>doxycycline hyclate tab delayed release 75 mg</i>	1	
<i>doxycycline monohydrate cap 100 mg</i>	1	
<i>doxycycline monohydrate cap 50 mg</i>	1	
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	1	AL1 Up to 8 yrs old
<i>doxycycline monohydrate tab 100 mg</i>	1	
<i>doxycycline monohydrate tab 150 mg</i>	1	
<i>doxycycline monohydrate tab 50 mg</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>doxycycline monohydrate tab 75 mg</i>	1	
<i>minocycline hcl cap 100 mg</i>	1	
<i>minocycline hcl cap 50 mg</i>	1	
<i>minocycline hcl cap 75 mg</i>	1	
<i>minocycline hcl tab 100 mg</i>	1	
<i>minocycline hcl tab 50 mg</i>	1	
<i>tetracycline hcl cap 250 mg</i>	1	
<i>tetracycline hcl cap 500 mg</i>	1	
THYROID AGENTS		
ANTITHYROID AGENTS		
<i>methimazole</i>	1	
<i>propylthiouracil</i>	1	
THYROID HORMONES		
ARMOUR THYROID	1	
EVEXITHROID	1	
<i>levothyroxine sodium tab 100 mcg</i>	1	
<i>levothyroxine sodium tab 112 mcg</i>	1	
<i>levothyroxine sodium tab 125 mcg</i>	1	
<i>levothyroxine sodium tab 137 mcg</i>	1	
<i>levothyroxine sodium tab 150 mcg</i>	1	
<i>levothyroxine sodium tab 175 mcg</i>	1	
<i>levothyroxine sodium tab 200 mcg</i>	1	
<i>levothyroxine sodium tab 25 mcg</i>	1	
<i>levothyroxine sodium tab 300 mcg</i>	1	
<i>levothyroxine sodium tab 50 mcg</i>	1	
<i>levothyroxine sodium tab 75 mcg</i>	1	
<i>levothyroxine sodium tab 88 mcg</i>	1	
<i>liothyronine sodium tab 25 mcg</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>liothyronine sodium tab 5 mcg</i>	1	
<i>liothyronine sodium tab 50 mcg</i>	1	
NIVA THYROID	1	
NP THYROID	1	
RENTHYROID	1	
SYNTHROID	1	
THYROID	1	
TOXOIDS		
TOXOID COMBINATIONS		
ADACEL	1	AL1 At least 19 yrs old PREV
BOOSTRIX	1	AL1 At least 19 yrs old PREV
DAPTACEL	1	AL1 At least 19 yrs old PREV
DIPHThERIA-TETANUS TOXOIDS DT	1	PREV
INFANRIX	1	AL1 At least 19 yrs old PREV
KINRIX	1	AL1 At least 19 yrs old PREV
PEDIARIX	1	AL1 At least 19 yrs old PREV
PENTACEL	1	AL1 At least 19 yrs old PREV
QUADRACEL	1	AL1 At least 19 yrs old PREV
TDVAX	1	AL1 At least 19 yrs old PREV
TENIVAC	1	AL1 At least 19 yrs old PREV

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TETANUS-DIPHTHERIA TOXOIDS TD	1	AL1 At least 19 yrs old PREV
VAXELIS	1	AL1 At least 19 yrs old PREV
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ANTISPASMODICS		
dicyclomine hcl cap 10 mg	1	
dicyclomine hcl oral soln 10 mg/5ml	1	AL1 Up to 8 yrs old
dicyclomine hcl tab 20 mg	1	
BELLADONNA ALKALOIDS		
HYOSCYAMINE SULFATE 0.125 MG SL TAB	1	
HYOSCYAMINE SULFATE 0.125 MG TAB	1	
HYOSCYAMINE SULFATE 0.125 MG TAB DISP	1	
HYOSCYAMINE SULFATE 0.125 MG/5ML ELIXIR	1	AL1 Up to 8 yrs old
hyoscyamine sulfate elixir 0.125 mg/5ml	1	AL1 Up to 8 yrs old
HYOSCYAMINE SULFATE ER	1	
HYOSCYAMINE SULFATE SL	1	
hyoscyamine sulfate tab disint 0.125 mg	1	
HYOSYNE 0.125 MG/5ML ELIXIR	1	AL1 Up to 8 yrs old
NULEV	1	
OSCIMIN	1	
H-2 ANTAGONISTS		
cimetidine	1	
cimetidine hcl soln 300 mg/5ml	1	AL1 Up to 8 yrs old
famotidine for susp 40 mg/5ml	1	
famotidine inj 200 mg/20ml	1	
famotidine inj 40 mg/4ml	1	
famotidine preservative free inj 20 mg/2ml	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>famotidine tab 10 mg</i>	1	
<i>famotidine tab 20 mg</i>	1	
<i>famotidine tab 40 mg</i>	1	
NIZATIDINE 300 MG CAP	1	
<i>nizatidine cap 150 mg</i>	1	
MISC. ANTI-ULCER		
<i>sucralfate susp 1 gm/10ml</i>	1	AL1 Up to 12 yrs old
<i>sucralfate tab 1 gm</i>	1	
PROTON PUMP INHIBITOR-ANTACID COMBINATIONS		
KONVOMEP	1	QL PA AL1 Up to 8 yrs old
PROTON PUMP INHIBITORS		
<i>dexlansoprazole cap delayed release 30 mg</i>	1	QL ST
<i>dexlansoprazole cap delayed release 60 mg</i>	1	QL ST
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	1	
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	1	
<i>esomeprazole magnesium for delayed release susp pack 2.5 mg</i>	1	AL1 Up to 8 yrs old
<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	1	AL1 Up to 8 yrs old
<i>esomeprazole magnesium for delayed release susp packet 20 mg</i>	1	AL1 Up to 8 yrs old
<i>esomeprazole magnesium for delayed release susp packet 40 mg</i>	1	AL1 Up to 8 yrs old
<i>esomeprazole magnesium for delayed release susp packet 5 mg</i>	1	AL1 Up to 8 yrs old
<i>esomeprazole sodium</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>FIRST-LANSOPRAZOLE</i>	1	QL AL1 Up to 8 yrs old
<i>FIRST-OMEPRAZOLE</i>	1	QL AL1 Up to 8 yrs old
<i>lansoprazole cap delayed release 15 mg</i>	1	QL
<i>lansoprazole cap delayed release 30 mg</i>	1	QL
<i>lansoprazole tab delayed release orally disintegrating 15 mg</i>	1	QL AL1 Up to 8 yrs old
<i>lansoprazole tab delayed release orally disintegrating 30 mg</i>	1	QL AL1 Up to 8 yrs old
<i>omeprazole cap delayed release 10 mg</i>	1	QL
<i>omeprazole cap delayed release 20 mg</i>	1	QL
<i>omeprazole cap delayed release 40 mg</i>	1	QL
<i>omeprazole magnesium delayed release tab 20 mg (base equiv)</i>	1	PA
<i>OMEPRAZOLE+SYRSPEND SF ALKA</i>	1	QL AL1 Up to 8 yrs old
<i>PANTOPRAZOLE SODIUM 40 MG RECON SOLN</i>	1	PA
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	1	QL
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	1	QL
<i>pantoprazole sodium for iv soln 40 mg (base equiv)</i>	1	
<i>rabeprazole sodium ec tab 20 mg</i>	1	
QUATERNARY ANTICHOLINERGICS		
<i>glycopyrrolate oral soln 1 mg/5ml</i>	1	
<i>glycopyrrolate tab 1 mg</i>	1	
<i>glycopyrrolate tab 2 mg</i>	1	
<i>methscopolamine bromide</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ULCER DRUGS - PROSTAGLANDINS		
<i>misoprostol</i>	1	
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINIC (ANTICHOLINERGIC)		
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	1	QL
<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	1	
<i>fesoterodine fumarate</i>	1	QL
<i>oxybutynin chloride solution 5 mg/5ml</i>	1	QL
<i>oxybutynin chloride tab 2.5 mg</i>	1	QL AL1 0 to 18 yrs old
<i>oxybutynin chloride tab 5 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 10 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 15 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 5 mg</i>	1	
<i>solifenacin succinate</i>	1	QL
<i>tolterodine tartrate cap er 24hr 2 mg</i>	1	QL
<i>tolterodine tartrate cap er 24hr 4 mg</i>	1	QL
<i>tolterodine tartrate tab 1 mg</i>	1	QL
<i>tolterodine tartrate tab 2 mg</i>	1	QL
<i>tropium chloride cap er 24hr 60 mg</i>	1	
<i>tropium chloride tab 20 mg</i>	1	QL
VESICARE LS	1	AL1 Up to 8 yrs old
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
<i>mirabegron tab er 24 hr 25 mg</i>	1	QL ST
<i>mirabegron tab er 24 hr 50 mg</i>	1	QL ST

