

LEGEND		
TIER	DESCRIPTION	
1	Preferred	
2	Non-Preferred	
3	Non-Preferred	
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.
AL1	Age Limit	This prescription drug may only be covered if you meet the minimum or maximum age limit.
F	Fertility	Covered under fertility rider
C	Custom	This drug has unique restrictions.
G	Glucometer	Must use manufacturer's voucher
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.
QLC	Quantity Limit (Custom)	There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.
ACA	Affordable Care Act	Affordable Care Act
OTC	Over the Counter	Over the Counter Items - covered with a valid prescription

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
ADHD AGENT - SELECTIVE ALPHA ADRENERGIC AGONISTS		
<i>clonidine hcl (adhd)</i>	1	QL 120 / 30 day(s)
<i>guanfacine hcl (adhd) (guanfacine hcl tab er 24hr 1 mg (base equiv), guanfacine hcl tab er 24hr 2 mg (base equiv), guanfacine hcl tab er 24hr 3 mg (base equiv), guanfacine hcl tab er 24hr 4 mg (base equiv))</i>	1	QL 30 / 30 day(s)
ADHD AGENT - SELECTIVE NOREPINEPHRINE REUPTAKE INHIBITOR		
<i>atomoxetine hcl (atomoxetine hcl cap 10 mg (base equiv), atomoxetine hcl cap 18 mg (base equiv), atomoxetine hcl cap 25 mg (base equiv), atomoxetine hcl cap 40 mg (base equiv))</i>	1	QL 60 / 30 day(s)
<i>atomoxetine hcl (atomoxetine hcl cap 60 mg (base equiv), atomoxetine hcl cap 80 mg (base equiv), atomoxetine hcl cap 100 mg (base equiv))</i>	1	QL 30 / 30 day(s)
AMPHETAMINE MIXTURES		
<i>amphetamine-dextroamphetamine (amphetamine-dextroamphetamine cap er 24hr 10 mg, amphetamine-dextroamphetamine cap er 24hr 15 mg, amphetamine-dextroamphetamine cap er 24hr 20 mg, amphetamine-dextroamphetamine cap er 24hr 25 mg, amphetamine-dextroamphetamine cap er 24hr 30 mg, amphetamine-dextroamphetamine cap er 24hr 5 mg)</i>	1	QL 30 / 30 day(s)
<i>amphetamine-dextroamphetamine (amphetamine-dextroamphetamine tab 5 mg, amphetamine-dextroamphetamine tab 7.5 mg, amphetamine-dextroamphetamine tab 10 mg, amphetamine-dextroamphetamine tab 12.5 mg, amphetamine-dextroamphetamine tab 15 mg, amphetamine-dextroamphetamine tab 30 mg)</i>	1	QL 60 / 30 day(s)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	QL 90 / 30 day(s)
AMPHETAMINES		
<i>dextroamphetamine sulfate (dextroamphetamine sulfate cap er 24hr 10 mg, dextroamphetamine sulfate cap er 24hr 15 mg)</i>	2	QL 120 / 30 day(s)
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	2	QL 90 / 30 day(s)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	1	QL 1800 / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>dextroamphetamine sulfate tab 10 mg</i>	1	QL 180 / 30 day(s)
<i>dextroamphetamine sulfate tab 5 mg</i>	1	QL 90 / 30 day(s)
<i>lisdexamfetamine dimesylate (lisdexamfetamine dimesylate cap 10 mg, lisdexamfetamine dimesylate cap 20 mg, lisdexamfetamine dimesylate cap 30 mg, lisdexamfetamine dimesylate cap 40 mg, lisdexamfetamine dimesylate cap 50 mg, lisdexamfetamine dimesylate cap 60 mg, lisdexamfetamine dimesylate cap 70 mg)</i>	1	QL 30 / 30 day(s)
ANALEPTICS		
<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	1	
ANOREXIANT COMBINATIONS		
QSYMIA	1	QL 30 / 30 days PA AL1 At least 12 yrs old
ANOREXIANTS NON-AMPHETAMINE		
<i>phentermine hcl (phentermine hcl cap 15 mg, phentermine hcl cap 30 mg, phentermine hcl cap 37.5 mg)</i>	1	QL 30 / 30 day(s) PA AL1 At least 17 yrs old
<i>phentermine hcl tab 37.5 mg</i>	1	QL 30 / 30 days PA AL1 At least 17 yrs old
ANTI-OBESITY - GLP-1 RECEPTOR AGONISTS		
SAXENDA	1	QL 15 / 30 days PA AL1 At least 12 yrs old
WEGOVY (WEGOVY 0.25 MG/0.5ML SOLN A-INJ, WEGOVY 0.5 MG/0.5ML SOLN A-INJ, WEGOVY 1 MG/0.5ML SOLN A-INJ)	1	PA AL1 At least 12 yrs old QLC 4/180 days
WEGOVY 1.7 MG/0.75ML SOLN A-INJ	1	PA AL1 At least 12 yrs old QLC 6/180 days
WEGOVY 2.4 MG/0.75ML SOLN A-INJ	1	QL 3 / 28 days PA AL1 At least 12 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTI-OBESITY AGENT COMBINATIONS		
CONTRAVE	1	QL PA 120 / 30 days
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)		
SUNOSI	2	QL PA AL1 30 / 30 day(s) At least 18 yrs old
STIMULANTS - MISC.		
armodafinil	1	QL 30 / 30 day(s)
dexmethylphenidate hcl (dexmethylphenidate hcl cap er 24 hr 10 mg, dexmethylphenidate hcl cap er 24 hr 15 mg, dexmethylphenidate hcl cap er 24 hr 20 mg, dexmethylphenidate hcl cap er 24 hr 25 mg, dexmethylphenidate hcl cap er 24 hr 30 mg, dexmethylphenidate hcl cap er 24 hr 35 mg, dexmethylphenidate hcl cap er 24 hr 40 mg, dexmethylphenidate hcl cap er 24 hr 5 mg)	1	QL 30 / 30 day(s)
dexmethylphenidate hcl (dexmethylphenidate hcl tab 2.5 mg, dexmethylphenidate hcl tab 5 mg, dexmethylphenidate hcl tab 10 mg)	1	QL 60 / 30 day(s)
methylphenidate hcl (methylphenidate hcl cap er 10 mg (cd), methylphenidate hcl cap er 20 mg (cd), methylphenidate hcl cap er 30 mg (cd), methylphenidate hcl cap er 40 mg (cd), methylphenidate hcl cap er 50 mg (cd), methylphenidate hcl cap er 60 mg (cd), methylphenidate hcl tab er osmotic release (osm) 18 mg, methylphenidate hcl tab er osmotic release (osm) 27 mg, methylphenidate hcl tab er osmotic release (osm) 54 mg)	1	QL 30 / 30 day(s)
methylphenidate hcl (methylphenidate hcl cap er 24hr 20 mg (la), methylphenidate hcl cap er 24hr 30 mg (la), methylphenidate hcl cap er 24hr 40 mg (la))	2	QL 30 / 30 day(s)
methylphenidate hcl (methylphenidate hcl chew tab 2.5 mg, methylphenidate hcl chew tab 5 mg)	2	QL 90 / 30 day(s)
methylphenidate hcl (methylphenidate hcl tab 5 mg, methylphenidate hcl tab 10 mg, methylphenidate hcl tab 20 mg, methylphenidate hcl tab er 10 mg, methylphenidate hcl tab er 20 mg)	1	QL 90 / 30 day(s)
methylphenidate hcl chew tab 10 mg	2	QL 180 / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
METHYLPHENIDATE HCL ER (METHYLPHENIDATE HCL ER 27 MG TAB ER 24H, METHYLPHENIDATE HCL ER 54 MG TAB ER 24H)	1	QL 30 / 30 days
METHYLPHENIDATE HCL ER 18 MG TAB ER 24H	1	QL 30 / 30 day(s)
METHYLPHENIDATE HCL ER 36 MG TAB ER 24H	1	QL 60 / 30 days
<i>methylphenidate hcl soln 10 mg/5ml</i>	1	QL 900 / 30 day(s)
<i>methylphenidate hcl soln 5 mg/5ml</i>	1	QL 450 / 30 day(s)
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	1	QL 60 / 30 day(s)
<i>modafinil (modafinil tab 100 mg, modafinil tab 200 mg)</i>	1	QL 30 / 30 day(s)
ALTERNATIVE MEDICINES		
ALTERNATIVE MEDICINE - CO'S		
CO Q-10 75 MG CAP	1	OTC Over the Counter
<i>coenzyme q10 (ubidecarenone) (coenzyme q10 cap 100 mg, coenzyme q10 cap 150 mg, coenzyme q10 cap 200 mg, coenzyme q10 cap 30 mg, coenzyme q10 cap 300 mg, coenzyme q10 cap 400 mg, coenzyme q10 cap 50 mg, coenzyme q10 cap 60 mg)</i>	1	OTC Over the Counter
ALTERNATIVE MEDICINE - KR'S		
<i>krill oil (*krill oil cap 300 mg***, *krill oil cap 350 mg***, *krill oil cap 500 mg***, krill oil 1000 mg cap)</i>	1	OTC Over the Counter
MEGARED OMEGA-3 KRILL OIL	1	OTC Over the Counter
OMEGA-3 KRILL OIL	1	OTC Over the Counter
ALTERNATIVE MEDICINE - ME'S		
<i>melatonin (melatonin tab 1 mg, melatonin tab 3 mg, melatonin tab 5 mg, melatonin tab 10 mg)</i>	1	OTC Over the Counter
AMINOGLYCOSIDES		
<i>neomycin sulfate tab 500 mg</i>	1	
<i>paromomycin sulfate cap 250 mg</i>	2	
<i>tobramycin (tobramycin nebu soln 300 mg/4ml, tobramycin nebu soln 300 mg/5ml)</i>	3	S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANALGESICS - ANTI-INFLAMMATORY		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
ADALIMUMAB-ADBIM (2 PEN) 40 MG/0.8ML AUT-IJ KIT	1	QL 2 / 28 days PA S
ADALIMUMAB-ADBIM (2 SYRINGE) (ADALIMUMAB-ADBIM (2 SYRINGE) 10 MG/0.2ML PREF SY KT, ADALIMUMAB-ADBIM (2 SYRINGE) 20 MG/0.4ML PREF SY KT, ADALIMUMAB-ADBIM (2 SYRINGE) 40 MG/0.8ML PREF SY KT)	1	QL 2 / 28 days PA S
ADALIMUMAB-ADBIM(CD/UC/HS STRT) 40 MG/0.8ML AUT-IJ KIT	1	PA S QLC 6 / 180 days
ADALIMUMAB-ADBIM(PS/UV STARTER) 40 MG/0.8ML AUT-IJ KIT	1	PA S QLC 4 / 180 days
ADALIMUMAB-FKJP (2 PEN)	1	QL 2 / 28 days PA S
ADALIMUMAB-FKJP (2 SYRINGE)	1	QL 2 / 28 days PA S
SIMPONI (SIMPONI 100 MG/ML SOLN A-INJ, SIMPONI 100 MG/ML SOLN PRSYR)	3	QL 1 / 28 day(s) PA S
ANTIRHEUMATIC - JANUS KINASE (JAK) INHIBITORS		
XELJANZ (XELJANZ 5 MG TAB, XELJANZ 10 MG TAB)	3	QL 60 / 30 day(s) PA S
XELJANZ 1 MG/ML SOLUTION	3	QL 240 / 30 day(s) PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XELJANZ XR	3	QL 30 / 30 day(s) PA S
CYCLOOXYGENASE 2 (COX-2) INHIBITORS		
<i>celecoxib (celecoxib cap 50 mg, celecoxib cap 200 mg)</i>	1	QL 60 / 30 day(s)
<i>celecoxib cap 100 mg</i>	1	QL 90 / 30 day(s)
<i>celecoxib cap 400 mg</i>	1	QL 30 / 30 day(s)
INTERLEUKIN-6 RECEPTOR INHIBITORS		
ACTEMRA 162 MG/0.9ML SOLN PRSYR	2	QL 3.6 / 28 day(s) PA S
ACTEMRA ACTPEN	2	QL 4 / 28 day(s) PA S
NONSTEROIDAL ANTI-INFLAMMATORY AGENT COMBINATIONS		
<i>diclofenac w/ misoprostol</i>	2	
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
ALEVE 220 MG TAB	1	OTC Over the Counter
<i>diclofenac potassium tab 50 mg</i>	1	
<i>diclofenac sodium (diclofenac sodium tab delayed release 25 mg, diclofenac sodium tab delayed release 50 mg, diclofenac sodium tab delayed release 75 mg)</i>	1	
<i>etodolac (etodolac cap 200 mg, etodolac cap 300 mg, etodolac tab 400 mg, etodolac tab 500 mg, etodolac tab er 24hr 400 mg, etodolac tab er 24hr 500 mg, etodolac tab er 24hr 600 mg)</i>	1	
<i>flurbiprofen tab 100 mg</i>	1	
<i>ibuprofen (ibuprofen chew tab 100 mg, ibuprofen susp 100 mg/5ml, ibuprofen tab 100 mg, ibuprofen tab 200 mg, ibuprofen tab 400 mg, ibuprofen tab 600 mg, ibuprofen tab 800 mg)</i>	1	
<i>indomethacin (indomethacin cap 25 mg, indomethacin cap 50 mg)</i>	1	
<i>indomethacin cap er 75 mg</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>meloxicam (meloxicam tab 7.5 mg, meloxicam tab 15 mg)</i>	1	QL 30 / 30 day(s)
<i>nabumetone (nabumetone tab 500 mg, nabumetone tab 750 mg)</i>	1	
<i>naproxen (naproxen tab 250 mg, naproxen tab 375 mg, naproxen tab 500 mg)</i>	1	
<i>naproxen sodium tab 220 mg</i>	1	OTC Over the Counter
<i>oxaprozin tab 600 mg</i>	2	
<i>piroxicam cap 10 mg</i>	1	AL1 Up to 75 yrs old
<i>piroxicam cap 20 mg</i>	1	
<i>sulindac (sulindac tab 150 mg, sulindac tab 200 mg)</i>	1	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA 10 & 20 & 30 MG TAB THPK	3	PA S QLC 55 / 180 day(s)
OTEZLA 30 MG TAB	3	QL 60 / 30 day(s) PA S
PYRIMIDINE SYNTHESIS INHIBITORS		
<i>leflunomide (leflunomide tab 10 mg, leflunomide tab 20 mg)</i>	1	
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA 125 MG/ML SOLN PRSYR	3	QL 4 / 28 day(s) PA S
ORENCIA 50 MG/0.4ML SOLN PRSYR	3	QL 1.6 / 28 day(s) PA S
ORENCIA 87.5 MG/0.7ML SOLN PRSYR	3	QL 2.8 / 28 day(s) PA S
ORENCIA CLICKJECT	3	QL 4 / 28 day(s) PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL (ENBREL 25 MG/0.5ML SOLUTION, ENBREL 50 MG/ML SOLN PRSYR)	3	QL 4 / 28 day(s) PA S
ENBREL 25 MG/0.5ML SOLN PRSYR	3	QL 2.04 / 28 day(s) PA S
ENBREL MINI	3	QL 4 / 28 day(s) PA S
ENBREL SURECLICK	3	QL 4 / 28 day(s) PA S
ANALGESICS - NONNARCOTIC		
ANALGESICS OTHER		
acetaminophen (acetaminophen disintegrating tab 80 mg, acetaminophen disintegrating tab 160 mg, acetaminophen susp 160 mg/5ml, acetaminophen tab 325 mg, acetaminophen tab 500 mg, acetaminophen tab er 650 mg)	1	OTC Over the Counter
ANALGESICS-SEDATIVES		
ALLZITAL	1	QL 180 / 30 day(s)
butalbital-acetaminophen-cafeine tab 50-325-40 mg	1	QL 180 / 30 day(s)
butalbital-aspirin-cafeine	1	QL 180 / 30 day(s)
SALICYLATES		
aspirin (aspirin chew tab 81 mg, aspirin tab 325 mg, aspirin tab delayed release 81 mg, aspirin tab delayed release 325 mg)	1	ACA Affordable Care Act OTC Over the Counter
diflunisal tab 500 mg	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANALGESICS - OPIOID		
CODEINE COMBINATIONS		
<i>acetaminophen w/ codeine (acetaminophen w/ codeine tab 300-15 mg, acetaminophen w/ codeine tab 300-30 mg)</i>	1	QL 360 / 30 day(s) AL1 At least 12 yrs old
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	1	QL 2700 / 30 day(s) AL1 At least 12 yrs old
<i>acetaminophen w/ codeine tab 300-60 mg</i>	1	QL 180 / 30 day(s) AL1 At least 12 yrs old
ACETAMINOPHEN-CODEINE	1	QL 2700 / 30 day(s) AL1 At least 12 yrs old
HYDROCODONE COMBINATIONS		
<i>hydrocodone-acetaminophen (hydrocodone-acetaminophen tab 7.5-325 mg, hydrocodone-acetaminophen tab 10-325 mg)</i>	1	QL 180 / 30 day(s)
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1	QL 3600 / 30 day(s)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1	QL 360 / 30 day(s)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	1	QL 150 / 30 day(s) AL1 At least 16 yrs old
OPIOID AGONISTS		
<i>fentanyl (fentanyl td patch 72hr 100 mcg/hr, fentanyl td patch 72hr 12 mcg/hr, fentanyl td patch 72hr 25 mcg/hr, fentanyl td patch 72hr 50 mcg/hr, fentanyl td patch 72hr 75 mcg/hr)</i>	2	QL 15 / 30 day(s) PA
<i>hydromorphone hcl (hydromorphone hcl tab 4 mg, hydromorphone hcl tab 8 mg)</i>	1	QL 180 / 30 day(s) AL1 At least 18 yrs old
<i>hydromorphone hcl tab 2 mg</i>	1	QL 180 / 30 day(s)
<i>methadone hcl (methadone hcl conc 10 mg/ml, methadone hcl tab 5 mg, methadone hcl tab 10 mg, methadone hcl tab for oral susp 40 mg)</i>	1	QL 90 / 30 day(s)
<i>methadone hcl soln 10 mg/5ml</i>	1	QL 450 / 30 day(s)
<i>methadone hcl soln 5 mg/5ml</i>	1	QL 900 / 30 day(s)
<i>morphine sulfate (morphine sulfate 15 mg tab, morphine sulfate tab 15 mg)</i>	1	QL 240 / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MORPHINE SULFATE (MORPHINE SULFATE 30 MG TAB, MORPHINE SULFATE TAB 30 MG)	1	QL AL1 180 / 30 day(s) At least 18 yrs old
<i>morphine sulfate (morphine sulfate tab er 15 mg, morphine sulfate tab er 30 mg, morphine sulfate tab er 60 mg, morphine sulfate tab er 100 mg, morphine sulfate tab er 200 mg)</i>	1	QL 90 / 30 day(s)
<i>oxycodone hcl (oxycodone hcl cap 5 mg, oxycodone hcl tab 5 mg)</i>	1	QL 360 / 30 day(s)
<i>oxycodone hcl (oxycodone hcl tab 15 mg, oxycodone hcl tab 20 mg, oxycodone hcl tab 30 mg)</i>	1	QL AL1 180 / 30 day(s) At least 18 yrs old
<i>oxycodone hcl tab 10 mg</i>	1	QL 180 / 30 day(s)
<i>oxymorphone hcl (oxymorphone hcl tab 5 mg, oxymorphone hcl tab 10 mg)</i>	2	QL AL1 180 / 30 day(s) At least 18 yrs old
<i>tramadol hcl (tramadol hcl tab er 24hr 100 mg, tramadol hcl tab er 24hr 200 mg, tramadol hcl tab er 24hr 300 mg)</i>	1	QL AL1 30 / 30 day(s) At least 18 yrs old
<i>tramadol hcl tab 50 mg</i>	1	QL AL1 240 / 30 day(s) At least 18 yrs old
OPIOID COMBINATIONS		
<i>oxycodone w/ acetaminophen (oxycodone w/ acetaminophen tab 2.5-325 mg, oxycodone w/ acetaminophen tab 5-325 mg)</i>	1	QL 360 / 30 day(s)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	QL 180 / 30 day(s)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1	QL 240 / 30 day(s)
OPIOID PARTIAL AGONISTS		
<i>buprenorphine hcl (buprenorphine hcl sl tab 2 mg (base equiv), buprenorphine hcl sl tab 8 mg (base equiv))</i>	1	QLC 15 / 90 day(s)
<i>buprenorphine hcl-naloxone hcl dihydrate (buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv), buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv), buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv), buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv))</i>	2	QL 90 / 30 day(s)
<i>buprenorphine hcl-naloxone hcl dihydrate (buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv), buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv))</i>	1	QL 90 / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRAMADOL COMBINATIONS		
<i>tramadol-acetaminophen</i>	1	QL 240 / 30 day(s) AL1 At least 18 yrs old
ANDROGENS-ANABOLIC		
ANABOLIC STEROIDS		
<i>oxandrolone (oxandrolone 2.5 mg tab, oxandrolone 10 mg tab, oxandrolone tab 2.5 mg, oxandrolone tab 10 mg)</i>	2	
ANDROGENS		
<i>danazol (danazol cap 50 mg, danazol cap 100 mg, danazol cap 200 mg)</i>	2	
<i>testosterone (testosterone 12.5 mg/act (1%) gel, testosterone td gel 12.5 mg/act (1%))</i>	1	QL 300 / 30 day(s)
<i>testosterone (testosterone td gel 25 mg/2.5gm (1%), testosterone td gel 40.5 mg/2.5gm (1.62%))</i>	2	QL 150 / 30 day(s)
<i>testosterone cypionate (testosterone cypionate im inj in oil 100 mg/ml, testosterone cypionate im inj in oil 200 mg/ml)</i>	1	QL 10 / 28 day(s)
TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION	1	QL 5 / 28 days
<i>testosterone td gel 20.25 mg/1.25gm (1.62%)</i>	2	QL 37.5 / 30 day(s)
<i>testosterone td gel 20.25 mg/act (1.62%)</i>	1	QL 150 / 30 day(s)
<i>testosterone td gel 50 mg/5gm (1%)</i>	2	QL 300 / 30 day(s)
<i>testosterone td soln 30 mg/act</i>	2	QL 180 / 30 day(s)
ANORECTAL AND RELATED PRODUCTS		
INTRARECTAL STEROIDS		
<i>hydrocortisone (intrarectal)</i>	1	
NITRATE VASODILATING AGENTS		
RECTIV	2	
RECTAL ANESTHETIC/STEROIDS		
PROCTOFOAM HC	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RECTAL COMBINATIONS - MISC.		
<i>phenylephrine-cocoa butter (phenylephrine-cocoa butter suppos 0.25-85.39%, phenylephrine-cocoa butter suppos 0.25-88.44%)</i>	1	OTC Over the Counter
<i>phenylephrine-mineral oil-petrolatum</i>	1	OTC Over the Counter
<i>phenylephrine-shark liver oil-cocoa butter</i>	1	OTC Over the Counter
<i>phenylephrine-witch hazel</i>	1	OTC Over the Counter
RECTAL LOCAL ANESTHETICS		
<i>lidocaine (anorectal)</i>	1	OTC Over the Counter
RECTAL STEROIDS		
<i>hydrocortisone (rectal)</i>	1	
<i>hydrocortisone acetate suppos 25 mg</i>	1	
ANTACIDS		
ANTACIDS - CALCIUM SALTS		
<i>calcium carbonate (antacid) chew tab 500 mg</i>	1	OTC Over the Counter
ANTHELMINTICS		
<i>albendazole tab 200 mg</i>	2	QL 120 / 30 day(s)
BENZNIDAZOLE	2	QL 1 / 60 day(s)
		AL1 2 to 12 yrs old
<i>ivermectin tab 3 mg</i>	1	PA
<i>praziquantel tab 600 mg</i>	2	
<i>pyrantel pamoate susp 144 mg/ml (50 mg/ml base equiv)</i>	1	OTC Over the Counter
ANTI-INFECTIVE AGENTS - MISC.		
<i>metronidazole (metronidazole cap 375 mg, metronidazole tab 250 mg, metronidazole tab 500 mg)</i>	1	
<i>pentamidine isethionate for nebulization soln 300 mg</i>	1	
<i>tinidazole (tinidazole tab 250 mg, tinidazole tab 500 mg)</i>	1	
<i>trimethoprim (trimethoprim 100 mg tab, trimethoprim tab 100 mg)</i>	1	
XIFAXAN 200 MG TAB	2	QL 9 / Rx

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XIFAXAN 550 MG TAB	2	QL 3 / day
ANTI-INFECTIVE MISC. - COMBINATIONS		
<i>sulfamethoxazole-trimethoprim (sulfamethoxazole-trimethoprim susp 200-40 mg/5ml, sulfamethoxazole-trimethoprim tab 400-80 mg, sulfamethoxazole-trimethoprim tab 800-160 mg)</i>	1	
ANTIPROTOZOAL AGENTS		
ALINIA 100 MG/5ML RECON SUSP	1	QL 300 / 90 day(s)
<i>atovaquone</i>	2	
NITAZOXANIDE (NITAZOXANIDE 500 MG TAB, NITAZOXANIDE TAB 500 MG)	2	QL 12 / 90 day(s)
GLYCOPEPTIDES		
FIRVANQ	1	
<i>vancomycin hcl (vancomycin hcl cap 125 mg (base equivalent), vancomycin hcl cap 250 mg (base equivalent), vancomycin hcl for oral soln 25 mg/ml (base equivalent), vancomycin hcl for oral soln 50 mg/ml (base equivalent))</i>	1	
LEPROSTATICS		
<i>dapsone (dapsone tab 25 mg, dapsone tab 100 mg)</i>	1	
LINCOSAMIDES		
<i>clindamycin hcl (clindamycin hcl cap 75 mg, clindamycin hcl cap 150 mg, clindamycin hcl cap 300 mg)</i>	1	QL 120 / 30 day(s)
<i>clindamycin palmitate hydrochloride</i>	1	QL 2100 / 30 day(s)
METHENAMINE COMBOS		
<i>methenamine-sodium salicylate</i>	1	OTC Over the Counter
MONOBACTAMS		
CAYSTON	3	S
OXAZOLIDINONES		
<i>linezolid for susp 100 mg/5ml</i>	2	QL 900 / 30 day(s)
<i>linezolid tab 600 mg</i>	2	QL 60 / 30 day(s)
URINARY ANTI-INFECTIVES		
<i>fosfomycin tromethamine</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>methenamine hippurate</i>	1	
<i>nitrofurantoin</i>	2	
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohyd macro</i>	1	
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
<i>ranolazine</i>	1	QL 60 / 30 day(s)
NITRATES		
<i>isosorbide dinitrate (isosorbide dinitrate tab 5 mg, isosorbide dinitrate tab 10 mg, isosorbide dinitrate tab 20 mg, isosorbide dinitrate tab 30 mg)</i>	1	
<i>isosorbide mononitrate (isosorbide mononitrate 10 mg tab, isosorbide mononitrate 20 mg tab, isosorbide mononitrate tab 10 mg, isosorbide mononitrate tab 20 mg, isosorbide mononitrate tab er 24hr 120 mg, isosorbide mononitrate tab er 24hr 30 mg, isosorbide mononitrate tab er 24hr 60 mg)</i>	1	
<i>nitroglycerin (nitroglycerin sl tab 0.3 mg, nitroglycerin sl tab 0.4 mg, nitroglycerin sl tab 0.6 mg, nitroglycerin td patch 24hr 0.1 mg/hr, nitroglycerin td patch 24hr 0.2 mg/hr, nitroglycerin td patch 24hr 0.4 mg/hr, nitroglycerin td patch 24hr 0.6 mg/hr)</i>	1	
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	2	
ANTIANXIETY AGENTS		
ANTIANXIETY AGENTS - MISC.		
<i>buspirone hcl (buspirone hcl tab 5 mg, buspirone hcl tab 10 mg, buspirone hcl tab 15 mg, buspirone hcl tab 30 mg)</i>	1	
<i>hydroxyzine hcl (hydroxyzine hcl syrup 10 mg/5ml, hydroxyzine hcl tab 10 mg, hydroxyzine hcl tab 25 mg, hydroxyzine hcl tab 50 mg)</i>	1	AL1 At least 2 yrs old
<i>hydroxyzine pamoate (hydroxyzine pamoate cap 25 mg, hydroxyzine pamoate cap 50 mg)</i>	1	AL1 At least 2 yrs old
BENZODIAZEPINES		
<i>alprazolam (alprazolam tab 0.25 mg, alprazolam tab 0.5 mg, alprazolam tab 1 mg)</i>	1	QL 120 / 30 day(s)
<i>alprazolam (alprazolam tab er 24hr 0.5 mg, alprazolam tab er 24hr 1 mg, alprazolam tab er 24hr 2 mg, alprazolam tab er 24hr 3 mg)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>alprazolam tab 2 mg</i>	1	QL 150 / 30 day(s)
<i>clorazepate dipotassium tab 15 mg</i>	1	QL 180 / 30 day(s)
<i>clorazepate dipotassium tab 3.75 mg</i>	1	QL 720 / 30 day(s)
<i>clorazepate dipotassium tab 7.5 mg</i>	1	QL 360 / 30 day(s)
<i>diazepam (diazepam conc 5 mg/ml, diazepam oral soln 1 mg/ml, diazepam tab 2 mg, diazepam tab 5 mg, diazepam tab 10 mg)</i>	1	
<i>lorazepam (lorazepam conc 2 mg/ml, lorazepam tab 2 mg)</i>	1	QL 150 / 30 day(s)
<i>lorazepam (lorazepam tab 0.5 mg, lorazepam tab 1 mg)</i>	1	QL 90 / 30 day(s)
<i>oxazepam</i>	1	QL 120 / 30 day(s)
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
<i>disopyramide phosphate</i>	1	
NORPACE CR	1	
<i>quinidine gluconate</i>	1	
QUINIDINE SULFATE	1	
ANTIARRHYTHMICS TYPE I-B		
<i>mexiletine hcl (mexiletine hcl cap 150 mg, mexiletine hcl cap 200 mg, mexiletine hcl cap 250 mg)</i>	1	
ANTIARRHYTHMICS TYPE I-C		
<i>flecainide acetate</i>	1	
<i>propafenone hcl (propafenone hcl cap er 12hr 225 mg, propafenone hcl cap er 12hr 325 mg, propafenone hcl cap er 12hr 425 mg, propafenone hcl tab 150 mg, propafenone hcl tab 225 mg, propafenone hcl tab 300 mg)</i>	1	
ANTIARRHYTHMICS TYPE III		
<i>amiodarone hcl (amiodarone hcl tab 100 mg, amiodarone hcl tab 200 mg, amiodarone hcl tab 400 mg)</i>	1	
<i>dofetilide</i>	1	
MULTAQ	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ADRENERGIC COMBINATIONS		
ADVAIR DISKUS	1	QL 60 / 30 day(s)
ADVAIR HFA	1	QL 12 / 30 day(s)
ANORO ELLIPTA	1	QL 60 / 30 day(s)
BREO ELLIPTA	1	QL 60 / 30 day(s)
BREZTRI AEROSPHERE	1	QL 10.7 / 30 day(s)
budesonide-formoterol fumarate dihydrate	1	QL 10.3 / 30 day(s)
COMBIVENT RESPIMAT	2	QL 8 / 30 day(s)
DULERA	1	QL 13 / 30 day(s)
ipratropium-albuterol	1	
STIOLTO RESPIMAT	1	QL 4 / 30 day(s)
TRELEGY ELLIPTA	1	QL 60 / 30 day(s)
ANTI-IGE MONOCLONAL ANTIBODIES		
XOLAIR (XOLAIR 75 MG/0.5ML SOLN A-INJ, XOLAIR 150 MG RECON SOLN, XOLAIR 150 MG/ML SOLN A-INJ, XOLAIR 300 MG/2ML SOLN A-INJ, XOLAIR 300 MG/2ML SOLN PRSYR)	1	PA
		AL1 At least 1 yrs old
		S
XOLAIR 150 MG/ML SOLN PRSYR	1	QL 5 / 30 day(s)
		PA
		AL1 At least 1 yrs old
		S
XOLAIR 75 MG/0.5ML SOLN PRSYR	1	QL 1.2 / 30 day(s)
		PA
		AL1 At least 1 yrs old
		S
ANTI-INFLAMMATORY AGENTS		
cromolyn sodium soln nebu 20 mg/2ml	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BETA ADRENERGICS		
<i>albuterol sulfate (albuterol sulfate soln nebu 0.083% (2.5 mg/3ml), albuterol sulfate soln nebu 0.5% (5 mg/ml), albuterol sulfate soln nebu 0.63 mg/3ml (base equiv), albuterol sulfate soln nebu 1.25 mg/3ml (base equiv))</i>	1	QL 540 / 30 day(s)
<i>albuterol sulfate (albuterol sulfate syrup 2 mg/5ml, albuterol sulfate tab 2 mg, albuterol sulfate tab 4 mg)</i>	1	
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	1	QL 36 / 30 day(s)
<i>arformoterol tartrate</i>	1	QL 120 / 30 day(s)
<i>levalbuterol hcl (levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv), levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv), levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv), levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv))</i>	1	
SEREVENT DISKUS	2	QL 60 / 30 day(s)
STRIVERDI RESPIMAT	2	QL 4 / 30 day(s)
<i>terbutaline sulfate (terbutaline sulfate tab 2.5 mg, terbutaline sulfate tab 5 mg)</i>	1	
VENTOLIN HFA	1	QL 36 / 30 day(s)
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA	2	QL 26 / 30 day(s)
INCRUSE ELLIPTA	1	QL 30 / 30 day(s)
<i>ipratropium bromide inhal soln 0.02%</i>	1	QL 375 / 30 day(s)
SPIRIVA HANDIHALER	1	QL 30 / 30 day(s)
SPIRIVA RESPIMAT	1	QL 4 / 30 day(s)
INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)		
FASENRA PEN	1	QL 1 / 56 day(s)
		PA
		AL1 At least 12 yrs old
		S
NUCALA (NUCALA 100 MG/ML SOLN A-INJ, NUCALA 100 MG/ML SOLN PRSYR)	1	QL 3 / 28 day(s)
		PA
		AL1 At least 12 yrs old
		S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
NUCALA 40 MG/0.4ML SOLN PRSYR	1	QL	0.4 / 28 days
		PA	
		AL1	At least 6 yrs old
		S	
LEUKOTRIENE RECEPTOR ANTAGONISTS			
montelukast sodium (montelukast sodium chew tab 4 mg (base equiv), montelukast sodium chew tab 5 mg (base equiv), montelukast sodium oral granules packet 4 mg (base equiv), montelukast sodium tab 10 mg (base equiv))	1	QL	30 / 30 day(s)
zafirlukast	1	QL	60 / 30 day(s)
STEROID INHALANTS			
ARNUITY ELLIPTA	1	QL	30 / 30 day(s)
ASMANEX (120 METERED DOSES)	1	QL	1 / 30 day(s)
ASMANEX (30 METERED DOSES)	1	QL	1 / 30 day(s)
ASMANEX (60 METERED DOSES)	1	QL	1 / 30 day(s)
ASMANEX HFA (ASMANEX HFA 100 MCG/ACT AEROSOL, ASMANEX HFA 200 MCG/ACT AEROSOL)	1	QL	13 / 30 day(s)
budesonide (inhalation)	1	QL	120 / 30 day(s)
FLOVENT DISKUS (FLOVENT DISKUS 50 MCG/ACT AER POW BA, FLOVENT DISKUS 100 MCG/ACT AER POW BA)	1	QL	60 / 30 day(s)
FLOVENT DISKUS 250 MCG/ACT AER POW BA	1	QL	240 / 30 day(s)
FLOVENT HFA 110 MCG/ACT AEROSOL	1	QL	12 / 30 day(s)
FLOVENT HFA 220 MCG/ACT AEROSOL	1	QL	24 / 30 day(s)
FLOVENT HFA 44 MCG/ACT AEROSOL	1	QL	10.6 / 30 day(s)
FLUTICASONE PROPIONATE DISKUS (FLUTICASONE PROPIONATE DISKUS 50 MCG/ACT AER POW BA, FLUTICASONE PROPIONATE DISKUS 100 MCG/ACT AER POW BA)	1	QL	60 / 30 day(s)
FLUTICASONE PROPIONATE DISKUS 250 MCG/ACT AER POW BA	1	QL	240 / 30 day(s)
FLUTICASONE PROPIONATE HFA 110 MCG/ACT AEROSOL	1	QL	12 / 30 day(s)
FLUTICASONE PROPIONATE HFA 220 MCG/ACT AEROSOL	1	QL	24 / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FLUTICASONE PROPIONATE HFA 44 MCG/ACT AEROSOL	1	QL 10.6 / 30 day(s)
QVAR REDIHALER 40 MCG/ACT AERO BA	1	QL 10.6 / 30 day(s)
QVAR REDIHALER 80 MCG/ACT AERO BA	1	QL 21.2 / 30 day(s)
XANTHINES		
<i>theophylline (theophylline elixir 80 mg/15ml, theophylline soln 80 mg/15ml, theophylline tab er 24hr 400 mg, theophylline tab er 24hr 600 mg)</i>	1	
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
<i>warfarin sodium (warfarin sodium tab 1 mg, warfarin sodium tab 2 mg, warfarin sodium tab 2.5 mg, warfarin sodium tab 3 mg, warfarin sodium tab 4 mg, warfarin sodium tab 5 mg, warfarin sodium tab 6 mg, warfarin sodium tab 7.5 mg, warfarin sodium tab 10 mg)</i>	1	
DIRECT FACTOR XA INHIBITORS		
ELIQUIS 2.5 MG TAB	1	QL 60 / 30 day(s)
ELIQUIS 5 MG TAB	1	QL 74 / 30 day(s)
ELIQUIS DVT/PE STARTER PACK	1	QLC 74 / 180 day(s)
XARELTO (XARELTO 10 MG TAB, XARELTO 20 MG TAB)	1	QL 30 / 30 day(s)
XARELTO (XARELTO 2.5 MG TAB, XARELTO 15 MG TAB)	1	QL 60 / 30 day(s)
XARELTO 1 MG/ML RECON SUSP	1	QL 620 / 30 days
XARELTO STARTER PACK	1	QL 51 / 30 day(s)
HEPARINS AND HEPARINOID-LIKE AGENTS		
<i>heparin sodium (porcine) (heparin sodium (porcine) inj 1000 unit/ml, heparin sodium (porcine) inj 5000 unit/ml, heparin sodium (porcine) inj 10000 unit/ml, heparin sodium (porcine) inj 20000 unit/ml, heparin sodium (porcine) pf inj 1000 unit/ml, heparin sodium (porcine) pf inj 5000 unit/0.5ml)</i>	1	
HEPARIN SODIUM (PORCINE) PF	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LOW MOLECULAR WEIGHT HEPARINS		
<i>enoxaparin sodium (enoxaparin sodium inj soln pref syr 30 mg/0.3ml, enoxaparin sodium inj soln pref syr 40 mg/0.4ml, enoxaparin sodium inj soln pref syr 60 mg/0.6ml, enoxaparin sodium inj soln pref syr 80 mg/0.8ml, enoxaparin sodium inj soln pref syr 100 mg/ml, enoxaparin sodium inj soln pref syr 120 mg/0.8ml, enoxaparin sodium inj soln pref syr 150 mg/ml)</i>	1	
<i>enoxaparin sodium inj 300 mg/3ml</i>	1	QLC 30 / 90 day(s)
FRAGMIN (FRAGMIN 2500 UNIT/0.2ML SOLN PRSYR, FRAGMIN 5000 UNIT/0.2ML SOLN PRSYR, FRAGMIN 7500 UNIT/0.3ML SOLN PRSYR, FRAGMIN 10000 UNIT/ML SOLN PRSYR, FRAGMIN 12500 UNIT/0.5ML SOLN PRSYR, FRAGMIN 15000 UNIT/0.6ML SOLN PRSYR, FRAGMIN 18000 UNT/0.72ML SOLN PRSYR)	2	
FRAGMIN 95000 UNIT/3.8ML SOLUTION	2	QLC 38 / 90 day(s)
SYNTHETIC HEPARINOID-LIKE AGENTS		
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	2	QLC 24 / 90 day(s)
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	2	QLC 15 / 90 day(s)
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	2	QLC 12 / 90 day(s)
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	2	QLC 18 / 90 day(s)
THROMBIN INHIBITORS - SELECTIVE DIRECT & REVERSIBLE		
<i>dabigatran etexilate mesylate (dabigatran etexilate mesylate cap 75 mg (etexilate base eq), dabigatran etexilate mesylate cap 150 mg (etexilate base eq))</i>	1	QL 60 / 30 day(s)
ANTICONVULSANTS		
ANTICONVULSANTS - BENZODIAZEPINES		
<i>clobazam (clobazam suspension 2.5 mg/ml, clobazam tab 10 mg, clobazam tab 20 mg)</i>	1	
<i>clonazepam (clonazepam orally disintegrating tab 0.125 mg, clonazepam orally disintegrating tab 0.25 mg, clonazepam orally disintegrating tab 0.5 mg, clonazepam orally disintegrating tab 1 mg, clonazepam tab 0.5 mg, clonazepam tab 1 mg)</i>	1	QL 90 / 30 day(s)
<i>clonazepam (clonazepam orally disintegrating tab 2 mg, clonazepam tab 2 mg)</i>	1	QL 300 / 30 day(s)
DIASTAT PEDIATRIC	2	QL 2.1 / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>diazepam (anticonvulsant) (diazepam rectal gel delivery system 10 mg, diazepam rectal gel delivery system 20 mg)</i>	1	
ANTICONVULSANTS - MISC.		
<i>carbamazepine (carbamazepine cap er 12hr 100 mg, carbamazepine cap er 12hr 200 mg, carbamazepine cap er 12hr 300 mg, carbamazepine chew tab 100 mg, carbamazepine susp 100 mg/5ml, carbamazepine tab 200 mg, carbamazepine tab er 12hr 100 mg, carbamazepine tab er 12hr 200 mg, carbamazepine tab er 12hr 400 mg)</i>	1	
DIACOMIT	3	QL S 60 / 30 day(s)
EPIDIOLEX	3	PA S
<i>gabapentin (gabapentin cap 100 mg, gabapentin cap 300 mg, gabapentin cap 400 mg)</i>	1	QL 270 / 30 day(s)
<i>gabapentin oral soln 250 mg/5ml</i>	1	QL 2160 / 30 day(s)
<i>gabapentin tab 600 mg</i>	1	QL 180 / 30 day(s)
<i>gabapentin tab 800 mg</i>	1	QL 150 / 30 day(s)
<i>lacosamide (lacosamide oral solution 10 mg/ml, lacosamide tab 50 mg, lacosamide tab 100 mg, lacosamide tab 150 mg, lacosamide tab 200 mg)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
lamotrigine (lamotrigine tab 25 mg, lamotrigine tab 25 mg (42) & 100 mg (7) starter kit, lamotrigine tab 35 x 25 mg starter kit, lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit, lamotrigine tab 100 mg, lamotrigine tab 150 mg, lamotrigine tab 200 mg, lamotrigine tab chewable dispersible 5 mg, lamotrigine tab chewable dispersible 25 mg, lamotrigine tab er 24hr 100 mg, lamotrigine tab er 24hr 200 mg, lamotrigine tab er 24hr 25 mg, lamotrigine tab er 24hr 250 mg, lamotrigine tab er 24hr 300 mg, lamotrigine tab er 24hr 50 mg)	1	
levetiracetam (levetiracetam tab 250 mg, levetiracetam tab 500 mg, levetiracetam tab 750 mg, levetiracetam tab 1000 mg, levetiracetam tab er 24hr 500 mg, levetiracetam tab er 24hr 750 mg)	1	
levetiracetam oral soln 100 mg/ml	1	QL 946 / 30 day(s)
oxcarbazepine (oxcarbazepine susp 300 mg/5ml (60 mg/ml), oxcarbazepine tab 150 mg, oxcarbazepine tab 300 mg, oxcarbazepine tab 600 mg)	1	
pregabalin (pregabalin cap 225 mg, pregabalin cap 300 mg)	1	QL 60 / 30 day(s)
pregabalin (pregabalin cap 25 mg, pregabalin cap 50 mg, pregabalin cap 75 mg, pregabalin cap 100 mg, pregabalin cap 150 mg, pregabalin cap 200 mg)	1	QL 90 / 30 day(s)
pregabalin soln 20 mg/ml	1	QL 900 / 30 day(s)
primidone (primidone tab 50 mg, primidone tab 250 mg)	1	
rufinamide (rufinamide susp 40 mg/ml, rufinamide tab 200 mg, rufinamide tab 400 mg)	1	
topiramate (topiramate cap er 24hr sprinkle 100 mg, topiramate cap er 24hr sprinkle 150 mg, topiramate cap er 24hr sprinkle 25 mg, topiramate cap er 24hr sprinkle 50 mg)	1	QL 30 / 30 day(s) PA
topiramate (topiramate sprinkle cap 15 mg, topiramate sprinkle cap 25 mg, topiramate tab 25 mg, topiramate tab 50 mg, topiramate tab 100 mg, topiramate tab 200 mg)	1	
topiramate cap er 24hr sprinkle 200 mg	1	QL 60 / 30 day(s) PA
zonisamide (zonisamide cap 25 mg, zonisamide cap 50 mg, zonisamide cap 100 mg)	1	
CARBAMATES		
felbamate (felbamate susp 600 mg/5ml, felbamate tab 400 mg, felbamate tab 600 mg)	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GABA MODULATORS		
<i>tiagabine hcl (tiagabine hcl tab 2 mg, tiagabine hcl tab 4 mg, tiagabine hcl tab 12 mg, tiagabine hcl tab 16 mg)</i>	1	
<i>vigabatrin</i>	3	QL S 180 / 30 day(s)
HYDANTOINS		
<i>DILANTIN 30 MG CAP</i>	1	
<i>phenytoin (phenytoin chew tab 50 mg, phenytoin susp 125 mg/5ml)</i>	1	
<i>phenytoin sodium extended (phenytoin sodium extended cap 100 mg, phenytoin sodium extended cap 200 mg, phenytoin sodium extended cap 300 mg)</i>	1	
SUCCINIMIDES		
<i>ethosuximide (ethosuximide cap 250 mg, ethosuximide soln 250 mg/5ml)</i>	1	
VALPROIC ACID		
<i>divalproex sodium (divalproex sodium cap delayed release sprinkle 125 mg, divalproex sodium tab delayed release 125 mg, divalproex sodium tab delayed release 250 mg, divalproex sodium tab delayed release 500 mg, divalproex sodium tab er 24 hr 250 mg, divalproex sodium tab er 24 hr 500 mg)</i>	1	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	1	
<i>valproic acid cap 250 mg</i>	1	
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
<i>mirtazapine (mirtazapine orally disintegrating tab 15 mg, mirtazapine orally disintegrating tab 30 mg, mirtazapine orally disintegrating tab 45 mg, mirtazapine tab 7.5 mg, mirtazapine tab 15 mg, mirtazapine tab 30 mg, mirtazapine tab 45 mg)</i>	1	
ANTIDEPRESSANTS - MISC.		
<i>bupropion hcl (bupropion hcl tab 75 mg, bupropion hcl tab 100 mg, bupropion hcl tab er 24hr 150 mg)</i>	1	
<i>bupropion hcl (bupropion hcl tab er 12hr 100 mg, bupropion hcl tab er 12hr 150 mg, bupropion hcl tab er 12hr 200 mg)</i>	1	QL 60 / 30 day(s)
<i>BUPROPION HCL ER (XL)</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>bupropion hcl tab er 24hr 300 mg</i>	1	QL 30 / 30 day(s)
FORFIVO XL	2	
GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID		
ZURZUVAE (ZURZUVAE 20 MG CAP, ZURZUVAE 25 MG CAP)	1	PA S QLC 28 / 365 days
ZURZUVAE 30 MG CAP	1	PA S QLC 14 / 365 days
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
PHENELZINE SULFATE 15 MG TAB	1	QL 180 / 30 day(s)
<i>tranylcypromine sulfate</i>	1	QL 180 / 30 day(s)
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
<i>citalopram hydrobromide (citalopram hydrobromide tab 10 mg (base equiv), citalopram hydrobromide tab 20 mg (base equiv), citalopram hydrobromide tab 40 mg (base equiv))</i>	1	
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	1	QL 600 / 30 day(s)
<i>escitalopram oxalate (escitalopram oxalate tab 5 mg (base equiv), escitalopram oxalate tab 10 mg (base equiv), escitalopram oxalate tab 20 mg (base equiv))</i>	1	
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	1	QL 600 / 30 day(s)
<i>fluoxetine hcl (fluoxetine hcl cap 10 mg, fluoxetine hcl cap 20 mg, fluoxetine hcl cap 40 mg)</i>	1	
<i>fluoxetine hcl solution 20 mg/5ml</i>	1	QL 600 / 30 day(s)
<i>fluvoxamine maleate (fluvoxamine maleate tab 25 mg, fluvoxamine maleate tab 50 mg, fluvoxamine maleate tab 100 mg)</i>	1	
<i>paroxetine hcl (paroxetine hcl tab 10 mg, paroxetine hcl tab 20 mg, paroxetine hcl tab 30 mg, paroxetine hcl tab 40 mg, paroxetine hcl tab er 24hr 12.5 mg, paroxetine hcl tab er 24hr 25 mg, paroxetine hcl tab er 24hr 37.5 mg)</i>	1	
<i>sertraline hcl (sertraline hcl tab 25 mg, sertraline hcl tab 50 mg, sertraline hcl tab 100 mg)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	1	QL 300 / 30 day(s)
SEROTONIN MODULATORS		
<i>trazodone hcl (trazodone hcl tab 50 mg, trazodone hcl tab 100 mg, trazodone hcl tab 150 mg)</i>	1	
<i>vilazodone hcl</i>	1	QL 30 / 30 day(s)
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
<i>desvenlafaxine succinate</i>	1	
<i>duloxetine hcl (duloxetine hcl enteric coated pellets cap 20 mg (base eq), duloxetine hcl enteric coated pellets cap 30 mg (base eq), duloxetine hcl enteric coated pellets cap 60 mg (base eq))</i>	1	
<i>venlafaxine hcl (venlafaxine hcl cap er 24hr 150 mg (base equivalent), venlafaxine hcl cap er 24hr 37.5 mg (base equivalent), venlafaxine hcl cap er 24hr 75 mg (base equivalent), venlafaxine hcl tab 25 mg (base equivalent), venlafaxine hcl tab 37.5 mg (base equivalent), venlafaxine hcl tab 50 mg (base equivalent), venlafaxine hcl tab 75 mg (base equivalent), venlafaxine hcl tab 100 mg (base equivalent))</i>	1	
TRICYCLIC AGENTS		
<i>amitriptyline hcl (amitriptyline hcl tab 10 mg, amitriptyline hcl tab 25 mg, amitriptyline hcl tab 50 mg, amitriptyline hcl tab 75 mg, amitriptyline hcl tab 100 mg, amitriptyline hcl tab 150 mg)</i>	1	
<i>clomipramine hcl (clomipramine hcl cap 25 mg, clomipramine hcl cap 50 mg, clomipramine hcl cap 75 mg)</i>	1	
<i>desipramine hcl (desipramine hcl tab 10 mg, desipramine hcl tab 25 mg, desipramine hcl tab 50 mg, desipramine hcl tab 75 mg, desipramine hcl tab 100 mg, desipramine hcl tab 150 mg)</i>	1	
<i>doxepin hcl (doxepin hcl cap 10 mg, doxepin hcl cap 25 mg, doxepin hcl cap 50 mg, doxepin hcl cap 75 mg, doxepin hcl cap 100 mg, doxepin hcl cap 150 mg, doxepin hcl conc 10 mg/ml)</i>	1	
<i>imipramine hcl (imipramine hcl tab 10 mg, imipramine hcl tab 25 mg, imipramine hcl tab 50 mg)</i>	1	
<i>nortriptyline hcl (nortriptyline hcl cap 10 mg, nortriptyline hcl cap 25 mg, nortriptyline hcl cap 50 mg, nortriptyline hcl cap 75 mg)</i>	1	
<i>trimipramine maleate (trimipramine maleate cap 25 mg, trimipramine maleate cap 50 mg, trimipramine maleate cap 100 mg)</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
<i>acarbose tab 100 mg</i>	1	QL 90 / 30 day(s)
<i>acarbose tab 25 mg</i>	1	QL 360 / 30 day(s)
<i>acarbose tab 50 mg</i>	1	QL 180 / 30 day(s)
<i>miglitol (miglitol 25 mg tab, miglitol 50 mg tab, miglitol 100 mg tab, miglitol tab 25 mg, miglitol tab 50 mg, miglitol tab 100 mg)</i>	1	QL 90 / 30 day(s)
BIGUANIDES		
<i>metformin hcl (metformin hcl oral soln 500 mg/5ml, metformin hcl tab 500 mg, metformin hcl tab 850 mg, metformin hcl tab 1000 mg)</i>	1	
<i>metformin hcl tab er 24hr 500 mg</i>	1	QL 120 / 30 day(s)
<i>metformin hcl tab er 24hr 750 mg</i>	1	QL 60 / 30 day(s)
DIABETIC OTHER		
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	
CVS GLUCOSE 4 GM CHEW TAB	1	OTC Over the Counter
CVS SOFT GLUCOSE	1	OTC Over the Counter
DEX4 QUICK DISSOLVE GLUCOSE	1	OTC Over the Counter
<i>diazoxide susp 50 mg/ml</i>	2	
GLUCAGON EMERGENCY 1 MG KIT	1	
GLUCAGON EMERGENCY 1 MG/ML RECON SOLN	2	
GLUCO TO GO	1	OTC Over the Counter
GLUCOSE 4 GM CHEW TAB	1	OTC Over the Counter
<i>glucose gel 40%</i>	1	OTC Over the Counter
GNP GLUCOSE 4 GM CHEW TAB	1	OTC Over the Counter
GNP QUICK DISSOLVE GLUCOSE	1	OTC Over the Counter
LEADER QUICK DISSOLVE GLUCOSE	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SM GLUCOSE 4 GM CHEW TAB	1	OTC Over the Counter
TRUEPLUS GLUCOSE 4 GM CHEW TAB	1	OTC Over the Counter
TRUEPLUS GLUCOSE ON THE GO	1	OTC Over the Counter
WALGREENS GLUCOSE 4 GM CHEW TAB	1	OTC Over the Counter
DIABETIC OTHER - COMBINATIONS		
CVS GLUCOSE 4-6 GM-MG CHEW TAB	1	OTC Over the Counter
DEX4	1	OTC Over the Counter
DEX4 GLUCOSE 4-6 GM-MG CHEW TAB	1	OTC Over the Counter
DEX4 NATURALS	1	OTC Over the Counter
DEX4 POUCH PACK	1	OTC Over the Counter
GLUCOSE 4-6 GM-MG CHEW TAB	1	OTC Over the Counter
GLUCOSE INSTANT ENERGY	1	OTC Over the Counter
GNP GLUCOSE 4-6 GM-MG CHEW TAB	1	OTC Over the Counter
GOODSENSE GLUCOSE	1	OTC Over the Counter
HY-VEE GLUCOSE	1	OTC Over the Counter
KROGER GLUCOSE	1	OTC Over the Counter
LEADER GLUCOSE	1	OTC Over the Counter
LONGS GLUCOSE	1	OTC Over the Counter
MEIJER GLUCOSE	1	OTC Over the Counter
PREFERRED PLUS GLUCOSE	1	OTC Over the Counter
PX GLUCOSE	1	OTC Over the Counter
RA GLUCOSE	1	OTC Over the Counter
RELION GLUCOSE	1	OTC Over the Counter
SM GLUCOSE 4-6 GM-MG CHEW TAB	1	OTC Over the Counter
SMART SENSE GLUCOSE	1	OTC Over the Counter
TGT GLUCOSE	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
UP & UP GLUCOSE	1	OTC Over the Counter
VALUE PLUS GLUCOSE	1	OTC Over the Counter
WALGREENS GLUCOSE 4-6 GM-MG CHEW TAB	1	OTC Over the Counter
DIIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
JANUVIA	1	QL 30 / 30 day(s)
DIIPEPTIDYL PEPTIDASE-4 INHIBITOR-BIGUANIDE COMBINATIONS		
JANUMET	1	QL 60 / 30 day(s)
JANUMET XR (JANUMET XR 50-500 MG TAB ER 24H, JANUMET XR 100-1000 MG TAB ER 24H)	1	QL 30 / 30 day(s)
JANUMET XR 50-1000 MG TAB ER 24H	1	QL 60 / 30 day(s)
HUMAN INSULIN		
FIASP	2	QL 100 / 30 day(s)
FIASP FLEXTOUCH	2	QL 100 / 30 day(s)
FIASP PENFILL	2	QL 100 / 30 day(s)
FIASP PUMPCART	2	QL 100 / 30 day(s)
HUMULIN R U-500 (CONCENTRATED)	2	QL 100 / 30 day(s)
HUMULIN R U-500 KWIKPEN	2	QL 100 / 30 day(s)
INSULIN GLARGINE MAX SOLOSTAR	2	QL 100 / 30 days
INSULIN GLARGINE SOLOSTAR 300 UNIT/ML SOLN PEN	2	QL 100 / 30 days
LEVEMIR	2	QL 100 / 30 day(s)
LEVEMIR FLEXPEN	2	QL 100 / 30 day(s)
LEVEMIR FLEXTOUCH	2	QL 100 / 30 day(s)
NOVOLIN 70/30	2	QL 100 / 30 day(s) OTC Over the Counter
NOVOLIN 70/30 FLEXPEN	2	QL 100 / 30 day(s) OTC Over the Counter
NOVOLIN N	2	QL 100 / 30 day(s) OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NOVOLIN N FLEXPEN	2	QL 100 / 30 day(s) OTC Over the Counter
NOVOLIN R	2	QL 100 / 30 day(s) OTC Over the Counter
NOVOLIN R FLEXPEN	2	QL 100 / 30 day(s) OTC Over the Counter
NOVOLOG	1	QL 100 / 30 day(s)
NOVOLOG FLEXPEN	1	QL 100 / 30 day(s)
NOVOLOG MIX 70/30	2	QL 100 / 30 day(s)
NOVOLOG MIX 70/30 FLEXPEN	2	QL 100 / 30 day(s)
NOVOLOG PENFILL	2	QL 100 / 30 day(s)
SEMGLEE (YFGN)	1	QL 100 / 30 day(s)
TOUJEO MAX SOLOSTAR	1	QL 100 / 30 days
TOUJEO SOLOSTAR	1	QL 100 / 30 days
INCRETIN MIMETIC AGENTS (GIP & GLP-1 RECEPTOR AGONISTS)		
MOUNJARO	1	QL 2 / 28 day(s) PA
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/1.5ML SOLN PEN	1	QL 1.5 / 28 day(s) PA
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	1	QL 3 / 28 day(s) PA
OZEMPIC (1 MG/DOSE)	1	QL 3 / 28 days PA
OZEMPIC (2 MG/DOSE)	1	QL 3 / 28 day(s) PA
RYBELSUS	1	QL 30 / 30 day(s) PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRULICITY	1	QL 2 / 28 day(s) PA
MEGLITINIDE ANALOGUES		
<i>nateglinide</i>	1	QL 90 / 30 day(s)
<i>repaglinide (repaglinide tab 0.5 mg, repaglinide tab 1 mg)</i>	1	QL 120 / 30 day(s)
<i>repaglinide tab 2 mg</i>	1	QL 240 / 30 day(s)
SGLT2 INHIBITOR - DPP-4 INHIBITOR - BIGUANIDE COMB		
TRIJARDY XR (TRIJARDY XR 10-5-1000 MG TAB ER 24H, TRIJARDY XR 25-5-1000 MG TAB ER 24H)	1	QL 30 / 30 day(s)
TRIJARDY XR (TRIJARDY XR 5-2.5-1000 MG TAB ER 24H, TRIJARDY XR 12.5-2.5-1000 MG TAB ER 24H)	1	QL 60 / 30 day(s)
SGLT2 INHIBITOR - DPP-4 INHIBITOR COMBINATIONS		
GLYXAMBI	1	QL 30 / 30 day(s)
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
DAPAGLIFLOZIN PROPANEDIOL	1	QL 30 / 30 day(s)
FARXIGA	1	QL 30 / 30 day(s)
JARDIANCE	1	QL 30 / 30 day(s)
SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB		
SYNJARDY	1	QL 60 / 30 day(s)
SYNJARDY XR (SYNJARDY XR 5-1000 MG TAB ER 24H, SYNJARDY XR 10-1000 MG TAB ER 24H, SYNJARDY XR 12.5-1000 MG TAB ER 24H)	1	QL 60 / 30 day(s)
SYNJARDY XR 25-1000 MG TAB ER 24H	1	QL 30 / 30 day(s)
XIGDUO XR (XIGDUO XR 2.5-1000 MG TAB ER 24H, XIGDUO XR 5-500 MG TAB ER 24H, XIGDUO XR 10-1000 MG TAB ER 24H, XIGDUO XR 10-500 MG TAB ER 24H)	1	QL 30 / 30 day(s)
XIGDUO XR 5-1000 MG TAB ER 24H	1	QL 60 / 30 day(s)
SULFONYLUREA-BIGUANIDE COMBINATIONS		
<i>glipizide-metformin hcl (glipizide-metformin hcl tab 2.5-500 mg, glipizide-metformin hcl tab 5-500 mg)</i>	1	QL 120 / 30 day(s)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	QL 240 / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>glyburide-metformin (glyburide-metformin tab 2.5-500 mg, glyburide-metformin tab 5-500 mg)</i>	1	QL 120 / 30 day(s)
<i>glyburide-metformin tab 1.25-250 mg</i>	1	QL 240 / 30 day(s)
SULFONYLUREAS		
<i>glimepiride (glimepiride tab 1 mg, glimepiride tab 2 mg, glimepiride tab 4 mg)</i>	1	
<i>glipizide (glipizide tab 5 mg, glipizide tab 10 mg, glipizide tab er 24hr 10 mg, glipizide tab er 24hr 2.5 mg, glipizide tab er 24hr 5 mg)</i>	1	
<i>glyburide (glyburide tab 1.25 mg, glyburide tab 2.5 mg, glyburide tab 5 mg)</i>	1	
GLYBURIDE MICRONIZED	1	
THIAZOLIDINEDIONE-BIGUANIDE COMBINATIONS		
<i>pioglitazone hcl-metformin hcl</i>	1	QL 90 / 30 day(s)
THIAZOLIDINEDIONES		
<i>pioglitazone hcl</i>	1	QL 30 / 30 day(s)
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.		
<i>bismuth subsalicylate (bismuth subsalicylate susp 262 mg/15ml, bismuth subsalicylate tab 262 mg)</i>	1	OTC Over the Counter
ANTIPERISTALTIC AGENTS		
ANTI-DIARRHEAL	1	OTC Over the Counter
<i>diphenoxylate w/ atropine</i>	1	
<i>loperamide hcl (loperamide hcl cap 2 mg, loperamide hcl tab 2 mg)</i>	1	OTC Over the Counter
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTES - CHELATING AGENTS		
CHEMET	2	
<i>deferasirox (deferasirox tab 90 mg, deferasirox tab 180 mg, deferasirox tab for oral susp 125 mg, deferasirox tab for oral susp 250 mg, deferasirox tab for oral susp 500 mg)</i>	2	S
<i>deferasirox tab 360 mg</i>	1	S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>deferiprone tab 500 mg</i>	2	S
FERRIPROX (FERRIPROX 100 MG/ML SOLUTION, FERRIPROX 1000 MG TAB)	3	S
OPIOID ANTAGONISTS		
<i>naloxone hcl (naloxone hcl inj 0.4 mg/ml, naloxone hcl inj 4 mg/10ml, naloxone hcl soln prefilled syringe 2 mg/2ml)</i>	1	
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	1	QL 2 / rx OTC Over the Counter
<i>naltrexone hcl tab 50 mg</i>	1	
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
<i>granisetron hcl tab 1 mg</i>	2	QL 14 / 30 day(s)
<i>ondansetron (ondansetron orally disintegrating tab 4 mg, ondansetron orally disintegrating tab 8 mg)</i>	1	QLC 21 / 30 day(s)
<i>ondansetron hcl (ondansetron hcl tab 4 mg, ondansetron hcl tab 8 mg)</i>	1	QLC 21 / 30 day(s)
<i>ondansetron hcl oral soln 4 mg/5ml</i>	1	QLC 100 / 30 day(s)
ANTIEMETICS - ANTICHOLINERGIC		
<i>dimenhydrinate tab 50 mg</i>	1	OTC Over the Counter
<i>meclizine hcl (meclizine hcl chew tab 25 mg, meclizine hcl tab 12.5 mg, meclizine hcl tab 25 mg)</i>	1	
<i>scopolamine</i>	1	
<i>trimethobenzamide hcl cap 300 mg</i>	1	
ANTIEMETICS - MISCELLANEOUS		
<i>dronabinol</i>	2	QL 150 / 30 day(s)
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
<i>aprepitant (aprepitant capsule 80 mg, aprepitant capsule therapy pack 80 & 125 mg)</i>	2	QL 6 / Rx
<i>aprepitant capsule 125 mg</i>	2	QL 2 / Rx
<i>aprepitant capsule 40 mg</i>	2	QL 2.4 / Rx

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIFUNGALS		
<i>griseofulvin microsize susp 125 mg/5ml</i>	1	
<i>nystatin tab 500000 unit</i>	1	
<i>terbinafine hcl tab 250 mg</i>	1	
IMIDAZOLES		
<i>ketoconazole tab 200 mg</i>	1	
TRIAZOLES		
<i>fluconazole (fluconazole for susp 10 mg/ml, fluconazole for susp 40 mg/ml, fluconazole tab 50 mg, fluconazole tab 100 mg, fluconazole tab 200 mg)</i>	1	
<i>fluconazole tab 150 mg</i>	1	QL 30 / 30 day(s)
<i>itraconazole cap 100 mg</i>	1	
<i>itraconazole oral soln 10 mg/ml</i>	2	
<i>voriconazole (voriconazole tab 50 mg, voriconazole tab 200 mg)</i>	1	QL 120 / 30 day(s) PA
<i>voriconazole for susp 40 mg/ml</i>	1	QL 600 / 30 day(s) PA
ANTIHIISTAMINES		
ANTIHIISTAMINES - ALKYLAMINES		
<i>chlorpheniramine maleate tab 4 mg</i>	1	OTC Over the Counter
ANTIHIISTAMINES - ETHANOLAMINES		
<i>carbinoxamine maleate tab 4 mg</i>	1	AL1 At least 6 yrs old
DIPHENHYDRAMINE HCL (DIPHENHYDRAMINE HCL 12.5 MG/5ML ELIXIR, DIPHENHYDRAMINE HCL ELIXIR 12.5 MG/5ML, DIPHENHYDRAMINE HCL LIQUID 12.5 MG/5ML, DIPHENHYDRAMINE HCL TAB 25 MG)	1	
ANTIHIISTAMINES - NON-SEDATING		
<i>cetirizine hcl (cetirizine hcl tab 5 mg, cetirizine hcl tab 10 mg)</i>	1	QL 30 / 30 day(s) OTC Over the Counter
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	1	QL 300 / 30 day(s)
CLARITIN ALLERGY CHILDRENS	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>desloratadine tab 5 mg</i>	1	QL 30 / 30 day(s)
<i>fexofenadine hcl (fexofenadine hcl tab 60 mg, fexofenadine hcl tab 180 mg)</i>	1	OTC Over the Counter
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	1	QL 900 / 30 day(s)
<i>levocetirizine dihydrochloride tab 5 mg</i>	1	QL 30 / 30 day(s)
<i>loratadine (loratadine cap 10 mg, loratadine oral soln 5 mg/5ml, loratadine syrup 5 mg/5ml, loratadine tab 10 mg)</i>	1	OTC Over the Counter
ANTIHISTAMINES - PHENOTHIAZINES		
<i>promethazine hcl (promethazine hcl oral soln 6.25 mg/5ml, promethazine hcl tab 12.5 mg, promethazine hcl tab 25 mg, promethazine hcl tab 50 mg)</i>	1	AL1 At least 2 yrs old
<i>promethazine hcl (promethazine hcl suppos 12.5 mg, promethazine hcl suppos 25 mg)</i>	2	AL1 At least 2 yrs old
ANTIHISTAMINES - PIPERIDINES		
<i>cyproheptadine hcl (cyproheptadine hcl syrup 2 mg/5ml, cyproheptadine hcl tab 4 mg)</i>	1	AL1 At least 2 yrs old
ANTHYPERLIPIDEMICS		
ACL INHIB-INTESTINAL CHOLESTEROL ABSORPTION INHIB COMB		
NEXLIZET	1	QL 30 / 30 days PA
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL	1	QL 30 / 30 days PA
ANTHYPERLIPIDEMICS - MISC.		
VASCEPA	2	QL 120 / 30 day(s)
BILE ACID SEQUESTRANTS		
<i>cholestyramine light powder 4 gm/dose</i>	1	QL 1890 / 30 day(s)
<i>cholestyramine light powder packets 4 gm</i>	1	QL 120 / 30 day(s)
<i>cholestyramine powder 4 gm/dose</i>	1	QL 1890 / 30 day(s)
<i>cholestyramine powder packets 4 gm</i>	1	QL 120 / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>colesevelam hcl packet for susp 3.75 gm</i>	2	QL 30 / 30 day(s)
<i>colesevelam hcl tab 625 mg</i>	1	QL 180 / 30 day(s)
<i>colestipol hcl (colestipol hcl granule packets 5 gm, colestipol hcl granules 5 gm)</i>	1	QL 180 / 30 day(s)
<i>colestipol hcl tab 1 gm</i>	1	QL 480 / 30 day(s)
FIBRIC ACID DERIVATIVES		
<i>fenofibrate (fenofibrate tab 145 mg, fenofibrate tab 160 mg)</i>	1	QL 30 / 30 day(s)
<i>fenofibrate (fenofibrate tab 48 mg, fenofibrate tab 54 mg)</i>	1	QL 60 / 30 day(s)
<i>fenofibrate micronized (fenofibrate micronized cap 67 mg, fenofibrate micronized cap 134 mg, fenofibrate micronized cap 200 mg)</i>	1	QL 30 / 30 day(s)
<i>gemfibrozil tab 600 mg</i>	1	QL 60 / 30 day(s)
HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium (atorvastatin calcium tab 10 mg (base equivalent), atorvastatin calcium tab 20 mg (base equivalent), atorvastatin calcium tab 40 mg (base equivalent), atorvastatin calcium tab 80 mg (base equivalent))</i>	1	
<i>lovastatin (lovastatin tab 10 mg, lovastatin tab 20 mg, lovastatin tab 40 mg)</i>	1	ACA Affordable Care Act
<i>pravastatin sodium</i>	1	ACA Affordable Care Act
<i>rosuvastatin calcium (rosuvastatin calcium tab 5 mg, rosuvastatin calcium tab 10 mg, rosuvastatin calcium tab 20 mg, rosuvastatin calcium tab 40 mg)</i>	1	ACA Affordable Care Act
<i>simvastatin (simvastatin tab 5 mg, simvastatin tab 10 mg, simvastatin tab 20 mg, simvastatin tab 40 mg, simvastatin tab 80 mg)</i>	1	ACA Affordable Care Act
INTEST CHOLEST ABSORP INHIB-HMG COA REDUCTASE INHIB COMB		
<i>ezetimibe-simvastatin</i>	1	QL 30 / 30 day(s)
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
<i>ezetimibe</i>	1	QL 30 / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NICOTINIC ACID DERIVATIVES		
<i>niacin (antihyperlipidemic) (niacin tab er 750 mg (antihyperlipidemic), niacin tab er 1000 mg (antihyperlipidemic))</i>	1	QL 60 / 30 day(s)
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	1	QL 90 / 30 day(s)
PCSK9 INHIBITORS		
REPATHA	1	QL 2 / 28 day(s)
REPATHA PUSHTRONEX SYSTEM	1	QL 3.5 / 30 day(s)
REPATHA SURECLICK	1	QL 2 / 28 day(s)
ANTIHYPERTENSIVES		
ACE INHIBITOR & CALCIUM CHANNEL BLOCKER COMBINATIONS		
<i>amlodipine besylate-benazepril hcl</i>	1	
TRANDOLAPRIL-VERAPAMIL HCL ER	2	
ACE INHIBITORS		
<i>benazepril hcl (benazepril hcl tab 5 mg, benazepril hcl tab 10 mg, benazepril hcl tab 20 mg, benazepril hcl tab 40 mg)</i>	1	
<i>captopril (captopril tab 12.5 mg, captopril tab 25 mg, captopril tab 50 mg, captopril tab 100 mg)</i>	1	
<i>enalapril maleate (enalapril maleate oral soln 1 mg/ml, enalapril maleate tab 2.5 mg, enalapril maleate tab 5 mg, enalapril maleate tab 10 mg, enalapril maleate tab 20 mg)</i>	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril (lisinopril tab 2.5 mg, lisinopril tab 5 mg, lisinopril tab 10 mg, lisinopril tab 20 mg, lisinopril tab 30 mg, lisinopril tab 40 mg)</i>	1	
<i>moexipril hcl</i>	1	
PERINDOPRIL ERBUMINE (PERINDOPRIL ERBUMINE 2 MG TAB, PERINDOPRIL ERBUMINE 8 MG TAB, PERINDOPRIL ERBUMINE TAB 2 MG, PERINDOPRIL ERBUMINE TAB 4 MG, PERINDOPRIL ERBUMINE TAB 8 MG)	1	
QBRELIS	2	
<i>quinapril hcl</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ACE INHIBITORS & THIAZIDE/THIAZIDE-LIKE		
<i>benazepril & hydrochlorothiazide (benazepril & hydrochlorothiazide tab 5-6.25 mg, benazepril & hydrochlorothiazide tab 10-12.5 mg, benazepril & hydrochlorothiazide tab 20-12.5 mg, benazepril & hydrochlorothiazide tab 20-25 mg)</i>	1	
<i>enalapril maleate & hydrochlorothiazide</i>	1	
<i>fosinopril sodium & hydrochlorothiazide</i>	1	
<i>lisinopril & hydrochlorothiazide (lisinopril & hydrochlorothiazide tab 10-12.5 mg, lisinopril & hydrochlorothiazide tab 20-12.5 mg, lisinopril & hydrochlorothiazide tab 20-25 mg)</i>	1	
<i>quinapril-hydrochlorothiazide (quinapril-hydrochlorothiazide 20-25 mg tab, quinapril-hydrochlorothiazide tab 10-12.5 mg, quinapril-hydrochlorothiazide tab 20-12.5 mg, quinapril-hydrochlorothiazide tab 20-25 mg)</i>	1	
AGENTS FOR PHEOCHROMOCYTOMA		
<i>phenoxybenzamine hcl cap 10 mg</i>	3	
ANGIOTENSIN II RECEPTOR ANT-CA CHANNEL BLOCKER-THIAZIDES		
<i>amlodipine-valsartan-hydrochlorothiazide</i>	1	
ANGIOTENSIN II RECEPTOR ANTAG & CA CHANNEL BLOCKER COMB		
<i>amlodipine besylate-olmesartan medoxomil (amlodipine besylate-olmesartan medoxomil tab 5-20 mg, amlodipine besylate-olmesartan medoxomil tab 5-40 mg, amlodipine besylate-olmesartan medoxomil tab 10-20 mg, amlodipine besylate-olmesartan medoxomil tab 10-40 mg)</i>	1	QL 30 / 30 day(s)
<i>amlodipine besylate-valsartan (amlodipine besylate-valsartan tab 5-160 mg, amlodipine besylate-valsartan tab 5-320 mg, amlodipine besylate-valsartan tab 10-160 mg, amlodipine besylate-valsartan tab 10-320 mg)</i>	1	
TELMISARTAN-AMLODIPINE (TELMISARTAN-AMLODIPINE 40-10 MG TAB, TELMISARTAN-AMLODIPINE 40-5 MG TAB, TELMISARTAN-AMLODIPINE 80-10 MG TAB, TELMISARTAN-AMLODIPINE 80-5 MG TAB, TELMISARTAN-AMLODIPINE TAB 40-10 MG, TELMISARTAN-AMLODIPINE TAB 40-5 MG, TELMISARTAN-AMLODIPINE TAB 80-10 MG, TELMISARTAN-AMLODIPINE TAB 80-5 MG)	1	QL 30 / 30 day(s)
ANGIOTENSIN II RECEPTOR ANTAG & THIAZIDE/THIAZIDE-LIKE		
<i>candesartan cilexetil-hydrochlorothiazide</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>losartan potassium & hydrochlorothiazide</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide</i>	1	
<i>telmisartan-hydrochlorothiazide</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil (candesartan cilexetil tab 4 mg, candesartan cilexetil tab 8 mg, candesartan cilexetil tab 16 mg)</i>	1	QL 60 / 30 day(s)
<i>candesartan cilexetil tab 32 mg</i>	1	QL 30 / 30 day(s)
<i>irbesartan</i>	1	
<i>losartan potassium (losartan potassium tab 25 mg, losartan potassium tab 50 mg, losartan potassium tab 100 mg)</i>	1	
<i>olmesartan medoxomil (olmesartan medoxomil tab 5 mg, olmesartan medoxomil tab 20 mg, olmesartan medoxomil tab 40 mg)</i>	1	
<i>telmisartan</i>	1	
<i>valsartan (valsartan tab 40 mg, valsartan tab 80 mg, valsartan tab 160 mg, valsartan tab 320 mg)</i>	1	
ANTIADRENERGICS - CENTRALLY ACTING		
<i>clonidine (clonidine td patch weekly 0.1 mg/24hr, clonidine td patch weekly 0.2 mg/24hr, clonidine td patch weekly 0.3 mg/24hr)</i>	1	
<i>clonidine hcl (clonidine hcl tab 0.1 mg, clonidine hcl tab 0.2 mg, clonidine hcl tab 0.3 mg)</i>	1	
<i>guanfacine hcl</i>	1	
METHYLDOPA	1	
ANTIADRENERGICS - PERIPHERALLY ACTING		
<i>doxazosin mesylate (doxazosin mesylate tab 1 mg, doxazosin mesylate tab 2 mg, doxazosin mesylate tab 4 mg, doxazosin mesylate tab 8 mg)</i>	1	
<i>prazosin hcl (prazosin hcl cap 1 mg, prazosin hcl cap 2 mg, prazosin hcl cap 5 mg)</i>	1	
<i>terazosin hcl</i>	1	
ANTIHYPERTENSIVES - MISC.		