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>MYRBETRIQ 8 MG/ML SRER</i>	1	<ul style="list-style-type: none"> QL ST AL1 Up to 8 yrs old
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
<i>bethanechol chloride</i>	1	
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
<i>flavoxate hcl</i>	1	
VACCINES		
BACTERIAL VACCINES		
<i>ACTHIB</i>	1	<ul style="list-style-type: none"> AL1 At least 19 yrs old PREV
<i>BEXSERO</i>	1	<ul style="list-style-type: none"> AL1 At least 19 yrs old PREV
<i>CAPVAXIVE</i>	1	<ul style="list-style-type: none"> AL1 At least 19 yrs old PREV
<i>HIBERIX</i>	1	<ul style="list-style-type: none"> AL1 At least 19 yrs old PREV
<i>MENACTRA</i>	1	<ul style="list-style-type: none"> AL1 At least 19 yrs old PREV
<i>MENQUADFI</i>	1	<ul style="list-style-type: none"> AL1 At least 19 yrs old PREV
<i>MENVEO</i>	1	<ul style="list-style-type: none"> AL1 19 to 55 yrs old PREV
<i>PEDVAX HIB</i>	1	<ul style="list-style-type: none"> AL1 At least 19 yrs old PREV
<i>PENBRAYA</i>	1	<ul style="list-style-type: none"> AL1 At least 19 yrs old PREV
<i>PENMENVY</i>	1	<ul style="list-style-type: none"> AL1 At least 19 yrs old PREV

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>PNEUMOVAX 23</i>	1	AL1 At least 19 yrs old PREV
<i>PREVNAR 13</i>	1	AL1 At least 19 yrs old PREV
<i>PREVNAR 20</i>	1	AL1 At least 19 yrs old PREV
<i>TRUMENBA</i>	1	AL1 At least 19 yrs old PREV
<i>VAXNEUVANCE</i>	1	AL1 At least 19 yrs old PREV
VIRAL VACCINE COMBINATIONS		
<i>M-M-R II</i>	1	AL1 At least 19 yrs old PREV
<i>PRIORIX</i>	1	AL1 At least 19 yrs old PREV
<i>PROQUAD</i>	1	AL1 At least 19 yrs old PREV
<i>TWINRIX</i>	1	AL1 At least 19 yrs old PREV
VIRAL VACCINES		
<i>ABRYSVO</i>	1	AL1 At least 19 yrs old PREV
<i>ACAM2000</i>	1	AL1 At least 19 yrs old PREV
<i>AFLURIA</i>	1	AL1 At least 19 yrs old MFL 1 / 365 day(s) PREV
<i>AFLURIA PRESERVATIVE FREE</i>	1	AL1 At least 19 yrs old MFL 1 / 365 day(s) PREV