VECAMEYL	3	S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BETA BLOCKER & DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone</i>	1	
<i>bisoprolol & hydrochlorothiazide (bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg, bisoprolol & hydrochlorothiazide tab 5-6.25 mg, bisoprolol & hydrochlorothiazide tab 10-6.25 mg)</i>	1	
<i>metoprolol & hydrochlorothiazide (metoprolol & hydrochlorothiazide tab 50-25 mg, metoprolol & hydrochlorothiazide tab 100-25 mg)</i>	1	
DIRECT RENIN INHIBITORS		
<i>aliskiren fumarate</i>	1	QL 30 / 30 day(s)
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
<i>eplerenone</i>	1	
VASODILATORS		
<i>hydralazine hcl (hydralazine hcl tab 10 mg, hydralazine hcl tab 25 mg, hydralazine hcl tab 50 mg, hydralazine hcl tab 100 mg)</i>	1	
<i>minoxidil (minoxidil tab 2.5 mg, minoxidil tab 10 mg)</i>	1	
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
<i>atovaquone-proguanil hcl</i>	2	
<i>chloroquine phosphate (chloroquine phosphate tab 250 mg, chloroquine phosphate tab 500 mg)</i>	2	
<i>hydroxychloroquine sulfate tab 200 mg</i>	1	
<i>mefloquine hcl</i>	2	
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	2	
<i>pyrimethamine tab 25 mg</i>	3	S
<i>quinine sulfate cap 324 mg</i>	1	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
<i>pyridostigmine bromide (pyridostigmine bromide oral soln 60 mg/5ml, pyridostigmine bromide tab er 180 mg)</i>	2	
<i>pyridostigmine bromide tab 60 mg</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIMYCOBACTERIAL AGENTS		
<i>ethambutol hcl (ethambutol hcl tab 100 mg, ethambutol hcl tab 400 mg)</i>	1	
<i>isoniazid (isoniazid tab 100 mg, isoniazid tab 300 mg)</i>	1	
PASER	1	
PRIFTIN	1	QL 37.5 / 30 day(s)
<i>pyrazinamide tab 500 mg</i>	2	
<i>rifabutin</i>	2	
<i>rifampin (rifampin cap 150 mg, rifampin cap 300 mg)</i>	1	
TRECATOR	2	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
MYLERAN	2	S
ANDROGEN BIOSYNTHESIS INHIBITORS		
<i>abiraterone acetate tab 250 mg</i>	1	QL 120 / 30 day(s) PA S
<i>abiraterone acetate tab 500 mg</i>	3	QL 60 / 30 day(s) PA S
YONSA	3	QL 120 / 30 day(s) PA S
ANTIADRENALS		
LYSODREN	3	PA S
ANTIANDROGENS		
<i>bicalutamide</i>	1	S
ERLEADA 240 MG TAB	3	QL 30 / 30 day(s) PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ERLEADA 60 MG TAB	3	QL 120 / 30 day(s) PA S
<i>nilutamide</i>	2	S
NUBEQA	3	QL 120 / 30 day(s) PA S
XTANDI (XTANDI 40 MG CAP, XTANDI 40 MG TAB)	3	QL 120 / 30 day(s) PA S
XTANDI 80 MG TAB	3	QL 60 / 30 day(s) PA S
ANTIESTROGENS		
SOLTAMOX	2	ACA Affordable Care Act
<i>tamoxifen citrate (tamoxifen citrate tab 10 mg (base equivalent), tamoxifen citrate tab 20 mg (base equivalent))</i>	1	ACA Affordable Care Act
<i>toremifene citrate</i>	2	S
ANTIMETABOLITES		
<i>capecitabine</i>	1	QL 120 / 30 day(s) PA S
<i>mercaptopurine tab 50 mg</i>	1	S
<i>methotrexate sodium (methotrexate sodium 50 mg/2ml solution, methotrexate sodium for inj 1 gm, methotrexate sodium inj pf 50 mg/2ml (25 mg/ml), methotrexate sodium inj pf 250 mg/10ml (25 mg/ml), methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml), methotrexate sodium tab 2.5 mg (base equiv))</i>	1	
METHOTREXATE SODIUM (PF)	1	
ONUREG	3	QL 14 / 28 day(s) PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TABLOID	2	S
ANTINEOPLASTIC - ALK INHIBITORS		
ALECENSA	3	QL 240 / 30 day(s) PA AL1 At least 18 yrs old S
ALUNBRIG (ALUNBRIG 90 MG TAB, ALUNBRIG 180 MG TAB)	3	QL 30 / 30 day(s) PA AL1 At least 18 yrs old S
ALUNBRIG 30 MG TAB	3	QL 180 / 30 day(s) PA AL1 At least 18 yrs old S
ALUNBRIG 90 & 180 MG TAB THPK	3	PA AL1 At least 18 yrs old S QLC 30 / 180 day(s)
LORBRENA 100 MG TAB	3	QL 30 / 30 day(s) PA S
LORBRENA 25 MG TAB	3	QL 90 / 30 day(s) PA S
XALKORI (XALKORI 200 MG CAP, XALKORI 250 MG CAP)	3	QL 60 / 30 day(s) PA S
ZYKADIA	3	QL 90 / 30 day(s) PA AL1 At least 18 yrs old S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
TUKYSA 150 MG TAB	3	QL 120 / 30 day(s) PA S
TUKYSA 50 MG TAB	3	QL 300 / 30 day(s) PA S
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA 10 MG TAB	3	QL 60 / 30 day(s) PA S
VENCLEXTA 100 MG TAB	3	QL 180 / 30 day(s) PA S
VENCLEXTA 50 MG TAB	3	QL 30 / 30 day(s) PA S
VENCLEXTA STARTING PACK	3	PA S QLC 42 / 180 day(s)
ANTINEOPLASTIC - BCR-ABL KINASE INHIBITORS		
BOSULIF (BOSULIF 100 MG CAP, BOSULIF 100 MG TAB)	3	QL 90 / 30 days PA S
BOSULIF (BOSULIF 400 MG TAB, BOSULIF 500 MG TAB)	3	QL 30 / 30 day(s) PA S
BOSULIF 50 MG CAP	3	QL 30 / 30 days PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ICLUSIG (ICLUSIG 10 MG TAB, ICLUSIG 30 MG TAB, ICLUSIG 45 MG TAB)	3	QL 30 / 30 day(s) PA S
ICLUSIG 15 MG TAB	3	QL 60 / 30 day(s) PA S
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	1	QL 90 / 30 day(s) PA S
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	1	QL 60 / 30 day(s) PA S
SCEMBLIX 20 MG TAB	3	QL 60 / 30 day(s) PA S
SCEMBLIX 40 MG TAB	3	QL 300 / 30 day(s) PA S
SPRYCEL (SPRYCEL 50 MG TAB, SPRYCEL 70 MG TAB, SPRYCEL 80 MG TAB, SPRYCEL 100 MG TAB, SPRYCEL 140 MG TAB)	3	QL 30 / 30 day(s) PA S
SPRYCEL 20 MG TAB	3	QL 90 / 30 day(s) PA S
TASIGNA	3	QL 120 / 30 day(s) PA S
ANTINEOPLASTIC - BRAF KINASE INHIBITORS		
BRAFTOVI	3	QL 180 / 30 day(s) PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TAFINLAR (TAFINLAR 50 MG CAP, TAFINLAR 75 MG CAP)	3	QL 120 / 30 day(s) PA S
ZELBORAF	3	QL 240 / 30 day(s) PA S
ANTINEOPLASTIC - BTK INHIBITORS		
BRUKINSA	3	QL 120 / 30 day(s) PA S
CALQUENCE 100 MG CAP	3	QL 60 / 30 day(s) PA AL1 At least 18 yrs old S
IMBRUVICA (IMBRUVICA 70 MG CAP, IMBRUVICA 140 MG TAB, IMBRUVICA 280 MG TAB, IMBRUVICA 420 MG TAB, IMBRUVICA 560 MG TAB)	3	QL 30 / 30 day(s) PA S
IMBRUVICA 140 MG CAP	3	QL 120 / 30 day(s) PA S
ANTINEOPLASTIC - EGFR INHIBITORS		
<i>erlotinib hcl (erlotinib hcl tab 100 mg (base equivalent), erlotinib hcl tab 150 mg (base equivalent))</i>	3	QL 30 / 30 day(s) PA S
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	3	QL 60 / 30 day(s) PA S
<i>gefitinib</i>	1	QL 30 / 30 day(s) PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GILOTRIF	3	QL 30 / 30 day(s) PA S
TAGRISSO	3	QL 30 / 30 day(s) PA AL1 At least 18 yrs old S
VIZIMPRO	3	QL 30 / 30 day(s) PA S
ANTINEOPLASTIC - FGFR KINASE INHIBITORS		
BALVERSA 3 MG TAB	3	QL 90 / 30 day(s) PA S
BALVERSA 4 MG TAB	3	QL 60 / 30 day(s) PA S
BALVERSA 5 MG TAB	3	QL 30 / 30 day(s) PA S
PEMAZYRE	3	QL 14 / 21 day(s) PA S
TRUSELTIQ (100MG DAILY DOSE)	3	QL 21 / 28 day(s) PA S
TRUSELTIQ (125MG DAILY DOSE)	3	QL 42 / 28 day(s) PA S
TRUSELTIQ (50MG DAILY DOSE)	3	QL 42 / 28 day(s) PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRUSELTIQ (75MG DAILY DOSE)	3	QL 63 / 28 day(s) PA S
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
DAURISMO 100 MG TAB	3	QL 30 / 30 day(s) PA S
DAURISMO 25 MG TAB	3	QL 60 / 30 day(s) PA S
ERIVEDGE	3	QL 30 / 30 day(s) PA S
ODOMZO	3	QL 30 / 30 day(s) PA S
ANTINEOPLASTIC - HIF-2-ALPHA INHIBITORS		
WELIREG	3	QL 90 / 30 day(s) PA S
ANTINEOPLASTIC - HISTONE DEACETYLASE INHIBITORS		
ZOLINZA	3	QL 120 / 30 day(s) PA S
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST	3	QL 21 / 28 day(s) PA S
ANTINEOPLASTIC - KRAS INHIBITORS		
LUMAKRAS 120 MG TAB	3	QL 240 / 30 day(s) PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LUMAKRAS 320 MG TAB	3	QL 90 / 30 day(s) PA S
ANTINEOPLASTIC - MEK INHIBITORS		
COTELLIC	3	QL 63 / 28 day(s) PA AL1 At least 18 yrs old S
KOSELUGO 10 MG CAP	3	QL 240 / 30 day(s) PA S
KOSELUGO 25 MG CAP	3	QL 120 / 30 day(s) PA S
MEKINIST 0.5 MG TAB	3	QL 90 / 30 day(s) PA S
MEKINIST 2 MG TAB	3	QL 30 / 30 day(s) PA S
MEKTOVI	3	QL 180 / 30 day(s) PA S
ANTINEOPLASTIC - MET INHIBITORS		
TABRECTA	3	QL 112 / 28 day(s) PA S
TEPMETKO	3	QL 60 / 30 day(s) PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTINEOPLASTIC - METHYLTRANSFERASE INHIBITORS		
TAZVERIK	3	QL 240 / 30 day(s) PA S
ANTINEOPLASTIC - MTOR KINASE INHIBITORS		
<i>everolimus (everolimus tab 2.5 mg, everolimus tab 5 mg, everolimus tab 7.5 mg, everolimus tab 10 mg)</i>	1	QL 30 / 30 day(s) PA S
<i>everolimus (everolimus tab for oral susp 2 mg, everolimus tab for oral susp 5 mg)</i>	1	QL 60 / 30 day(s) PA S
<i>everolimus tab for oral susp 3 mg</i>	1	QL 90 / 30 day(s) PA S
ANTINEOPLASTIC - MULTIKINASE INHIBITORS		
CABOMETYX	3	QL 30 / 30 day(s) PA S
CAPRELSA 100 MG TAB	3	QL 60 / 30 day(s) PA S
CAPRELSA 300 MG TAB	3	QL 30 / 30 day(s) PA S
COMETRIQ (100 MG DAILY DOSE)	3	QL 56 / 28 day(s) PA S
COMETRIQ (140 MG DAILY DOSE)	3	QL 112 / 28 day(s) PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
COMETRIQ (60 MG DAILY DOSE)	3	QL 84 / 28 day(s) PA S
FOTIVDA	3	QL 21 / 28 day(s) PA S
<i>lapatinib ditosylate</i>	3	QL 180 / 30 day(s) PA S
NERLYNX	3	QL 180 / 30 day(s) PA AL1 At least 18 yrs old S
<i>pazopanib hcl</i>	1	QL 120 / 30 days PA S
QINLOCK	3	QL 90 / 30 day(s) PA S
RYDAPT	3	QL 240 / 30 day(s) PA AL1 At least 18 yrs old S
<i>sorafenib tosylate</i>	3	QL 120 / 30 day(s) PA S
STIVARGA	3	QL 84 / 28 day(s) PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sunitinib malate (sunitinib malate cap 25 mg (base equivalent), sunitinib malate cap 37.5 mg (base equivalent), sunitinib malate cap 50 mg (base equivalent))</i>	3	QL 30 / 30 day(s) PA S
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	3	QL 90 / 30 day(s) PA S
TURALIO	3	QL 120 / 30 day(s) PA S
XOSPATA	3	QL 90 / 30 day(s) PA S
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS		
AYVAKIT	3	QL 30 / 30 day(s) PA S
ANTINEOPLASTIC - PROTEASOME INHIBITORS		
NINLARO	3	QL 3 / 28 day(s) PA AL1 At least 18 yrs old S
ANTINEOPLASTIC - RET INHIBITORS		
GAVRETO	3	QL 120 / 30 day(s) PA S
RETEVMO 40 MG CAP	3	QL 180 / 30 day(s) PA S
RETEVMO 80 MG CAP	3	QL 120 / 30 day(s) PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTINEOPLASTIC - TROPOMYOSIN RECEPTOR KINASE INHIBITORS		
ROZLYTREK 100 MG CAP	3	QL 30 / 30 day(s) PA S
ROZLYTREK 200 MG CAP	3	QL 90 / 30 day(s) PA S
VITRAKVI 100 MG CAP	3	QL 60 / 30 day(s) PA S
VITRAKVI 20 MG/ML SOLUTION	3	QL 300 / 30 day(s) PA S
VITRAKVI 25 MG CAP	3	QL 180 / 30 day(s) PA S
ANTINEOPLASTIC - XPO1 INHIBITORS		
XPOVIO (100 MG ONCE WEEKLY)	3	QL 8 / 28 day(s) PA S
XPOVIO (40 MG ONCE WEEKLY)	3	QL 4 / 28 day(s) PA S
XPOVIO (40 MG TWICE WEEKLY)	3	QL 8 / 28 day(s) PA S
XPOVIO (60 MG ONCE WEEKLY)	3	QL 4 / 28 day(s) PA S
XPOVIO (60 MG TWICE WEEKLY)	3	QL 24 / 28 day(s) PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XPOVIO (80 MG ONCE WEEKLY)	3	QL 8 / 28 day(s) PA S
XPOVIO (80 MG TWICE WEEKLY)	3	QL 32 / 28 day(s) PA S
ANTINEOPLASTIC COMBINATIONS		
INQOVI	3	QL 5 / 28 day(s) PA S
KISQALI FEMARA (200 MG DOSE)	3	QL 49 / 28 day(s) PA AL1 At least 18 yrs old S
KISQALI FEMARA (400 MG DOSE)	3	QL 70 / 28 day(s) PA AL1 At least 18 yrs old S
KISQALI FEMARA (600 MG DOSE)	3	QL 91 / 28 day(s) PA AL1 At least 18 yrs old S
LONSURF 15-6.14 MG TAB	3	QL 100 / 28 day(s) PA S
LONSURF 20-8.19 MG TAB	3	QL 80 / 28 day(s) PA S
ANTINEOPLASTICS MISC.		
BESREMI	3	QL 2 / 28 day(s) PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>hydroxyurea cap 500 mg</i>	1	S
INTRON A	2	S
MATULANE	3	PA S
AROMATASE INHIBITORS		
<i>anastrozole tab 1 mg</i>	1	ACA Affordable Care Act
<i>exemestane</i>	1	
<i>letrozole tab 2.5 mg</i>	1	ACA Affordable Care Act
CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS		
IBRANCE	3	QL 21 / 28 day(s) PA S
KISQALI (200 MG DOSE)	3	QL 21 / 28 day(s) PA AL1 At least 18 yrs old S
KISQALI (400 MG DOSE)	3	QL 42 / 28 day(s) PA AL1 At least 18 yrs old S
KISQALI (600 MG DOSE)	3	QL 63 / 28 day(s) PA AL1 At least 18 yrs old S
VERZENIO	3	QL 60 / 30 day(s) PA AL1 At least 18 yrs old S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ESTROGENS-ANTINEOPLASTIC		
EMCYT	3	S
FOLIC ACID ANTAGONISTS RESCUE AGENTS		
<i>leucovorin calcium (leucovorin calcium tab 5 mg, leucovorin calcium tab 10 mg, leucovorin calcium tab 15 mg, leucovorin calcium tab 25 mg)</i>	1	
GONADOTROPIN RELEASING HORMONE (GNRH) ANTAGONISTS		
ORGOVYX	3	QL 32 / 30 day(s) PA S
IMIDAZOTETRAZINES		
<i>temozolomide</i>	1	PA S
ISOCITRATE DEHYDROGENASE-1 (IDH1) INHIBITORS		
TIBSOVO	3	QL 60 / 30 day(s) PA S
ISOCITRATE DEHYDROGENASE-2 (IDH2) INHIBITORS		
IDHIFA	3	QL 30 / 30 day(s) PA AL1 At least 18 yrs old S
JANUS ASSOCIATED KINASE (JAK) INHIBITORS		
INREBIC	3	QL 120 / 30 day(s) PA S
JAKAFI	3	QL 60 / 30 day(s) PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LHRH ANALOGS		
ELIGARD (ELIGARD 7.5 MG KIT, ELIGARD 22.5 MG KIT, ELIGARD 30 MG KIT, ELIGARD 45 MG KIT)	3	PA S
<i>leuprolide acetate (leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml), leuprolide acetate inj kit 5 mg/ml)</i>	1	PA S
LUPRON DEPOT (1-MONTH)	2	PA S
LUPRON DEPOT (3-MONTH)	2	PA S
LUPRON DEPOT (4-MONTH)	2	PA S
LUPRON DEPOT (6-MONTH)	2	PA S
MITOTIC INHIBITORS		
ETOPOSIDE 50 MG CAP	3	S
NITROGEN MUSTARDS AND RELATED ANALOGUES		
CYCLOPHOSPHAMIDE (CYCLOPHOSPHAMIDE 25 MG TAB, CYCLOPHOSPHAMIDE 50 MG TAB)	2	S
<i>cyclophosphamide (cyclophosphamide cap 25 mg, cyclophosphamide cap 50 mg)</i>	1	S
LEUKERAN	2	S
MELPHALAN	1	S
NITROSOUREAS		
GLEOSTINE	2	S
PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS		
COPIKTRA	3	QL 56 / 28 day(s) PA S
PIQRAY (200 MG DAILY DOSE)	3	QL 28 / 28 day(s) PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PIQRAY (250 MG DAILY DOSE)	3	QL 56 / 28 day(s) PA S
PIQRAY (300 MG DAILY DOSE)	3	QL 56 / 28 day(s) PA S
ZYDELIG	3	QL 60 / 30 day(s) PA S
POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS		
LYNPARZA	3	QL 120 / 30 day(s) PA AL1 At least 18 yrs old S
RUBRACA	3	QL 120 / 30 day(s) PA AL1 At least 18 yrs old S
TALZENNA (TALZENNA 0.1 MG CAP, TALZENNA 0.35 MG CAP, TALZENNA 0.5 MG CAP, TALZENNA 0.75 MG CAP, TALZENNA 1 MG CAP)	3	QL 30 / 30 day(s) PA S
TALZENNA 0.25 MG CAP	3	QL 90 / 30 day(s) PA S
ZEJULA (ZEJULA 100 MG TAB, ZEJULA 200 MG TAB, ZEJULA 300 MG TAB)	3	QL 30 / 30 day(s) PA AL1 At least 18 yrs old S
ZEJULA 100 MG CAP	3	QL 90 / 30 day(s) PA AL1 At least 18 yrs old S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PROGESTINS-ANTINEOPLASTIC		
<i>megestrol acetate (megestrol acetate susp 40 mg/ml, megestrol acetate tab 20 mg, megestrol acetate tab 40 mg)</i>	1	
RETINOIDS		
<i>tretinoin (chemotherapy)</i>	1	QL 90 / 365 day(s) PA S
SELECTIVE RETINOID X RECEPTOR AGONISTS		
<i>bexarotene</i>	3	PA S
TOPOISOMERASE I INHIBITORS		
HYCAMTIN (HYCAMTIN 0.25 MG CAP, HYCAMTIN 1 MG CAP)	3	PA S
URINARY TRACT PROTECTIVE AGENTS		
MESNEX 400 MG TAB	2	
VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) INHIBITORS		
INLYTA 1 MG TAB	3	QL 180 / 30 day(s) PA S
INLYTA 5 MG TAB	3	QL 120 / 30 day(s) PA S
LENVIMA (10 MG DAILY DOSE)	3	QL 30 / 30 day(s) PA S
LENVIMA (12 MG DAILY DOSE)	3	QL 90 / 30 day(s) PA S
LENVIMA (14 MG DAILY DOSE)	3	QL 60 / 30 day(s) PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LENVIMA (18 MG DAILY DOSE)	3	QL 90 / 30 day(s) PA S
LENVIMA (20 MG DAILY DOSE)	3	QL 60 / 30 day(s) PA S
LENVIMA (24 MG DAILY DOSE)	3	QL 90 / 30 day(s) PA S
LENVIMA (4 MG DAILY DOSE)	3	QL 30 / 30 day(s) PA S
LENVIMA (8 MG DAILY DOSE)	3	QL 60 / 30 day(s) PA S
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ANTICHOLINERGICS		
<i>benztropine mesylate (benztropine mesylate tab 0.5 mg, benztropine mesylate tab 1 mg, benztropine mesylate tab 2 mg)</i>	1	
<i>trihexyphenidyl hcl (trihexyphenidyl hcl 0.4 mg/ml solution, trihexyphenidyl hcl tab 2 mg, trihexyphenidyl hcl tab 5 mg)</i>	1	
ANTIPARKINSON DOPAMINERGICS		
<i>amantadine hcl (amantadine hcl cap 100 mg, amantadine hcl soln 50 mg/5ml, amantadine hcl tab 100 mg)</i>	1	
<i>bromocriptine mesylate (bromocriptine mesylate cap 5 mg (base equivalent), bromocriptine mesylate tab 2.5 mg (base equivalent))</i>	1	
INBRIJA	1	S
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
<i>rasagiline mesylate (rasagiline mesylate tab 0.5 mg (base equiv), rasagiline mesylate tab 1 mg (base equiv))</i>	2	
<i>selegiline hcl (selegiline hcl cap 5 mg, selegiline hcl tab 5 mg)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CENTRAL/PERIPHERAL COMT INHIBITORS		
<i>tolcapone</i>	2	
DECARBOXYLASE INHIBITORS		
<i>carbidopa tab 25 mg</i>	1	
LEVODOPA COMBINATIONS		
CARBIDOPA-LEVODOPA (CARBIDOPA & LEVODOPA TAB 10-100 MG, CARBIDOPA & LEVODOPA TAB 25-100 MG, CARBIDOPA & LEVODOPA TAB 25-250 MG, CARBIDOPA & LEVODOPA TAB ER 25-100 MG, CARBIDOPA & LEVODOPA TAB ER 50-200 MG, CARBIDOPA-LEVODOPA 10-100 MG TAB DISP, CARBIDOPA-LEVODOPA 25-100 MG TAB DISP, CARBIDOPA-LEVODOPA 25-250 MG TAB DISP)	1	
<i>carbidopa-levodopa-entacapone</i>	2	
RYTARY	2	
NONERGOLINE DOPAMINE RECEPTOR AGONISTS		
KYNMOBI	1	S
NEUPRO	2	
<i>pramipexole dihydrochloride (pramipexole dihydrochloride tab 0.125 mg, pramipexole dihydrochloride tab 0.25 mg, pramipexole dihydrochloride tab 0.5 mg, pramipexole dihydrochloride tab 0.75 mg, pramipexole dihydrochloride tab 1 mg, pramipexole dihydrochloride tab 1.5 mg)</i>	1	
<i>pramipexole dihydrochloride (pramipexole dihydrochloride tab er 24hr 0.375 mg, pramipexole dihydrochloride tab er 24hr 0.75 mg, pramipexole dihydrochloride tab er 24hr 1.5 mg, pramipexole dihydrochloride tab er 24hr 2.25 mg, pramipexole dihydrochloride tab er 24hr 3 mg, pramipexole dihydrochloride tab er 24hr 3.75 mg, pramipexole dihydrochloride tab er 24hr 4.5 mg)</i>	2	
<i>ropinirole hydrochloride (ropinirole hydrochloride tab 0.25 mg, ropinirole hydrochloride tab 0.5 mg, ropinirole hydrochloride tab 1 mg, ropinirole hydrochloride tab 2 mg, ropinirole hydrochloride tab 3 mg, ropinirole hydrochloride tab 4 mg, ropinirole hydrochloride tab 5 mg)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ropinirole hydrochloride (ropinirole hydrochloride tab er 24hr 12 mg (base equivalent), ropinirole hydrochloride tab er 24hr 2 mg (base equivalent), ropinirole hydrochloride tab er 24hr 4 mg (base equivalent), ropinirole hydrochloride tab er 24hr 6 mg (base equivalent), ropinirole hydrochloride tab er 24hr 8 mg (base equivalent))</i>	2	
PERIPHERAL COMT INHIBITORS		
<i>entacapone</i>	1	
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
<i>lithium</i>	2	
<i>lithium carbonate (lithium carbonate 300 mg cap, lithium carbonate cap 150 mg, lithium carbonate cap 300 mg, lithium carbonate cap 600 mg, lithium carbonate tab 300 mg, lithium carbonate tab er 300 mg, lithium carbonate tab er 450 mg)</i>	1	
ANTIPSYCHOTICS - MISC.		
<i>lurasidone hcl (lurasidone hcl tab 20 mg, lurasidone hcl tab 40 mg, lurasidone hcl tab 60 mg, lurasidone hcl tab 120 mg)</i>	1	QL 30 / 30 day(s) AL1 At least 10 yrs old
<i>lurasidone hcl tab 80 mg</i>	1	QL 60 / 30 day(s) AL1 At least 10 yrs old
<i>ziprasidone hcl</i>	1	QL 60 / 30 day(s) AL1 At least 7 yrs old
BENZISOXAZOLES		
<i>paliperidone (paliperidone tab er 24hr 1.5 mg, paliperidone tab er 24hr 3 mg, paliperidone tab er 24hr 9 mg)</i>	2	QL 30 / 30 day(s) AL1 At least 12 yrs old
<i>paliperidone tab er 24hr 6 mg</i>	2	QL 60 / 30 day(s) AL1 At least 12 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>risperidone (risperidone orally disintegrating tab 0.5 mg, risperidone orally disintegrating tab 1 mg, risperidone orally disintegrating tab 2 mg, risperidone orally disintegrating tab 3 mg, risperidone tab 0.25 mg, risperidone tab 0.5 mg, risperidone tab 1 mg, risperidone tab 2 mg, risperidone tab 3 mg)</i>	1	QL 60 / 30 day(s)
<i>risperidone (risperidone orally disintegrating tab 4 mg, risperidone tab 4 mg)</i>	1	QL 120 / 30 day(s)
<i>risperidone soln 1 mg/ml</i>	1	QL 480 / 30 day(s)
BUTYROPHENONES		
<i>haloperidol (haloperidol tab 0.5 mg, haloperidol tab 1 mg, haloperidol tab 2 mg, haloperidol tab 5 mg, haloperidol tab 10 mg, haloperidol tab 20 mg)</i>	1	
<i>haloperidol lactate oral conc 2 mg/ml</i>	1	
DIBENZO-OXEPINO PYRROLES		
<i>asenapine maleate</i>	1	QL 60 / 30 day(s) AL1 At least 10 yrs old
DIBENZODIAZEPINES		
<i>clozapine (clozapine tab 25 mg, clozapine tab 50 mg)</i>	1	QL 90 / 30 day(s) AL1 At least 18 yrs old
<i>clozapine tab 100 mg</i>	1	QL 270 / 30 day(s) AL1 At least 18 yrs old
<i>clozapine tab 200 mg</i>	1	QL 120 / 30 day(s) AL1 At least 18 yrs old
DIBENZOTHIAZEPINES		
<i>quetiapine fumarate (quetiapine fumarate tab 25 mg, quetiapine fumarate tab 50 mg, quetiapine fumarate tab 100 mg, quetiapine fumarate tab 200 mg)</i>	1	QL 90 / 30 day(s) AL1 At least 10 yrs old
<i>quetiapine fumarate (quetiapine fumarate tab 300 mg, quetiapine fumarate tab 400 mg)</i>	1	QL 60 / 30 day(s) AL1 At least 10 yrs old
<i>quetiapine fumarate (quetiapine fumarate tab er 24hr 150 mg, quetiapine fumarate tab er 24hr 200 mg)</i>	2	QL 30 / 30 day(s) AL1 At least 10 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>quetiapine fumarate (quetiapine fumarate tab er 24hr 300 mg, quetiapine fumarate tab er 24hr 400 mg, quetiapine fumarate tab er 24hr 50 mg)</i>	2	QL 60 / 30 day(s) AL1 At least 10 yrs old
DIBENZOXAZEPINES		
<i>loxapine succinate</i>	1	AL1 At least 18 yrs old
PHENOTHIAZINES		
<i>chlorpromazine hcl (chlorpromazine hcl tab 10 mg, chlorpromazine hcl tab 25 mg, chlorpromazine hcl tab 50 mg, chlorpromazine hcl tab 100 mg, chlorpromazine hcl tab 200 mg)</i>	1	
FLUPHENAZINE HCL (FLUPHENAZINE HCL 2.5 MG/5ML ELIXIR, FLUPHENAZINE HCL 5 MG/ML CONC)	2	
<i>fluphenazine hcl (fluphenazine hcl tab 1 mg, fluphenazine hcl tab 2.5 mg, fluphenazine hcl tab 5 mg, fluphenazine hcl tab 10 mg)</i>	1	
<i>perphenazine (perphenazine tab 2 mg, perphenazine tab 4 mg, perphenazine tab 8 mg, perphenazine tab 16 mg)</i>	1	AL1 At least 12 yrs old
<i>prochlorperazine</i>	2	
<i>prochlorperazine maleate (prochlorperazine maleate tab 5 mg (base equivalent), prochlorperazine maleate tab 10 mg (base equivalent))</i>	1	
<i>trifluoperazine hcl</i>	1	
QUINOLINONE DERIVATIVES		
<i>aripiprazole (aripiprazole tab 2 mg, aripiprazole tab 5 mg, aripiprazole tab 10 mg, aripiprazole tab 15 mg, aripiprazole tab 20 mg, aripiprazole tab 30 mg)</i>	1	QL 30 / 30 day(s) AL1 At least 6 yrs old
<i>aripiprazole oral solution 1 mg/ml</i>	2	QL 900 / 30 day(s) AL1 At least 6 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
THIENBENZODIAZEPINES		
<i>olanzapine (olanzapine orally disintegrating tab 5 mg, olanzapine orally disintegrating tab 10 mg, olanzapine orally disintegrating tab 15 mg, olanzapine orally disintegrating tab 20 mg, olanzapine tab 2.5 mg, olanzapine tab 5 mg, olanzapine tab 7.5 mg, olanzapine tab 10 mg, olanzapine tab 15 mg, olanzapine tab 20 mg)</i>	1	QL 30 / 30 day(s) AL1 At least 7 yrs old
THIOXANTHENES		
<i>thiothixene</i>	1	
ANTISEPTICS & DISINFECTANTS		
CHLORINE ANTISEPTICS		
<i>chlorhexidine gluconate soln 4%</i>	1	OTC Over the Counter
ANTIVIRALS		
ANTIRETROVIRAL COMBINATIONS		
<i>abacavir sulfate-lamivudine</i>	1	QL 30 / 30 day(s)
BIKTARVY	1	QL 30 / 30 day(s)
CIMDUO	2	QL 30 / 30 day(s)
DELSTRIGO	2	QL 30 / 30 day(s)
DESCOVY 200-25 MG TAB	1	QL 30 / 30 day(s)
DOVATO	2	QL 30 / 30 day(s)
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	2	QL 30 / 30 day(s)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	2	QL 30 / 30 day(s)
<i>emtricitabine-tenofovir disoproxil fumarate (emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg, emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg, emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg)</i>	1	QL 30 / 30 day(s) ACA Affordable Care Act
EVOTAZ	2	QL 30 / 30 day(s)
GENVOYA	1	QL 30 / 30 day(s)
JULUCA	2	QL 30 / 30 day(s)
<i>lamivudine-zidovudine</i>	1	QL 60 / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	1	QL 480 / 30 day(s)
<i>lopinavir-ritonavir tab 100-25 mg</i>	1	QL 180 / 30 day(s)
<i>lopinavir-ritonavir tab 200-50 mg</i>	1	QL 120 / 30 day(s)
ODEFSEY	2	QL 30 / 30 day(s)
PREZCOBIX	2	QL 30 / 30 day(s)
SYM TUZA	2	QL 30 / 30 day(s)
TRIUMEQ	1	QL 30 / 30 day(s)
ANTIRETROVIRALS - CCR5 ANTAGONISTS (ENTRY INHIBITOR)		
<i>maraviroc tab 150 mg</i>	1	QL 60 / 30 day(s)
<i>maraviroc tab 300 mg</i>	1	QL 120 / 30 day(s)
ANTIRETROVIRALS - INTEGRASE INHIBITORS		
ISENTRESS (ISENTRESS 100 MG PACKET, ISENTRESS 400 MG TAB)	2	QL 60 / 30 day(s)
ISENTRESS (ISENTRESS 25 MG CHEW TAB, ISENTRESS 100 MG CHEW TAB)	2	QL 180 / 30 day(s)
ISENTRESS HD	2	QL 60 / 30 day(s)
TIVICAY	1	QL 60 / 30 day(s)
TIVICAY PD	1	QL 360 / 30 day(s)
ANTIRETROVIRALS - PROTEASE INHIBITORS		
<i>atazanavir sulfate (atazanavir sulfate cap 150 mg (base equiv), atazanavir sulfate cap 300 mg (base equiv))</i>	1	QL 30 / 30 day(s)
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	1	QL 60 / 30 day(s)
<i>darunavir tab 600 mg</i>	1	QL 60 / 30 day(s)
<i>darunavir tab 800 mg</i>	1	QL 30 / 30 day(s)
<i>fosamprenavir calcium</i>	1	QL 120 / 30 day(s)
LEXIVA 50 MG/ML SUSPENSION	2	QL 1800 / 30 day(s)
NORVIR 80 MG/ML SOLUTION	2	QL 480 / 30 day(s)
PREZISTA 100 MG/ML SUSPENSION	2	QL 400 / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PREZISTA 150 MG TAB	2	QL 180 / 30 day(s)
PREZISTA 75 MG TAB	2	QL 300 / 30 day(s)
<i>ritonavir</i>	1	QL 360 / 30 day(s)
ANTIRETROVIRALS - RTI-NON-NUCLEOSIDE ANALOGUES		
EDURANT	2	QL 30 / 30 day(s)
EFAVIRENZ 200 MG CAP	2	QL 60 / 30 day(s)
EFAVIRENZ 50 MG CAP	2	QL 90 / 30 day(s)
<i>efavirenz tab 600 mg</i>	2	QL 30 / 30 day(s)
<i>etravirine</i>	1	QL 60 / 30 day(s)
INTELENCE 25 MG TAB	2	QL 120 / 30 day(s)
NEVIRAPINE 50 MG/5ML SUSPENSION	1	QL 1200 / 30 day(s)
<i>nevirapine tab 200 mg</i>	1	QL 60 / 30 day(s)
<i>nevirapine tab er 24hr 400 mg</i>	1	QL 30 / 30 day(s)
ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PURINES		
<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	1	QL 960 / 30 day(s)
<i>abacavir sulfate tab 300 mg (base equiv)</i>	1	QL 60 / 30 day(s)
ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PYRIMIDINES		
<i>emtricitabine</i>	1	QL 30 / 30 day(s)
EMTRIVA 10 MG/ML SOLUTION	2	QL 680 / 28 day(s)
<i>lamivudine oral soln 10 mg/ml</i>	1	QL 960 / 30 day(s)
<i>lamivudine tab 150 mg</i>	1	QL 60 / 30 day(s)
<i>lamivudine tab 300 mg</i>	1	QL 30 / 30 day(s)
ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-THYMIDINES		
<i>zidovudine cap 100 mg</i>	1	QL 180 / 30 day(s)
<i>zidovudine syrup 10 mg/ml</i>	1	QL 1920 / 30 day(s)
<i>zidovudine tab 300 mg</i>	1	QL 60 / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIRETROVIRALS - RTI-NUCLEOTIDE ANALOGUES		
<i>tenofovir disoproxil fumarate</i>	1	QL 30 / 30 day(s)
VIREAD (VIREAD 150 MG TAB, VIREAD 200 MG TAB, VIREAD 250 MG TAB)	2	QL 30 / 30 day(s)
VIREAD 40 MG/GM POWDER	2	QL 240 / 30 day(s)
ANTIVIRAL COMBINATIONS		
PAXLOVID (150/100)	1	AL1 At least 12 yrs old QLC 20 / 30 day(s)
PAXLOVID (300/100)	1	AL1 At least 12 yrs old QLC 30 / 30 day(s)
CMV AGENTS		
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	2	
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	2	QL 120 / 30 day(s)
HEPATITIS B AGENTS		
<i>adefovir dipivoxil</i>	1	QL 30 / 30 day(s)
BARACLUDE 0.05 MG/ML SOLUTION	2	QL 600 / 30 day(s)
<i>entecavir</i>	1	QL 30 / 30 day(s)
EPIVIR HBV 5 MG/ML SOLUTION	2	
<i>lamivudine (hbv)</i>	1	
VEMLIDY	1	QL 30 / 30 day(s) AL1 At least 18 yrs old
HEPATITIS C AGENT - COMBINATIONS		
EPCLUSA (EPCLUSA 150-37.5 MG PACKET, EPCLUSA 200-50 MG PACKET)	1	QL 28 / 28 day(s) PA AL1 At least 3 yrs old S
EPCLUSA (EPCLUSA 200-50 MG TAB, EPCLUSA 400-100 MG TAB)	1	QL 28 / 28 day(s) PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HARVONI	1	QL 30 / 30 day(s) PA S
MAVYRET 100-40 MG TAB	1	QL 90 / 30 day(s) PA AL1 At least 18 yrs old S
MAVYRET 50-20 MG PACKET	1	QL 140 / 28 day(s) PA AL1 At least 3 yrs old S
VOSEVI	3	QL 30 / 30 day(s) PA AL1 At least 18 yrs old S
HEPATITIS C AGENTS		
PEGASYS 180 MCG/ML SOLUTION	2	PA S
<i>ribavirin (hepatitis c)</i>	1	QL 180 / 30 day(s) S
RIBAVIRIN (RIBAVIRIN 200 MG CAP, RIBAVIRIN 200 MG TAB)	1	QL 180 / 30 day(s) S
SOVALDI	3	QL 30 / 30 day(s) PA S
HERPES AGENTS - PURINE ANALOGUES		
<i>acyclovir (acyclovir cap 200 mg, acyclovir susp 200 mg/5ml, acyclovir tab 400 mg, acyclovir tab 800 mg)</i>	1	
<i>valacyclovir hcl (valacyclovir hcl tab 1 gm, valacyclovir hcl tab 500 mg)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HERPES AGENTS - THYMIDINE ANALOGUES		
<i>famciclovir (famciclovir tab 125 mg, famciclovir tab 250 mg, famciclovir tab 500 mg)</i>	1	
MISC. ANTIVIRALS		
LAGEVRIO	1	AL1 QLC At least 18 yrs old 40 / 30 day(s)
NEURAMINIDASE INHIBITORS		
<i>oseltamivir phosphate (oseltamivir phosphate cap 45 mg (base equiv), oseltamivir phosphate cap 75 mg (base equiv))</i>	1	QLC 20 / 120 day(s)
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	1	QLC 40 / 120 day(s)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	1	QLC 300 / 120 day(s)
RELENZA DISKHALER	2	QLC 40 / 120 day(s)
PA ENDONUCLEASE INHIBITORS		
XOFLUZA (40 MG DOSE)	2	QLC 2 / 120 day(s)
XOFLUZA (80 MG DOSE)	2	QLC 2 / 120 day(s)
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
<i>carvedilol</i>	1	
<i>labetalol hcl (labetalol hcl tab 100 mg, labetalol hcl tab 200 mg, labetalol hcl tab 300 mg)</i>	1	
BETA BLOCKERS CARDIO-SELECTIVE		
<i>acebutolol hcl (acebutolol hcl cap 200 mg, acebutolol hcl cap 400 mg)</i>	1	
<i>atenolol (atenolol tab 25 mg, atenolol tab 50 mg, atenolol tab 100 mg)</i>	1	
<i>betaxolol hcl (betaxolol hcl tab 10 mg, betaxolol hcl tab 20 mg)</i>	1	
<i>bisoprolol fumarate (bisoprolol fumarate tab 5 mg, bisoprolol fumarate tab 10 mg)</i>	1	
<i>metoprolol succinate</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>metoprolol tartrate (metoprolol tartrate tab 25 mg, metoprolol tartrate tab 37.5 mg, metoprolol tartrate tab 50 mg, metoprolol tartrate tab 75 mg, metoprolol tartrate tab 100 mg)</i>	1	
<i>nebivolol hcl</i>	1	
BETA BLOCKERS NON-SELECTIVE		
<i>nadolol (nadolol tab 20 mg, nadolol tab 40 mg, nadolol tab 80 mg)</i>	1	
<i>pindolol</i>	1	
<i>propranolol hcl (propranolol hcl 40 mg/5ml solution, propranolol hcl cap er 24hr 120 mg, propranolol hcl cap er 24hr 160 mg, propranolol hcl cap er 24hr 60 mg, propranolol hcl cap er 24hr 80 mg, propranolol hcl oral soln 20 mg/5ml, propranolol hcl tab 10 mg, propranolol hcl tab 20 mg, propranolol hcl tab 40 mg, propranolol hcl tab 60 mg, propranolol hcl tab 80 mg)</i>	1	
<i>sotalol hcl (afib/af)</i>	1	
<i>sotalol hcl (sotalol hcl tab 80 mg, sotalol hcl tab 120 mg, sotalol hcl tab 160 mg, sotalol hcl tab 240 mg)</i>	1	
<i>timolol maleate (timolol maleate tab 5 mg, timolol maleate tab 10 mg, timolol maleate tab 20 mg)</i>	1	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate (amlodipine besylate tab 2.5 mg (base equivalent), amlodipine besylate tab 5 mg (base equivalent), amlodipine besylate tab 10 mg (base equivalent))</i>	1	
<i>diltiazem hcl (diltiazem hcl cap er 12hr 120 mg, diltiazem hcl cap er 12hr 60 mg, diltiazem hcl cap er 12hr 90 mg, diltiazem hcl cap er 24hr 120 mg, diltiazem hcl cap er 24hr 180 mg, diltiazem hcl cap er 24hr 240 mg, diltiazem hcl tab 30 mg, diltiazem hcl tab 60 mg, diltiazem hcl tab 90 mg, diltiazem hcl tab 120 mg)</i>	1	
<i>diltiazem hcl coated beads (diltiazem hcl coated beads cap er 24hr 120 mg, diltiazem hcl coated beads cap er 24hr 180 mg, diltiazem hcl coated beads cap er 24hr 240 mg, diltiazem hcl coated beads cap er 24hr 300 mg, diltiazem hcl coated beads cap er 24hr 360 mg)</i>	1	
<i>diltiazem hcl extended release beads</i>	1	
<i>felodipine</i>	1	
<i>isradipine</i>	1	
<i>nicardipine hcl (nicardipine hcl cap 20 mg, nicardipine hcl cap 30 mg)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nifedipine (nifedipine cap 10 mg, nifedipine cap 20 mg, nifedipine tab er 24hr 30 mg, nifedipine tab er 24hr 60 mg, nifedipine tab er 24hr 90 mg, nifedipine tab er 24hr osmotic release 30 mg, nifedipine tab er 24hr osmotic release 60 mg, nifedipine tab er 24hr osmotic release 90 mg)</i>	1	
<i>nimodipine cap 30 mg</i>	1	
<i>nisoldipine</i>	1	
NISOLDIPINE ER	1	
<i>verapamil hcl (verapamil hcl cap er 24hr 120 mg, verapamil hcl cap er 24hr 180 mg, verapamil hcl cap er 24hr 240 mg, verapamil hcl tab 40 mg, verapamil hcl tab 80 mg, verapamil hcl tab 120 mg, verapamil hcl tab er 120 mg, verapamil hcl tab er 180 mg, verapamil hcl tab er 240 mg)</i>	1	
CARDIOTONICS		
CARDIAC GLYCOSIDES		
<i>digoxin (digoxin oral soln 0.05 mg/ml, digoxin tab 125 mcg (0.125 mg), digoxin tab 250 mcg (0.25 mg))</i>	1	
CARDIOVASCULAR AGENTS - MISC.		
NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB		
ENTRESTO (ENTRESTO 24-26 MG TAB, ENTRESTO 49-51 MG TAB, ENTRESTO 97-103 MG TAB)	1	
NITRATE & VASODILATOR COMBINATIONS		
BIDIL	2	
PROSTAGLANDIN VASODILATORS		
ORENITRAM	3	QL 90 / 30 day(s) PA S
ORENITRAM MONTH 1	3	PA S QLC 168/180 day(s)
ORENITRAM MONTH 2	3	PA S QLC 336/180 day(s)
ORENITRAM MONTH 3	3	PA S QLC 252/180 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TYVASO	3	QL 81.2 / 28 day(s) PA S
TYVASO REFILL	3	QL 81.2 / 28 day(s) PA S
TYVASO STARTER	3	QL 81.2 / 30 day(s) PA S
VENTAVIS	3	QL 270 / 30 day(s) PA S
PULM HYPERTEN-SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
ADEMPAS	1	QL 90 / 30 day(s) PA S
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
<i>ambrisentan</i>	1	QL 30 / 30 day(s) PA S
<i>bosentan</i>	1	QL 60 / 30 day(s) PA S
OPSUMIT	1	QL 30 / 30 day(s) PA S
TRACLEER 32 MG TAB SOL	2	QL 120 / 30 day(s) PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
<i>sildenafil citrate for suspension 10 mg/ml</i>	2	QL 224 / 30 day(s) PA AL1 At least 18 yrs old S
<i>sildenafil citrate tab 20 mg</i>	1	QL 90 / 30 day(s) PA AL1 At least 18 yrs old S
<i>tadalafil (pulmonary hypertension)</i>	1	QL 60 / 30 day(s) PA S
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI (UPTRAVI 200 MCG TAB, UPTRAVI 400 MCG TAB, UPTRAVI 600 MCG TAB, UPTRAVI 800 MCG TAB, UPTRAVI 1000 MCG TAB, UPTRAVI 1200 MCG TAB, UPTRAVI 1400 MCG TAB, UPTRAVI 1600 MCG TAB)	1	QL 60 / 30 day(s) PA AL1 At least 18 yrs old S
UPTRAVI 200 & 800 MCG TAB THPK	1	QL 200 / 30 day(s) PA AL1 At least 18 yrs old S
SELECTIVE CGMP PHOSPHODIESTERASE TYPE 5 INHIBITORS		
<i>sildenafil citrate (sildenafil citrate tab 25 mg, sildenafil citrate tab 50 mg, sildenafil citrate tab 100 mg)</i>	1	QL 6 / 30 day(s) AL1 At least 18 yrs old
<i>tadalafil (tadalafil tab 10 mg, tadalafil tab 20 mg)</i>	1	QL 6 / 30 day(s)
<i>tadalafil (tadalafil tab 2.5 mg, tadalafil tab 5 mg)</i>	1	QL 30 / 30 day(s)
SINUS NODE INHIBITORS		
CORLANOR (CORLANOR 5 MG TAB, CORLANOR 7.5 MG TAB)	2	QL 60 / 30 day(s) PA
CORLANOR 5 MG/5ML SOLUTION	2	QL 600 / 30 day(s) PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRANSTHYRETIN STABILIZERS		
VYNDAMAX	1	QL 30 / 30 day(s) PA S
VYNDAQEL	1	QL 120 / 30 day(s) PA S
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
<i>cefadroxil (cefadroxil cap 500 mg, cefadroxil for susp 250 mg/5ml, cefadroxil for susp 500 mg/5ml)</i>	1	
<i>cephalexin (cephalexin cap 250 mg, cephalexin cap 500 mg, cephalexin cap 750 mg, cephalexin for susp 125 mg/5ml, cephalexin for susp 250 mg/5ml)</i>	1	
CEPHALOSPORINS - 2ND GENERATION		
<i>cefprozil (cefprozil for susp 125 mg/5ml, cefprozil for susp 250 mg/5ml, cefprozil tab 250 mg, cefprozil tab 500 mg)</i>	1	
<i>cefuroxime axetil</i>	1	
CEPHALOSPORINS - 3RD GENERATION		
<i>cefdinir (cefdinir cap 300 mg, cefdinir for susp 125 mg/5ml, cefdinir for susp 250 mg/5ml)</i>	1	
<i>cefixime (cefixime for susp 100 mg/5ml, cefixime for susp 200 mg/5ml)</i>	2	QL 1200 / 90 day(s)
<i>cefixime cap 400 mg</i>	2	
<i>cefpodoxime proxetil (cefpodoxime proxetil for susp 50 mg/5ml, cefpodoxime proxetil for susp 100 mg/5ml)</i>	1	
<i>cefpodoxime proxetil (cefpodoxime proxetil tab 100 mg, cefpodoxime proxetil tab 200 mg)</i>	2	
CHEMICALS		
SOLID COMBINATIONS		
SODIUM BICARBONATE-NACL	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CONTRACEPTIVES		
BIPHASIC CONTRACEPTIVES - ORAL		
<i>desogestrel-ethinyl estradiol (biphasic)</i>	1	ACA Affordable Care Act
LO LOESTRIN FE	1	ACA Affordable Care Act
COMBINATION CONTRACEPTIVES - ORAL		
<i>desogestrel & ethinyl estradiol</i>	1	ACA Affordable Care Act
<i>drospirenone-ethinyl estradiol</i>	1	ACA Affordable Care Act
<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	1	ACA Affordable Care Act
<i>ethynodiol diacet & eth estrad</i>	1	ACA Affordable Care Act
<i>levonorgestrel & eth estradiol (levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg, levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg)</i>	1	ACA Affordable Care Act
<i>norethin acet & estrad-fe (norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg, norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24), norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24))</i>	1	ACA Affordable Care Act
<i>norethindrone & eth estradiol (norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg, norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg, norethindrone & ethinyl estradiol tab 1 mg-35 mcg)</i>	1	ACA Affordable Care Act
<i>norethindrone & ethinyl estradiol-fe (norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg, norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg)</i>	1	ACA Affordable Care Act
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	1	QL 30 / 30 day(s) ACA Affordable Care Act
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	1	ACA Affordable Care Act
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	1	QL 30 / 30 day(s) ACA Affordable Care Act
<i>norgestimate-ethinyl estradiol</i>	1	ACA Affordable Care Act
<i>norgestrel & ethinyl estradiol</i>	1	ACA Affordable Care Act
TYBLUME	1	ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
<i>norelgestromin-ethinyl estradiol</i>	1	QL 3 / 21 day(s) ACA Affordable Care Act
COMBINATION CONTRACEPTIVES - VAGINAL		
NUVARING	1	ACA Affordable Care Act
CONTINUOUS CONTRACEPTIVES - ORAL		
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	1	QL 30 / 30 day(s) ACA Affordable Care Act
COPPER CONTRACEPTIVES - IUD		
PARAGARD INTRAUTERINE COPPER	1	ACA Affordable Care Act
EMERGENCY CONTRACEPTIVES		
ELLA	1	ACA Affordable Care Act
<i>levonorgestrel (emergency oc)</i>	1	ACA Affordable Care Act OTC Over the Counter
EXTENDED-CYCLE CONTRACEPTIVES - ORAL		
<i>levonorgestrel-ethinyl estradiol (91-day) (levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg, levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7), levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7), levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg)</i>	1	QL 91 / 91 day(s) ACA Affordable Care Act
FOUR PHASE CONTRACEPTIVES - ORAL		
NATAZIA	2	ACA Affordable Care Act
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-SUBQ PROVERA 104	1	QL 90 / 90 day(s) ACA Affordable Care Act
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	1	QL 1.2 / 28 day(s) ACA Affordable Care Act
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	1	QL 90 / 90 day(s) ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PROGESTIN CONTRACEPTIVES - IUD		
KYLEENA	1	ACA Affordable Care Act
LILETTA (52 MG)	1	ACA Affordable Care Act
MIRENA (52 MG)	1	ACA Affordable Care Act
SKYLA	1	ACA Affordable Care Act
PROGESTIN CONTRACEPTIVES - ORAL		
<i>norethindrone (contraceptive)</i>	1	ACA Affordable Care Act
OPILL	1	ACA Affordable Care Act OTC Over the Counter
TRIPHASIC CONTRACEPTIVES - ORAL		
<i>levonorgestrel-eth estradiol (triphasic)</i>	1	ACA Affordable Care Act
<i>norethindrone acetate-ethinyl estradiol-fe</i>	1	ACA Affordable Care Act
<i>norethindrone-eth estradiol (triphasic) (norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg, norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg)</i>	1	ACA Affordable Care Act
<i>norgestimate-ethinyl estradiol (triphasic)</i>	1	ACA Affordable Care Act
VELIVET	1	ACA Affordable Care Act
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
BUDESONIDE (BUDESONIDE 3 MG CP DR PART, BUDESONIDE DELAYED RELEASE PARTICLES CAP 3 MG)	1	
<i>dexamethasone (dexamethasone 0.5 mg/5ml solution, dexamethasone elixir 0.5 mg/5ml, dexamethasone tab 0.5 mg, dexamethasone tab 0.75 mg, dexamethasone tab 1 mg, dexamethasone tab 1.5 mg, dexamethasone tab 2 mg, dexamethasone tab 4 mg, dexamethasone tab 6 mg)</i>	1	
DEXAMETHASONE INTENSOL	1	
<i>hydrocortisone (hydrocortisone tab 5 mg, hydrocortisone tab 10 mg, hydrocortisone tab 20 mg)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>methylprednisolone (methylprednisolone tab 4 mg, methylprednisolone tab 8 mg, methylprednisolone tab 16 mg, methylprednisolone tab 32 mg, methylprednisolone tab therapy pack 4 mg (21))</i>	1	
<i>prednisolone sodium phosphate (prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base), prednisolone sod phosphate oral soln 15 mg/5ml (base equiv), prednisolone sodium phosphate oral soln 25 mg/5ml (base eq))</i>	1	
<i>prednisolone soln 15 mg/5ml</i>	1	
<i>prednisone (prednisone tab 1 mg, prednisone tab 2.5 mg, prednisone tab 5 mg, prednisone tab 10 mg, prednisone tab 20 mg, prednisone tab 50 mg, prednisone tab therapy pack 5 mg (21), prednisone tab therapy pack 5 mg (48), prednisone tab therapy pack 10 mg (21), prednisone tab therapy pack 10 mg (48))</i>	1	
PREDNISONE 5 MG/5ML SOLUTION	2	
MINERALOCORTICIDS		
<i>fludrocortisone acetate tab 0.1 mg</i>	1	
COUGH/COLD/ALLERGY		
ANTITUSSIVE - NONNARCOTIC		
<i>benzonatate (benzonatate cap 100 mg, benzonatate cap 200 mg)</i>	1	AL1 At least 10 yrs old
ANTITUSSIVE - OPIOID		
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	1	QL 900 / 30 day(s) AL1 At least 2 yrs old
ANTITUSSIVE-EXPECTORANT		
<i>dextromethorphan-guaifenesin (dextromethorphan-guaifenesin syrup 10-100 mg/5ml, dextromethorphan-guaifenesin tab 20-400 mg)</i>	1	OTC Over the Counter
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	1	OTC Over the Counter
DECONGESTANT & ANTIHISTAMINE		
<i>promethazine & phenylephrine</i>	1	AL1 At least 2 yrs old
EXPECTORANTS		
<i>guaifenesin (guaifenesin liquid 100 mg/5ml, guaifenesin tab 200 mg, guaifenesin tab 400 mg)</i>	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MISC. RESPIRATORY INHALANTS		
<i>sodium chloride (inhalant) (sodium chloride soln nebu 3%, sodium chloride soln nebu 7%)</i>	1	
MUCOLYTICS		
<i>acetylcysteine (acetylcysteine inhal soln 10%, acetylcysteine inhal soln 20%)</i>	1	
NON-NARC ANTITUSSIVE-ANTIHISTAMINE		
<i>promethazine-dm</i>	1	AL1 At least 2 yrs old
NON-NARC ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE		
<i>pseudoephed-bromphen-dm</i>	1	AL1 At least 2 yrs old
OPIOID ANTITUSSIVE-ANTIHISTAMINE		
<i>promethazine w/codeine</i>	1	AL1 At least 12 yrs old
OPIOID ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE		
PROMETHAZINE VC/CODEINE	1	QL 900 / 30 day(s) AL1 At least 6 yrs old
<i>promethazine-phenylephrine-codeine</i>	1	QL 900 / 30 day(s) AL1 At least 6 yrs old
DERMATOLOGICALS		
ACNE ANTIBIOTICS		
<i>clindamycin phosphate (topical) (clindamycin phosphate lotion 1%, clindamycin phosphate soln 1%)</i>	1	
<i>clindamycin phosphate gel 1%</i>	1	QL 75 / 30 days
<i>dapsone (topical)</i>	1	QL 90 / 30 day(s)
<i>erythromycin gel 2%</i>	1	QL 60 / 30 day(s)
<i>erythromycin soln 2%</i>	1	
<i>sulfacetamide sodium (acne)</i>	1	QL 120 / 30 day(s)
ACNE COMBINATIONS		
<i>adapalene-benzoyl peroxide (adapalene-benzoyl peroxide gel 0.1-2.5%, adapalene-benzoyl peroxide gel 0.3-2.5%)</i>	1	QL 45 / 30 day(s) PA ST AL1 Up to 30 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1	QL 45 / 30 day(s)
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	1	QL 50 / 30 day(s)
ACNE PRODUCTS		
ACNE MEDICATION 10	1	OTC Over the Counter
<i>adapalene (adapalene cream 0.1%, adapalene gel 0.1%, adapalene gel 0.3%)</i>	1	QL 45 / 30 day(s) PA ST AL1 Up to 30 yrs old
<i>benzoyl peroxide (benzoyl peroxide cream 10%, benzoyl peroxide foam 5.3%, benzoyl peroxide liq 5%, benzoyl peroxide liq 7%, benzoyl peroxide liq 10%)</i>	1	OTC Over the Counter
<i>benzoyl peroxide (benzoyl peroxide gel 2.5%, benzoyl peroxide gel 5%, benzoyl peroxide gel 10%)</i>	1	AL1 At least 7 yrs old OTC Over the Counter
DIFFERIN 0.1 % GEL	1	QL 45 / 30 day(s) PA AL1 Up to 30 yrs old OTC Over the Counter
<i>isotretinoin (isotretinoin cap 10 mg, isotretinoin cap 20 mg, isotretinoin cap 30 mg, isotretinoin cap 40 mg)</i>	1	
<i>tretinoin (tretinoin cream 0.025%, tretinoin cream 0.05%, tretinoin cream 0.1%, tretinoin gel 0.01%, tretinoin gel 0.025%, tretinoin gel 0.05%)</i>	1	QL 45 / 30 day(s) PA ST AL1 Up to 30 yrs old
ANTI-INFLAMMATORY AGENTS - TOPICAL		
<i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i>	1	QL 1000 / 30 day(s)
VOLTAREN ARTHRITIS PAIN	1	QL 1000 / 30 day(s) OTC Over the Counter
ANTIBIOTIC MIXTURES TOPICAL		
<i>bacitracin-polymyxin b</i>	1	OTC Over the Counter
<i>neomycin-bacitracin-polymyxin</i>	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIBIOTICS - TOPICAL		
<i>bacitracin (topical)</i>	1	OTC Over the Counter
<i>bacitracin zinc oint 500 unit/gm</i>	1	OTC Over the Counter
<i>gentamicin sulfate (topical)</i>	1	
<i>mupirocin oint 2%</i>	1	
ANTIFUNGALS - TOPICAL		
<i>ciclopirox (ciclopirox gel 0.77%, ciclopirox shampoo 1%)</i>	1	
<i>ciclopirox olamine (ciclopirox olamine cream 0.77% (base equiv), ciclopirox olamine susp 0.77% (base equiv))</i>	1	
<i>ciclopirox solution 8%</i>	1	QL 6.6 / 30 day(s)
LAMISIL AT 1 % CREAM	1	OTC Over the Counter
LAMISIL AT JOCK ITCH	1	OTC Over the Counter
<i>naftifine hcl cream 2%</i>	2	
<i>nystatin (topical) (nystatin cream 100000 unit/gm, nystatin oint 100000 unit/gm, nystatin topical powder 100000 unit/gm)</i>	1	
<i>terbinafine hcl (topical)</i>	1	OTC Over the Counter
TINACTIN (TINACTIN 1 % AEROSOL, TINACTIN 1 % CREAM)	1	OTC Over the Counter
<i>tolnaftate aerosol 1%</i>	1	OTC Over the Counter
ANTIFUNGALS - TOPICAL COMBINATIONS		
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	1	
ANTINEOPLASTIC ALKYLATING AGENTS - TOPICAL		
VALCHLOR	3	QL 90 / 30 day(s) S
ANTINEOPLASTIC ANTIMETABOLITES - TOPICAL		
<i>fluorouracil (topical) (fluorouracil cream 5%, fluorouracil soln 5%)</i>	1	
FLUOROURACIL 2 % SOLUTION	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIPSORIATICS		
CALCIPOTRIENE (CALCIPOTRIENE 0.005 % SOLUTION, CALCIPOTRIENE CREAM 0.005%, CALCIPOTRIENE SOLN 0.005% (50 MCG/ML))	1	QL 60 / 30 day(s)
<i>tazarotene cream 0.1%</i>	1	QL 45 / 30 day(s) PA ST AL1 Up to 30 yrs old
VTAMA	1	QL 60 / 30 days PA
ANTIPSORIATICS - SYSTEMIC		
<i>acitretin (acitretin cap 17.5 mg, acitretin cap 25 mg)</i>	2	QL 60 / 30 day(s)
<i>acitretin cap 10 mg</i>	2	QL 120 / 30 day(s)
STELARA (STELARA 45 MG/0.5ML SOLN PRSYR, STELARA 45 MG/0.5ML SOLUTION)	3	QL 0.5 / 84 day(s) PA S
STELARA 90 MG/ML SOLN PRSYR	3	QL 1 / 56 day(s) PA S
TREMFYA (TREMFYA 100 MG/ML SOLN A-INJ, TREMFYA 100 MG/ML SOLN PRSYR)	3	QL 1 / 56 day(s) PA AL1 At least 18 yrs old S
ANTISEBORRHEIC PRODUCTS		
DHS ZINC	1	OTC Over the Counter
<i>selenium sulfide lotion 2.5%</i>	1	
ANTIVIRALS - TOPICAL		
<i>acyclovir oint 5%</i>	1	QL 30 / 30 day(s) AL1 At least 12 yrs old
<i>docosanol cream 10%</i>	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ASTRINGENTS		
AQUAPHOR 3 IN 1 DIAPER RASH	1	OTC Over the Counter
DESITIN	1	OTC Over the Counter
DESITIN MAXIMUM STRENGTH	1	OTC Over the Counter
<i>zinc oxide cream 13%</i>	1	OTC Over the Counter
ATOPIC DERMATITIS - JANUS KINASE (JAK) INHIBITORS		
CIBINQO	1	QL 30 / 30 day(s) PA S
ATOPIC DERMATITIS - MONOCLONAL ANTIBODIES		
DUPIXENT (DUPIXENT 200 MG/1.14ML SOLN A-INJ, DUPIXENT 200 MG/1.14ML SOLN PRSYR)	1	QL 2.28 / 28 day(s) PA S
DUPIXENT (DUPIXENT 300 MG/2ML SOLN A-INJ, DUPIXENT 300 MG/2ML SOLN PRSYR)	1	QL 4 / 28 day(s) PA S
DUPIXENT 100 MG/0.67ML SOLN PRSYR	1	QL 2 / 28 day(s) PA S
BURN PRODUCTS		
<i>silver sulfadiazine cream 1%</i>	1	
CORTICOSTEROIDS - TOPICAL		
<i>alclometasone dipropionate</i>	1	QL 120 / 30 day(s)
<i>betamethasone dipropionate (topical) (betamethasone dipropionate cream 0.05%, betamethasone dipropionate oint 0.05%)</i>	1	QL 135 / 30 day(s)
<i>betamethasone dipropionate augmented (betamethasone dipropionate augmented cream 0.05%, betamethasone dipropionate augmented oint 0.05%)</i>	1	QL 200 / 28 day(s)
<i>betamethasone dipropionate augmented lotion 0.05%</i>	1	QL 210 / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>betamethasone dipropionate lotion 0.05%</i>	1	QL 120 / 30 day(s)
<i>betamethasone valerate (betamethasone valerate cream 0.1% (base equivalent), betamethasone valerate oint 0.1% (base equivalent))</i>	1	QL 135 / 30 day(s)
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	1	QL 120 / 30 day(s)
<i>clobetasol propionate (clobetasol propionate cream 0.05%, clobetasol propionate gel 0.05%, clobetasol propionate oint 0.05%)</i>	1	QL 210 / 28 day(s)
<i>clobetasol propionate emollient base</i>	1	QL 210 / 28 day(s)
<i>clobetasol propionate soln 0.05%</i>	1	QL 200 / 28 day(s)
<i>desonide (desonide cream 0.05%, desonide oint 0.05%)</i>	1	QL 120 / 30 day(s)
<i>fluocinolone acetonide (fluocinolone acetonide cream 0.01%, fluocinolone acetonide cream 0.025%, fluocinolone acetonide oint 0.025%, fluocinolone acetonide soln 0.01%)</i>	1	QL 120 / 30 day(s)
<i>fluocinolone acetonide (fluocinolone acetonide oil 0.01% (body oil), fluocinolone acetonide oil 0.01% (scalp oil))</i>	1	QL 119 / 30 day(s)
<i>fluocinonide (fluocinonide 0.05 % gel, fluocinonide cream 0.05%, fluocinonide gel 0.05%, fluocinonide oint 0.05%, fluocinonide soln 0.05%)</i>	1	QL 120 / 30 day(s)
<i>fluticasone propionate (fluticasone propionate cream 0.05%, fluticasone propionate oint 0.005%)</i>	1	QL 120 / 30 day(s)
<i>halobetasol propionate cream 0.05%</i>	1	QL 200 / 28 day(s)
<i>hydrocortisone (topical) (hydrocortisone cream 0.5%, hydrocortisone lotion 1%, hydrocortisone oint 0.5%)</i>	1	OTC Over the Counter
<i>hydrocortisone (topical) (hydrocortisone cream 1%, hydrocortisone cream 2.5%, hydrocortisone oint 1%, hydrocortisone oint 2.5%)</i>	1	QL 454 / 30 day(s)
HYDROCORTISONE 2.5 % LOTION	1	QL 118 / 30 day(s)
<i>hydrocortisone lotion 2.5%</i>	1	QL 118 / 30 day(s)
<i>mometasone furoate (mometasone furoate cream 0.1%, mometasone furoate oint 0.1%)</i>	1	QL 135 / 30 day(s)
<i>mometasone furoate solution 0.1% (lotion)</i>	1	QL 120 / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>triamcinolone acetonide (topical) (triamcinolone acetonide cream 0.025%, triamcinolone acetonide cream 0.1%, triamcinolone acetonide cream 0.5%, triamcinolone acetonide oint 0.025%, triamcinolone acetonide oint 0.1%)</i>	1	QL 454 / 30 day(s)
<i>triamcinolone acetonide (topical) (triamcinolone acetonide lotion 0.025%, triamcinolone acetonide lotion 0.1%, triamcinolone acetonide oint 0.5%)</i>	1	QL 120 / 30 day(s)
EMOLLIENTS		
A + D PERSONAL CARE LOTION	1	OTC Over the Counter
ALOE AFTERSUN	1	OTC Over the Counter
AMLACTIN RAPID RELIEF	1	OTC Over the Counter
AQUA GLYCOLIC HAND/BODY	1	OTC Over the Counter
AQUA LACTEN	1	OTC Over the Counter
AQUAMED	1	OTC Over the Counter
AQUAPHILIC	1	OTC Over the Counter
AQUAPHOR	1	OTC Over the Counter
AQUAPHOR ADV HEALING BABY	1	OTC Over the Counter
AQUAPHOR ADV PROTECT HEALING	1	OTC Over the Counter
AQUAPHOR ADV THERAPY CHILDRENS	1	OTC Over the Counter
AQUAPHOR ADV THERAPY HEALING	1	OTC Over the Counter
AQUAPHOR ADVANCED THERAPY	1	OTC Over the Counter
AQUAPHOR ADVANCED THERAPY BABY	1	OTC Over the Counter
AVEENO DAILY MOISTURIZING LOTION	1	OTC Over the Counter
AVEENO STRESS RELIEF	1	OTC Over the Counter
BAG BALM	1	OTC Over the Counter
BALMBARR HAND & BODY LOTION	1	OTC Over the Counter
BEAUTY 360 ADVANCED SKIN CARE	1	OTC Over the Counter
BETA CARE LOTION	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BOUDREAUXS BABY BUTT SMOOTH	1	OTC Over the Counter
CAM	1	OTC Over the Counter
CERAVE AM SPF 30	1	OTC Over the Counter
CERAVE DAILY MOISTURIZING	1	OTC Over the Counter
CERAVE HEALING	1	OTC Over the Counter
CERAVE PM	1	OTC Over the Counter
CERAVE SA ROUGH & BUMPY SKIN LOTION	1	OTC Over the Counter
CETAPHIL ADVANCED RELIEF	1	OTC Over the Counter
CETAPHIL DAILY ADVANCE	1	OTC Over the Counter
CETAPHIL DAILY FACIAL SPF 15	1	OTC Over the Counter
CETAPHIL MOISTURIZING LOTION	1	OTC Over the Counter
CETAPHIL RESTORADERM LOTION	1	OTC Over the Counter
CLN FACIAL MOISTURIZER NOURISH	1	OTC Over the Counter
COCOA BUTTER LOTION	1	OTC Over the Counter
COCOA BUTTER HAND & BODY	1	OTC Over the Counter
CORN HUSKERS	1	OTC Over the Counter
CVS BEAUTY 360 DRY SKIN	1	OTC Over the Counter
CVS DAILY ULTRA MOISTURE	1	OTC Over the Counter
CVS DRY SKIN THERAPY LOTION	1	OTC Over the Counter
CVS GENTLE SKIN CLEANSER	1	OTC Over the Counter
CVS MOISTURIZING LOTION	1	OTC Over the Counter
CVS SKIN THERAPY	1	OTC Over the Counter
DAILY MOISTURIZING	1	OTC Over the Counter
DERMAL THERAPY EXTRA STRENGTH	1	OTC Over the Counter
DERMAL THERAPY FACE CARE	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DERMAL THERAPY FOOT MASSAGE	1	OTC Over the Counter
DERMAL THERAPY HAND/ELBOW	1	OTC Over the Counter
DERMAL THERAPY HEEL CARE	1	OTC Over the Counter
DIABETIDERM LOTION	1	OTC Over the Counter
EMOLLIA-LOTION	1	OTC Over the Counter
EPILYT	1	OTC Over the Counter
EQL ADVANCED RECOVERY	1	OTC Over the Counter
EQL ULTRA MOISTURIZING DAILY	1	OTC Over the Counter
EUCERIN LOTION	1	OTC Over the Counter
EUCERIN BABY	1	OTC Over the Counter
EUCERIN DAILY HYDRATION LOTION	1	OTC Over the Counter
EUCERIN DAILY HYDRATION SPF15	1	OTC Over the Counter
EUCERIN DAILY PROTECTION/SPF30	1	OTC Over the Counter
EUCERIN INTENSIVE REPAIR (EUCERIN INTENSIVE REPAIR LOTION, EUCERIN INTENSIVE REPAIR OINTMENT)	1	OTC Over the Counter
EUCERIN ORIGINAL HEALING LOTION	1	OTC Over the Counter
EUCERIN PLUS 5-5 % LOTION	1	OTC Over the Counter
EUCERIN PROFESSIONAL REPAIR	1	OTC Over the Counter
EUCERIN ROUGHNESS RELIEF LOTION	1	OTC Over the Counter
EUCERIN SMOOTHING REPAIR	1	OTC Over the Counter
GOLD BOND ADVANCED HEALING	1	OTC Over the Counter
GOLD BOND EVERYDAY MOISTURE	1	OTC Over the Counter
GOLD BOND HEALING	1	OTC Over the Counter
GOLD BOND MEDICATED BODY	1	OTC Over the Counter
GOLD BOND MEDICATED BODY EX ST (GOLD BOND MEDICATED BODY EX ST 0.5 % LOTION, GOLD BOND MEDICATED BODY EX ST 5-0.5 % LOTION)	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GOLD BOND PURE MOISTURE	1	OTC Over the Counter
GOLD BOND ULT SHEER RIBBONS	1	OTC Over the Counter
GOLD BOND ULTIMATE LOTION	1	OTC Over the Counter
GOLD BOND ULTIMATE HEALING (GOLD BOND ULTIMATE HEALING LOTION, GOLD BOND ULTIMATE HEALING OINTMENT)	1	OTC Over the Counter
GOLD BOND ULTIMATE OVERNIGHT	1	OTC Over the Counter
GOLD BOND ULTIMATE PROTECTION	1	OTC Over the Counter
GOLD BOND ULTIMATE RESTORING	1	OTC Over the Counter
GOLD BOND ULTIMATE SOFTENING	1	OTC Over the Counter
GOLD BOND ULTIMATE SOOTHING LOTION	1	OTC Over the Counter
HYDRAZONE LOTION	1	OTC Over the Counter
JOHNSONS SKIN NOURISH MOIST	1	OTC Over the Counter
KERI ADVANCED MOISTURE THERAPY	1	OTC Over the Counter
KERI BASIC ESSENTIALS	1	OTC Over the Counter
KERI NOURISHING SHEA BUTTER	1	OTC Over the Counter
KERI ORIGINAL	1	OTC Over the Counter
KERI ORIGINAL DAILY MOISTURE	1	OTC Over the Counter
KERI OVERNIGHT	1	OTC Over the Counter
KERI RENEWAL MILK BODY	1	OTC Over the Counter
KERI RENEWAL SKIN FIRMING	1	OTC Over the Counter
KERI RENEWAL STRETCH MARK	1	OTC Over the Counter
KERI SENSITIVE SKIN	1	OTC Over the Counter
<i>lactic acid (ammonium lactate) (lactic acid (ammonium lactate) cream 12%, lactic acid (ammonium lactate) lotion 12%)</i>	1	OTC Over the Counter
LANAPHILIC	1	OTC Over the Counter
LUBRIDERM	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LUBRIDERM ADVANCED THERAPY LOTION	1	OTC Over the Counter
LUBRIDERM DAILY MOISTURE	1	OTC Over the Counter
LUBRIDERM INTENSE SKIN REPAIR	1	OTC Over the Counter
LUBRISOFT	1	OTC Over the Counter
MAXAM	1	OTC Over the Counter
MEDERMA AG HAND & BODY	1	OTC Over the Counter
MSM SKIN	1	OTC Over the Counter
NEUTROGENA MOISTURE SENS SKIN	1	OTC Over the Counter
NIVEA LOTION	1	OTC Over the Counter
NIVEA ESSENTIALLY ENRICHED	1	OTC Over the Counter
NIVEA IN-SHOWER	1	OTC Over the Counter
NIVEA INTENSE HEALING	1	OTC Over the Counter
NIVEA ORIGINAL MOISTURE	1	OTC Over the Counter
NIVEA SHEA NOURISH	1	OTC Over the Counter
NIVEA VISAGE LOTION	1	OTC Over the Counter
NUTRADERM LOTION	1	OTC Over the Counter
NUTRADERM ADVANCED FORMULA	1	OTC Over the Counter
OINTMENT BASE	1	OTC Over the Counter
PALMERS COCOA BUTTER FORMULA LOTION	1	OTC Over the Counter
PALMERS COCONUT OIL BODY	1	OTC Over the Counter
PALMERS STRETCH MARKS LOTION	1	OTC Over the Counter
RA ADVANCED HEALING	1	OTC Over the Counter
RA DAYLOGIC HEALING DRY SKIN	1	OTC Over the Counter
RADIAGUARD ADVANCED LOTION	1	OTC Over the Counter
RESTA LITE	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SKIN REPAIR	1	OTC Over the Counter
STUDIO 35 EXTRA MOISTURIZING	1	OTC Over the Counter
THERABETIC SKIN CARE	1	OTC Over the Counter
VANICREAM (VANICREAM LOTION, VANICREAM OINTMENT)	1	OTC Over the Counter
WIBI	1	OTC Over the Counter
ENZYMES - TOPICAL		
SANTYL	2	QL 30 / 30 day(s)
IMIDAZOLE-RELATED ANTIFUNGALS - TOPICAL		
<i>clotrimazole (topical) (clotrimazole cream 1%, clotrimazole soln 1%)</i>	1	OTC Over the Counter
<i>econazole nitrate cream 1%</i>	1	
<i>ketoconazole (topical) (ketoconazole cream 2%, ketoconazole shampoo 2%)</i>	1	
<i>miconazole nitrate powder 2%</i>	1	OTC Over the Counter
NIZORAL	1	OTC Over the Counter
IMMUNOMODULATORS IMIDAZOQUINOLINAMINES - TOPICAL		
<i>imiquimod cream 5%</i>	1	QL 24 / 30 day(s) AL1 At least 12 yrs old
KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS		
CLEAR AWAY PLANTAR SYSTEM	1	OTC Over the Counter
CLEARASIL DAILY CLEAN	1	OTC Over the Counter
CORN REMOVER ONE STEP	1	OTC Over the Counter
<i>podofilox (podofilox 0.5 % solution, podofilox soln 0.5%)</i>	1	
<i>salicylic acid gel 2%</i>	1	OTC Over the Counter
LOCAL ANESTHETICS - TOPICAL		
<i>capsaicin cream 0.1%</i>	1	OTC Over the Counter
<i>lidocaine (lidocaine cream 4%, lidocaine cream 5%, lidocaine patch 4%)</i>	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lidocaine hcl cream 4%</i>	1	OTC Over the Counter
<i>lidocaine hcl soln 4%</i>	1	QL 400 / 30 day(s) PA
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	1	QL 900 / 30 day(s) PA
<i>lidocaine oint 5%</i>	1	QL 600 / 30 days PA
<i>lidocaine patch 5%</i>	2	QL 90 / 30 days PA
MACROLIDE IMMUNOSUPPRESSANTS - TOPICAL		
<i>pimecrolimus</i>	1	QL 100 / 30 days AL1 At least 2 yrs old
<i>tacrolimus oint 0.03%</i>	1	QL 100 / 30 day(s) AL1 At least 2 yrs old
<i>tacrolimus oint 0.1%</i>	1	QL 100 / 30 day(s) AL1 At least 16 yrs old
MISC. TOPICAL		
<i>*witch hazel (hamamelis virginiana) cleansing pads**</i>	1	OTC Over the Counter
MISC. TOPICAL COMBINATIONS		
CALAMINE 8-8 % LOTION	1	OTC Over the Counter
CALAMINE-ZINC OXIDE (CALAMINE-ZINC OXIDE LOTION, CALAMINE-ZINC OXIDE 8-8 % LOTION)	1	OTC Over the Counter
GNP CALAMINE	1	OTC Over the Counter
MEIJER CALAMINE	1	OTC Over the Counter
PX CALAMINE	1	OTC Over the Counter
SM CALAMINE	1	OTC Over the Counter
NIT REMOVERS		
FT ULTRA LICE TREATMENT SYSTEM	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NIX ULTRA	1	OTC Over the Counter
NIX ULTRA 2-IN-1 LICE SYSTEM	1	OTC Over the Counter
NIX ULTRA ALL-IN-ONE SHAMPOO	1	OTC Over the Counter
NIX ULTRA LICE REMOVAL KIT	1	OTC Over the Counter
RID SUPER MAX 4 IN 1 LICE ELIM	1	OTC Over the Counter
RID SUPER MAX 5 IN 1 LICE ELIM	1	OTC Over the Counter
RID SUPER MAX SENSITIVE SKIN	1	OTC Over the Counter
ROSACEA AGENTS		
<i>azelaic acid gel 15%</i>	1	QL 50 / 30 day(s)
<i>metronidazole (topical) (metronidazole gel 0.75%, metronidazole gel 1%, metronidazole lotion 0.75%)</i>	1	
SCABICIDE COMBINATIONS		