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>AFLURIA QUADRIVALENT SUSPENSION</i>	1	AL1 At least 19 yrs old MFL 1 / 365 day(s) PREV
<i>AFLURIA QUADRIVALENT 0.5 ML SUSP PRSYR</i>	1	AL1 At least 19 yrs old MFL 1 / 365 day(s) PREV
<i>AREXVY</i>	1	AL1 At least 19 yrs old PREV
<i>COMIRNATY</i>	1	AL1 At least 19 yrs old MFL 3 / 1 year(s) PREV
<i>COMIRNATY 5-11 YEARS</i>	1	AL1 At least 19 yrs old MFL 3 / 1 year(s) PREV
<i>ENGERIX-B</i>	1	AL1 At least 19 yrs old PREV
<i>FLUAD</i>	1	AL1 At least 19 yrs old MFL 1 / 365 day(s) PREV
<i>FLUAD QUADRIVALENT</i>	1	AL1 At least 19 yrs old MFL 1 / 365 day(s) PREV
<i>FLUARIX</i>	1	AL1 At least 19 yrs old MFL 1 / 365 day(s) PREV
<i>FLUARIX QUADRIVALENT</i>	1	AL1 At least 19 yrs old MFL 1 / 365 day(s) PREV
<i>FLUBLOK</i>	1	AL1 At least 19 yrs old MFL 1 / 365 day(s) PREV

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>FLUBLOK QUADRIVALENT</i>	1	AL1 At least 19 yrs old MFL 1 / 365 day(s) PREV
<i>FLUCELVAX</i>	1	AL1 At least 19 yrs old MFL 1 / 365 day(s) PREV
<i>FLUCELVAX QUADRIVALENT</i>	1	AL1 At least 19 yrs old MFL 1 / 365 day(s) PREV
<i>FLULAVAL</i>	1	AL1 At least 19 yrs old MFL 1 / 365 day(s) PREV
<i>FLULAVAL QUADRIVALENT</i>	1	AL1 At least 19 yrs old MFL 1 / 365 day(s) PREV
<i>FLUMIST</i>	1	AL1 At least 19 yrs old MFL 1 / 365 day(s) PREV
<i>FLUMIST QUADRIVALENT</i>	1	AL1 At least 19 yrs old MFL 1 / 365 day(s) PREV
<i>FLUZONE SUSPENSION</i>	1	AL1 At least 19 yrs old MFL 1 / 365 day(s) PREV
<i>FLUZONE 0.5 ML SUSP PRSYR</i>	1	AL1 At least 19 yrs old MFL 1 / 365 day(s) PREV
<i>FLUZONE HIGH-DOSE</i>	1	AL1 At least 19 yrs old MFL 1 / 365 day(s) PREV

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>FLUZONE QUADRIVALENT</i>	1	AL1 At least 19 yrs old MFL 1 / 365 day(s) PREV
<i>GARDASIL 9</i>	1	AL1 19 to 45 yrs old PREV
<i>HAVRIX</i>	1	AL1 At least 19 yrs old PREV
<i>HEPLISAV-B</i>	1	PREV
<i>IPOL</i>	1	AL1 At least 19 yrs old PREV
<i>JYNNEOS</i>	1	AL1 At least 19 yrs old PREV
<i>MNEXSPIKE</i>	1	AL1 At least 19 yrs old MFL 3 / 1 year(s) PREV
<i>MODERNA COVID-19 BIVAL 6M-5Y</i>	1	AL1 At least 19 yrs old MFL 3 / 1 year(s) PREV
<i>MODERNA COVID-19 BIVAL BOOSTER</i>	1	AL1 At least 19 yrs old MFL 3 / 1 year(s) PREV
<i>MODERNA COVID-19 BIVALENT</i>	1	AL1 At least 19 yrs old MFL 3 / 1 year(s) PREV
<i>MODERNA COVID-19 VAC (BOOSTER)</i>	1	AL1 At least 19 yrs old MFL 3 / 365 day(s) PREV
<i>MODERNA COVID-19 VAC 6M-11Y 25 MCG/0.25ML SUSP PRSYR</i>	1	AL1 At least 19 yrs old MFL 3 / 1 year(s) PREV

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>MRESVIA</i>	1	AL1 At least 18 yrs old PREV
<i>NOVAVAX COVID-19 VACCINE</i>	1	AL1 At least 19 yrs old MFL 3 / 1 year(s) PREV
<i>NUVAXOVID COVID-19 VACCINE</i>	1	AL1 At least 19 yrs old MFL 3 / 1 year(s) PREV
<i>PFIZER COVID-19 BIVAL 6MO-4YR</i>	1	AL1 At least 19 yrs old MFL 3 / 1 year(s) PREV
<i>PFIZER COVID-19 VAC BIVAL 5-11</i>	1	AL1 At least 19 yrs old MFL 3 / 1 year(s) PREV
<i>PFIZER COVID-19 VAC BIVALENT</i>	1	AL1 At least 19 yrs old MFL 3 / 1 year(s) PREV
<i>PFIZER COVID-19 VAC-TRIS 5-11Y 10 MCG/0.3ML SUSPENSION</i>	1	AL1 At least 19 yrs old MFL 3 / 1 year(s) PREV
<i>PFIZER COVID-19 VAC-TRIS 6M-4Y 3 MCG/0.3ML SUSPENSION</i>	1	AL1 At least 19 yrs old MFL 3 / 1 year(s) PREV
<i>PFIZER-BIONT COVID-19 VAC-TRIS</i>	1	AL1 At least 19 yrs old MFL 3 / 1 year(s) PREV
<i>PREHEVBRIO</i>	1	PREV
<i>RECOMBIVAX HB 10 MCG/ML SUSP PRSYR</i>	1	PREV
<i>RECOMBIVAX HB 10 MCG/ML SUSPENSION</i>	1	PREV
<i>RECOMBIVAX HB 40 MCG/ML SUSPENSION</i>	1	PREV