<i>pyrethrins-piperonyl butoxide shampoo 0.33-4%</i>	1	OTC Over the Counter
RID 0.33-4 % LIQUID	1	OTC Over the Counter
RID COMPLETE LICE ELIMINATION	1	OTC Over the Counter
SCABICIDES & PEDICULICIDES		
<i>malathion</i>	1	QL 2 / 30 day(s) ST
NATROBA	2	ST
NIX CREME RINSE	1	OTC Over the Counter
<i>permethrin cream 5%</i>	1	QL 2 / 30 day(s) ST
<i>permethrin creme rinse 1%</i>	1	OTC Over the Counter
SPINOSAD	2	ST
SOAPS		
ACNE-AID	1	OTC Over the Counter
AVEENO MOISTURIZING	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BASIS ALL CLEAR	1	OTC Over the Counter
BASIS COMBINATION	1	OTC Over the Counter
BASIS EXTRA DRY	1	OTC Over the Counter
BASIS NORMAL/DRY	1	OTC Over the Counter
BASIS SENSITIVE SKIN	1	OTC Over the Counter
CETAPHIL GENTLE CLEANSING	1	OTC Over the Counter
CONTI CASTILE SOAP	1	OTC Over the Counter
EQL DEODORANT SOAP	1	OTC Over the Counter
EQL MOISTURIZING BEAUTY	1	OTC Over the Counter
EUCERIN BAR	1	OTC Over the Counter
GRANDPAS BAKING SODA SOAP	1	OTC Over the Counter
GRANDPAS INDIAN CORN SOAP	1	OTC Over the Counter
GRANDPAS LOVE MY LOOFAH SOAP	1	OTC Over the Counter
GRANDPAS OATMEAL SOAP	1	OTC Over the Counter
GRANDPAS ORANGE ESSENCE SOAP	1	OTC Over the Counter
GRANDPAS PATCHOULI SOAP	1	OTC Over the Counter
GRANDPAS SHEA BUTTER SOAP	1	OTC Over the Counter
GRANDPAS WITCH HAZEL SOAP	1	OTC Over the Counter
JOHNSONS BABY BAR	1	OTC Over the Counter
LOBOB CONTACT LENS WEARER SOAP	1	OTC Over the Counter
NATURE DE FRANCE ALGOLI SOAP	1	OTC Over the Counter
NATURE DE FRANCE ARGILE SOAP	1	OTC Over the Counter
NATURE DE FRANCE ARGIMIEL SOAP	1	OTC Over the Counter
NEUTROGENA ACNE CLEANSING SOAP	1	OTC Over the Counter
NEUTROGENA FACIAL SOAP	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OILATUM	1	OTC Over the Counter
SUMMERS EVE NIGHT-TIME BAR	1	OTC Over the Counter
VANICREAM BAR	1	OTC Over the Counter
TAR PRODUCTS		
DHS TAR	1	OTC Over the Counter
DHS TAR GEL	1	OTC Over the Counter
NEUTROGENA T/GEL	1	OTC Over the Counter
TOPICAL ANESTHETIC COMBINATIONS		
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1	QL 30 / 30 day(s) PA
WOUND CARE - GROWTH FACTOR AGENTS		
REGRANEX	3	QL 30 / 30 day(s)
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC TESTS		
CHEMSTRIP K	1	QL 200 / 30 day(s) OTC Over the Counter
KETONE TEST	1	QL 200 / 30 day(s) OTC Over the Counter
KETOSTIX	1	QL 200 / 30 day(s) OTC Over the Counter
ONETOUCH ULTRA	1	QL 204 / 30 day(s) OTC Over the Counter
ONETOUCH ULTRA BLUE TEST	1	QL 204 / 30 day(s) OTC Over the Counter
ONETOUCH ULTRA TEST	1	QL 204 / 30 day(s) OTC Over the Counter
ONETOUCH VERIO STRIP	1	QL 204 / 30 day(s) OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RELION KETONE TEST	1	QL 200 / 30 day(s) OTC Over the Counter
INFECTION TESTS		
ADVIN COVID-19 ANTIGEN TEST	1	QL 8 / 30 days QLC 8 / 30 day(s) OTC Over the Counter
BINAXNOW COVID-19 AG HOME TEST	1	QL 8 / 30 days QLC 8 / 30 day(s) OTC Over the Counter
CARESTART COVID-19 HOME TEST	1	QL 8 / 30 days QLC 8 / 30 day(s) OTC Over the Counter
CLEARDETECT COVID-19 AG HOME	1	QL 8 / 30 days QLC 8 / 30 day(s) OTC Over the Counter
CLINITEST RAPID COVID-19 TEST	1	QL 8 / 30 days QLC 8 / 30 day(s) OTC Over the Counter
COVID-19 AT HOME ANTIGEN TEST	1	QL 8 / 30 days QLC 8 / 30 day(s) OTC Over the Counter
COVID-19 AT-HOME TEST	1	QL 8 / 30 days QLC 8 / 30 day(s) OTC Over the Counter
COVID-19 OTC ANTIGEN 1-PACK	1	QL 8 / 30 days QLC 8 / 30 day(s) OTC Over the Counter
COVID-19 OTC ANTIGEN 2-PACK	1	QL 8 / 30 days QLC 8 / 30 day(s) OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CVS COVID-19 AT HOME TEST KIT	1	QL 8 / 30 days QLC 8 / 30 day(s) OTC Over the Counter
DIATRUST COVID-19 HOME TEST	1	QL 8 / 30 days QLC 8 / 30 day(s) OTC Over the Counter
ELLUME COVID-19 HOME TEST	1	QL 8 / 30 days QLC 8 / 30 day(s) OTC Over the Counter
FASTEP COVID-19 ANTIGEN TEST	1	QL 8 / 30 days QLC 8 / 30 day(s) OTC Over the Counter
FLOWFLEX COVID-19 AG HOME TEST	1	QL 8 / 30 days QLC 8 / 30 day(s) OTC Over the Counter
GENABIO COVID-19 RAPID TEST	1	QL 8 / 30 days QLC 8 / 30 day(s) OTC Over the Counter
GOTOKNOW COVID-19 ANTIGEN RAPI	1	QL 8 / 30 days QLC 8 / 30 day(s) OTC Over the Counter
ID NOW COVID-19 2.0 CONTROL	1	OTC Over the Counter
ID NOW COVID-19 2.0 TEST	1	
IHEALTH COVID-19 RAPID TEST	1	QL 8 / 30 days QLC 8 / 30 day(s) OTC Over the Counter
INDICAID COVID-19 RAPID TEST	1	QL 8 / 30 days QLC 8 / 30 day(s) OTC Over the Counter
INTELISWAB COVID-19 RAPID TEST	1	QL 8 / 30 days QLC 8 / 30 day(s) OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OHC COVID-19 ANTIGEN SELF TEST	1	QL 8 / 30 days QLC 8 / 30 day(s) OTC Over the Counter
ON/GO COVID-19 ANTIGEN TEST	1	QL 8 / 30 days QLC 8 / 30 day(s) OTC Over the Counter
ON/GO ONE COVID-19 HOME TEST	1	QL 8 / 30 days QLC 8 / 30 day(s) OTC Over the Counter
PILOT COVID-19 AT-HOME TEST	1	QL 8 / 30 days QLC 8 / 30 day(s) OTC Over the Counter
QUICKVUE AT-HOME COVID-19 TEST	1	QL 8 / 30 days QLC 8 / 30 day(s) OTC Over the Counter
SPEEDY SWAB COVID-19 ANTIGEN	1	QL 8 / 30 days QLC 8 / 30 day(s) OTC Over the Counter
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
DIETARY MANAGEMENT PRODUCT COMBINATIONS		
ELFOLATE PLUS	1	
FOLTANX	1	
PODIAPN	1	
WESTAB MAX	1	OTC Over the Counter
INFANT FOODS		
PHENYL-FREE 1	2	OTC Over the Counter
NUTRITIONAL SUPPLEMENTS		
PKU 2	2	OTC Over the Counter
PKU 3	2	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PKU AIR20 GOLD	2	OTC Over the Counter
PKU AIR20 GREEN	2	OTC Over the Counter
PKU AIR20 YELLOW	2	OTC Over the Counter
PKU COOLER 10	2	OTC Over the Counter
PKU COOLER 15	2	OTC Over the Counter
PKU COOLER 20	2	OTC Over the Counter
PKU LOPHLEX LQ 20	2	OTC Over the Counter
PKU PERIFLEX EARLY YEARS	2	OTC Over the Counter
PKU PERIFLEX JUNIOR PLUS	2	OTC Over the Counter
PKU SPHERE 20 LIQUID	2	OTC Over the Counter
PKU TRIO	2	OTC Over the Counter
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
CREON	1	
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
<i>acetazolamide (acetazolamide tab 125 mg, acetazolamide tab 250 mg)</i>	1	
<i>acetazolamide cap er 12hr 500 mg</i>	2	
DIURETIC COMBINATIONS		
<i>amiloride & hydrochlorothiazide</i>	1	
AMILORIDE-HYDROCHLOROTHIAZIDE	1	
<i>spironolactone & hydrochlorothiazide</i>	1	
<i>triamterene & hydrochlorothiazide</i>	1	
LOOP DIURETICS		
<i>bumetanide (bumetanide tab 0.5 mg, bumetanide tab 1 mg, bumetanide tab 2 mg)</i>	1	
<i>ethacrynic acid</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>furosemide (furosemide oral soln 10 mg/ml, furosemide tab 20 mg, furosemide tab 40 mg, furosemide tab 80 mg)</i>	1	
<i>torsemide</i>	1	
POTASSIUM SPARING DIURETICS		
<i>amiloride hcl tab 5 mg</i>	1	
<i>spironolactone (spironolactone tab 25 mg, spironolactone tab 50 mg, spironolactone tab 100 mg)</i>	1	
<i>triamterene (triamterene cap 50 mg, triamterene cap 100 mg)</i>	2	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
<i>chlorthalidone</i>	1	
DIURIL	1	
<i>hydrochlorothiazide (hydrochlorothiazide cap 12.5 mg, hydrochlorothiazide tab 12.5 mg, hydrochlorothiazide tab 25 mg, hydrochlorothiazide tab 50 mg)</i>	1	
<i>indapamide</i>	1	
<i>metolazone (metolazone tab 2.5 mg, metolazone tab 5 mg, metolazone tab 10 mg)</i>	1	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BISPHOSPHONATES		
<i>alendronate sodium (alendronate sodium oral soln 70 mg/75ml, alendronate sodium tab 35 mg, alendronate sodium tab 70 mg)</i>	1	QL 5 / 30 day(s)
<i>alendronate sodium tab 10 mg</i>	1	QL 30 / 30 day(s)
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	1	QL 1.2 / 30 day(s)
<i>risedronate sodium (risedronate sodium tab 35 mg, risedronate sodium tab delayed release 35 mg)</i>	1	QL 5 / 30 day(s)
<i>risedronate sodium (risedronate sodium tab 5 mg, risedronate sodium tab 30 mg)</i>	1	QL 30 / 30 day(s)
<i>risedronate sodium tab 150 mg</i>	1	QL 1.2 / 30 day(s)
CALCIMIMETIC AGENTS		
<i>cinacalcet hcl</i>	1	QL 60 / 30 day(s) S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CALCITONINS		
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	1	QL 4 / 30 day(s)
CARNITINE REPLENISHER - AGENTS		
<i>levocarnitine (metabolic modifiers) (levocarnitine oral soln 1 gm/10ml (10%), levocarnitine tab 330 mg)</i>	1	
CORTICOTROPIN		
ACTHAR	3	PA S
DOPAMINE RECEPTOR AGONISTS		
<i>cabergoline</i>	1	
FABRY DISEASE - AGENTS		
GALAFOLD	1	QL 14 / 28 day(s) PA S
GNRH/LHRH ANTAGONISTS		
<i>ganirelix acetate soln prefilled syringe 250 mcg/0.5ml</i>	1	QL 2.5 / 30 day(s) PA F Covered under fertility rider S
GROWTH HORMONES		
GENOTROPIN	3	PA S
GENOTROPIN MINIQUICK	3	PA S
NORDITROPIN FLEXPPO	3	PA S
HOMOCYSTINURIA TREATMENT - AGENTS		
<i>betaine</i>	1	S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HYPERAMMONEMIA TREATMENT - AGENTS		
<i>carglumic acid</i>	1	PA S
HYPERPARATHYROID TREATMENT - VITAMIN D ANALOGS		
<i>calcitriol (calcitriol cap 0.25 mcg, calcitriol cap 0.5 mcg, calcitriol oral soln 1 mcg/ml)</i>	1	
<i>doxercalciferol (doxercalciferol cap 0.5 mcg, doxercalciferol cap 1 mcg, doxercalciferol cap 2.5 mcg)</i>	2	
<i>paricalcitol (paricalcitol cap 1 mcg, paricalcitol cap 2 mcg, paricalcitol cap 4 mcg)</i>	1	
HYPOPHOSPHATASIA (HPP) AGENTS		
STRENSIQ	1	PA S
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
LUPRON DEPOT-PED (1-MONTH)	2	PA S
LUPRON DEPOT-PED (3-MONTH)	2	PA S
NATRIURETIC PEPTIDES		
VOXZOGO	3	QL 30 / 30 day(s) PA S
OVULATION STIMULANTS-GONADOTROPINS		
CHORIONIC GONADOTROPIN 10000 UNIT RECON SOLN	2	QL 2 / 30 day(s) PA F Covered under fertility rider S
FOLLISTIM AQ (FOLLISTIM AQ 300 UNT/0.36ML SOLUTION, FOLLISTIM AQ 900 UNT/1.08ML SOLUTION)	2	QL 5.4 / 30 day(s) PA F Covered under fertility rider S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
FOLLISTIM AQ 600 UNT/0.72ML SOLUTION	2	QL	5.76 / 30 day(s)
		PA	
		F	Covered under fertility rider
		S	
MENOPUR	3	QL	60 / 30 day(s)
		PA	
		F	Covered under fertility rider
		S	
NOVAREL 10000 UNIT RECON SOLN	2	QL	2 / 30 day(s)
		PA	
		F	Covered under fertility rider
		S	
NOVAREL 5000 UNIT RECON SOLN	2	QL	4 / 30 day(s)
		PA	
		S	
PREGNYL	2	QL	2 / 30 day(s)
		PA	
		F	Covered under fertility rider
		S	
OVULATION STIMULANTS-SYNTHETIC			
clomiphene citrate tab 50 mg	1	PA	
		C	Covered under fertility rider
PARATHYROID HORMONE AND DERIVATIVES			
teriparatide	1	QL	2.4 / 28 days
		PA	
		S	
teriparatide (recombinant) soln pen-inj 600 mcg/2.4ml	1	QL	2.4 / 28 days
		PA	
		S	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
TYMLOS	1	QL	2 / 30 day(s)
		PA	
		AL1	At least 18 yrs old
		S	
PHENYLKETONURIA TREATMENT - AGENTS			
PALYNZIQ (PALYNZIQ 10 MG/0.5ML SOLN PRSYR, PALYNZIQ 20 MG/ML SOLN PRSYR)	3	QL	60 / 30 day(s)
		PA	
		S	
PALYNZIQ 2.5 MG/0.5ML SOLN PRSYR	3	QL	240 / 30 day(s)
		PA	
		S	
sapropterin dihydrochloride (sapropterin dihydrochloride powder packet 100 mg, sapropterin dihydrochloride powder packet 500 mg, sapropterin dihydrochloride tab 100 mg)	2	PA	
		S	
RANK LIGAND (RANKL) INHIBITORS			
PROLIA	1	PA	
		S	
		QLC	1 / 180 day(s)
SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)			
raloxifene hcl	1	QL	30 / 30 day(s)
		ACA	Affordable Care Act
SELECTIVE VASOPRESSIN V2-RECEPTOR ANTAGONISTS			
JYNARQUE (JYNARQUE 15 MG TAB THPK, JYNARQUE 30 & 15 MG TAB THPK, JYNARQUE 45 & 15 MG TAB THPK, JYNARQUE 60 & 30 MG TAB THPK, JYNARQUE 90 & 30 MG TAB THPK)	3	QL	56 / 28 day(s)
		PA	
		S	
JYNARQUE 15 MG TAB	3	PA	
		S	
		QLC	30 / 365 day(s)
JYNARQUE 30 MG TAB	3	PA	
		S	
		QLC	60 / 365 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>tolvaptan tab 30 mg</i>	2	S QLC 60 / 365 day(s)
SOMATOSTATIC AGENTS		
LANREOTIDE ACETATE 120 MG/0.5ML SOLUTION	3	QL 0.5 / 28 day(s) PA S
<i>octreotide acetate (octreotide acetate 50 mcg/ml soln prsyr, octreotide acetate 100 mcg/ml soln prsyr, octreotide acetate 500 mcg/ml soln prsyr, octreotide acetate inj 50 mcg/ml (0.05 mg/ml), octreotide acetate inj 100 mcg/ml (0.1 mg/ml), octreotide acetate inj 500 mcg/ml (0.5 mg/ml))</i>	1	QL 90 / 30 day(s) PA S
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	1	QL 6 / 30 day(s) PA S
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	1	QL 18 / 30 day(s) PA S
SANDOSTATIN LAR DEPOT	3	QL 1 / 28 day(s) PA S
SOMATULINE DEPOT 120 MG/0.5ML SOLUTION	3	QL 0.5 / 28 day(s) PA S
SOMATULINE DEPOT 60 MG/0.2ML SOLUTION	3	QL 0.2 / 28 day(s) PA S
SOMATULINE DEPOT 90 MG/0.3ML SOLUTION	3	QL 0.3 / 28 day(s) PA S
UREA CYCLE DISORDER - AGENTS		
<i>sodium phenylbutyrate tab 500 mg</i>	1	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VASOPRESSIN		
<i>desmopressin acetate (desmopressin acetate tab 0.1 mg, desmopressin acetate tab 0.2 mg)</i>	1	
DESMOPRESSIN ACETATE 1.5 MG/ML SOLUTION	2	
<i>desmopressin acetate spray</i>	1	
<i>desmopressin acetate spray refrigerated</i>	1	
ESTROGENS		
ESTROGEN & PROGESTIN		
<i>estradiol & norethindrone acetate</i>	1	QL 30 / 30 day(s)
<i>norethindrone acetate-ethinyl estradiol</i>	1	QL 30 / 30 day(s) ACA Affordable Care Act
PREMPHASE	2	QL 30 / 30 day(s)
PREMPRO	2	QL 30 / 30 day(s)
ESTROGEN-PROGESTIN-GNRH ANTAGONIST		
ORIAHNN	2	QL 56 / 28 day(s) PA
ESTROGEN-SELECTIVE ESTROGEN RECEPTOR MODULATOR COMB		
DUAVEE	2	
DIVIGEL (DIVIGEL 0.25 MG/0.25GM GEL, DIVIGEL 0.5 MG/0.5GM GEL, DIVIGEL 0.75 MG/0.75GM GEL, DIVIGEL 1 MG/GM GEL)	2	QL 30 / 30 day(s)
DIVIGEL 1.25 MG/1.25GM GEL	2	QL 37.5 / 30 day(s)
<i>estradiol (estradiol tab 0.5 mg, estradiol tab 1 mg, estradiol tab 2 mg)</i>	1	QL 30 / 30 day(s)
<i>estradiol (estradiol td patch twice weekly 0.025 mg/24hr, estradiol td patch twice weekly 0.0375 mg/24hr, estradiol td patch twice weekly 0.05 mg/24hr, estradiol td patch twice weekly 0.075 mg/24hr, estradiol td patch twice weekly 0.1 mg/24hr)</i>	1	QL 8 / 28 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>estradiol (estradiol td patch weekly 0.025 mg/24hr, estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr), estradiol td patch weekly 0.05 mg/24hr, estradiol td patch weekly 0.06 mg/24hr, estradiol td patch weekly 0.075 mg/24hr, estradiol td patch weekly 0.1 mg/24hr)</i>	1	QL 4 / 28 day(s)
ESTROGEL	2	QL 50 / 30 day(s)
MENEST (MENEST 0.3 MG TAB, MENEST 0.625 MG TAB)	2	QL 30 / 30 day(s)
PREMARIN (PREMARIN 0.3 MG TAB, PREMARIN 0.45 MG TAB, PREMARIN 0.625 MG TAB, PREMARIN 0.9 MG TAB, PREMARIN 1.25 MG TAB)	2	QL 30 / 30 day(s)
FLUOROQUINOLONES		
CIPRO 250 MG/5ML (5%) RECON SUSP	1	QLC 210/30 day(s)
CIPRO 500 MG/5ML (10%) RECON SUSP	1	QLC 300/30 day(s)
<i>ciprofloxacin hcl (ciprofloxacin hcl tab 250 mg (base equiv), ciprofloxacin hcl tab 500 mg (base equiv), ciprofloxacin hcl tab 750 mg (base equiv))</i>	1	QL 60 / 30 day(s)
<i>levofloxacin (levofloxacin tab 250 mg, levofloxacin tab 500 mg, levofloxacin tab 750 mg)</i>	1	QL 30 / Rx
<i>levofloxacin oral soln 25 mg/ml</i>	1	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	2	QL 21 / Rx
OFLOXACIN (OFLOXACIN 300 MG TAB, OFLOXACIN TAB 400 MG)	2	QL 56 / Rx
GASTROINTESTINAL AGENTS - MISC.		
CIC AGENTS - GUANYLATE CYCLASE-C (GC-C) AGONISTS		
TRULANCE	2	PA
GALLSTONE SOLUBILIZING AGENTS		
<i>ursodiol (ursodiol cap 300 mg, ursodiol tab 250 mg, ursodiol tab 500 mg)</i>	1	
GASTROINTESTINAL ANTIALLERGY AGENTS		
<i>cromolyn sodium (mastocytosis)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GASTROINTESTINAL STIMULANTS		
<i>metoclopramide hcl (metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv), metoclopramide hcl tab 5 mg (base equivalent), metoclopramide hcl tab 10 mg (base equivalent))</i>	1	
IBS AGENT - GUANYLATE CYCLASE-C (GC-C) AGONISTS		
LINZESS	2	QL 30 / 30 day(s) PA AL1 At least 6 yrs old
INFLAMMATORY BOWEL AGENTS		
<i>balsalazide disodium</i>	1	
<i>mesalamine (mesalamine cap dr 400 mg, mesalamine cap er 24hr 0.375 gm, mesalamine enema 4 gm, mesalamine suppos 1000 mg, mesalamine tab delayed release 1.2 gm, mesalamine tab delayed release 800 mg)</i>	1	
<i>sulfasalazine (sulfasalazine tab 500 mg, sulfasalazine tab delayed release 500 mg)</i>	1	
INTESTINAL ACIDIFIERS		
<i>lactulose (encephalopathy)</i>	1	
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
MOVANTIK	2	QL 30 / 30 day(s) PA
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder) (calcium acetate (phosphate binder) cap 667 mg (169 mg ca), calcium acetate (phosphate binder) tab 667 mg)</i>	1	OTC Over the Counter
<i>lanthanum carbonate</i>	2	
<i>sevelamer carbonate tab 800 mg</i>	1	
VELPHORO	2	
TUMOR NECROSIS FACTOR ALPHA BLOCKERS		
CIMZIA (2 SYRINGE)	3	QL 2 / 28 day(s) PA S
CIMZIA-STARTER	3	QL 3 / 30 day(s) PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GENITOURINARY AGENTS - MISCELLANEOUS		
5-ALPHA REDUCTASE INHIBITORS		
<i>dutasteride cap 0.5 mg</i>	1	
<i>finasteride tab 5 mg</i>	1	
ALPHA 1-ADRENOCEPTOR ANTAGONISTS		
<i>alfuzosin hcl</i>	1	QL 30 / 30 day(s)
<i>tamsulosin hcl</i>	1	
CITRATES		
<i>potassium citrate (alkalinizer)</i>	1	
<i>sodium citrate & citric acid soln 500-334 mg/5ml</i>	1	
CYSTINOSIS AGENTS		
CYSTAGON 150 MG CAP	2	QL 390 / 30 day(s) S
CYSTAGON 50 MG CAP	2	QL 1200 / 30 day(s) S
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON	2	QL 90 / 30 day(s) PA
URINARY STONE AGENTS		
<i>tiopronin tab 100 mg</i>	2	S
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
<i>colchicine w/ probenecid</i>	1	QL 60 / 30 day(s)
<i>allopurinol (allopurinol tab 100 mg, allopurinol tab 300 mg)</i>	1	
<i>colchicine tab 0.6 mg</i>	1	
URICOSURICS		
<i>probenecid</i>	1	QL 120 / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HEMATOLOGICAL AGENTS - MISC.		
ANTIHEMOPHILIC PRODUCTS		
ADVATE	3	PA S
ADYNOVATE	1	PA S
AFSTYLA	1	PA S
ALPHANINE SD	3	PA S
ALPROLIX	1	PA S
BENEFIX	3	PA S
COAGADEX	1	PA S
CORIFACT	3	S
ELOCTATE	1	PA S
ESPEROCT	1	PA S
FEIBA	3	S
FIBRYGA	1	PA S
HEMOFIL M	1	PA S
HUMATE-P	3	S
IDELVION	3	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
IXINITY	3	PA S
JIVI	1	PA S
KOATE	1	PA S
KOATE-DVI	1	PA S
KOGENATE FS	1	PA S
KOVALTRY	1	PA S
NOVOEIGHT	3	PA S
NOVOSEVEN RT	3	PA S
NUWIQ	3	PA S
OBIZUR	3	S
PROFILNINE	3	PA S
REBINYN	3	PA S
RECOMBINATE	1	PA S
RIASTAP	1	PA S
RIXUBIS	3	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SEVENFACT	3	PA S
TRETTEN	3	S
WILATE	3	S
XYNTHA	1	PA S
XYNTHA SOLOFUSE	1	PA S
ANTIHEMOPHILIC PRODUCTS - MONOCLONAL ANTIBODIES		
HEMLIBRA (HEMLIBRA 30 MG/ML SOLUTION, HEMLIBRA 150 MG/ML SOLUTION)	1	QL 4 / 28 day(s) PA S
HEMLIBRA 105 MG/0.7ML SOLUTION	1	QL 2.8 / 28 day(s) PA S
HEMLIBRA 12 MG/0.4ML SOLUTION	1	QL 1.6 / 28 days PA S
HEMLIBRA 300 MG/2ML SOLUTION	1	QL 4 / 28 days PA S
HEMLIBRA 60 MG/0.4ML SOLUTION	1	QL 1.6 / 28 day(s) PA S
BRADYKININ B2 RECEPTOR ANTAGONISTS		
<i>icatibant acetate</i>	1	QL 18 / 30 day(s) PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
C1 ESTERASE INHIBITORS		
HAEGARDA 2000 UNIT RECON SOLN	1	QL 24 / 30 day(s) PA S
HAEGARDA 3000 UNIT RECON SOLN	1	QL 16 / 30 day(s) PA S
DIRECT-ACTING P2Y12 INHIBITORS		
BRILINTA	2	
HEMATORHEOLOGIC AGENTS		
<i>pentoxifylline tab er 400 mg</i>	1	
PHOSPHODIESTERASE III INHIBITORS		
<i>cilostazol</i>	1	
PLATELET AGGREGATION INHIBITOR COMBINATIONS		
<i>aspirin-dipyridamole</i>	1	
PLATELET AGGREGATION INHIBITORS		
<i>dipyridamole (dipyridamole tab 25 mg, dipyridamole tab 50 mg, dipyridamole tab 75 mg)</i>	1	
QUINAZOLINE AGENTS		
<i>anagrelide hcl</i>	1	QL 120 / 30 day(s)
THIENOPYRIDINE DERIVATIVES		
<i>clopidogrel bisulfate (clopidogrel bisulfate tab 75 mg (base equiv), clopidogrel bisulfate tab 300 mg (base equiv))</i>	1	
<i>prasugrel hcl</i>	1	
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CERDELGA	1	QL 60 / 30 day(s) PA S
<i>miglustat</i>	1	QL 90 / 30 day(s) PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AMINO ACIDS		
ENDARI	1	QL 180 / 30 day(s) PA S
COBALAMINS		
cyanocobalamin (cyanocobalamin inj 1000 mcg/ml, cyanocobalamin sl tab 1000 mcg, cyanocobalamin tab 100 mcg, cyanocobalamin tab 1000 mcg)	1	
CYTOTOXIC AGENTS		
DROXIA	2	S
ERYTHROPOIESIS-STIMULATING AGENTS (ESAS)		
RETACRIT	1	PA S
FOLIC ACID/FOLATE COMBINATIONS		
FOLGARD RX	1	
folic acid-vitamin b6-vitamin b12 (folic acid-vitamin b6-vitamin b12 tab 2.2-25-0.5 mg, folic acid-vitamin b6-vitamin b12 tab 2.2-25-1 mg, folic acid-vitamin b6-vitamin b12 tab 2.5-25-1 mg)	1	
FOLIC ACID/FOLATES		
folic acid (folic acid cap 0.8 mg, folic acid tab 1 mg, folic acid tab 400 mcg, folic acid tab 800 mcg)	1	ACA Affordable Care Act OTC Over the Counter
GRANULOCYTE COLONY-STIMULATING FACTORS (G-CSF)		
FULPHILA	1	PA S
NIVESTYM	1	PA S
ZARXIO	1	PA S
IRON		
carbonyl iron susp 15 mg/1.25ml (elemental iron)	1	ACA Affordable Care Act OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ferrous sulfate (ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe), ferrous sulfate soln 220 mg/5ml (44 mg/5ml elemental fe), ferrous sulfate soln 300 mg/5ml (60 mg/5ml elemental fe), ferrous sulfate tab 325 mg (65 mg elemental fe))</i>	1	ACA Affordable Care Act OTC Over the Counter
IRON UP	1	ACA Affordable Care Act OTC Over the Counter
<i>polysaccharide iron complex</i>	1	OTC Over the Counter
THROMBOPOIETIN (TPO) RECEPTOR AGONISTS		
DOPTELET	1	QL 60 / 30 day(s) PA S
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
<i>aminocaproic acid (aminocaproic acid tab 500 mg, aminocaproic acid tab 1000 mg)</i>	1	
<i>aminocaproic acid oral soln 0.25 gm/ml</i>	2	
<i>tranexamic acid tab 650 mg</i>	1	QL 180 / 30 day(s)
HEMOSTATICS - TOPICAL		
RECOTHROM	3	S
RECOTHROM SPRAY KIT	3	S
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
ANTIHISTAMINE HYPNOTICS		
<i>diphenhydramine hcl (sleep) tab 25 mg</i>	1	OTC Over the Counter
BARBITURATE HYPNOTICS		
<i>phenobarbital (phenobarbital elixir 20 mg/5ml, phenobarbital tab 15 mg, phenobarbital tab 16.2 mg, phenobarbital tab 30 mg, phenobarbital tab 32.4 mg, phenobarbital tab 60 mg, phenobarbital tab 64.8 mg, phenobarbital tab 97.2 mg, phenobarbital tab 100 mg)</i>	1	
BENZODIAZEPINE HYPNOTICS		
<i>estazolam</i>	1	QL 30 / 30 day(s)
FLURAZEPAM HCL	1	QL 30 / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>temazepam (temazepam cap 15 mg, temazepam cap 30 mg)</i>	1	QL 30 / 30 day(s)
NON-BENZODIAZEPINE - GABA-RECEPTOR MODULATORS		
<i>eszopiclone (eszopiclone tab 1 mg, eszopiclone tab 2 mg)</i>	1	QL 30 / 30 day(s)
<i>eszopiclone tab 3 mg</i>	1	QL 30 / 30 day(s) AL1 Up to 65 yrs old
<i>zaleplon</i>	1	QL 30 / 30 day(s)
<i>zolpidem tartrate (zolpidem tartrate tab 5 mg, zolpidem tartrate tab 10 mg, zolpidem tartrate tab er 6.25 mg, zolpidem tartrate tab er 12.5 mg)</i>	1	QL 30 / 30 day(s)
OREXIN RECEPTOR ANTAGONISTS		
BELSOMRA	2	QL 30 / 30 day(s) ST
LAXATIVES		
BOWEL EVACUANT COMBINATIONS		
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	1	ACA Affordable Care Act
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	1	ACA Affordable Care Act
SUPREP BOWEL PREP KIT	1	QL 354 / Rx
LAXATIVES - MISCELLANEOUS		
<i>lactulose solution 10 gm/15ml</i>	1	
MIRALAX 17 GM/SCOOP POWDER	1	OTC Over the Counter
STIMULANT LAXATIVES		
<i>bisacodyl suppos 10 mg</i>	1	OTC Over the Counter
<i>sennosides (sennosides cap 8.6 mg, sennosides tab 8.6 mg)</i>	1	OTC Over the Counter
SURFACTANT LAXATIVES		
<i>docusate calcium</i>	1	OTC Over the Counter
<i>docusate sodium (docusate sodium cap 100 mg, docusate sodium cap 250 mg, docusate sodium tab 100 mg)</i>	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MACROLIDES		
AZITHROMYCIN		
<i>azithromycin for susp 100 mg/5ml</i>	1	QL 30 / Rx
<i>azithromycin for susp 200 mg/5ml</i>	1	QL 60 / Rx
<i>azithromycin tab 250 mg</i>	1	QL 6 / 5 day(s)
<i>azithromycin tab 500 mg</i>	1	QL 5 / Rx
<i>azithromycin tab 600 mg</i>	1	QL 8.7 / 30 day(s)
CLARITHROMYCIN		
CLARITHROMYCIN (CLARITHROMYCIN 125 MG/5ML RECON SUSP, CLARITHROMYCIN 250 MG/5ML RECON SUSP, CLARITHROMYCIN TAB 250 MG, CLARITHROMYCIN TAB 500 MG)	1	
ERYTHROMYCINS		
<i>erythromycin base (erythromycin tab 250 mg, erythromycin tab 500 mg, erythromycin tab delayed release 250 mg, erythromycin tab delayed release 333 mg, erythromycin tab delayed release 500 mg)</i>	2	
<i>erythromycin ethylsuccinate (erythromycin ethylsuccinate for susp 200 mg/5ml, erythromycin ethylsuccinate for susp 400 mg/5ml)</i>	2	
FIDAXOMICIN		
DIFICID (DIFICID 40 MG/ML RECON SUSP, DIFICID 200 MG TAB)	2	
MEDICAL DEVICES AND SUPPLIES		
BLOOD PRESSURE DEVICES		
3 SERIES BP MONITOR/WRIST	1	OTC Over the Counter
ADVANCED ONE STEP BP MONITOR	1	OTC Over the Counter
ADVOCATE ARM BPM	1	OTC Over the Counter
BLOOD PRESSURE KIT	1	OTC Over the Counter
BLOOD PRESSURE MON/AUTO/WRIST	1	OTC Over the Counter
BLOOD PRESSURE MONITOR	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BLOOD PRESSURE MONITOR 3	1	OTC Over the Counter
BLOOD PRESSURE MONITOR AUTOMAT	1	OTC Over the Counter
BLOOD PRESSURE MONITOR/ARM	1	OTC Over the Counter
BLOOD PRESSURE MONITOR/PRM ARM	1	OTC Over the Counter
BLOOD PRESSURE MONITOR/WRIST DEVICE	1	OTC Over the Counter
BLOOD PRESSURE UNIT	1	OTC Over the Counter
CARETOUCH BP ARM MONITOR	1	OTC Over the Counter
CARETOUCH BP WRIST MONITOR	1	OTC Over the Counter
CARETOUCH SLIM BP WRIST MONITO	1	OTC Over the Counter
CARETOUCH VERSA BP ARM MONITOR	1	OTC Over the Counter
CLEVER CHOICE BP MONITOR/ARM	1	OTC Over the Counter
CLEVER CHOICE BP MONITOR/WRIST	1	OTC Over the Counter
CVS ADVANCED BP MONITOR	1	OTC Over the Counter
CVS BLOOD PRESSURE MONITOR	1	OTC Over the Counter
CVS SERIES 100 BLOOD PRESSURE	1	OTC Over the Counter
CVS SERIES 400 BLOOD PRESSURE	1	OTC Over the Counter
CVS SERIES 400W BLOOD PRESSURE	1	OTC Over the Counter
CVS SERIES 600 BLOOD PRESSURE	1	OTC Over the Counter
CVS SERIES 600W BLOOD PRESSURE	1	OTC Over the Counter
CVS SERIES 800 BLOOD PRESSURE	1	OTC Over the Counter
EQ BP MONITOR WRIST	1	OTC Over the Counter
FORA P20 BP MONITOR SYSTEM	1	OTC Over the Counter
FORA TEST N' GO BP	1	OTC Over the Counter
FT BLOOD PRESSURE SERIES 200	1	OTC Over the Counter
FT BLOOD PRESSURE SERIES 600	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GNP BLOOD PRESSURE MONITOR DEVICE	1	OTC Over the Counter
H-E-B INCONTROL BP MONITOR MISC	1	OTC Over the Counter
H-E-B INCONTROL DELUXE AUTO BP	1	OTC Over the Counter
H-E-B INCONTROL PREMIUM BP	1	OTC Over the Counter
HEALTH SENSE BP MONITOR	1	OTC Over the Counter
HEALTHSMART BP MONITOR/WRIST	1	OTC Over the Counter
HM BLOOD PRESSURE MONITOR	1	OTC Over the Counter
HM BLOOD PRESSURE SERIES 200	1	OTC Over the Counter
KROGER BLOOD PRESSURE MONITOR	1	OTC Over the Counter
MICROLIFE BP MONITOR	1	OTC Over the Counter
MICROLIFE BPM6 PREMIUM MONITOR	1	OTC Over the Counter
MICROLIFE DELUXE BP MONITOR DEVICE	1	OTC Over the Counter
MICROLIFE WRIST BP MONITOR	1	OTC Over the Counter
OMRON 10 SERIES BP MONITOR	1	OTC Over the Counter
OMRON 3 SERIES BP MONITOR	1	OTC Over the Counter
OMRON 5 SERIES BP MONITOR	1	OTC Over the Counter
OMRON 7 SERIES BP MONITOR	1	OTC Over the Counter
OMRON WRIST BP MONITOR	1	OTC Over the Counter
PRO HEALTH MINI TALKING MONITR	1	OTC Over the Counter
PRO HEALTH TRACK BP MONITOR	1	OTC Over the Counter
PROCARE UPPER ARM BP MONITOR	1	OTC Over the Counter
PROCARE WRIST BP MONITOR	1	OTC Over the Counter
QC BLOOD PRESSURE MONITOR	1	OTC Over the Counter
RA BLOOD PRESSURE CUFF MONITOR	1	OTC Over the Counter
RELION BLOOD PRESSURE MONITOR DEVICE	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
RELION PREMIUM MONITOR	1	OTC	Over the Counter
SM BLOOD PRESSURE MONITOR	1	OTC	Over the Counter
SM BLOOD PRESSURE SERIES 200	1	OTC	Over the Counter
SM BLOOD PRESSURE SERIES 200W	1	OTC	Over the Counter
SM BLOOD PRESSURE SERIES 600W	1	OTC	Over the Counter
SM BLOOD PRESSURE SERIES 800	1	OTC	Over the Counter
SM WRIST CUFF BP MONITOR	1	OTC	Over the Counter
SPHYGMOMANOMETER	1	OTC	Over the Counter
SURELIFE BP MONITOR/ARM	1	OTC	Over the Counter
SURELIFE BP MONITOR/WRIST	1	OTC	Over the Counter
TALKING SENSE BP MONITOR	1	OTC	Over the Counter
TGT BLOOD PRESSURE MONITOR	1	OTC	Over the Counter
TRUE HEALTH SENSE BP MONITOR	1	OTC	Over the Counter
CERVICAL CAPS			
FEMCAP	1	ACA	Affordable Care Act
CONDOMS - FEMALE			
FC2 FEMALE CONDOM	1	ACA	Affordable Care Act
		OTC	Over the Counter
CONDOMS - MALE			
AIMSCO LUBRICATED	1	ACA	Affordable Care Act
		OTC	Over the Counter
DUREX EXTRA SENSITIVE THIN	1	ACA	Affordable Care Act
		OTC	Over the Counter
DUREX TROPICAL	1	ACA	Affordable Care Act
		OTC	Over the Counter
FANTASY LUBRICATED	1	ACA	Affordable Care Act
		OTC	Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FANTASY LUBRICATED/SPERMICIDE	1	ACA Affordable Care Act OTC Over the Counter
K-Y ME & YOU EXTRA LUBRICATED	1	ACA Affordable Care Act OTC Over the Counter
K-Y ME & YOU INTENSE	1	ACA Affordable Care Act OTC Over the Counter
KAMELEON LUBRICATED	1	ACA Affordable Care Act OTC Over the Counter
KIMONO	1	ACA Affordable Care Act OTC Over the Counter
KIMONO COLORS	1	ACA Affordable Care Act OTC Over the Counter
KIMONO MAXX-LARGE FLARE	1	ACA Affordable Care Act OTC Over the Counter
KIMONO MICRO THIN	1	ACA Affordable Care Act OTC Over the Counter
KIMONO MICRO THIN PLUS	1	ACA Affordable Care Act OTC Over the Counter
KIMONO PLUS	1	ACA Affordable Care Act OTC Over the Counter
KIMONO PS	1	ACA Affordable Care Act OTC Over the Counter
KIMONO PS PLUS	1	ACA Affordable Care Act OTC Over the Counter
KIMONO SENSATION	1	ACA Affordable Care Act OTC Over the Counter
KIMONO SENSATION PLUS	1	ACA Affordable Care Act OTC Over the Counter
KIMONO SPECIAL	1	ACA Affordable Care Act OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MAXX	1	ACA Affordable Care Act OTC Over the Counter
MAXX PLUS	1	ACA Affordable Care Act OTC Over the Counter
REALITY LATEX CONDOMS	1	ACA Affordable Care Act OTC Over the Counter
REALITY LATEX/ULTRA TEXTURED	1	ACA Affordable Care Act OTC Over the Counter
REALITY LATEX/ULTRA THIN	1	ACA Affordable Care Act OTC Over the Counter
TROJAN ENZ	1	ACA Affordable Care Act OTC Over the Counter
TROJAN MAGNUM	1	ACA Affordable Care Act OTC Over the Counter
TROJAN ULTRA RIBBED LUBRICATED	1	ACA Affordable Care Act OTC Over the Counter
TROJAN ULTRA THIN	1	ACA Affordable Care Act OTC Over the Counter
TROJAN ULTRA THIN/SPERMICIDAL	1	ACA Affordable Care Act OTC Over the Counter
TROJAN-ENZ LUBRICATED	1	ACA Affordable Care Act OTC Over the Counter
TROJAN-ENZ/SPERMICIDAL	1	ACA Affordable Care Act OTC Over the Counter
TRUE COVER	1	ACA Affordable Care Act OTC Over the Counter
TRUSTEX COLOR CONDOMS + LUBE	1	ACA Affordable Care Act OTC Over the Counter
TRUSTEX LUB/RIBBED/STUDDERED	1	ACA Affordable Care Act OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
TRUSTEX LUB/SPERMICIDE EX ST	1	ACA	Affordable Care Act
		OTC	Over the Counter
TRUSTEX LUB/SPERMICIDE XL	1	ACA	Affordable Care Act
		OTC	Over the Counter
TRUSTEX LUBRICATED	1	ACA	Affordable Care Act
		OTC	Over the Counter
TRUSTEX LUBRICATED EX LARGE	1	ACA	Affordable Care Act
		OTC	Over the Counter
TRUSTEX LUBRICATED EXTRA ST	1	ACA	Affordable Care Act
		OTC	Over the Counter
TRUSTEX LUBRICATED/SPERMICIDE	1	ACA	Affordable Care Act
		OTC	Over the Counter
TRUSTEX NATURAL CONDOMS + LUBE	1	ACA	Affordable Care Act
		OTC	Over the Counter
TRUSTEX NON-LUBRICATED	1	ACA	Affordable Care Act
		OTC	Over the Counter
TRUSTEX RIA LUB/SPERMICIDE	1	ACA	Affordable Care Act
		OTC	Over the Counter
TRUSTEX RIA LUBRICATED	1	ACA	Affordable Care Act
		OTC	Over the Counter
TRUSTEX RIA NON-LUBRICATED	1	ACA	Affordable Care Act
		OTC	Over the Counter
TRUSTEX-NONOXYNOL-9/RIB/STUD	1	ACA	Affordable Care Act
		OTC	Over the Counter
DIAPHRAGMS			
CAYA	1	ACA	Affordable Care Act
OMNIFLEX DIAPHRAGM	1	ACA	Affordable Care Act
WIDE-SEAL DIAPHRAGM 60	1	ACA	Affordable Care Act
WIDE-SEAL DIAPHRAGM 65	1	ACA	Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
WIDE-SEAL DIAPHRAGM 70	1	ACA Affordable Care Act
WIDE-SEAL DIAPHRAGM 75	1	ACA Affordable Care Act
WIDE-SEAL DIAPHRAGM 80	1	ACA Affordable Care Act
WIDE-SEAL DIAPHRAGM 85	1	ACA Affordable Care Act
WIDE-SEAL DIAPHRAGM 90	1	ACA Affordable Care Act
WIDE-SEAL DIAPHRAGM 95	1	ACA Affordable Care Act
GLUCOSE MONITORING TEST SUPPLIES		
1ST TIER UNILET COMFORTOUCH	1	OTC Over the Counter
ACCU-CHEK FASTCLIX LANCET	1	OTC Over the Counter
ACCU-CHEK FASTCLIX LANCETS	1	OTC Over the Counter
ACCU-CHEK SAFE-T PRO LANCETS	1	OTC Over the Counter
ACCU-CHEK SOFTCLIX LANCET DEV	1	OTC Over the Counter
ACCU-CHEK SOFTCLIX LANCETS	1	OTC Over the Counter
ACTI-LANCE 28G	1	OTC Over the Counter
ACTI-LANCE LITE LANCETS 28G	1	OTC Over the Counter
ACTI-LANCE SPECIAL LANCETS 17G	1	OTC Over the Counter
ACTI-LANCE UNIVERSAL 23G	1	OTC Over the Counter
ADJUSTABLE LANCING DEVICE	1	OTC Over the Counter
ADVANCED MOBILE LANCET	1	OTC Over the Counter
ADVOCATE LANCETS	1	OTC Over the Counter
ADVOCATE LANCETS 30G	1	OTC Over the Counter
ADVOCATE LANCING DEVICE	1	OTC Over the Counter
ADVOCATE RAPID-SAFE LANCING	1	OTC Over the Counter
ADVOCATE SAFETY LANCETS	1	OTC Over the Counter
ADVOCATE SAFETY LANCETS 26G	1	OTC Over the Counter
AGAMATRIX ULTRA-THIN LANCETS	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AIMSCO TWIST LANCETS 32G	1	OTC Over the Counter
AIMSCO TWIST LANCETS 33G	1	OTC Over the Counter
AQUALANCE LANCETS 30G	1	OTC Over the Counter
ASSURE COMFORT LANCETS 28G	1	OTC Over the Counter
ASSURE HAEMOLANCE PLUS HIGH	1	OTC Over the Counter
ASSURE HAEMOLANCE PLUS LOW	1	OTC Over the Counter
ASSURE HAEMOLANCE PLUS MICRO	1	OTC Over the Counter
ASSURE HAEMOLANCE PLUS NORMAL	1	OTC Over the Counter
ASSURE HAEMOLANCE PLUS PED	1	OTC Over the Counter
ASSURE LANCE LANCETS	1	OTC Over the Counter
ASSURE LANCE LANCETS 21G	1	OTC Over the Counter
ASSURE LANCE PLUS SAFETY 25G	1	OTC Over the Counter
ASSURE LANCE PLUS SAFETY 30G	1	OTC Over the Counter
ASSURE LANCE SAFETY LANCET 28G	1	OTC Over the Counter
AURORA LANCET SUPER THIN 30G	1	OTC Over the Counter
AURORA LANCET THIN 23G	1	OTC Over the Counter
AUTO-LANCET	1	OTC Over the Counter
AUTO-LANCET MINI	1	OTC Over the Counter
AUTOLET II CLINISAFE	1	OTC Over the Counter
AUTOLET LANCING DEVICE	1	OTC Over the Counter
AUTOLET LITE CLINISAFE	1	OTC Over the Counter
AUTOLET LITE STARTER PACK	1	OTC Over the Counter
AUTOLET MINI	1	OTC Over the Counter
AUTOLET PLATFORMS	1	OTC Over the Counter
AUTOLET PLUS	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BD LANCET ULTRAFINE 30G	1	OTC Over the Counter
BD LANCET ULTRAFINE 33G	1	OTC Over the Counter
BD MICROTAINER LANCETS	1	OTC Over the Counter
CARDIOCOM LANCING DEVICE	1	OTC Over the Counter
CAREONE ADVANCED LANCING DEV	1	OTC Over the Counter
CAREONE LANCET SUPER THIN 30G	1	OTC Over the Counter
CAREONE LANCET THIN 23G	1	OTC Over the Counter
CARESENS LANCETS	1	OTC Over the Counter
CARESENS LANCETS 30G	1	OTC Over the Counter
CARETOUCH LANCING/EJECTOR	1	OTC Over the Counter
CARETOUCH SAFETY LANCETS	1	OTC Over the Counter
CARETOUCH SAFETY LANCETS 26G	1	OTC Over the Counter
CARETOUCH TWIST LANCETS 28G	1	OTC Over the Counter
CARETOUCH TWIST LANCETS 30G	1	OTC Over the Counter
CARETOUCH TWIST LANCETS 33G	1	OTC Over the Counter
CARETOUCH TWIST MC LANCETS 30G	1	OTC Over the Counter
CHOSEN LANCETS 30G	1	OTC Over the Counter
CHOSEN LANCING DEVICE	1	OTC Over the Counter
CHOSEN SAFETY LANCETS 28G	1	OTC Over the Counter
CLEANLET LANCETS 28G	1	OTC Over the Counter
CLEVER CHEK LANCETS	1	OTC Over the Counter
CLEVER CHOICE COMFORT EZ MISC	1	OTC Over the Counter
CLEVER CHOICE LANCETS 21G	1	OTC Over the Counter
CLEVER CHOICE LANCETS 23G	1	OTC Over the Counter
CLEVER CHOICE LANCETS 28G	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
COAGUCHEK LANCETS	1	OTC Over the Counter
COMFORT ASSURED LANCETS 28G	1	OTC Over the Counter
COMFORT ASSURED LANCETS 33G	1	OTC Over the Counter
COMFORT LANCETS	1	OTC Over the Counter
COMFORT TOUCH LANCETS 31G	1	OTC Over the Counter
COMFORT TOUCH PLUS LANCETS 28G	1	OTC Over the Counter
COMFORT TOUCH PLUS LANCETS 30G	1	OTC Over the Counter
COMFORT TOUCH TWIST LANCET 30G	1	OTC Over the Counter
CVS LANCETS 21G	1	OTC Over the Counter
CVS LANCETS MICRO THIN 33G	1	OTC Over the Counter
CVS LANCETS ORIGINAL	1	OTC Over the Counter
CVS LANCETS THIN 26G	1	OTC Over the Counter
CVS LANCETS ULTRA THIN 30G	1	OTC Over the Counter
CVS LANCETS ULTRA-THIN 30G	1	OTC Over the Counter
CVS LANCING DEVICE	1	OTC Over the Counter
CVS ULTRA THIN LANCETS	1	OTC Over the Counter
DEXCOM G6 RECEIVER	1	ST QLC 1 / 365 day(s)
DEXCOM G6 SENSOR	1	QL 3 / 30 day(s) ST
DEXCOM G6 TRANSMITTER	1	QL 1 / 90 day(s) ST
DEXCOM G7 RECEIVER	1	ST QLC 1 / 365 day(s)
DEXCOM G7 SENSOR	1	QL 3 / 30 day(s) ST
DIATHRIVE LANCET ULTRA THIN 30	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DIATHRIVE LANCETS	1	OTC Over the Counter
DIATHRIVE LANCING DEVICE	1	OTC Over the Counter
DROPLET GENTEEL LANCING DEVICE	1	OTC Over the Counter
DROPLET LANCETS ULTRA THIN 30G	1	OTC Over the Counter
DROPLET LANCING DEVICE	1	OTC Over the Counter
DROPLET PERSONAL LANCETS 30G	1	OTC Over the Counter
DRUG MART LANCETS THIN 26G	1	OTC Over the Counter
DRUG MART LANCING DEVICE	1	OTC Over the Counter
DRUG MART ON-THE-GO LANCET 30G	1	OTC Over the Counter
DRUG MART UNILET LANCETS 28G	1	OTC Over the Counter
DRUG MART UNILET LANCETS 30G	1	OTC Over the Counter
DRUG MART UNILET LANCETS 33G	1	OTC Over the Counter
E-Z JECT LANCET MICRO-THIN 33G	1	OTC Over the Counter
E-Z JECT LANCET SUPER THIN 30G	1	OTC Over the Counter
E-Z JECT LANCETS	1	OTC Over the Counter
E-Z JECT LANCETS 21G	1	OTC Over the Counter
E-Z JECT LANCETS THIN 26G	1	OTC Over the Counter
EASY COMFORT LANCETS	1	OTC Over the Counter
EASY COMFORT LANCETS TWIST TOP	1	OTC Over the Counter
EASY MINI EJECT LANCING DEVICE	1	OTC Over the Counter
EASY MINI LANCING DEVICE	1	OTC Over the Counter
EASY TOUCH LANCETS 21G	1	OTC Over the Counter
EASY TOUCH LANCETS 23G	1	OTC Over the Counter
EASY TOUCH LANCETS 26G	1	OTC Over the Counter
EASY TOUCH LANCETS 28G	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EASY TOUCH LANCETS 28G/TWIST	1	OTC Over the Counter
EASY TOUCH LANCETS 30G	1	OTC Over the Counter
EASY TOUCH LANCETS 30G/TWIST	1	OTC Over the Counter
EASY TOUCH LANCETS 32G	1	OTC Over the Counter
EASY TOUCH LANCETS 32G/TWIST	1	OTC Over the Counter
EASY TOUCH LANCETS 33G/TWIST	1	OTC Over the Counter
EASY TOUCH LANCING DEVICE	1	OTC Over the Counter
EASY TOUCH SAFETY LANCETS 21G	1	OTC Over the Counter
EASY TOUCH SAFETY LANCETS 23G	1	OTC Over the Counter
EASY TOUCH SAFETY LANCETS 26G	1	OTC Over the Counter
EASY TOUCH SAFETY LANCETS 28G	1	OTC Over the Counter
EMBRACE LANCETS ULTRA THIN 30G	1	OTC Over the Counter
EMBRACE LANCING DEVICE/EJECTOR	1	OTC Over the Counter
EMBRACE PRESSURE ACTIVATED 21G	1	OTC Over the Counter
EMBRACE PRESSURE ACTIVATED 28G	1	OTC Over the Counter
EQL COLOR LANCETS 21G	1	OTC Over the Counter
EQL COLOR LANCETS MICRO 33G	1	OTC Over the Counter
EQL SUPER THIN LANCETS 30G	1	OTC Over the Counter
EQL THIN LANCETS 26G	1	OTC Over the Counter
EZ-LETS LANCETS 21G	1	OTC Over the Counter
EZ-LETS LANCETS 26G	1	OTC Over the Counter
EZ-LETS LANCETS 28G	1	OTC Over the Counter
EZ-LETS LANCETS 30G	1	OTC Over the Counter
FIFTY50 SAFETY SEAL LANCETS	1	OTC Over the Counter
FIFTY50 UNILET LANCETS 33G	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FINE 30	1	OTC Over the Counter
FINGERSTIX LANCETS	1	OTC Over the Counter
FORA LANCETS	1	OTC Over the Counter
FORA LANCING DEVICE	1	OTC Over the Counter
FREDS PHARMACY AUTOLET LANCING	1	OTC Over the Counter
FREDS PHARMACY UNILET LANC 28G	1	OTC Over the Counter
FREDS PHARMACY UNILET LANC 30G	1	OTC Over the Counter
FREESTYLE LANCETS	1	OTC Over the Counter
FREESTYLE UNISTICK II LANCETS	1	OTC Over the Counter
GENTEEL BUTTERFLY TOUCH LANCET	1	OTC Over the Counter
GENTEEL CONTACT TIPS (BLUE)	1	OTC Over the Counter
GENTEEL CONTACT TIPS (CLEAR)	1	OTC Over the Counter
GENTEEL CONTACT TIPS (GREEN)	1	OTC Over the Counter
GENTEEL CONTACT TIPS (ORANGE)	1	OTC Over the Counter
GENTEEL CONTACT TIPS (RAINBOW)	1	OTC Over the Counter
GENTEEL CONTACT TIPS (VIOLET)	1	OTC Over the Counter
GENTEEL CONTACT TIPS (YELLOW)	1	OTC Over the Counter
GENTEEL LANCING KIT (BLUE)	1	OTC Over the Counter
GENTEEL NOZZLES	1	OTC Over the Counter
GENTEEL PLUS LANCING (BLACK)	1	OTC Over the Counter
GENTEEL PLUS LANCING (PURPLE)	1	OTC Over the Counter
GENTEEL PLUS LANCING (WHITE)	1	OTC Over the Counter
GENTEEL PLUS LANCING DEV(BLUE)	1	OTC Over the Counter
GENTEEL PLUS LANCING DEV(PINK)	1	OTC Over the Counter
GENTLE-LET GP LANCETS	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GENTLE-LET LANCETS	1	OTC Over the Counter
GENTLE-LET PLATFORMS	1	OTC Over the Counter
GLOBAL INJECT EASE LANCETS 28G	1	OTC Over the Counter
GLOBAL INJECT EASE LANCETS 30G	1	OTC Over the Counter
GLOBAL LANCING DEVICE	1	OTC Over the Counter
GLUCOCOM LANCETS 28G	1	OTC Over the Counter
GLUCOCOM LANCETS 30G	1	OTC Over the Counter
GLUCOCOM LANCETS 33G	1	OTC Over the Counter
GNP LANCETS 21G	1	OTC Over the Counter
GNP LANCETS THIN 26G	1	OTC Over the Counter
GNP LANCING SYSTEM DEVICE	1	OTC Over the Counter
GNP STERILE LANCETS 28G	1	OTC Over the Counter
GNP STERILE LANCETS 30G	1	OTC Over the Counter
GNP STERILE LANCETS 33G	1	OTC Over the Counter
GOJJI LANCING DEVICE/CLEAR CAP	1	OTC Over the Counter
GOJJI STERILE LANCETS	1	OTC Over the Counter
GOODSENSE COLOR LANCETS 33G	1	OTC Over the Counter
GOODSENSE LANCETS 26G UNIV	1	OTC Over the Counter
GOODSENSE LANCETS 30G	1	OTC Over the Counter
GOODSENSE LANCETS 30G UNIV	1	OTC Over the Counter
GOODSENSE LANCETS 33G	1	OTC Over the Counter
GOODSENSE LANCETS 33G UNIV	1	OTC Over the Counter
GOODSENSE LANCING DEVICE	1	OTC Over the Counter
H-E-B INCONTROL ADV LANCING	1	OTC Over the Counter
H-E-B INCONTROL LANCETS 28G	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
H-E-B INCONTROL LANCETS 30G	1	OTC Over the Counter
H-E-B INCONTROL LANCETS 33G	1	OTC Over the Counter
HAEMOLANCE	1	OTC Over the Counter
HAEMOLANCE LOW FLOW LANCETS	1	OTC Over the Counter
HAEMOLANCE PLUS	1	OTC Over the Counter
HAEMOLANCE PLUS HIGH FLOW	1	OTC Over the Counter
HAEMOLANCE PLUS LOW FLOW	1	OTC Over the Counter
HAEMOLANCE PLUS MAX FLOW	1	OTC Over the Counter
HAEMOLANCE PLUS PEDIATRIC FLOW	1	OTC Over the Counter
HEALTH CARE LANCING DEVICE	1	OTC Over the Counter
HEALTHY ACCENTS LANCING DEVICE	1	OTC Over the Counter
HEALTHY ACCENTS UNILET LANCETS	1	OTC Over the Counter
HY-VEE LANCETS	1	OTC Over the Counter
HY-VEE THIN LANCETS	1	OTC Over the Counter
HYPOLANCE AST LANCING	1	OTC Over the Counter
IHEALTH LANCING DEVICE	1	OTC Over the Counter
IN TOUCH LANCING DEVICE	1	OTC Over the Counter
IN TOUCH STERILE LANCETS 30G	1	OTC Over the Counter
KINNEY LANCETS	1	OTC Over the Counter
KINNEY THIN LANCETS	1	OTC Over the Counter
KROGER AUTOLET LANCING DEVICE	1	OTC Over the Counter
KROGER HEALTHPRO LANCET 26G	1	OTC Over the Counter
KROGER LANCETS	1	OTC Over the Counter
KROGER LANCETS 21G	1	OTC Over the Counter
KROGER LANCETS MICRO THIN 33G	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KROGER LANCETS SUPER THIN	1	OTC Over the Counter
KROGER LANCETS THIN	1	OTC Over the Counter
KROGER LANCETS THIN 26G	1	OTC Over the Counter
KROGER LANCETS ULTRATHIN 30G	1	OTC Over the Counter
KROGER LANCING DEVICE	1	OTC Over the Counter
LANCET DEVICE	1	OTC Over the Counter
LANCET DEVICE WITH EJECTOR	1	OTC Over the Counter
LANCET TRANSPORTER CASE	1	OTC Over the Counter
LANCETS	1	OTC Over the Counter
LANCETS 30G	1	OTC Over the Counter
LANCETS 33G	1	OTC Over the Counter
LANCETS MICRO THIN 33G	1	OTC Over the Counter
LANCETS SUPER THIN	1	OTC Over the Counter
LANCETS SUPER THIN 28G	1	OTC Over the Counter
LANCETS THIN	1	OTC Over the Counter
LANCETS ULTRA THIN	1	OTC Over the Counter
LANCETS ULTRA THIN 30G	1	OTC Over the Counter
LANCING DEVICE	1	OTC Over the Counter
LANZO	1	OTC Over the Counter
LEADER ADVANCED LANCING DEVICE	1	OTC Over the Counter
LIBERTY MEDICAL LANCETS	1	OTC Over the Counter
LIBERTY MINI LANCING DEVICE	1	OTC Over the Counter
LIFESCAN UNISTIK 2	1	OTC Over the Counter
LIFESCAN UNISTIK II LANCETS	1	OTC Over the Counter
LITE TOUCH LANCETS	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LITE TOUCH LANCING PEN	1	OTC Over the Counter
LITETOUCH LANCETS	1	OTC Over the Counter
LIVE BETTER ADV LANCING DEVICE	1	OTC Over the Counter
LIVE BETTER LANCET SUPER THIN	1	OTC Over the Counter
LIVE BETTER LANCET ULTRA THIN	1	OTC Over the Counter
LONGS LANCETS STANDARD	1	OTC Over the Counter
LONGS LANCETS THIN	1	OTC Over the Counter
LONGS LANCETS ULTRA THIN	1	OTC Over the Counter
MEDICHOICE SAFETY LANCET	1	OTC Over the Counter
MEDICHOICE SAFETY LANCET EXTRA	1	OTC Over the Counter
MEDICHOICE SAFETY LANCET NORM	1	OTC Over the Counter
MEDLANCE EXTRA 21G	1	OTC Over the Counter
MEDLANCE LITE 25G	1	OTC Over the Counter
MEDLANCE PLUS EXTRA 21G	1	OTC Over the Counter
MEDLANCE PLUS LANCETS	1	OTC Over the Counter
MEDLANCE PLUS LITE 25G	1	OTC Over the Counter
MEDLANCE PLUS SPECIAL 0.8MM	1	OTC Over the Counter
MEDLANCE PLUS SUPERLITE 30G	1	OTC Over the Counter
MEDLANCE PLUS UNIVERSAL 21G	1	OTC Over the Counter
MEDLANCE UNIVERSAL 21G	1	OTC Over the Counter
MEIJER LANCETS	1	OTC Over the Counter
MEIJER LANCETS THIN	1	OTC Over the Counter
MEIJER LANCETS UNIVERSAL 21G	1	OTC Over the Counter
MEIJER LANCETS UNIVERSAL 30G	1	OTC Over the Counter
MEIJER LANCETS UNIVERSAL 33G	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MEIJER SUPER THIN LANCETS	1	OTC Over the Counter
MICROLET LANCETS	1	OTC Over the Counter
MICROLET NEXT LANCING DEVICE	1	OTC Over the Counter
MINI LANCING DEVICE	1	OTC Over the Counter
MM LANCING DEVICE	1	OTC Over the Counter
MM TWIST LANCETS	1	OTC Over the Counter
MONOLET LANCETS	1	OTC Over the Counter
MONOLET OPD LANCETS	1	OTC Over the Counter
MONOLETTOR SAFETY LANCETS	1	OTC Over the Counter
MPD SAFETY LANCET 21G	1	OTC Over the Counter
MPD SAFETY LANCET 23G	1	OTC Over the Counter
MPD SAFETY LANCET 28G	1	OTC Over the Counter
MPD SAFETY LANCET 30G	1	OTC Over the Counter
MULTI-LANCET DEVICE	1	OTC Over the Counter
MULTI-LANCET DEVICE 2	1	OTC Over the Counter
MYGLUCOHEALTH LANCETS 30G	1	OTC Over the Counter
NOVA SAFETY LANCETS 23G	1	OTC Over the Counter
NOVA SAFETY LANCETS 28G	1	OTC Over the Counter
NOVA SUREFLEX LANCETS	1	OTC Over the Counter
NOVA SUREFLEX LANCING DEVICE	1	OTC Over the Counter
ONETOUCH CLUB LANCETS FINE PT	1	OTC Over the Counter
ONETOUCH DELICA LANCETS 30G	1	OTC Over the Counter
ONETOUCH DELICA LANCETS 33G	1	OTC Over the Counter
ONETOUCH DELICA LANCING DEV	1	OTC Over the Counter
ONETOUCH DELICA PLUS LANCET30G	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ONETOUCH DELICA PLUS LANCET33G	1	OTC Over the Counter
ONETOUCH DELICA PLUS LANCING	1	OTC Over the Counter
ONETOUCH DELICA SAFETY LANCING	1	OTC Over the Counter
ONETOUCH FINEPOINT LANCETS	1	OTC Over the Counter
ONETOUCH SURESOFT LANCING DEV	1	OTC Over the Counter
ONETOUCH ULTRA 2	1	QL 1 / 365 day(s)
		G Must use manufacturer's voucher
		OTC Over the Counter
ONETOUCH ULTRA CONTROL	1	OTC Over the Counter
ONETOUCH ULTRASOFT 2 LANCETS	1	OTC Over the Counter
ONETOUCH ULTRASOFT LANCETS	1	OTC Over the Counter
ONETOUCH VERIO (ONETOUCH VERIO LIQUID, ONETOUCH VERIO HIGH LIQUID)	1	OTC Over the Counter
ONETOUCH VERIO FLEX SYSTEM W/DEVICE KIT	1	QL 1 / 365 day(s)
		G Must use manufacturer's voucher
		OTC Over the Counter
ONETOUCH VERIO REFLECT	1	QL 1 / 365 day(s)
		G Must use manufacturer's voucher
		OTC Over the Counter
PC LANCETS SUPER THIN 30G	1	OTC Over the Counter
PENLET II BLOOD SAMPLER	1	OTC Over the Counter
PENLET II REPLACEMENT CAP	1	OTC Over the Counter
PERFECT LANCETS 28G	1	OTC Over the Counter
PERFECT LANCETS 30G	1	OTC Over the Counter
PERFECT POINT SAFETY LANCETS	1	OTC Over the Counter
PHARMACIST CHOICE LANCETS	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PHARMACY COUNTER LANCETS	1	OTC Over the Counter
PIP LANCETS 28G	1	OTC Over the Counter
PIP LANCETS 30G	1	OTC Over the Counter
PRECISION THINS GP LANCETS	1	OTC Over the Counter
PREFERRED PLUS LANCETS COLORED	1	OTC Over the Counter
PREFERRED PLUS LANCETS THIN	1	OTC Over the Counter
PRO COMFORT LANCETS 30G	1	OTC Over the Counter
PRO COMFORT LANCETS 31G	1	OTC Over the Counter
PRO COMFORT SAFETY LANCETS 30G	1	OTC Over the Counter
PRODIGY LANCETS 28G	1	OTC Over the Counter
PRODIGY LANCING DEVICE	1	OTC Over the Counter
PRODIGY SAFETY LANCETS 26G	1	OTC Over the Counter
PRODIGY TWIST TOP LANCETS 28G	1	OTC Over the Counter
PSS SELECT GP LANCETS	1	OTC Over the Counter
PSS SELECT PLATFORMS	1	OTC Over the Counter
PSS SELECT SAFETY LANCETS	1	OTC Over the Counter
PURE COMFORT LANCETS 30G	1	OTC Over the Counter
PX ADVANCED LANCING DEVICE	1	OTC Over the Counter
PX LANCET AUTO INJECTOR	1	OTC Over the Counter
PX LANCETS MICROTHIN 33G	1	OTC Over the Counter
PX LANCETS ULTRA THIN	1	OTC Over the Counter
PX LANCETS ULTRA THIN 28G	1	OTC Over the Counter
QC ADVANCED LANCING DEVICE	1	OTC Over the Counter
QC LANCETS SUPER THIN 30G	1	OTC Over the Counter
QC LANCETS ULTRA THIN	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
QC UNILET LANCETS 28G	1	OTC Over the Counter
QC UNILET LANCETS MICRO THIN	1	OTC Over the Counter
RA E-ZJECT LANCETS 28G	1	OTC Over the Counter
RA E-ZJECT LANCETS THIN 26G	1	OTC Over the Counter
RA E-ZJECT LANCETS THIN 28G	1	OTC Over the Counter
RA E-ZJECT LANCETS ULTRA THIN	1	OTC Over the Counter
READYLANCE SAFETY LANCETS	1	OTC Over the Counter
REALITY LANCETS	1	OTC Over the Counter
REALITY TRIGGER LANCETS	1	OTC Over the Counter
RELION LANCET DEVICES 30G	1	OTC Over the Counter
RELION LANCETS	1	OTC Over the Counter
RELION LANCETS MICRO-THIN 33G	1	OTC Over the Counter
RELION LANCETS THIN 26G	1	OTC Over the Counter
RELION LANCETS ULTRA-THIN 30G	1	OTC Over the Counter
RELION LANCING DEVICE (RELION LANCING DEVICE KIT, RELION LANCING DEVICE MISC)	1	OTC Over the Counter
RELION ULTRA THIN LANCETS 30G	1	OTC Over the Counter
RELION ULTRA THIN PLUS LANCETS	1	OTC Over the Counter
REXALL LANCETS ULTRA THIN 30G	1	OTC Over the Counter
RIGHTTEST ALTERNATE SITE ADAPT	1	OTC Over the Counter
RIGHTTEST GD500 LANCING DEVICE	1	OTC Over the Counter
RIGHTTEST GL300 LANCETS	1	OTC Over the Counter
SAFE-T-LANCE	1	OTC Over the Counter
SAFE-T-LANCE PLUS	1	OTC Over the Counter
SAFETY LANCET 30G/PRESSURE ACT	1	OTC Over the Counter
SAFETY LANCETS	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SAFETY LANCETS 21G	1	OTC Over the Counter
SAFETY LANCETS 23G	1	OTC Over the Counter
SAFETY LANCETS 28G	1	OTC Over the Counter
SAPS HEALTH PLUS LANCETS	1	OTC Over the Counter
SAPS HEALTH TWIST TOP LANCETS	1	OTC Over the Counter
SAPS TWIST TOP LANCETS	1	OTC Over the Counter
SAPSCARE TWIST TOP LANCETS	1	OTC Over the Counter
SB LANCETS THIN	1	OTC Over the Counter
SB LANCETS ULTRA THIN	1	OTC Over the Counter
SELECT-LITE DEVICE/LANCETS	1	OTC Over the Counter
SELECT-LITE LANCING DEVICE	1	OTC Over the Counter
SHOPKO AUTOLET LANCING DEVICE	1	OTC Over the Counter
SHOPKO ON-THE-GO LANCETS 30G	1	OTC Over the Counter
SHOPKO UNILET LANCETS 28G	1	OTC Over the Counter
SHOPKO UNILET LANCETS 30G	1	OTC Over the Counter
SIMPLE DIAGNOSTICS LANCING DEV	1	OTC Over the Counter
SINGLE-LET	1	OTC Over the Counter
SM LANCETS 33G	1	OTC Over the Counter
SM TRUEDRAW LANCING DEVICE	1	OTC Over the Counter
SMART DIABETES VANTAGE LANCING	1	OTC Over the Counter
SMART SENSE COLOR LANCETS 33G	1	OTC Over the Counter
SMART SENSE STANDARD LANCETS	1	OTC Over the Counter
SMART SENSE SUPER THIN LANCETS	1	OTC Over the Counter
SMART SENSE THIN LANCETS 26G	1	OTC Over the Counter
SMARTEST LANCETS 28G	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SOLUS V2 LANCETS 28G	1	OTC Over the Counter
SOLUS V2 LANCING DEVICE	1	OTC Over the Counter
SOLUS V2 TWIST LANCETS 30G	1	OTC Over the Counter
STERILANCE PA	1	OTC Over the Counter
STERILANCE TL	1	OTC Over the Counter
SUPER THIN LANCETS	1	OTC Over the Counter
SURE COMFORT LANCETS 18G	1	OTC Over the Counter
SURE COMFORT LANCETS 21G	1	OTC Over the Counter
SURE COMFORT LANCETS 23G	1	OTC Over the Counter
SURE COMFORT LANCETS 28G	1	OTC Over the Counter
SURE COMFORT LANCETS 30G	1	OTC Over the Counter
SURE COMFORT LANCING PEN	1	OTC Over the Counter
SURELITE LANCETS	1	OTC Over the Counter
TECHLITE AST LANCETS	1	OTC Over the Counter
TECHLITE LANCETS	1	OTC Over the Counter
TECHLITE LANCETS 26G	1	OTC Over the Counter
TECHLITE LANCETS 30G	1	OTC Over the Counter
TGT LANCET MICRO THIN 33G	1	OTC Over the Counter
TGT LANCET THIN 26G	1	OTC Over the Counter
TGT LANCET ULTRA THIN 30G	1	OTC Over the Counter
TGT LANCING DEVICE	1	OTC Over the Counter
THINLETS GP LANCETS	1	OTC Over the Counter
TODAYS HEALTH LANCING DEVICE	1	OTC Over the Counter
TODAYS HEALTH THIN LANCETS 28G	1	OTC Over the Counter
TODAYS HEALTH THIN LANCETS 30G	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TOPCARE LANCETS MICRO-THIN 33G	1	OTC Over the Counter
TRAVEL LANCETS	1	OTC Over the Counter
TRAVEL LANCETS ADVANCED 28G	1	OTC Over the Counter
TRUE COMFORT SAFETY LANCETS	1	OTC Over the Counter
TRUE COMFORT TWIST TOP LANCETS	1	OTC Over the Counter
TRUEDRAW LANCING DEVICE	1	OTC Over the Counter
TRUEPLUS LANCETS 26G	1	OTC Over the Counter
TRUEPLUS LANCETS 28G	1	OTC Over the Counter
TRUEPLUS LANCETS 30G	1	OTC Over the Counter
TRUEPLUS LANCETS 33G	1	OTC Over the Counter
TRUEPLUS SAFETY LANCETS 28G	1	OTC Over the Counter
TWIST TOP LANCETS 30G	1	OTC Over the Counter
ULTI-LANCE AUTOMATIC	1	OTC Over the Counter
ULTILET CLASSIC LANCETS	1	OTC Over the Counter
ULTILET LANCETS	1	OTC Over the Counter
ULTILET SAFETY LANCETS	1	OTC Over the Counter
ULTILET SAFETY LANCETS 23G	1	OTC Over the Counter
ULTRA THIN LANCETS 31G	1	OTC Over the Counter
ULTRA-CARE LANCETS 30G	1	OTC Over the Counter
ULTRA-THIN II AUTO LANCET	1	OTC Over the Counter
ULTRA-THIN II LANCETS	1	OTC Over the Counter
UNILET COMFORTOUCH LANCET	1	OTC Over the Counter
UNILET EXCELITE	1	OTC Over the Counter
UNILET EXCELITE II	1	OTC Over the Counter
UNILET G.P. LANCET	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
UNILET G.P. SUPERLITE LANCET	1	OTC Over the Counter
UNILET GP 28 ULTRA THIN	1	OTC Over the Counter
UNILET LANCET	1	OTC Over the Counter
UNILET MICRO-THIN 33G	1	OTC Over the Counter
UNILET SUPER-THIN 30G	1	OTC Over the Counter
UNILET SUPERLITE LANCET	1	OTC Over the Counter
UNILET ULTRA-THIN 28G	1	OTC Over the Counter
UNISTIK 1	1	OTC Over the Counter
UNISTIK 2	1	OTC Over the Counter
UNISTIK 2 COMFORT	1	OTC Over the Counter
UNISTIK 2 EXTRA	1	OTC Over the Counter
UNISTIK 2 NEONATAL	1	OTC Over the Counter
UNISTIK 2 NORMAL	1	OTC Over the Counter
UNISTIK 2 SUPER	1	OTC Over the Counter
UNISTIK 3	1	OTC Over the Counter
UNISTIK 3 COMFORT	1	OTC Over the Counter
UNISTIK 3 EXTRA	1	OTC Over the Counter
UNISTIK 3 GENTLE	1	OTC Over the Counter
UNISTIK 3 NEONATAL	1	OTC Over the Counter
UNISTIK 3 NORMAL	1	OTC Over the Counter