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>RECOMBIVAX HB 5 MCG/0.5ML SUSP PRSYR</i>	1	AL1 At least 19 yrs old PREV
<i>RECOMBIVAX HB 5 MCG/0.5ML SUSPENSION</i>	1	AL1 At least 19 yrs old PREV
<i>ROTARIX</i>	1	AL1 Up to 8 yrs old PREV
<i>ROTATEQ</i>	1	AL1 Up to 8 yrs old PREV
<i>SHINGRIX</i>	1	PREV
<i>SPIKEVAX 50 MCG/0.5ML SUSP PRSYR</i>	1	AL1 At least 19 yrs old MFL 3 / 1 year(s) PREV
<i>SPIKEVAX 50 MCG/0.5ML SUSPENSION</i>	1	AL1 At least 19 yrs old MFL 3 / 365 day(s) PREV
<i>SPIKEVAX 6M-11Y</i>	1	AL1 At least 19 yrs old MFL 3 / 1 year(s) PREV
<i>VAQTA</i>	1	AL1 At least 19 yrs old PREV
<i>VARIVAX</i>	1	AL1 At least 19 yrs old PREV
VAGINAL AND RELATED PRODUCTS		
IMIDAZOLE-RELATED ANTIFUNGALS		
<i>clotrimazole vaginal cream 1%</i>	1	
<i>clotrimazole vaginal cream 2%</i>	1	
<i>miconazole nitrate vaginal cream 2%</i>	1	
<i>miconazole nitrate vaginal cream 4% (200 mg/5gm)</i>	1	
<i>terconazole vaginal cream 0.4%</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>terconazole vaginal cream 0.8%</i>	1	QL
<i>terconazole vaginal suppos 80 mg</i>	1	
SPERMICIDES		
ENCARE	1	PREV
OPTIONS GYNOL II CONTRACEPTIVE	1	PREV
TODAY SPONGE	1	PREV
VCF VAGINAL CONTRACEPTIVE	1	PREV
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal</i>	1	
<i>metronidazole vaginal</i>	1	
VANDAZOLE	1	
VAGINAL CONTRACEPTIVE PH MODULATOR - COMBINATIONS		
PHEXX	1	QL PREV
PHEXXI	1	QL PREV
VAGINAL ESTROGENS		
<i>estradiol vaginal cream 0.01%</i>	1	
ESTRING	1	QL
PREMARIN 0.625 MG/GM CREAM	1	
VAGINAL PROGESTINS		
CRINONE	1	PA S Specialty Drug
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
<i>epinephrine (anaphylaxis)</i>	1	QL
EPINEPHRINE 0.15 MG/0.15ML SOLN A-INJ	1	QL
EPINEPHRINE 0.3 MG/0.3ML SOLN A-INJ	1	QL MFL 4 / 365 DAYS

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
<i>droxidopa</i>	1	PA
<i>epinephrine pf inj 1 mg/ml</i>	1	QL
<i>midodrine hcl</i>	1	
VITAMINS		
VITAMIN D		
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	1	QL PA
VITAMIN K		
<i>phytonadione tab 5 mg</i>	1	QL

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AEROCHAMBER Z-STAT PLUS/MEDIUM	244	ALL-BODY MASSAGE	201
AEROCHAMBER Z-STAT PLUS/SMALL	244	allopurinol	178
AEROCHAMBER2GO ANTI-STATIC	244	almotriptan malate	247
AEROVENT PLUS	244	ALOGLIPTIN BENZOATE	72
AFLURIA	285	ALOGLIPTIN-METFORMIN HCL	73
AFLURIA PRESERVATIVE FREE	285	ALOGLIPTIN-PIOGLITAZONE	74
AFLURIA QUADRIVALENT	286	alosetron hcl	172

ALPHANATE.....	178	AMJEVITA.....	15
ALPHANINE SD.....	178	AMJEVITA-PED 15KG TO <30KG.....	15
alprazolam.....	42	amlodipine besylate.....	134
ALPRAZOLAM INTENSOL.....	42	amlodipine besylate-atorvastatin calcium.....	137
ALPROLIX.....	178	amlodipine besylate-benazepril hcl.....	93
ALTACAINE.....	266	amlodipine besylate-olmesartan medoxomil.....	95
ALTUVIIIO.....	178	amlodipine besylate-valsartan.....	95,96
alum & mag hydrox-simethicone.....	36	amlodipine-valsartan-hydrochlorothiazide.....	95
ALUMINUM BLANKET SUPPORT.....	201	amoxapine.....	70
ALUMINUM FLIP OFF SEALS 13MM.....	201	amoxicillin.....	270
ALUMINUM HYDROXIDE GEL.....	36	AMOXICILLIN.....	270
aluminum hydroxide-mag carb.....	36	amoxicillin & pot clavulanate.....	271
ALVESCO.....	50	AMOXICILLIN-POT CLAVULANATE.....	271
amantadine hcl.....	111	amphetamine.....	7
ambrisentan.....	138	amphetamine sulfate.....	7
AMCINONIDE.....	158	amphetamine-dextroamphetamine.....	6,7
AMEDA ADAPTER CAP.....	201	AMPHOTERICIN B.....	88
AMEDA BREAST FLANGE INSERT.....	201	ampicillin.....	270
AMEDA CUSTOMFIT BREAST FLANGE.....	201	ampicillin & sulbactam sodium.....	271
AMEDA DIAPHRAGMS.....	201	AMPICILLIN SODIUM.....	270
AMEDA DUAL HYGIENIKIT SYSTEM.....	201	ampicillin sodium.....	270
AMEDA DUAL HYGIENIKIT W/ADAPT.....	201	AMPICILLIN-SULBACTAM SODIUM.....	271
AMEDA ELITE BREAST PUMP.....	201	ANAFRANIL.....	70
AMEDA FINESSE BREAST PUMP.....	201	anagrelide hcl.....	182
AMEDA FLEXISHIELD.....	201	anastrozole.....	106
AMEDA MYA JOY BREAST PUMP.....	201	ANNOVERA.....	143
AMEDA MYA JOY BREAST PUMP/TOTE.....	201	ANORO ELLIPTA.....	45
AMEDA ONE-HAND BREAST PUMP.....	201	ANZUPGO.....	157
AMEDA PLATINUM BREAST PUMP.....	201	APAP-CAFF-DIHYDROCODEINE.....	27
AMEDA PURELY YOURS BREAST PUMP.....	201	APEXICON E.....	158
AMEDA SILICONE TUBING.....	201	APIDRA.....	74
AMEDA TUBING ADAPTER.....	201	APIDRA SOLOSTAR.....	74
AMEDA VALVES.....	201	APLENZIN.....	66
AMIELLE RESTORE VAG EXERCISERS.....	201	APRACLONIDINE HCL.....	267
AMIELLE VAGINAL TRAINER.....	201	aprepitant.....	88
amikacin sulfate.....	12	APRETUDE.....	124
amiloride hcl.....	165	APTENSIO XR.....	9
AMILORIDE-HYDROCHLOROTHIAZIDE.....	164	APTIOM.....	56
aminocaproic acid.....	185	APTIVUS.....	125
amiodarone hcl.....	44	AQ INSULIN SYRINGE.....	222
amitriptyline hcl.....	70	AQINJECT PEN NEEDLE.....	222

AQUA FILTER HOLDERS	201	ATROPINE SULFATE	265
ARANELLE	144	atropine sulfate (ophthalmic)	265
ARANESP (ALBUMIN FREE)	182	ATROVENT HFA	49
ARBLI	96	AUM ALCOHOL PREP PADS	190
ARCALYST	20	AUM INSULIN SAFETY PEN NEEDLE	222
AREXVY	286	AUM MINI INSULIN PEN NEEDLE	222
arformoterol tartrate	48	AUM PEN NEEDLE	222
argatroban	54	AUM READYGARD DUO PEN NEEDLE	222
ARGYLE STERILE SALINE	177	AUM SAFETY PEN NEEDLE	222
ARGYLE TRACH TUBE HOLDER	201	AURORA PEN NEEDLES	222
aripiprazole	119	AURORA UNIFINE PENTIPS	222
ARISTADA	119	AUTO-LANCET	194
ARISTADA INITIO	119	AUTO-LANCET MINI	194
armodafinil	9	AUTOLET II CLINISAFE	194
ARMONAIR DIGIHALER	51	AUTOLET LANCING DEVICE	194
ARMOUR THYROID	278	AUTOLET LITE CLINISAFE	194
ARNUITY ELLIPTA	51	AUTOLET LITE LANCING DEVICE	194
ARYNTA	7	AUTOLET LITE STARTER PACK	194
asenapine maleate	116	AUTOLET MINI	194
ASMANEX (120 METERED DOSES)	51	AUTOLET PLUS	194
ASMANEX (14 METERED DOSES)	51	AUVELITY	65
ASMANEX (30 METERED DOSES)	51	AVAR CLEANSER	150
ASMANEX (60 METERED DOSES)	51	AVAR-E EMOLLIENT	150
ASMANEX HFA	51	AVSOLA	175
ASPIRIN	26	AVTOZMA	21
aspirin	26	AYVAKIT	104
aspirin buffered (cal carb-mag carb-mag oxide)	26	azathioprine	254,255
ASSURE ID DUO PRO PEN NEEDLES	222	AZATHIOPRINE SODIUM	254
ASSURE ID PRO PEN NEEDLES	222	azelaic acid	162
ASSURE ID SAFETY PEN NEEDLES	222	azelastine hcl	259
ASTAGRAF XL	253	azelastine hcl (ophth)	265
atazanavir sulfate	125	AZITHROMYCIN	189
atenolol	133	azithromycin	189
atenolol & chlorthalidone	97	AZSTARYS	8
ATGAM	251	aztreonam	40
ATIVAN	42		
atomoxetine hcl	6	B	
ATONCY	6	BABY FRIDGE	202
atorvastatin calcium	91	BACITRA-NEOMYCIN-POLYMYXIN-HC	267
atovaquone	38	BACITRACIN	37,266
atovaquone-proguanil hcl	98	BACITRACIN-POLYMYXIN B	265

BACLOFEN	258	BD PEN NEEDLE ORIG ULTRAFINE	224
baclofen	258	BD PEN NEEDLE SHORT ULTRAFINE	225
BALFAXAR	178	BD PRECISIONGLIDE NEEDLE	225
balsalazide disodium	172	BD SAFE CLIP NEEDLE CLIPPER	202
BALVERSA	102	BD SAFETYGLIDE INSULIN SYRINGE	225
BAMBOO CANE	202	BD SAFETYGLIDE NEEDLE	225
BANDAGE SCISSORS	202	BD SAFETYGLIDE SHIELDED NEEDLE	225
BANZEL	56	BD SWAB SINGLE USE REGULAR	190
BAQSIMI ONE PACK	71	BD SYRINGE/NEEDLE	225
BAQSIMI TWO PACK	71	BD VEO INSULIN SYR U/F 1/2UNIT	225
BARACLUDE	130	BD VEO INSULIN SYR ULTRAFINE	225
BARIATRIC ALUMINUM CANE	202	BEBTELOVIMAB	269
BASAGLAR KWIKPEN	75	BED WEDGE	202
BASAGLAR TEMPO PEN	75	BELBUCA	34
BATH BENCH WITH BACK	202	BELSOMRA	187
BATH/SHOWER SEAT	202	benazepril & hydrochlorothiazide	94
BATHTUB SAFETY RAIL	202	benazepril hcl	94
BD AUTOSHIELD DUO	222	BENEFIX	178
BD BLUNT FILL NEEDLE	222	BENLYSTA	250
BD BLUNT FILL NEEDLE W/FILTER	222	benzonatate	147
BD DISP NEEDLE	222,223	benzoyl peroxide-erythromycin	150
BD DISP NEEDLES	223	benztropine mesylate	110
BD ECLIPSE LUER-LOK NEEDLE	223	BERINERT	181
BD ECLIPSE NEEDLE	223	betamethasone dipropionate (topical)	158
BD ECLIPSE SHIELDED NEEDLE	223	BETAMETHASONE DIPROPIONATE AUG	158
BD HYPODERMIC NEEDLE	223,224	betamethasone dipropionate augmented	158
BD INSULIN SYR ULTRAFINE II	224	BETAMETHASONE VALERATE	158
BD INSULIN SYRINGE	224	betamethasone valerate	158
BD INSULIN SYRINGE HALF-UNIT	224	BETASERON	273
BD INSULIN SYRINGE MICROFINE	224	betaxolol hcl	133
BD INSULIN SYRINGE U-500	224	BETAXOLOL HCL	264
BD INSULIN SYRINGE U/F	224	bethanechol chloride	284
BD INSULIN SYRINGE U/F 1/2UNIT	224	BEUTLICH PH TEST ROLL	202
BD INSULIN SYRINGE ULTRAFINE	224	BEVESPI AEROSPHERE	45
BD INTEGRA NEEDLE	224	bexarotene	109
BD LUER-LOK SYRINGE	224	bexarotene (topical)	163
BD NOKOR ADMIX NEEDLE	224	BEXSERO	284
BD PEN NEEDLE MICRO ULTRAFINE	224	BI-FOCAL MAGNIFIER	202
BD PEN NEEDLE MINI ULTRAFINE	224	bicalutamide	99
BD PEN NEEDLE NANO 2ND GEN	224	BICILLIN C-R	271
BD PEN NEEDLE NANO ULTRAFINE	224	BICILLIN C-R 900/300	271