UNISTIK CZT COMFORT	1	OTC Over the Counter
UNISTIK CZT NORMAL	1	OTC Over the Counter
UNISTIK NORMAL	1	OTC Over the Counter
UNISTIK PRO SAFETY LANCET	1	OTC Over the Counter
UNISTIK SAFETY LANCETS 28G	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
UNISTIK SAFETY LANCETS 30G	1	OTC Over the Counter
UNISTIK TOUCH SAFETY LANC 21G	1	OTC Over the Counter
UNISTIK TOUCH SAFETY LANC 23G	1	OTC Over the Counter
UNISTIK TOUCH SAFETY LANC 28G	1	OTC Over the Counter
UNISTIK TOUCH SAFETY LANC 30G	1	OTC Over the Counter
UNIVERSAL 1 LANCETS THIN 26G	1	OTC Over the Counter
UNIVERSAL 1 LANCETS THIN 33G	1	OTC Over the Counter
UNIVERSAL 1 LANCETS ULTRA THIN	1	OTC Over the Counter
VALUE PLUS LANCET STANDARD 21G	1	OTC Over the Counter
VALUE PLUS LANCETS SUPER THIN	1	OTC Over the Counter
VALUE PLUS LANCETS THIN 26G	1	OTC Over the Counter
VALUE PLUS LANCING DEVICE	1	OTC Over the Counter
VALUMARK LANCET SUPER THIN 30G	1	OTC Over the Counter
VALUMARK LANCET ULTRA THIN 28G	1	OTC Over the Counter
VERIFINE SAFE LANCET MINI 21G	1	OTC Over the Counter
VERIFINE SAFE LANCET MINI 23G	1	OTC Over the Counter
VERIFINE SAFE LANCET MINI 28G	1	OTC Over the Counter
VERIFINE SAFE LANCET MINI 30G	1	OTC Over the Counter
VERIFINE UNIVERSAL LANCETS 28G	1	OTC Over the Counter
VERIFINE UNIVERSAL LANCETS 30G	1	OTC Over the Counter
VERIFINE UNIVERSAL LANCETS 33G	1	OTC Over the Counter
VIDA MIA AUTOLET LANCING DEV	1	OTC Over the Counter
VIDA MIA UNILET LANCETS 28G	1	OTC Over the Counter
VIDA MIA UNILET LANCETS 30G	1	OTC Over the Counter
VIVAGUARD LANCETS	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VIVAGUARD LANCETS 30G	1	OTC Over the Counter
VIVAGUARD LANCING DEVICE	1	OTC Over the Counter
VIVAGUARD SAFETY LANCETS 28G	1	OTC Over the Counter
WALGREENS ADV TRAVEL LANCETS	1	OTC Over the Counter
WALGREENS LANCETS	1	OTC Over the Counter
WALGREENS LANCETS MICRO THIN	1	OTC Over the Counter
WALGREENS LANCETS SUPER THIN	1	OTC Over the Counter
WALGREENS THIN LANCETS	1	OTC Over the Counter
WALGREENS ULTRA THIN LANCETS	1	OTC Over the Counter
ZEVRX TWIST TOP LANCETS 30G	1	OTC Over the Counter
INSULIN ADMINISTRATION SUPPLIES		
OMNIPOD 5 DEXG7G6 PODS GEN 5	1	QL 30 / 30 day(s) PA
OMNIPOD 5 G6 INTRO (GEN 5)	1	PA QLC 1 / 365 Days
OMNIPOD 5 G6 PODS (GEN 5)	1	QL 30 / 30 day(s) PA
OMNIPOD 5 G7 INTRO (GEN 5)	1	PA QLC 1 / 365 Days
OMNIPOD 5 G7 PODS (GEN 5)	1	QL 30 / 30 day(s) PA
OMNIPOD 5 LIBRE2 PLUS G6	1	PA QLC 1 / 365 Days
OMNIPOD 5 LIBRE2 PLUS G6 PODS	1	QL 30 / 30 day(s) PA
OMNIPOD 5 PACK	1	QL 30 / 30 day(s) PA
OMNIPOD CLASSIC PDM (GEN 3)	1	PA QLC 1 / 365 Days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OMNIPOD DASH INTRO (GEN 4)	1	PA QLC 1 / 365 Days
OMNIPOD DASH PDM (GEN 4)	1	PA QLC 1 / 365 Days
OMNIPOD DASH PODS (GEN 4)	1	QL 30 / 30 day(s) PA
OMNIPOD GO (OMNIPOD GO 20 UNIT/24HR KIT, OMNIPOD GO 30 UNIT/24HR KIT)	1	QL 30 / 30 day(s) PA
V-GO 20	1	QL 30 / 30 day(s) PA
V-GO 30	1	QL 30 / 30 day(s) PA
V-GO 40	1	QL 30 / 30 day(s) PA
NEEDLES & SYRINGES		
1ST TIER UNIFINE PENTIPS	1	OTC Over the Counter
1ST TIER UNIFINE PENTIPS PLUS	1	OTC Over the Counter
ABOUTTIME PEN NEEDLE	1	OTC Over the Counter
ADVOCATE INSULIN PEN NEEDLE	1	OTC Over the Counter
ADVOCATE INSULIN PEN NEEDLES	1	OTC Over the Counter
ADVOCATE INSULIN SYRINGE	1	OTC Over the Counter
ALLERGY SYRINGE	1	OTC Over the Counter
AQ INSULIN SYRINGE	1	
AQINJECT PEN NEEDLE	1	
ASSURE ID DUO PRO PEN NEEDLES	1	OTC Over the Counter
ASSURE ID INSULIN SAFETY SYR	1	OTC Over the Counter
ASSURE ID PRO PEN NEEDLES	1	OTC Over the Counter
ASSURE ID SAFETY PEN NEEDLES	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AUM INSULIN SAFETY PEN NEEDLE	1	OTC Over the Counter
AUM MINI INSULIN PEN NEEDLE	1	OTC Over the Counter
AUM PEN NEEDLE	1	OTC Over the Counter
AUM READYGARD DUO PEN NEEDLE	1	OTC Over the Counter
AUM SAFETY PEN NEEDLE	1	OTC Over the Counter
AURORA PEN NEEDLES	1	OTC Over the Counter
AURORA UNIFINE PENTIPS	1	OTC Over the Counter
AUTOPEN	1	OTC Over the Counter
BD ALLERGIST TRAY	1	OTC Over the Counter
BD ALLERGY SYRINGE 28G X 1/2" 1 ML MISC	1	OTC Over the Counter
BD AUTOSHIELD	1	OTC Over the Counter
BD AUTOSHIELD DUO	1	OTC Over the Counter
BD ECLIPSE SYRINGE (BD ECLIPSE SYRINGE 21G X 1" 3 ML MISC, BD ECLIPSE SYRINGE 25G X 1" 3 ML MISC, BD ECLIPSE SYRINGE 27G X 1/2" 1 ML MISC)	1	OTC Over the Counter
BD ECLIPSE SYRINGE/NEEDLE	1	OTC Over the Counter
BD INSULIN SYR ULTRAFINE II	1	OTC Over the Counter
BD INSULIN SYRINGE (BD INSULIN SYRINGE 25G X 1" 1 ML MISC, BD INSULIN SYRINGE 25G X 5/8" 1 ML MISC, BD INSULIN SYRINGE 26G X 1/2" 1 ML MISC, BD INSULIN SYRINGE 27G X 1/2" 1 ML MISC, BD INSULIN SYRINGE 27.5G X 5/8" 2 ML MISC, BD INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC, BD INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, BD INSULIN SYRINGE 29G X 1/2" 1 ML MISC, BD INSULIN SYRINGE U-100 1 ML MISC)	1	OTC Over the Counter
BD INSULIN SYRINGE HALF-UNIT	1	OTC Over the Counter
BD INSULIN SYRINGE MICROFINE	1	OTC Over the Counter
BD INSULIN SYRINGE U-500	1	
BD INSULIN SYRINGE U/F	1	OTC Over the Counter
BD INSULIN SYRINGE U/F 1/2UNIT	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BD INSULIN SYRINGE ULTRAFINE	1	OTC Over the Counter
BD INTEGRA SYRINGE	1	OTC Over the Counter
BD LUER-LOCK SYRINGE	1	OTC Over the Counter
BD LUER-LOK SYRINGE (BD LUER-LOK SYRINGE 18G X 1-1/2" 3 ML MISC, BD LUER-LOK SYRINGE 20G X 1" 1 ML MISC, BD LUER-LOK SYRINGE 20G X 1" 10 ML MISC, BD LUER-LOK SYRINGE 20G X 1" 3 ML MISC, BD LUER-LOK SYRINGE 20G X 1" 5 ML MISC, BD LUER-LOK SYRINGE 20G X 1-1/2" 10 ML MISC, BD LUER-LOK SYRINGE 20G X 1-1/2" 5 ML MISC, BD LUER-LOK SYRINGE 21G X 1" 10 ML MISC, BD LUER-LOK SYRINGE 21G X 1" 3 ML MISC, BD LUER-LOK SYRINGE 21G X 1" 5 ML MISC, BD LUER-LOK SYRINGE 21G X 1-1/2" 10 ML MISC, BD LUER-LOK SYRINGE 21G X 1-1/2" 3 ML MISC, BD LUER-LOK SYRINGE 21G X 1-1/2" 5 ML MISC, BD LUER-LOK SYRINGE 22G X 1" 10 ML MISC, BD LUER-LOK SYRINGE 22G X 1" 3 ML MISC, BD LUER-LOK SYRINGE 22G X 1" 5 ML MISC, BD LUER-LOK SYRINGE 22G X 1-1/2" 3 ML MISC, BD LUER-LOK SYRINGE 22G X 1-1/2" 5 ML MISC, BD LUER-LOK SYRINGE 23G X 1" 3 ML MISC, BD LUER-LOK SYRINGE 23G X 1-1/2" 3 ML MISC, BD LUER-LOK SYRINGE 25G X 1" 3 ML MISC, BD LUER-LOK SYRINGE 25G X 1-1/2" 3 ML MISC, BD LUER-LOK SYRINGE 25G X 5/8" 1 ML MISC, BD LUER-LOK SYRINGE 25G X 5/8" 3 ML MISC, BD LUER-LOK SYRINGE 26G X 5/8" 3 ML MISC)	1	OTC Over the Counter
BD PEN	1	OTC Over the Counter
BD PEN MINI	1	OTC Over the Counter
BD PEN NEEDLE MICRO U/F	1	OTC Over the Counter
BD PEN NEEDLE MINI U/F	1	OTC Over the Counter
BD PEN NEEDLE NANO 2ND GEN	1	OTC Over the Counter
BD PEN NEEDLE NANO U/F	1	OTC Over the Counter
BD PEN NEEDLE ORIGINAL U/F	1	OTC Over the Counter
BD PEN NEEDLE SHORT U/F	1	OTC Over the Counter
BD PLASTIPAK SYRINGE 21G X 1" 3 ML MISC	1	OTC Over the Counter
BD SAFETY-LOK INSULIN SYRINGE	1	OTC Over the Counter
BD SAFETYGLIDE ALLERGY SYRINGE	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BD SAFETYGLIDE INSULIN SYRINGE (BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC, BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, BD SAFETYGLIDE INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.3 ML MISC, BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.5 ML MISC, BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 1 ML MISC, BD SAFETYGLIDE INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC)	1	OTC Over the Counter
BD SAFETYGLIDE NEEDLE 21G X 1-1/2" 3 ML MISC	1	OTC Over the Counter
BD SAFETYGLIDE SHIELDED NEEDLE 22G X 1-1/2" 5 ML MISC	1	OTC Over the Counter
BD SAFETYGLIDE SYRINGE/NEEDLE (BD SAFETYGLIDE SYRINGE/NEEDLE 25G X 1" 3 ML MISC, BD SAFETYGLIDE SYRINGE/NEEDLE 27G X 5/8" 1 ML MISC)	1	OTC Over the Counter
BD SYRINGE SLIP TIP (BD SYRINGE SLIP TIP 25G X 5/8" 1 ML MISC, BD SYRINGE SLIP TIP 26G X 3/8" 1 ML MISC, BD SYRINGE SLIP TIP 26G X 5/8" 1 ML MISC)	1	OTC Over the Counter
BD SYRINGE/NEEDLE (BD SYRINGE/NEEDLE 22G X 1-1/2" 3 ML MISC, BD SYRINGE/NEEDLE 23G X 1" 3 ML MISC, BD SYRINGE/NEEDLE 25G X 5/8" 1 ML MISC, BD SYRINGE/NEEDLE 25G X 5/8" 3 ML MISC)	1	OTC Over the Counter
BD TB SYRINGE (BD TB SYRINGE 21G X 1" 1 ML MISC, BD TB SYRINGE 26G X 3/8" 1 ML MISC, BD TB SYRINGE 27G X 1/2" 1 ML MISC)	1	OTC Over the Counter
BD VEO INSULIN SYR U/F 1/2UNIT	1	OTC Over the Counter
BD VEO INSULIN SYRINGE U/F	1	OTC Over the Counter
CAREFINE PEN NEEDLES	1	OTC Over the Counter
CAREONE INSULIN SYRINGE	1	OTC Over the Counter
CAREONE UNIFINE PENTIPS	1	OTC Over the Counter
CAREONE UNIFINE PENTIPS PLUS	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CAREPOINT SAFETY1ST SYR/NEEDLE (CAREPOINT SAFETY1ST SYR/NEEDLE 23G X 1" 1 ML MISC, CAREPOINT SAFETY1ST SYR/NEEDLE 23G X 1" 3 ML MISC, CAREPOINT SAFETY1ST SYR/NEEDLE 25G X 1" 1 ML MISC, CAREPOINT SAFETY1ST SYR/NEEDLE 25G X 1" 3 ML MISC, CAREPOINT SAFETY1ST SYR/NEEDLE 25G X 5/8" 3 ML MISC)	1	
CAREPOINT SYRINGE LUER LOCK (CAREPOINT SYRINGE LUER LOCK 20G X 1" 3 ML MISC, CAREPOINT SYRINGE LUER LOCK 20G X 1-1/2" 3 ML MISC, CAREPOINT SYRINGE LUER LOCK 22G X 1-1/2" 3 ML MISC, CAREPOINT SYRINGE LUER LOCK 23G X 1" 3 ML MISC, CAREPOINT SYRINGE LUER LOCK 25G X 1" 3 ML MISC)	1	
CAREPOINT TUBERCLN SYR/LUER SL	1	OTC Over the Counter
CARETOUCH HYPODERMIC NEEDLE 26G X 1" MISC	1	OTC Over the Counter
CARETOUCH INSULIN SYRINGE	1	OTC Over the Counter
CARETOUCH LUER LOCK 23G X 1" 3 ML MISC	1	OTC Over the Counter
CARETOUCH LUER LOCK SYR/NEEDLE	1	OTC Over the Counter
CARETOUCH PEN NEEDLES	1	OTC Over the Counter
CEQUR SIMPLICITY 2U	1	
CLEVER CHOICE COMFORT EZ (CLEVER CHOICE COMFORT EZ 29G X 12MM MISC, CLEVER CHOICE COMFORT EZ 33G X 4 MM MISC)	1	OTC Over the Counter
CLICKFINE PEN NEEDLES	1	OTC Over the Counter
COMFORT ASSIST INSULIN SYRINGE	1	OTC Over the Counter
COMFORT EZ INSULIN SYRINGE	1	OTC Over the Counter
COMFORT EZ MICRO PEN NEEDLES	1	OTC Over the Counter
COMFORT EZ PEN NEEDLES	1	OTC Over the Counter
COMFORT EZ PRO PEN NEEDLES	1	OTC Over the Counter
COMFORT EZ SHORT PEN NEEDLES	1	OTC Over the Counter
COMFORT TOUCH INSULIN PEN NEED	1	OTC Over the Counter
DIATHRIVE PEN NEEDLE	1	OTC Over the Counter
DROPLET INSULIN SYRINGE	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DROPLET MICRON	1	OTC Over the Counter
DROPLET PEN NEEDLES	1	OTC Over the Counter
DROPSAFE SAFETY PEN NEEDLES	1	OTC Over the Counter
DROPSAFE SAFETY SYRINGE/NEEDLE	1	
DRUG MART UNIFINE PENTIPS	1	OTC Over the Counter
DRUG MART UNIFINE PENTIPS PLUS	1	OTC Over the Counter
EASY COMFORT INSULIN SYRINGE	1	OTC Over the Counter
EASY COMFORT PEN NEEDLES	1	OTC Over the Counter
EASY GLIDE PEN NEEDLES	1	OTC Over the Counter
EASY TOUCH ALLERGY SYRINGE	1	OTC Over the Counter
EASY TOUCH FLIPLOCK INSULIN SY	1	OTC Over the Counter

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EASY TOUCH SAFETY SYRINGE (EASY TOUCH SAFETY SYRINGE 20G X 1" 3 ML MISC, EASY TOUCH SAFETY SYRINGE 21G X 1" 3 ML MISC, EASY TOUCH SAFETY SYRINGE 22G X 1" 3 ML MISC, EASY TOUCH SAFETY SYRINGE 22G X 1-1/2" 3 ML MISC, EASY TOUCH SAFETY SYRINGE 23G X 1" 3 ML MISC, EASY TOUCH SAFETY SYRINGE 25G X 1" 1 ML MISC, EASY TOUCH SAFETY SYRINGE 25G X 1" 3 ML MISC, EASY TOUCH SAFETY SYRINGE 25G X 5/8" 1 ML MISC, EASY TOUCH SAFETY SYRINGE 25G X 5/8" 3 ML MISC)	1	OTC Over the Counter
EASY TOUCH SHEATHLOCK SYRINGE (EASY TOUCH SHEATHLOCK SYRINGE 21G X 1" 3 ML MISC, EASY TOUCH SHEATHLOCK SYRINGE 21G X 1-1/2" 10 ML MISC, EASY TOUCH SHEATHLOCK SYRINGE 21G X 1-1/2" 3 ML MISC, EASY TOUCH SHEATHLOCK SYRINGE 21G X 1-1/2" 5 ML MISC, EASY TOUCH SHEATHLOCK SYRINGE 22G X 1" 3 ML MISC, EASY TOUCH SHEATHLOCK SYRINGE 22G X 1-1/2" 10 ML MISC, EASY TOUCH SHEATHLOCK SYRINGE 22G X 1-1/2" 3 ML MISC, EASY TOUCH SHEATHLOCK SYRINGE 22G X 1-1/2" 5 ML MISC, EASY TOUCH SHEATHLOCK SYRINGE 23G X 1" 3 ML MISC, EASY TOUCH SHEATHLOCK SYRINGE 25G X 1" 10 ML MISC, EASY TOUCH SHEATHLOCK SYRINGE 25G X 1" 3 ML MISC, EASY TOUCH SHEATHLOCK SYRINGE 25G X 1" 5 ML MISC, EASY TOUCH SHEATHLOCK SYRINGE 25G X 5/8" 3 ML MISC, EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ML MISC, EASY TOUCH SHEATHLOCK SYRINGE 30G X 1/2" 1 ML MISC, EASY TOUCH SHEATHLOCK SYRINGE 30G X 5/16" 1 ML MISC, EASY TOUCH SHEATHLOCK SYRINGE 31G X 5/16" 1 ML MISC)	1	OTC Over the Counter
EASY TOUCH TB FLIPLOCK SYRINGE	1	OTC Over the Counter
EASY TOUCH TB SHEATHLOCK SYR (EASY TOUCH TB SHEATHLOCK SYR 25G X 5/8" 1 ML MISC, EASY TOUCH TB SHEATHLOCK SYR 26G X 5/8" 1 ML MISC, EASY TOUCH TB SHEATHLOCK SYR 27G X 1/2" 1 ML MISC, EASY TOUCH TB SHEATHLOCK SYR 28G X 1/2" 1 ML MISC)	1	OTC Over the Counter
EASYPPOINT NEEDLE/SYRINGE	1	
EMBRACE PEN NEEDLES	1	OTC Over the Counter
EQL INSULIN SYRINGE	1	OTC Over the Counter
EXEL COMFORT POINT INSULIN SYR	1	OTC Over the Counter
EXEL COMFORT POINT PEN NEEDLE	1	OTC Over the Counter
FIFTY50 PEN NEEDLES	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FIFTY50 SUPERIOR COMFORT SYR	1	OTC Over the Counter
FREDS PHARMACY UNIFINE PENTIP+	1	OTC Over the Counter
FREDS PHARMACY UNIFINE PENTIPS	1	OTC Over the Counter
GLOBAL EASE INJECT PEN NEEDLES	1	OTC Over the Counter
GLOBAL EASY GLIDE INSULIN SYR	1	OTC Over the Counter
GLOBAL EASY GLIDE PEN NEEDLES	1	OTC Over the Counter
GLOBAL INJECT EASE INSULIN SYR	1	OTC Over the Counter
GLOBAL INSULIN SYRINGES	1	OTC Over the Counter
GLUCOPRO INSULIN SYRINGE	1	OTC Over the Counter
GNP CLICKFINE PEN NEEDLES	1	OTC Over the Counter
GNP INSULIN SYRINGE	1	OTC Over the Counter
GNP INSULIN SYRINGES	1	OTC Over the Counter
GNP INSULIN SYRINGES 28GX1/2"	1	OTC Over the Counter
GNP INSULIN SYRINGES 29GX1/2"	1	OTC Over the Counter
GNP INSULIN SYRINGES 30GX5/16"	1	OTC Over the Counter
GNP INSULIN SYRINGES 31GX5/16"	1	OTC Over the Counter
GNP ULTICARE PEN NEEDLES	1	OTC Over the Counter
GNP ULTIGUARD SAFEPAK NEEDLE	1	OTC Over the Counter
GNP ULTRA COM INSULIN SYRINGE	1	OTC Over the Counter
GOODSENSE CLICKFINE PEN NEEDLE	1	OTC Over the Counter
GOODSENSE PEN NEEDLE PENFINE	1	OTC Over the Counter
H-E-B INCONTROL PEN NEEDLES	1	OTC Over the Counter
H-E-B INCONTROL UNIFINE PENTIP	1	OTC Over the Counter
HEALTHWISE INSULIN SYR/NEEDLE	1	OTC Over the Counter
HEALTHWISE MICRON PEN NEEDLES	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HEALTHWISE MINI PEN NEEDLES	1	OTC Over the Counter
HEALTHWISE PEN NEEDLES	1	OTC Over the Counter
HEALTHWISE SHORT PEN NEEDLES	1	OTC Over the Counter
HEALTHWISE UNIFINE PENTIPS	1	OTC Over the Counter
HEALTHY ACCENTS UNIFINE PENTIP	1	OTC Over the Counter
HM ULTICARE INSULIN SYRINGE	1	OTC Over the Counter
HM ULTICARE MINI PEN NEEDLES	1	OTC Over the Counter
HM ULTICARE SHORT PEN NEEDLES	1	OTC Over the Counter
INCONTROL ULTICARE PEN NEEDLES	1	OTC Over the Counter
INPEN 100-BLUE-LILLY-HUMALOG	1	
INPEN 100-BLUE-NOVOLOG-FIASP	1	
INPEN 100-GREY-LILLY-HUMALOG	1	
INPEN 100-GREY-NOVOLOG-FIASP	1	
INPEN 100-PINK-LILLY-HUMALOG	1	
INPEN 100-PINK-NOVOLOG-FIASP	1	
INSULIN SYRINGE	1	OTC Over the Counter
INSULIN SYRINGE-NEEDLE U-100	1	OTC Over the Counter
INSULIN SYRINGE/NEEDLE	1	OTC Over the Counter
INSUPEN PEN NEEDLES	1	OTC Over the Counter
INSUPEN SENSITIVE	1	OTC Over the Counter
INSUPEN ULTRAFIN	1	OTC Over the Counter
KINRAY INSULIN SYRINGE	1	OTC Over the Counter
KMART VALU INSULIN SYRINGE 29G	1	OTC Over the Counter
KMART VALU INSULIN SYRINGE 30G	1	OTC Over the Counter
KROGER INSULIN SYRINGE	1	OTC Over the Counter
KROGER PEN NEEDLES	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LEADER INSULIN SYRINGE	1	OTC Over the Counter
LEADER UNIFINE PENTIPS	1	OTC Over the Counter
LEADER UNIFINE PENTIPS PLUS	1	OTC Over the Counter
LITETOUCH INSULIN SYRINGE	1	OTC Over the Counter
LITETOUCH PEN NEEDLES	1	OTC Over the Counter
LONGS INSULIN SYRINGE	1	OTC Over the Counter
LUER LOCK SAFETY SYRINGES (LUER LOCK SAFETY SYRINGES 21G X 1-1/2" 3 ML MISC, LUER LOCK SAFETY SYRINGES 22G X 1" 3 ML MISC, LUER LOCK SAFETY SYRINGES 22G X 1-1/2" 3 ML MISC, LUER LOCK SAFETY SYRINGES 23G X 1" 3 ML MISC, LUER LOCK SAFETY SYRINGES 25G X 1" 3 ML MISC, LUER LOCK SAFETY SYRINGES 25G X 5/8" 3 ML MISC)	1	OTC Over the Counter
MAGELLAN INSULIN SAFETY SYR	1	
MAGELLAN SYRINGE-SAFETY NEEDLE	1	
MAGELLAN TUBERCULIN SYRINGE	1	
MARATHON MEDICAL PENTIPS	1	
MAXI-COMFORT INSULIN SYRINGE	1	OTC Over the Counter
MAXI-COMFORT SAFETY PEN NEEDLE	1	OTC Over the Counter
MAXICOMFORT II PEN NEEDLE	1	OTC Over the Counter
MAXICOMFORT SYR 27G X 1/2"	1	OTC Over the Counter
MEDIC INSULIN SYRINGE	1	OTC Over the Counter
MEDICINE SHOPPE PEN NEEDLES	1	OTC Over the Counter
MEIJER PEN NEEDLES	1	OTC Over the Counter
MICRODOT PEN NEEDLE	1	OTC Over the Counter
MM INSULIN SYRINGE/NEEDLE	1	OTC Over the Counter
MM PEN NEEDLES	1	OTC Over the Counter
MONOJECT ALLERGIST TRAY	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MONOJECT INSULIN SYRINGE (MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML MISC, MONOJECT INSULIN SYRINGE 27G X 1/2" 1 ML MISC, MONOJECT INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC, MONOJECT INSULIN SYRINGE 28G X 1/2" 1 ML MISC, MONOJECT INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC, MONOJECT INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, MONOJECT INSULIN SYRINGE 29G X 1/2" 1 ML MISC, MONOJECT INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC, MONOJECT INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, MONOJECT INSULIN SYRINGE 30G X 5/16" 1 ML MISC, MONOJECT INSULIN SYRINGE 31G X 5/16" 1 ML MISC, MONOJECT INSULIN SYRINGE U-100 1 ML MISC)	1	
MONOJECT LIFESHIELD SYRINGE (MONOJECT LIFESHIELD SYRINGE 18G X 1" 12 ML MISC, MONOJECT LIFESHIELD SYRINGE 18G X 1" 3 ML MISC)	1	
MONOJECT MAGELLAN SYRINGE (MONOJECT MAGELLAN SYRINGE 18G X 1" 12 ML MISC, MONOJECT MAGELLAN SYRINGE 20G X 1" 3 ML MISC, MONOJECT MAGELLAN SYRINGE 20G X 1-1/2" 3 ML MISC, MONOJECT MAGELLAN SYRINGE 20G X 1-1/2" 6 ML MISC, MONOJECT MAGELLAN SYRINGE 21G X 1" 3 ML MISC, MONOJECT MAGELLAN SYRINGE 21G X 1" 6 ML MISC, MONOJECT MAGELLAN SYRINGE 21G X 1-1/2" 3 ML MISC, MONOJECT MAGELLAN SYRINGE 21G X 1-1/2" 6 ML MISC, MONOJECT MAGELLAN SYRINGE 22G X 1" 3 ML MISC, MONOJECT MAGELLAN SYRINGE 22G X 1-1/2" 3 ML MISC, MONOJECT MAGELLAN SYRINGE 22G X 1-1/2" 6 ML MISC, MONOJECT MAGELLAN SYRINGE 23G X 1" 1 ML MISC, MONOJECT MAGELLAN SYRINGE 23G X 1" 3 ML MISC, MONOJECT MAGELLAN SYRINGE 25G X 1" 1 ML MISC, MONOJECT MAGELLAN SYRINGE 25G X 1" 3 ML MISC, MONOJECT MAGELLAN SYRINGE 25G X 5/8" 1 ML MISC, MONOJECT MAGELLAN SYRINGE 25G X 5/8" 3 ML MISC)	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MONOJECT SYRINGE (MONOJECT SYRINGE 18G X 1" 12 ML MISC, MONOJECT SYRINGE 20G X 1" 3 ML MISC, MONOJECT SYRINGE 20G X 1-1/2" 12 ML MISC, MONOJECT SYRINGE 20G X 1-1/2" 3 ML MISC, MONOJECT SYRINGE 20G X 1-1/2" 6 ML MISC, MONOJECT SYRINGE 20G X 3/4" 3 ML MISC, MONOJECT SYRINGE 21G X 1" 3 ML MISC, MONOJECT SYRINGE 21G X 1" 6 ML MISC, MONOJECT SYRINGE 21G X 1-1/2" 3 ML MISC, MONOJECT SYRINGE 21G X 1-1/2" 6 ML MISC, MONOJECT SYRINGE 22G X 1" 3 ML MISC, MONOJECT SYRINGE 22G X 1-1/2" 3 ML MISC, MONOJECT SYRINGE 22G X 1-1/2" 6 ML MISC, MONOJECT SYRINGE 23G X 1" 3 ML MISC, MONOJECT SYRINGE 25G X 1" 3 ML MISC, MONOJECT SYRINGE 25G X 1-1/4" 3 ML MISC, MONOJECT SYRINGE 25G X 5/8" 3 ML MISC, MONOJECT SYRINGE 27G X 1-1/4" 3 ML MISC, MONOJECT SYRINGE 27G X 1/2" 1 ML MISC)	1	OTC Over the Counter
MONOJECT TB SAFETY SYRINGE	1	
MONOJECT TB SYRINGE (MONOJECT TB SYRINGE 25G X 5/8" 1 ML MISC, MONOJECT TB SYRINGE 26G X 3/8" 1 ML MISC, MONOJECT TB SYRINGE 27G X 1/2" 1 ML MISC, MONOJECT TB SYRINGE 28G X 1/2" 0.5 ML MISC, MONOJECT TB SYRINGE 28G X 1/2" 1 ML MISC)	1	OTC Over the Counter
MONOJECT ULTRA COMFORT SYRINGE	1	OTC Over the Counter
MS INSULIN SYRINGE	1	OTC Over the Counter
NOVOFINE AUTOCOVER PEN NEEDLE	1	OTC Over the Counter
NOVOFINE PEN NEEDLE	1	OTC Over the Counter
NOVOFINE PLUS PEN NEEDLE	1	OTC Over the Counter
NOVOPEN ECHO	1	
OMNITROPE PEN 5 INJ DEVICE	1	
PC UNIFINE PENTIPS	1	OTC Over the Counter
PEN NEEDLE/5-BEVEL TIP	1	OTC Over the Counter
PEN NEEDLES	1	OTC Over the Counter
PEN NEEDLES 5/16"	1	OTC Over the Counter
PENTIPS (PENTIPS 29G X 12MM MISC, PENTIPS 31G X 5 MM MISC, PENTIPS 31G X 6 MM MISC, PENTIPS 31G X 8 MM MISC, PENTIPS 32G X 4 MM MISC, PENTIPS 32G X 6 MM MISC)	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PENTIPS GENERIC PEN NEEDLES	1	OTC Over the Counter
PIP PEN NEEDLES 31G X 5MM	1	OTC Over the Counter
PIP PEN NEEDLES 32G X 4MM	1	OTC Over the Counter
PRECISION SURE-DOSE SYRINGE	1	OTC Over the Counter
PREFERRED PLUS INSULIN SYRINGE	1	OTC Over the Counter
PREFERRED PLUS UNIFINE PENTIPS	1	OTC Over the Counter
PREVENT DROPSAFE PEN NEEDLES	1	OTC Over the Counter
PREVENT SAFETY PEN NEEDLES	1	OTC Over the Counter
PRO COMFORT INSULIN SYRINGE	1	OTC Over the Counter
PRO COMFORT PEN NEEDLES (PRO COMFORT PEN NEEDLES 31G X 8 MM MISC, PRO COMFORT PEN NEEDLES 32G X 4 MM MISC, PRO COMFORT PEN NEEDLES 32G X 5 MM MISC, PRO COMFORT PEN NEEDLES 32G X 6 MM MISC)	1	
PRODIGY INSULIN SYRINGE	1	OTC Over the Counter
PURE COMFORT PEN NEEDLE	1	OTC Over the Counter
PURE COMFORT SAFETY PEN NEEDLE	1	OTC Over the Counter
PX EXTRA SHORT PEN NEEDLES	1	OTC Over the Counter
PX INSULIN SYRINGE	1	OTC Over the Counter
PX MINI PEN NEEDLES	1	OTC Over the Counter
PX PEN NEEDLE	1	OTC Over the Counter
PX SHORTLENGTH PEN NEEDLES	1	OTC Over the Counter
QC PEN NEEDLES	1	OTC Over the Counter
QC UNIFINE PENTIPS	1	OTC Over the Counter
RA INSULIN SYRINGE	1	OTC Over the Counter
RA PEN NEEDLES	1	OTC Over the Counter
RAYA SURE PEN NEEDLE	1	OTC Over the Counter
REALITY INSULIN SYRINGE	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RELION INSULIN SYRINGE	1	OTC Over the Counter
RELION MINI PEN NEEDLES	1	OTC Over the Counter
RELION PEN NEEDLES	1	OTC Over the Counter
RELION SHORT PEN NEEDLES	1	OTC Over the Counter
SAFETY PEN NEEDLES	1	OTC Over the Counter
SB INSULIN SYRINGE	1	OTC Over the Counter
SECURESAFE INSULIN SYRINGE	1	OTC Over the Counter
SECURESAFE SAFETY PEN NEEDLES	1	OTC Over the Counter
SECURESAFE SYRINGE/NEEDLE (SECURESAFE SYRINGE/NEEDLE 20G X 1" 3 ML MISC, SECURESAFE SYRINGE/NEEDLE 20G X 1-1/2" 3 ML MISC, SECURESAFE SYRINGE/NEEDLE 21G X 1-1/2" 3 ML MISC, SECURESAFE SYRINGE/NEEDLE 22G X 1-1/2" 3 ML MISC, SECURESAFE SYRINGE/NEEDLE 25G X 5/8" 3 ML MISC, SECURESAFE SYRINGE/NEEDLE 27G X 1/2" 1 ML MISC)	1	OTC Over the Counter
SHOPKO UNIFINE PENTIPS	1	OTC Over the Counter
SHOPKO UNIFINE PENTIPS PLUS	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SURE COMFORT INSULIN SYRINGE (SURE COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC, SURE COMFORT INSULIN SYRINGE 28G X 1/2" 1 ML MISC, SURE COMFORT INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC, SURE COMFORT INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, SURE COMFORT INSULIN SYRINGE 29G X 1/2" 1 ML MISC, SURE COMFORT INSULIN SYRINGE 30G X 1/2" 0.3 ML MISC, SURE COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC, SURE COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML MISC, SURE COMFORT INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC, SURE COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, SURE COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML MISC, SURE COMFORT INSULIN SYRINGE 31G X 1/4" 0.3 ML MISC, SURE COMFORT INSULIN SYRINGE 31G X 1/4" 0.5 ML MISC, SURE COMFORT INSULIN SYRINGE 31G X 1/4" 1 ML MISC, SURE COMFORT INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC, SURE COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC, SURE COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	1	OTC Over the Counter
SURE COMFORT PEN NEEDLES (SURE COMFORT PEN NEEDLES 29G X 12.7MM MISC, SURE COMFORT PEN NEEDLES 30G X 8 MM MISC, SURE COMFORT PEN NEEDLES 31G X 5 MM MISC, SURE COMFORT PEN NEEDLES 31G X 8 MM MISC, SURE COMFORT PEN NEEDLES 32G X 4 MM MISC, SURE COMFORT PEN NEEDLES 32G X 6 MM MISC)	1	OTC Over the Counter
SYRINGE (SYRINGE 18G X 1-1/2" 3 ML MISC, SYRINGE 20G X 1" 3 ML MISC, SYRINGE 20G X 1-1/2" 12 ML MISC, SYRINGE 20G X 1-1/2" 3 ML MISC, SYRINGE 21G X 1" 3 ML MISC, SYRINGE 21G X 1-1/2" 3 ML MISC, SYRINGE 22G X 1" 3 ML MISC, SYRINGE 22G X 1-1/2" 3 ML MISC, SYRINGE 22G X 3/4" 3 ML MISC, SYRINGE 23G X 1" 3 ML MISC, SYRINGE 25G X 1" 3 ML MISC, SYRINGE 25G X 1-1/2" 3 ML MISC, SYRINGE 25G X 5/8" 3 ML MISC, SYRINGE 27G X 1-1/4" 3 ML MISC)	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SYRINGE LUER LOCK (SYRINGE LUER LOCK 20G X 1" 10 ML MISC, SYRINGE LUER LOCK 20G X 1" 3 ML MISC, SYRINGE LUER LOCK 20G X 1" 5 ML MISC, SYRINGE LUER LOCK 20G X 1-1/2" 10 ML MISC, SYRINGE LUER LOCK 20G X 1-1/2" 3 ML MISC, SYRINGE LUER LOCK 20G X 1-1/2" 5 ML MISC, SYRINGE LUER LOCK 21G X 1" 10 ML MISC, SYRINGE LUER LOCK 21G X 1" 3 ML MISC, SYRINGE LUER LOCK 21G X 1" 5 ML MISC, SYRINGE LUER LOCK 21G X 1-1/2" 3 ML MISC, SYRINGE LUER LOCK 21G X 1-1/2" 5 ML MISC, SYRINGE LUER LOCK 22G X 1" 10 ML MISC, SYRINGE LUER LOCK 22G X 1" 3 ML MISC, SYRINGE LUER LOCK 22G X 1-1/2" 10 ML MISC, SYRINGE LUER LOCK 22G X 1-1/2" 3 ML MISC, SYRINGE LUER LOCK 22G X 1-1/2" 5 ML MISC, SYRINGE LUER LOCK 23G X 1" 3 ML MISC, SYRINGE LUER LOCK 23G X 1-1/2" 3 ML MISC, SYRINGE LUER LOCK 25G X 1" 3 ML MISC, SYRINGE LUER LOCK 25G X 1-1/2" 3 ML MISC, SYRINGE LUER LOCK 25G X 5/8" 3 ML MISC)	1	OTC Over the Counter
SYRINGE LUER SLIP (SYRINGE LUER SLIP 25G X 5/8" 1 ML MISC, SYRINGE LUER SLIP 26G X 3/8" 1 ML MISC, SYRINGE LUER SLIP 27G X 1/2" 1 ML MISC)	1	OTC Over the Counter
SYRINGE/HYPODERMIC SAFETY	1	OTC Over the Counter
TECHLITE INSULIN SYRINGE	1	OTC Over the Counter
TECHLITE PEN NEEDLES	1	OTC Over the Counter
TECHLITE PLUS PEN NEEDLES	1	OTC Over the Counter
TODAYS HEALTH MINI PEN NEEDLES	1	OTC Over the Counter
TODAYS HEALTH PEN NEEDLES	1	OTC Over the Counter
TODAYS HEALTH SHORT PEN NEEDLE	1	OTC Over the Counter
TOPCARE CLICKFINE PEN NEEDLES	1	OTC Over the Counter
TOPCARE ULTRA COMFORT INS SYR	1	OTC Over the Counter
TRUE COMFORT INSULIN SYRINGE	1	OTC Over the Counter
TRUE COMFORT PEN NEEDLES	1	OTC Over the Counter
TRUE COMFORT PRO INSULIN SYR	1	OTC Over the Counter
TRUE COMFORT PRO PEN NEEDLES	1	OTC Over the Counter
TRUEPLUS 5-BEVEL PEN NEEDLES	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRUEPLUS INSULIN SYRINGE	1	OTC Over the Counter
TRUEPLUS PEN NEEDLES	1	OTC Over the Counter
TUBERCULIN SYRINGE	1	OTC Over the Counter
ULTICARE INSULIN SAFETY SYR	1	
ULTICARE INSULIN SYR 1/2 UNIT	1	OTC Over the Counter
ULTICARE INSULIN SYRINGE	1	OTC Over the Counter
ULTICARE MICRO PEN NEEDLES	1	OTC Over the Counter
ULTICARE MINI PEN NEEDLES	1	OTC Over the Counter
ULTICARE PEN NEEDLES	1	OTC Over the Counter
ULTICARE SHORT PEN NEEDLES	1	OTC Over the Counter
ULTICARE SYRINGE (ULTICARE SYRINGE 22G X 1-1/2" 1 ML MISC, ULTICARE SYRINGE 22G X 1-1/2" 3 ML MISC)	1	OTC Over the Counter
ULTICARE TUBERCULIN SAFETY SYR (ULTICARE TUBERCULIN SAFETY SYR 25G X 1" 1 ML MISC, ULTICARE TUBERCULIN SAFETY SYR 25G X 5/8" 1 ML MISC, ULTICARE TUBERCULIN SAFETY SYR 27G X 1/2" 1 ML MISC, ULTICARE TUBERCULIN SAFETY SYR 27G X 5/8" 1 ML MISC, ULTICARE TUBERCULIN SAFETY SYR 28G X 1/2" 1 ML MISC)	1	OTC Over the Counter
ULTIGUARD SAFEPAK PEN NEEDLE	1	OTC Over the Counter
ULTIGUARD SAFEPAK SYR/NEEDLE	1	OTC Over the Counter
ULTILET PEN NEEDLE	1	OTC Over the Counter