BICILLIN L-A	270	budesonide	145
BIKTARVY	120	budesonide (inhalation)	51
bimatoprost	268	budesonide (intrarectal)	36
BIMZELX	152	budesonide-formoterol fumarate dihydrate	45
bisacodyl	188	bumetanide	164
bisoprolol & hydrochlorothiazide	97	buprenorphine	34
bisoprolol fumarate	133	buprenorphine hcl	34
BLOOD COLLECTION TUBE HOLDER	202	buprenorphine hcl-naloxone hcl dihydrate	34,35
BLOOD PRESSURE SMART CARD	202	bupropion hcl	66
BMI DIGITAL SMART SCALE	202	bupropion hcl (smoking deterrent)	275
BODY COMPOSITION SCALE	202	BUPROPION HCL ER (XL)	66
BOOSTRIX	279	buspirone hcl	41,42
bosentan	138	butalbital-acetaminophen	26
BOSULIF	100,101	butalbital-acetaminophen-caffeine	26
BOULES QUIES EAR PLUGS	202	butalbital-acetaminophen-caffeine w/ codeine	27
BRAFTOVI	101	butalbital-aspirin-caffeine	26
BREAST PUMP	202	butalbital-aspirin-caffeine w/cod	27
BREATHE COMFORT CHAMBER/ADULT	244	butorphanol tartrate	35
BREATHE COMFORT CHAMBER/CHILD	244	BYDUREON BCISE	81
BREATHE COMFORT NASAL ASPIRATO	202	BYETTA 10 MCG PEN	81
BREATHE COMFORT NASAL IRRIGAT	202	BYETTA 5 MCG PEN	81
BREATHE EASE LARGE	244	BYSANTI	114
BREATHE EASE MEDIUM	244	BYSANTI TITRATION PACK A	114
BREATHE EASE PULSE OXIMETER	202	BYSANTI TITRATION PACK B	114
BREATHE EASE SMALL	244	BYSANTI TITRATION PACK C	114
BREO ELLIPTA	45		
BREZTRI AEROSPHERE	45	C	
brimonidine tartrate	267	CABENUVA	120
brimonidine tartrate-timolol maleate	264	cabergoline	166
brivaracetam	56,57	CABOMETYX	104
BRIVIACT	57	caffeine citrate	8
BRIXADI	34	CALCIPOTRIENE	152
BRIXADI (WEEKLY)	34	calcipotriene	152
bromfenac sodium (ophth)	267	calcitonin (salmon)	166
bromocriptine mesylate	111	CALCITRIOL	152,166
brompheniramine & pseudoeph	148	calcitriol	166
BROVANA	48	calcium acetate (phosphate binder)	175
BRUKINSA	101	calcium carbonate (antacid)	37
BRYNOVIN	72	CALCIUM CARBONATE ANTACID	37
BSS PLUS	266	candesartan cilexetil	96
BUCAPSOL	41	candesartan cilexetil-hydrochlorothiazide	96

CANE.....	202	CARETOUCH ALCOHOL PREP.....	190
CANE FOR BLIND FOLDING.....	202	CARETOUCH HYPODERMIC NEEDLE.....	226,227
CANE HOLDER.....	202	CARETOUCH INSULIN SYRINGE.....	227
CANE TIPS.....	202	CARETOUCH LANCING/EJECTOR.....	194
CANE TIPS 3/4".....	202	CARETOUCH PEN NEEDLES.....	227
CANE TIPS 7/8".....	202	CARETOUCH PULSE OXIMETER.....	203
CANE TIPS FOR ALUM 3/4".....	203	CAREX COCCYX CUSHION.....	203
CANE TIPS FOR WOOD 3/4".....	203	CAREX ULTRA GRABBER 32".....	203
CANE TIPS FOR WOOD 5/8".....	203	CAREX WHEELCHAIR.....	203
CANE TIPS FOR WOOD 7/8".....	203	CARTEOLOL HCL.....	264
CANE WRIST STRAP.....	203	carvedilol.....	133
CANE/OFFSET HANDLE.....	203	carvedilol phosphate.....	133
CANE/T-HANDLE.....	203	CATHFLO ACTIVASE.....	182
CAPCOF.....	149	CAYSTON.....	40
capecitabine.....	99	CEFACLOR.....	140,141
CAPLYTA.....	113	CEFACLOR ER.....	141
CAPRELSA.....	104	CEFADROXIL.....	140
captopril.....	94	cefadroxil.....	140
CAPTOPRIL-HYDROCHLOROTHIAZIDE.....	94	CEFAZOLIN SODIUM.....	140
CAPVAXIVE.....	284	cefazolin sodium.....	140
CARBAMAZEPINE.....	57,62	CEFAZOLIN SODIUM-DEXTROSE.....	140
carbamazepine.....	57	cefdinir.....	141
CARBATROL.....	57	CEFEPIME HCL.....	142
carbidopa.....	111	cefepime hcl.....	142
carbidopa-levodopa.....	111	CEFEPIME-DEXTROSE.....	142
carbidopa-levodopa-entacapone.....	111	CEFIXIME.....	141
CARBINOXAMINE MALEATE.....	89	cefixime.....	141
carbinoxamine maleate.....	89	cefotetan disodium.....	141
CARDAMYST.....	134	cefoxitin sodium.....	141
CARDIAC CARE PORT BP/ECG MONIT.....	203	CEFOXITIN SODIUM-DEXTROSE.....	141
CARDIOCOM LANCING DEVICE.....	194	CEFPODOXIME PROXETIL.....	141
cardioplegic soln.....	137	cefpodoxime proxetil.....	141
CAREFINE PEN NEEDLES.....	225	cefprozil.....	141
CAREONE ADVANCED LANCING DEV.....	194	CEFTAZIDIME.....	141,142
CAREONE INSULIN SYRINGE.....	225	ceftazidime.....	141
CAREONE UNIFINE PENTIPS.....	225	CEFTRIAXONE SODIUM.....	141,142
CAREONE UNIFINE PENTIPS PLUS.....	225	ceftriaxone sodium.....	141,142
CAREPOINT POLY HUB NEEDLE.....	225,226	CEFTRIAXONE SODIUM IN DEXTROSE.....	142
CAREPOINT PRECISION POLY HUB.....	226	CEFTRIAXONE SODIUM-DEXTROSE.....	142
CAREPOINT SAFETY 1ST NEEDLE.....	226	cefuroxime axetil.....	141
CAREPOINT SAFETY1ST SYR/NEEDLE.....	226	cefuroxime sodium.....	141

celecoxib	20	cimetidine	280
CELEXA	67	cimetidine hcl	280
CELLCEPT	252	CIMZIA	175
CELLCEPT INTRAVENOUS	252	CIMZIA (1 SYRINGE)	175
CELONTIN	65	CIMZIA (2 SYRINGE)	175
cephalexin	140	CIMZIA-STARTER	175
CEREBYX	64	cinacalcet hcl	166
CERVICAL PILLOW	203	CINIS PREEMIE HALO LARGE	203
CERVICAL PILLOW/COVER	203	CINIS PREEMIE HALO MEDIUM	203
cetirizine hcl	89	CINIS PREEMIE HALO SMALL	203
cevimeline hcl	256	CIPRO	170
CHANTIX	275	CIPRO HC	269
CHANTIX CONTINUING MONTH PAK	275	ciprofloxacin	170
CHANTIX STARTING MONTH PAK	275	ciprofloxacin hcl	170
CHEMO TRANSFER PIN	203	ciprofloxacin hcl (ophth)	266
CHLO HIST	149	ciprofloxacin hcl (otic)	269
CHLO TUSS	149	CIPROFLOXACIN IN D5W	170,171
chlordiazepoxide hcl	42	ciprofloxacin-dexamethasone	269
CHLORDIAZEPOXIDE-AMITRIPTYLINE	272	ciprofloxacin-hydrocortisone	269
chlorhexidine gluconate (mouth-throat)	255	CITALOPRAM HYDROBROMIDE	67
CHLOROQUINE PHOSPHATE	98	citalopram hydrobromide	67
chloroquine phosphate	98	CITRULLINE 1000	263
chlorpheniramine & pseudoeph	148	CITRULLINE1000	263
chlorpheniramine maleate	88	CLARITHROMYCIN	189
chlorpheniramine-phenylephrine-acetaminophen	148	clarithromycin	189
CHLORPROMAZINE HCL	118	CLASSIC DENTAL GUARD	203
chlorpromazine hcl	118	CLASSICS ROLLING WALKER	203
chlorthalidone	165	CLEMASTINE FUMARATE	89
chlorzoxazone	258	CLEVER CHOICE BMI SCALE	203
cholestyramine	90	CLEVER CHOICE BREAST PUMP	203
cholestyramine light	90	CLEVER CHOICE COMFORT EZ	227
choline fenofibrate	91	CLEVER CHOICE HEARING AMPLIFIE	203
CHORIONIC GONADOTROPIN	167,168	CLEVER CHOICE HOLDING CHAMBER	244
CHOSEN LANCING DEVICE	194	CLEVER CHOICE HYDROTHERAPY SYS	203
CIBINQO	157	CLICKFINE PEN NEEDLES	227
ciclopirox	151	CLIMARA PRO	169
ciclopirox olamine	151	clindamycin hcl	40
CICLOPIROX TREATMENT	151	clindamycin palmitate hydrochloride	40
cilostazol	181	clindamycin phosphate	40
CILOXAN	266	clindamycin phosphate (topical)	150
CIMDUO	120	clindamycin phosphate vaginal	291

clindamycin phosphate-benzoyl peroxide	150	colesevelam hcl	90
clindamycin phosphate-benzoyl peroxide (refrigerate)	150	colestipol hcl	90
CLINERE EARWAX CLEANERS	203	colistimethate sodium	40
CLINERE EARWAX REMOVER	203	COMBIVENT RESPIMAT	45
CLIP & STOR	204	COMFORT ASSIST INSULIN SYRINGE	227
clobazam	55	COMFORT CURVE MASSAGE CUSHION	204
clobetasol propionate	158,159	COMFORT EZ INSULIN SYRINGE	227
clobetasol propionate emollient base	159	COMFORT EZ MICRO PEN NEEDLES	227
clobetasol propionate emulsion	159	COMFORT EZ PEN NEEDLES	227
CLODAN	163	COMFORT EZ PRO PEN NEEDLES	227
clomipramine hcl	70	COMFORT EZ SHORT PEN NEEDLES	227
clonazepam	55,56	COMFORT FIT FLANGES LARGE	204
clonidine	97	COMFORT PERSONAL CLEANS CART	204
clonidine hcl	97	COMFORT PERSONAL MICROWAVE	204
clonidine hcl (adhd)	6	COMFORT PERSONAL SHAMPOO CAP	204
CLONIDINE HCL (ANALGESIA)	26	COMFORT PERSONAL WARMER 14-CT	204
clonidine hcl (analgesia)	26	COMFORT PERSONAL WARMER 28-CT	204
clopidogrel bisulfate	182	COMFORT TOUCH ALCOHOL PREP	190
clorazepate dipotassium	43	COMFORT TOUCH INSULIN PEN NEED	227
clotrimazole	255	COMIRNATY	286
clotrimazole (topical)	161	COMIRNATY 5-11 YEARS	286
clotrimazole vaginal	290	COMMODE	204
clotrimazole w/ betamethasone	152	COMMODE 3-IN-1	204
CLOTRIMAZOLE-BETAMETHASONE	152	COMMODE BEDSIDE	204
clozapine	116	COMMODE BEDSIDE/BACK	204
CLOZARIL	117	COMMODE PAIL	204
COAGADDEX	178	COMMODE SPLASH GUARD	204
COBENFY	117	COMPACT SPACE CHAMBER	244
COBENFY STARTER PACK	117	COMPACT SPACE CHAMBER/LG MASK	244
CODEINE SULFATE	28	COMPACT SPACE CHAMBER/MED MASK	245
codeine sulfate	28	COMPACT SPACE CHAMBER/SM MASK	245
colchicine	178	COMPLERA	121
colchicine w/ probenecid	178	COMPLETE NATAL DHA	257
COLD SEAL BLISTER/LG 62 DOSE	204	COMPLETENATE	256
COLD SEAL BLISTER/MD 28 DOSE	204	CONCEPT DHA	256
COLD SEAL BLISTER/MD 31 DOSE	204	CONCERTA	9
COLD SEAL BLISTER/MD 90 DOSE	204	CONDOMS	192
COLD SEAL BLISTER/SM 28 DOSE	204	CONTOUR BACK CUSHION	204
COLD SEAL BLISTER/SM 31 DOSE	204	CONTOUR FITTED SHEETS	204
COLD SEAL BLISTERS/LARGE	204	CONTOUR MATTRESS COVER	204
		CONTOUR NEXT EZ	194

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CONTOUR NEXT TEST.....	163	CVS LANCING DEVICE.....	194
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COPIKTRA.....	108	CVS PREP.....	190
CORIFACT.....	179	CVS PULSE OXIMETER.....	205
CORTISONE ACETATE.....	145	CVS QUAD CANE.....	205
COSENTYX.....	153	CVS READY SET GO BATH BENCH.....	205
COSENTYX (300 MG DOSE).....	152	CVS REUSABLE SHEET PROTECTOR.....	205
COSENTYX SENSOREADY (300 MG).....	153	CVS RUBBER CUSHION.....	205
COSENTYX SENSOREADY PEN.....	153	cyanocobalamin.....	182
COSENTYX UNOREADY.....	153	cyclobenzaprine hcl.....	258
COTELLIC.....	103	CYCLOMYDRIL.....	265
COTEMPLA XR-ODT.....	9	cyclopentolate hcl.....	265
CREON.....	164	CYCLOPHOSPHAMIDE.....	108
CRINONE.....	291	cyclophosphamide.....	108
cromolyn sodium.....	47	CYCLOSERINE.....	98
CROMOLYN SODIUM.....	265	cyclosporine.....	251
cromolyn sodium (mastocytosis).....	171	cyclosporine (ophth).....	266
CRUTCH.....	204	cyclosporine modified (for microemulsion).....	251
CRUTCH ACCESSORY KIT.....	204	CYLTEZO (2 PEN).....	15
CRUTCH HANDGRIPS.....	205	CYLTEZO (2 SYRINGE).....	15
CRUTCH PILLOWS/ARM/HAND.....	205	CYLTEZO-CD/UC/HS STARTER.....	15
CRUTCH SET.....	205	CYLTEZO-PSORIASIS/UV STARTER.....	16
CRUTCH TIPS.....	205	CYMBALTA.....	69
CRUTCH UNDERARM PADS.....	205	cyproheptadine hcl.....	90
CRUTCH-MATE ADULT ARM.....	205	CYSTADROPS.....	268
CRUTCH-MATE ADULT FOREARM.....	205	CYSTAGON.....	177
CRUTCH-MATE ADULT HAND GRIP LG.....	205	CYSTARAN.....	268
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CTEXLI.....	171	dabigatran etexilate mesylate.....	54
CURITY ALCOHOL PREPS.....	190	dalfampridine.....	274
CURITY STERILE SALINE.....	177	danazol.....	35
CUSTOM-FLEX.....	205	dantrolene sodium.....	258,259
CVS ALCOHOL PREP PADS.....	190	dapagliflozin.....	83
CVS ALKALINE BATTERIES SIZE AA.....	205	dapagliflozin free base-metformin hcl.....	83
CVS CANE.....	205	dapsone.....	39
CVS CRUTCHES.....	205	dapsone (topical).....	150
CVS DIABETIC ORGANIZER.....	205	DAPTACEL.....	279
CVS EAR PLUGS.....	205	DAPTOMYCIN.....	38
CVS GEL GRIP FOLDING CANE.....	205	daptomycin.....	38

darifenacin hydrobromide	283	DEXCOM G6 TRANSMITTER	195
darunavir	125,126	DEXCOM G7 15 DAY SENSOR	195
dasatinib	101	DEXCOM G7 RECEIVER	195
DAYTRANA	9	DEXCOM G7 SENSOR	195
DAYVIGO	187	DEXEDRINE	7,8
DEEP-TISSUE	205	dexlansoprazole	281
deferasirox	85,86	dexmethylphenidate hcl	9
deferiprone	86	dextroamphetamine sulfate	8
DELSTRIGO	121	dextromethorphan polistirex	147
demeclocycline hcl	277	dextromethorphan-doxylamine-acetaminophen	147
DENTA 5000 PLUS	255	DEXTROSE	263,264
DENTAGEL	255	dextrose	264
DENTAL GUARD	205	dextrose in lactated ringers	248
DENTEK PROF-FIT DENTAL GUARD	206	dextrose w/ sodium chloride	248
DEPAKOTE	65	DEXTROSE-NACL	248
DEPAKOTE ER	65	DEXTROSE-SODIUM CHLORIDE	248
DEPAKOTE SPRINKLES	65	DIACOMIT	57
DEPO-SUBQ PROVERA 104	144	DIASTAT ACUDIAL	56
DESCOVY	121	DIASTAT PEDIATRIC	56
desipramine hcl	70	DIATHRIVE LANCING DEVICE	195
DESLORATADINE	89	DIATHRIVE PEN NEEDLE	227
desloratadine	89	DIAZEPAM	43
DESMOPRESSIN ACETATE	169	diazepam	43
desmopressin acetate	169	diazepam (anticonvulsant)	56
desmopressin acetate spray	169	DICLOFENAC EPOLAMINE	151
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