ULTRA COMFORT INSULIN SYRINGE	1	OTC Over the Counter
ULTRA FLO INSULIN PEN NEEDLES	1	OTC Over the Counter
ULTRA FLO INSULIN SYR 1/2 UNIT	1	OTC Over the Counter
ULTRA FLO INSULIN SYRINGE	1	OTC Over the Counter
ULTRA THIN PEN NEEDLES	1	OTC Over the Counter
ULTRA-THIN II INS SYR SHORT	1	OTC Over the Counter
ULTRA-THIN II INSULIN SYRINGE	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ULTRA-THIN II MINI PEN NEEDLE	1	OTC Over the Counter
ULTRA-THIN II PEN NEEDLE SHORT	1	OTC Over the Counter
ULTRA-THIN II PEN NEEDLES	1	OTC Over the Counter
ULTRACARE INSULIN SYRINGE	1	OTC Over the Counter
ULTRACARE PEN NEEDLES	1	OTC Over the Counter
UNIFINE PEN NEEDLES	1	OTC Over the Counter
UNIFINE PENTIPS	1	OTC Over the Counter
UNIFINE PENTIPS PLUS	1	OTC Over the Counter
UNIFINE PROTECT PEN NEEDLE	1	OTC Over the Counter
UNIFINE SAFECONTROL PEN NEEDLE	1	OTC Over the Counter
UNIFINE ULTRA PEN NEEDLE	1	OTC Over the Counter
VALUE HEALTH INSULIN SYRINGE	1	OTC Over the Counter
VALUMARK PEN NEEDLES	1	OTC Over the Counter
VANISHPOINT ALLERGY TRAY	1	OTC Over the Counter
VANISHPOINT INSULIN SYRINGE (VANISHPOINT INSULIN SYRINGE 29G X 1/2" 1 ML MISC, VANISHPOINT INSULIN SYRINGE 29G X 5/16" 1 ML MISC, VANISHPOINT INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC, VANISHPOINT INSULIN SYRINGE 30G X 3/16" 1 ML MISC, VANISHPOINT INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, VANISHPOINT INSULIN SYRINGE 30G X 5/16" 1 ML MISC)	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VANISHPOINT SAFETY SYRINGE (VANISHPOINT SAFETY SYRINGE 20G X 1" 3 ML MISC, VANISHPOINT SAFETY SYRINGE 20G X 1-1/2" 3 ML MISC, VANISHPOINT SAFETY SYRINGE 21G X 1" 3 ML MISC, VANISHPOINT SAFETY SYRINGE 21G X 1" 5 ML MISC, VANISHPOINT SAFETY SYRINGE 21G X 1-1/2" 10 ML MISC, VANISHPOINT SAFETY SYRINGE 21G X 1-1/2" 3 ML MISC, VANISHPOINT SAFETY SYRINGE 21G X 1-1/2" 5 ML MISC, VANISHPOINT SAFETY SYRINGE 22G X 1" 3 ML MISC, VANISHPOINT SAFETY SYRINGE 22G X 1-1/2" 3 ML MISC, VANISHPOINT SAFETY SYRINGE 22G X 1-1/2" 5 ML MISC, VANISHPOINT SAFETY SYRINGE 23G X 1" 3 ML MISC, VANISHPOINT SAFETY SYRINGE 23G X 1-1/2" 3 ML MISC, VANISHPOINT SAFETY SYRINGE 25G X 1" 3 ML MISC, VANISHPOINT SAFETY SYRINGE 25G X 1-1/2" 3 ML MISC, VANISHPOINT SAFETY SYRINGE 25G X 5/8" 3 ML MISC)	1	OTC Over the Counter
VANISHPOINT SYRINGE (VANISHPOINT SYRINGE 20G X 1" 3 ML MISC, VANISHPOINT SYRINGE 20G X 1-1/2" 3 ML MISC, VANISHPOINT SYRINGE 21G X 1" 3 ML MISC, VANISHPOINT SYRINGE 21G X 1-1/2" 10 ML MISC, VANISHPOINT SYRINGE 21G X 1-1/2" 3 ML MISC, VANISHPOINT SYRINGE 21G X 1-1/2" 5 ML MISC, VANISHPOINT SYRINGE 22G X 1" 3 ML MISC, VANISHPOINT SYRINGE 22G X 1-1/2" 3 ML MISC, VANISHPOINT SYRINGE 22G X 1-1/2" 5 ML MISC, VANISHPOINT SYRINGE 23G X 1" 3 ML MISC, VANISHPOINT SYRINGE 23G X 1-1/2" 3 ML MISC, VANISHPOINT SYRINGE 25G X 1" 1 ML MISC, VANISHPOINT SYRINGE 25G X 1" 3 ML MISC, VANISHPOINT SYRINGE 25G X 1-1/2" 3 ML MISC, VANISHPOINT SYRINGE 25G X 5/8" 3 ML MISC)	1	OTC Over the Counter
VANISHPOINT TUBERCULIN SYRINGE	1	OTC Over the Counter
VERIFINE INSULIN PEN NEEDLE	1	OTC Over the Counter
VERIFINE INSULIN SYRINGE	1	OTC Over the Counter
VERIFINE PLUS PEN NEEDLE	1	OTC Over the Counter
VIDA MIA UNIFINE PENTIPS	1	OTC Over the Counter
VP INSULIN SYRINGE	1	OTC Over the Counter
WEGMANS UNIFINE PENTIPS PLUS	1	OTC Over the Counter
ZEVRX INSULIN SYRINGE	1	OTC Over the Counter
ZEVRX PEN NEEDLES	1	OTC Over the Counter

PRODUCT DESCRIPTION	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	OTC Over the Counter
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	
AEROVENT PLUS	1	
BREATHE COMFORT CHAMBER/ADULT	1	OTC Over the Counter
BREATHE COMFORT CHAMBER/CHILD	1	OTC Over the Counter
BREATHE EASE LARGE	1	
BREATHE EASE MEDIUM	1	
BREATHE EASE SMALL	1	
BREATHERITE VALVED MDI CHAMBER	1	
CLEVER CHOICE HOLDING CHAMBER	1	OTC Over the Counter
COMPACT SPACE CHAMBER	1	
COMPACT SPACE CHAMBER/LG MASK	1	
COMPACT SPACE CHAMBER/MED MASK	1	
COMPACT SPACE CHAMBER/SM MASK	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
INSPIRACHAMBER/LARGE	1	
INSPIRACHAMBER/MEDIUM	1	
INSPIRACHAMBER/MOUTHPIECE	1	
INSPIRACHAMBER/SMALL	1	
INSPIREASE	1	
INSPIREASE RESERVOIR BAGS	1	
MASK VORTEX/CHILD/FROG	1	OTC Over the Counter
MASK VORTEX/TODDLER/LADYBUG	1	OTC Over the Counter
MICROCHAMBER	1	
MICROSPACER	1	
OPTICHAMBER DIAMOND	1	
OPTICHAMBER DIAMOND-LG MASK	1	
OPTICHAMBER DIAMOND-MD MASK	1	
OPTICHAMBER DIAMOND-SM MASK	1	
PANDA MASK LARGE	1	OTC Over the Counter
PANDA MASK MEDIUM	1	OTC Over the Counter
PANDA MASK SMALL	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PARI VORTEX ADULT MASK	1	OTC Over the Counter
PEDIATRIC PANDA MASK	1	OTC Over the Counter
POCKET CHAMBER	1	
POCKET SPACER	1	
PRO COMFORT SPACER ADULT	1	OTC Over the Counter
PRO COMFORT SPACER CHILD	1	OTC Over the Counter
PRO COMFORT SPACER INFANT	1	OTC Over the Counter
PROCARE SPACER/ADULT MASK	1	OTC Over the Counter
PROCARE SPACER/CHILD MASK	1	OTC Over the Counter
PROCHAMBER VHC	1	
PURE COMFORT SPACER CHAMBER	1	OTC Over the Counter
RITEFLO	1	
VORTEX HOLD CHMBR/MASK/CHILD	1	
VORTEX HOLD CHMBR/MASK/TODDLER	1	
VORTEX VALVED HOLDING CHAMBER	1	
MIGRAINE PRODUCTS		
CALCITONIN GENE-RELATED PEPTIDE RECEPTOR ANTAG (CGRP)		
NURTEC	3	QL 16 / 30 days PA
UBRELVY	3	QL 16 / 30 days PA
CGRP RECEPTOR ANTAGONISTS - MONOCLONAL ANTIBODIES		
AIMOVIG	1	QL 1 / 28 days PA
EMGALITY	1	QL 1 / 28 day(s) PA AL1 At least 18 yrs old
EMGALITY (300 MG DOSE)	1	PA AL1 At least 18 yrs old QLC 9 / 180 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SELECTIVE SEROTONIN AGONISTS 5-HT(1)		
<i>naratriptan hcl</i>	1	QLC 18 / 30 day(s)
<i>rizatriptan benzoate (rizatriptan benzoate tab 5 mg (base equivalent), rizatriptan benzoate tab 10 mg (base equivalent))</i>	1	QLC 18 / 30 day(s)
<i>sumatriptan (sumatriptan nasal spray 5 mg/act, sumatriptan nasal spray 20 mg/act)</i>	1	QLC 12 / 30 day(s)
<i>sumatriptan succinate (sumatriptan succinate solution auto-injector 4 mg/0.5ml, sumatriptan succinate solution auto-injector 6 mg/0.5ml)</i>	1	QL 6 / 30 day(s)
<i>sumatriptan succinate (sumatriptan succinate tab 25 mg, sumatriptan succinate tab 50 mg, sumatriptan succinate tab 100 mg)</i>	1	QLC 18 / 30 day(s)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	1	QL 5 / 30 day(s)
SUMATRIPTAN SUCCINATE REFILL	1	QL 6 / 30 day(s)
<i>zolmitriptan (zolmitriptan tab 2.5 mg, zolmitriptan tab 5 mg)</i>	1	QLC 12 / 30 day(s)
SELECTIVE SEROTONIN AGONISTS 5-HT(1F)		
REYVOW	2	QL 8 / 30 day(s) PA AL1 At least 18 yrs old
MINERALS & ELECTROLYTES		
CALCIUM		
<i>calcium carbonate tab 1500 mg (600 mg elemental ca)</i>	1	OTC Over the Counter
CALCIUM COMBINATIONS		
<i>calcium carbonate-cholecalciferol (calcium carb-cholecalciferol tab 600 mg-10 mcg (400 unit), calcium carbonate-cholecalciferol tab 600 mg-400 unit, calcium carbonate-cholecalciferol tab 600 mg-5 mcg(200 unit))</i>	1	OTC Over the Counter
FLUORIDE		
NAFRINSE DROPS	1	ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SODIUM FLUORIDE (SODIUM FLUORIDE 1.1 (0.5 F) MG/ML SOLUTION, SODIUM FLUORIDE CHEW TAB 0.25 MG F (FROM 0.55 MG NAF), SODIUM FLUORIDE CHEW TAB 0.5 MG F (FROM 1.1 MG NAF), SODIUM FLUORIDE CHEW TAB 1 MG F (FROM 2.2 MG NAF), SODIUM FLUORIDE SOLN 0.125 MG/DROP F (0.275 MG/DROP NAF))	1	ACA Affordable Care Act
PHOSPHATE		
K-PHOS	1	
<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	1	
POTASSIUM		
<i>potassium chloride (potassium chloride oral soln 10% (20 meq/15ml), potassium chloride oral soln 20% (40 meq/15ml), potassium chloride tab er 8 meq (600 mg), potassium chloride tab er 10 meq, potassium chloride tab er 20 meq (1500 mg))</i>	1	
POTASSIUM CHLORIDE ER 8 MEQ TAB ER	1	
<i>potassium chloride microencapsulated crystals er (potassium chloride microencapsulated crys er tab 10 meq, potassium chloride microencapsulated crys er tab 15 meq, potassium chloride microencapsulated crys er tab 20 meq)</i>	1	
MISCELLANEOUS THERAPEUTIC CLASSES		
ANTILEPROTICS		
THALOMID (THALOMID 150 MG CAP, THALOMID 200 MG CAP)	3	QL 60 / 30 day(s) PA S
THALOMID (THALOMID 50 MG CAP, THALOMID 100 MG CAP)	3	QL 30 / 30 day(s) PA S
B-LYMPHOCYTE STIMULATOR (BLYS)-SPECIFIC INHIBITORS		
BENLYSTA (BENLYSTA 200 MG/ML SOLN A-INJ, BENLYSTA 200 MG/ML SOLN PRSYR)	3	QL 4 / 28 day(s) PA S
CYCLOSPORINE ANALOGS		
<i>cyclosporine (cyclosporine cap 25 mg, cyclosporine cap 100 mg)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>cyclosporine modified (for microemulsion) (cyclosporine modified cap 25 mg, cyclosporine modified cap 50 mg, cyclosporine modified cap 100 mg, cyclosporine modified oral soln 100 mg/ml)</i>	1	
FARNESYLTRANSFERASE INHIBITORS		
ZOKINVY	1	QL 120 / 30 day(s) PA S
IMMUNOMODULATORS FOR MYELOYDYSPLASTIC SYNDROMES		
<i>lenalidomide (lenalidomide cap 15 mg, lenalidomide cap 20 mg, lenalidomide cap 25 mg)</i>	1	QL 21 / 28 day(s) PA S
<i>lenalidomide (lenalidomide cap 5 mg, lenalidomide cap 10 mg, lenalidomide caps 2.5 mg)</i>	1	QL 30 / 30 day(s) PA S
INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS		
<i>mycophenolate mofetil (mycophenolate mofetil cap 250 mg, mycophenolate mofetil for oral susp 200 mg/ml, mycophenolate mofetil tab 500 mg)</i>	1	
<i>mycophenolate sodium</i>	2	
MACROLIDE IMMUNOSUPPRESSANTS		
<i>everolimus (immunosuppressant)</i>	1	
<i>sirolimus (sirolimus oral soln 1 mg/ml, sirolimus tab 0.5 mg, sirolimus tab 1 mg, sirolimus tab 2 mg)</i>	2	
<i>tacrolimus (tacrolimus cap 0.5 mg, tacrolimus cap 1 mg)</i>	1	
<i>tacrolimus cap 5 mg</i>	2	
POTASSIUM REMOVING AGENTS		
LOKELMA	2	QL 30 / 30 day(s)
<i>sodium polystyrene sulfonate (*sodium polystyrene sulfonate powder**, sodium polystyrene sulfonate susp 15 gm/60ml)</i>	1	
SPS (SODIUM POLYSTYRENE SULF)	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PURINE ANALOGS		
<i>azathioprine (azathioprine tab 50 mg, azathioprine tab 100 mg)</i>	1	
<i>azathioprine tab 75 mg</i>	2	
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
<i>lidocaine hcl (mouth-throat)</i>	1	
ANTI-INFECTIVES - THROAT		
<i>nystatin (mouth-throat)</i>	1	
ANTISEPTICS - MOUTH/THROAT		
<i>chlorhexidine gluconate (mouth-throat)</i>	1	
DENTAL PRODUCTS - COMBINATIONS		
SOD FLUORIDE-POTASSIUM NITRATE	1	ACA Affordable Care Act
SODIUM FLUORIDE 5000 ENAMEL	1	ACA Affordable Care Act
SODIUM FLUORIDE 5000 SENSITIVE	1	ACA Affordable Care Act
FLUORIDE DENTAL PRODUCTS		
<i>sodium fluoride (dental) (sodium fluoride cream 1.1%, sodium fluoride gel 1.1% (0.5% f), sodium fluoride paste 1.1%, sodium fluoride rinse 0.2%)</i>	1	ACA Affordable Care Act
<i>stannous fluoride (stannous fluoride conc 0.63%, stannous fluoride gel 0.4%)</i>	1	ACA Affordable Care Act OTC Over the Counter
SALIVA STIMULANTS		
<i>cevimeline hcl</i>	1	
<i>pilocarpine hcl (oral)</i>	1	
STEROIDS - MOUTH/THROAT/DENTAL		
<i>triamcinolone acetonide (mouth)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MULTIVITAMINS		
B-COMPLEX W/ C & FOLIC ACID		
b-complex w/ c & folic acid (*b-complex w/ c & folic acid cap 1 mg***, *b-complex w/ c & folic acid tab 0.8 mg***, *b-complex w/ c & folic acid tab 1 mg***, *b-complex w/ c & folic acid tab 5 mg***, *b-complex w/ c & folic acid tab***)	1	OTC Over the Counter
MULTIPLE VITAMINS W/ IRON		
multiple vitamins w/ iron	1	OTC Over the Counter
MULTIPLE VITAMINS W/ MINERALS		
ADEK GUMMIES PLUS ZN	1	OTC Over the Counter
ADULT ONE DAILY GUMMIES	1	OTC Over the Counter
AIRBORNE CHEW TAB	1	OTC Over the Counter
AIRBORNE ELDERBERRY	1	OTC Over the Counter
AIRBORNE KIDS	1	OTC Over the Counter
AIRBORNE+GOOD REST	1	OTC Over the Counter
AIRBORNE+PROBIOTIC	1	OTC Over the Counter
ALIVE ADULT PREMIUM	1	OTC Over the Counter
ALIVE HAIR, SKIN & NAILS CHEW TAB	1	OTC Over the Counter
ALIVE MENS 50+ MULTI GUMMY	1	OTC Over the Counter
ALIVE MENS GUMMY MULTIVITAMINS	1	OTC Over the Counter
ALIVE MULTI-VITAMIN CHEW TAB	1	OTC Over the Counter
ALIVE WOMENS 50+	1	OTC Over the Counter
ALIVE WOMENS 50+ GUMMY	1	OTC Over the Counter
ALIVE WOMENS GUMMY	1	OTC Over the Counter
BARIATRIC FUSION	1	OTC Over the Counter
BARIATRIC MULTIVITAMINS/IRON CHEW TAB	1	OTC Over the Counter
CELEBRATE MULTI-COMPLETE 18 CHEW TAB	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CELEBRATE MULTI-COMPLETE 36 CHEW TAB	1	OTC Over the Counter
CELEBRATE MULTI-COMPLETE 45 CHEW TAB	1	OTC Over the Counter
CELEBRATE MULTI-COMPLETE 60 CHEW TAB	1	OTC Over the Counter
CENTRUM ADULT 50+ MULTIGUMMIES	1	OTC Over the Counter
CENTRUM ADULTS	1	OTC Over the Counter
CENTRUM ADULTS MULTIGUMMIES	1	OTC Over the Counter
CENTRUM FLAVOR BURST	1	OTC Over the Counter
CENTRUM FLAVOR BURST ADULT	1	OTC Over the Counter
CENTRUM FRESH/FRUITY 50+	1	OTC Over the Counter
CENTRUM FRESH/FRUITY ADULT	1	OTC Over the Counter
CENTRUM MEN	1	OTC Over the Counter
CENTRUM MULTI + OMEGA 3	1	OTC Over the Counter
CENTRUM SILVER	1	OTC Over the Counter
CENTRUM SILVER 50+MEN	1	OTC Over the Counter
CENTRUM SILVER 50+WOMEN	1	OTC Over the Counter
CENTRUM SILVER ADULT 50+	1	OTC Over the Counter
CENTRUM SILVER WOMEN 50+	1	OTC Over the Counter
CENTRUM VITAMINTS	1	OTC Over the Counter
CENTRUM WOMEN	1	OTC Over the Counter
CHOICEFUL MULTIVITAMIN CHEW TAB	1	OTC Over the Counter
CORVITA	1	
CULTURELLE PROBIOTICS + MULTIV	1	OTC Over the Counter
CVS ADULT MULTIVITAMIN	1	OTC Over the Counter
CVS AIRSHIELD IMMUNITY SUPPORT	1	OTC Over the Counter
CVS SPECTRAVITE ADULT 50+ CHEW TAB	1	OTC Over the Counter
CVS SPECTRAVITE WOMEN	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DEKAS BARIATRIC	1	OTC Over the Counter
DEKAS PLUS CHEW TAB	1	OTC Over the Counter
DIALYVITE SUPREME D	1	
EMERGEN-C APPLE CIDER VINEGAR	1	OTC Over the Counter
EMERGEN-C ASHWAGANDHA	1	OTC Over the Counter
EMERGEN-C ELDERBERRY	1	OTC Over the Counter
EMERGEN-C IMMUNE PLUS/VIT D	1	OTC Over the Counter
EMERGEN-C IMMUNE+ CHEW TAB	1	OTC Over the Counter
EMERGEN-C TURMERIC & GINGER	1	OTC Over the Counter
EMERGEN-C VITAMIN C CHEW TAB	1	OTC Over the Counter
EQ MULTIVITAMINS ADULT GUMMY	1	OTC Over the Counter
EQL ONE DAILY ADULT GUMMIES	1	OTC Over the Counter
FOSFREE	1	OTC Over the Counter
FT IMMUNE SUPPORT	1	OTC Over the Counter
IMMUNE SUPPORT	1	OTC Over the Counter
MENS MULTIVITAMIN CHEW TAB	1	OTC Over the Counter
<i>multiple vitamins w/ minerals (*multiple vitamins w/ minerals cap**, *multiple vitamins w/ minerals chew tab**)</i>	1	
MVW HI-D ADEK GUMMIES	1	OTC Over the Counter
MVW ORANGE CHEWABLES	1	OTC Over the Counter
ONE A DAY IMMUNITY DEFENSE	1	OTC Over the Counter
ONE A DAY MENS VITACRAVES	1	OTC Over the Counter
ONE A DAY WOMEN 50 PLUS CHEW TAB	1	OTC Over the Counter
ONE-A-DAY FOR HER VITACRAVES	1	OTC Over the Counter
ONE-A-DAY FOR HIM VITACRAVES	1	OTC Over the Counter
ONE-A-DAY MENS VITACRAVES	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ONE-A-DAY VITACRAVES	1	OTC Over the Counter
ONE-A-DAY VITACRAVES ADULT	1	OTC Over the Counter
ONE-A-DAY VITACRAVES IMMUNITY	1	OTC Over the Counter
ONE-A-DAY VITACRAVES SOUR	1	OTC Over the Counter
ONE-A-DAY WEIGHT SMART ADVANCE	1	OTC Over the Counter
ONE-A-DAY WOMENS 50 PLUS	1	OTC Over the Counter
ONE-A-DAY WOMENS 50+ ADVANTAGE	1	OTC Over the Counter
ONE-A-DAY WOMENS HEALTHY SKIN	1	OTC Over the Counter
ONE-A-DAY WOMENS MIND & BODY	1	OTC Over the Counter
ONE-A-DAY WOMENS PETITES	1	OTC Over the Counter
ONE-A-DAY WOMENS VITACRAVES	1	OTC Over the Counter
OPTIFAST POST BARIATRIC	1	OTC Over the Counter
OPTIMUM AIRVITES	1	OTC Over the Counter
OPTISOURCE POST BARIATRIC SURG	1	OTC Over the Counter
OPTIVITE P.M.T.	1	OTC Over the Counter
OPURITY BYPASS OPTIMIZED	1	OTC Over the Counter
PRESERVISION AREDS 2 CHEW TAB	1	OTC Over the Counter
STROVITE ONE	1	
SUPPORT	1	
SYSTANE ICAPS AREDS2 CHEW TAB	1	OTC Over the Counter
VITACHEW ADULT MULTI VITAMIN	1	OTC Over the Counter
VITAJoy MULTI GUMMIES ADULT	1	OTC Over the Counter
WAL-BORN VITAMIN C	1	OTC Over the Counter
WOMENS MULTI GUMMIES	1	OTC Over the Counter
WOMENS MULTIVITAMIN + COLLAGEN	1	OTC Over the Counter
YOUR LIFE MULTI ADULT GUMMIES	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
YUM-VS COMPLETE MULTIVITAMIN	1	OTC Over the Counter
YUMVS MULTI ZERO	1	OTC Over the Counter
YUMVS ZERO DIABETIC MULTIVITAM	1	OTC Over the Counter
<i>*multiple vitamin tab**</i>	1	OTC Over the Counter
PED MULTI VITAMINS W/FL & FE		
<i>ped multivitamins w/fl & iron</i>	1	OTC Over the Counter
PED MULTIPLE VITAMINS W/ MINERALS		
ALIVE GUMMIES FOR CHILDREN	1	OTC Over the Counter
ALIVE MULTI-VITAMIN CHILDRENS	1	OTC Over the Counter
CHILDRENS GUMMIES	1	OTC Over the Counter
CVS GUMMY DINOS	1	OTC Over the Counter
CVS GUMMY MULTIVITAMIN KIDS	1	OTC Over the Counter
EQ MULTIVITAMIN GUMMIES	1	OTC Over the Counter
EQ MULTIVITAMINS GUMMY CHILD	1	OTC Over the Counter
EQL GUMMIES CHILDRENS	1	OTC Over the Counter
FLINTSTONES GUMMIES BONE BUILD	1	OTC Over the Counter
GUMMI BEAR MULTIVITAMIN/MIN	1	OTC Over the Counter
MULTIVIT-MIN GUMMIES CHILDRENS	1	OTC Over the Counter
MVW COMPLETE FORMULATION CHEW TAB	1	OTC Over the Counter
MVW COMPLETE FORMULATION D3000 CHEW TAB	1	OTC Over the Counter
MVW COMPLETE FORMULATION D5000 CHEW TAB	1	OTC Over the Counter
SMARTY PANTS KIDS COMPLETE	1	OTC Over the Counter
SPONGEBOB SQUAREPANTS GUMMIES	1	OTC Over the Counter
VITACHEW MULTIPLE VITAMIN	1	OTC Over the Counter
ZOO FRIENDS MULTI GUMMIES	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PED MV W/ FLUORIDE		
MULTI-VITAMIN/FLUORIDE	1	
MULTIVITAMIN/FLUORIDE (MULTIVITAMIN/FLUORIDE 0.25 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 0.25 MG/ML SOLUTION, MULTIVITAMIN/FLUORIDE 0.5 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 0.5 MG/ML SOLUTION, MULTIVITAMIN/FLUORIDE 1 MG CHEW TAB)	1	
POLY-VI-FLOR 1 MG CHEW TAB	1	
PED VITAMINS ACD W/ FLUORIDE		
TRI-VITE/FLUORIDE 0.25 MG/ML SOLUTION	1	
VITAMINS ACD-FLUORIDE 0.25 MG/ML SOLUTION	1	
PEDIATRIC MULTIPLE VITAMINS & MINERALS W/ FLUORIDE		
FLORIVA (FLORIVA 0.5 MG CHEW TAB, FLORIVA 1 MG CHEW TAB)	1	
PRENATAL MV & MIN W/FE-FA		
COMPLETENATE	1	
CONCEPT DHA	1	
CONCEPT OB	1	
CVS PRENATAL	1	OTC Over the Counter
ELITE-OB	1	
ENBRACE HR	1	
FOLIVANE-OB	1	
M-NATAL PLUS	1	
MULTI PRENATAL	1	OTC Over the Counter
NEEVO DHA	1	
NEONATAL COMPLETE 27-1 MG TAB	1	
NEONATAL PLUS	1	
NEONATAL PRENATAL	1	OTC Over the Counter
NEONATAL VITAMIN	1	OTC Over the Counter
NIVA-PLUS	1	
OB COMPLETE	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ONE VITE WOMENS	1	OTC Over the Counter
ONE VITE WOMENS PLUS	1	
PNV-OMEGA	1	
PRENATABS RX	1	OTC Over the Counter
PRENATAL (PRENATAL 27-0.8 MG TAB, PRENATAL 27-1 MG TAB)	1	
PRENATAL 19 (PRENATAL 19 CHEW TAB, PRENATAL 19 TAB, PRENATAL 19 29-1 MG CHEW TAB, PRENATAL 19 29-1 MG TAB)	1	
PRENATAL ONE DAILY	1	OTC Over the Counter
PRENATAL PLUS	1	
PRENATAL PLUS VITAMIN/MINERAL	1	
PRENATAL VITAMIN	1	OTC Over the Counter
PRENATAL VITAMIN PLUS LOW IRON	1	
PRENATAL VITAMINS 27-0.8 MG TAB	1	OTC Over the Counter
PRENATAL-U	1	
PRENATRIX	1	
PRENATRYL	1	
SE-NATAL 19 (SE-NATAL 19 29-1 MG CHEW TAB, SE-NATAL 19 29-1 MG TAB)	1	
TARON-C DHA	1	
TRICARE	1	
TRINATE	1	
VINATE DHA RF	1	
VINATE II	1	
VINATE ONE	1	
VITATHELY WITH GINGER	1	
WESCAP-C DHA	1	
WESTAB PLUS	1	
PRENATAL MV & MIN W/FE-FA-DHA		
NESTABS ONE	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OBSTETRIX ONE (WITH DOCUSATE)	1	
PNV-DHA	1	
PRENATE DHA	1	
PRENATE ESSENTIAL	1	
VIRT-PN DHA	1	
ZATEAN-PN DHA	1	
PRENATAL MV & MINERALS W/FA WITHOUT IRON		
PRENATAL GUMMIES/DHA & FA	1	OTC Over the Counter
PRENATE	1	
PRENATAL VITAMINS		
PREMESISRX	1	
PRENATE AM	1	
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
<i>baclofen (baclofen tab 10 mg, baclofen tab 20 mg)</i>	1	QL 120 / 30 day(s)
<i>chlorzoxazone tab 500 mg</i>	1	QL 180 / 30 day(s)
<i>cyclobenzaprine hcl (cyclobenzaprine hcl tab 5 mg, cyclobenzaprine hcl tab 10 mg)</i>	1	
<i>methocarbamol tab 500 mg</i>	1	
<i>methocarbamol tab 750 mg</i>	1	QL 120 / 30 day(s)
<i>orphenadrine citrate tab er 12hr 100 mg</i>	1	QL 60 / 30 day(s)
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	1	QL 3 / day
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	1	QL 6 / day
DIRECT MUSCLE RELAXANTS		
<i>dantrolene sodium (dantrolene sodium cap 25 mg, dantrolene sodium cap 50 mg, dantrolene sodium cap 100 mg)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
NASAL AGENTS - SYSTEMIC AND TOPICAL			
NASAL ANTICHOLINERGICS			
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	1	QL	60 / 30 day(s)
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	1	QL	45 / 30 day(s)
NASAL ANTIHISTAMINES			
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	1	QL	60 / 30 day(s)
<i>olopatadine hcl (nasal)</i>	1	QL	30.5 / 30 day(s)
NASAL STEROIDS			
<i>flunisolide (nasal)</i>	1	QL	75 / 30 day(s)
<i>fluticasone propionate (nasal)</i>	1	QL	16 / 30 day(s)
		AL1	At least 2 yrs old
		OTC	Over the Counter
<i>mometasone furoate (nasal)</i>	1	QL	34 / 30 day(s)
NASACORT ALLERGY 24HR	1	QL	16.9 / 30 day(s)
		OTC	Over the Counter
<i>triamcinolone acetonide (nasal)</i>	1	QL	16.9 / 30 day(s)
		OTC	Over the Counter
NEUROMUSCULAR AGENTS			
ALS AGENTS - MISCELLANEOUS			
RADICAVA ORS	3	QL	50 / 28 day(s)
		PA	
		S	
RADICAVA ORS STARTER KIT	3	PA	
		S	
		QLC	70 / 180 DAYS
BENZATHIAZOLES			
<i>riluzole</i>	1	QL	60 / 30 day(s)
		S	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TEGLUTIK	2	QL 600 / 30 day(s) PA S
TIGLUTIK	2	QL 600 / 30 day(s) PA S
SPINAL MUSCULAR ATROPHY-SMN2 SPLICING MODIFIERS		
EVRYSDI	1	QL 240 / 30 day(s) PA S
OPHTHALMIC AGENTS		
ALPHA ADRENERGIC AGONIST & CARBONIC ANHYDRASE INHIB COMB		
SIMBRINZA	2	QL 12 / 30 day(s)
ARTIFICIAL TEAR AND LUBRICANT COMBINATIONS		
<i>dextran 70-hypromellose (dextran 70-hypromellose (pf) ophth soln 0.1-0.3%, dextran 70-hypromellose ophth soln 0.1-0.3%)</i>	1	OTC Over the Counter
GENTEAL TEARS SEVERE DAY/NIGHT	1	OTC Over the Counter
<i>glycerin-hypromellose-polyethylene glycol 400</i>	1	OTC Over the Counter
<i>polyethylene glycol-propylene glycol (ophth) (polyethylene glycol-propylene glycol ophth gel 0.4-0.3%, polyethylene glycol-propylene glycol ophth soln 0.4-0.3%, polyethylene glycol-propylene glycol pf op soln 0.4-0.3%)</i>	1	OTC Over the Counter
<i>polyvinyl alcohol-povidone ophth soln 5-6 mg/ml (0.5-0.6%)</i>	1	OTC Over the Counter
<i>propylene glycol-glycerin</i>	1	OTC Over the Counter
SYSTANE	1	OTC Over the Counter
SYSTANE HYDRATION PF	1	OTC Over the Counter
SYSTANE PRESERVATIVE FREE	1	OTC Over the Counter
SYSTANE ULTRA	1	OTC Over the Counter
SYSTANE ULTRA PF	1	OTC Over the Counter
<i>white petrolatum-mineral oil</i>	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ARTIFICIAL TEARS AND LUBRICANTS		
ARTIFICIAL TEARS	1	OTC Over the Counter
<i>carboxymethylcellulose sodium ophth soln 1%</i>	1	OTC Over the Counter
<i>polyvinyl alcohol ophth soln 1.4%</i>	1	OTC Over the Counter
<i>propylene glycol (ophth)</i>	1	OTC Over the Counter
SYSTANE BALANCE	1	OTC Over the Counter
SYSTANE COMPLETE	1	OTC Over the Counter
BETA-BLOCKERS - OPHTHALMIC		
<i>betaxolol hcl (ophth)</i>	1	QL 15 / 28 day(s)
BETAXOLOL HCL 0.5 % SOLUTION	1	QL 15 / 28 day(s)
LEVOBUNOLOL HCL	1	QL 12 / 30 day(s)
<i>timolol maleate (ophth) (timolol maleate ophth gel forming soln 0.25%, timolol maleate ophth gel forming soln 0.5%)</i>	2	QL 8 / 28 day(s)
<i>timolol maleate ophth soln 0.25%</i>	1	QL 8 / 28 day(s)
<i>timolol maleate ophth soln 0.5%</i>	1	QL 10 / 30 day(s)
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	2	QL 10 / 30 day(s)
BETA-BLOCKERS - OPHTHALMIC COMBINATIONS		
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	1	QL 10 / 30 day(s)
CYCLOPLEGIC MYDRIATICS		
ATROPINE SULFATE 1 % SOLUTION	1	
<i>atropine sulfate ophth soln 1%</i>	1	
<i>cyclopentolate hcl (cyclopentolate hcl ophth soln 0.5%, cyclopentolate hcl ophth soln 1%, cyclopentolate hcl ophth soln 2%)</i>	1	
MIOTICS - DIRECT ACTING		
<i>pilocarpine hcl (pilocarpine hcl ophth soln 1%, pilocarpine hcl ophth soln 2%, pilocarpine hcl ophth soln 4%)</i>	1	QL 15 / Rx

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OPHTHALMIC ANTI-INFECTIVE COMBINATIONS		
<i>bacitracin-polymyxin b (ophth)</i>	1	QL 14 / Rx
<i>neomycin-bacitracin zn-polymyxin</i>	1	QL 3.5 / 28 day(s)
<i>polymyxin b-trimethoprim</i>	1	QL 45 / Rx
OPHTHALMIC ANTIALLERGIC		
<i>azelastine hcl (ophth)</i>	1	QL 8 / 30 day(s)
<i>bepotastine besilate</i>	2	QL 10 / 30 day(s)
<i>cromolyn sodium (ophth)</i>	1	QL 10 / Rx
CROMOLYN SODIUM 4 % SOLUTION	1	QL 10 / Rx
<i>epinastine hcl (ophth)</i>	2	QL 8 / 28 day(s)
<i>olopatadine hcl</i>	1	OTC Over the Counter
PATADAY (PATADAY 0.1 % SOLUTION, PATADAY 0.2 % SOLUTION)	1	OTC Over the Counter
PATADAY 0.7 % SOLUTION	1	QL 8 / 28 days OTC Over the Counter
OPHTHALMIC ANTIBIOTICS		
BESIVANCE	2	QL 23 / 30 day(s)
<i>ciprofloxacin hcl (ophth)</i>	1	QL 23 / Rx
<i>erythromycin (ophth)</i>	1	QL 15 / Rx ACA Affordable Care Act
<i>gatifloxacin (ophth)</i>	1	QL 10.8 / 30 day(s)
<i>levofloxacin (ophth)</i>	1	QL 23 / 30 day(s)
LEVOFLOXACIN 0.5 % SOLUTION	1	QL 23 / 30 day(s)
<i>moxifloxacin hcl (ophth)</i>	1	QL 13 / 30 day(s)
<i>ofloxacin (ophth)</i>	1	QL 45 / 30 day(s)
<i>tobramycin (ophth)</i>	1	QL 65 / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OPHTHALMIC ANTIFUNGAL		
NATACYN	2	QL 23 / 30 day(s)
OPHTHALMIC ANTIVIRALS		
TRIFLURIDINE	2	
OPHTHALMIC CARBONIC ANHYDRASE INHIBITORS		
dorzolamide hcl ophth soln 2%	1	QL 12 / 30 day(s)
OPHTHALMIC IMMUNOMODULATORS		
RESTASIS	2	QL 60 / 30 day(s)
OPHTHALMIC LOCAL ANESTHETICS		
proparacaine hcl ophth soln 0.5%	1	
tetracaine hcl (ophth)	1	
OPHTHALMIC NONSTEROIDAL ANTI-INFLAMMATORY AGENTS		
bromfenac sodium ophth soln 0.075% (base equivalent)	1	
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)	1	QL 8 / Rx
diclofenac sodium (ophth)	1	QL 5 / Rx
ketorolac tromethamine ophth soln 0.4%	1	QL 5 / Rx
ketorolac tromethamine ophth soln 0.5%	1	QL 15 / Rx
OPHTHALMIC SELECTIVE ALPHA ADRENERGIC AGONISTS		
APRACLONIDINE HCL (APRACLONIDINE HCL 0.5 % SOLUTION, APRACLONIDINE HCL OPTH SOLN 0.5% (BASE EQUIVALENT))	1	QL 24 / 30 day(s)
brimonidine tartrate ophth soln 0.2%	1	QL 12 / 30 day(s)
OPHTHALMIC STEROID COMBINATIONS		
bacitracin-poly-neomycin-hc	1	QL 4 / Rx
neomycin-polymyxin-dexamethasone ophth oint 0.1%	1	QL 4 / Rx
neomycin-polymyxin-dexamethasone ophth susp 0.1%	1	QL 5 / Rx
SULFACETAMIDE-PREDNISOLONE	1	QL 5 / Rx
tobramycin-dexamethasone	1	QL 5 / Rx

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OPHTHALMIC STEROIDS		
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	1	QL 10 / Rx
<i>fluorometholone (ophth)</i>	1	QL 10 / Rx
LOTEMAX 0.5 % OINTMENT	2	QL 4 / Rx
LOTEMAX SM	2	QL 10 / Rx
<i>loteprednol etabonate (loteprednol etabonate ophth gel 0.5%, loteprednol etabonate ophth susp 0.2%)</i>	1	
<i>loteprednol etabonate ophth susp 0.5%</i>	1	QL 21 / Rx
<i>prednisolone acetate (ophth)</i>	1	QL 21 / Rx
PREDNISOLONE ACETATE P-F	1	QL 21 / Rx
OPHTHALMIC SULFONAMIDES		
<i>sulfacetamide sodium (ophth)</i>	1	QL 5 / Rx
PROSTAGLANDINS - OPHTHALMIC		
<i>latanoprost ophth soln 0.005%</i>	1	QL 7.5 / 25 day(s)
LUMIGAN	2	QL 7.5 / 25 day(s)
<i>travoprost</i>	1	QL 5 / 25 day(s)
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
<i>acetic acid (otic)</i>	1	
OTIC ANTI-INFECTIVES		
<i>ofloxacin (otic)</i>	1	
OTIC STEROID-ANTI-INFECTIVE COMBINATIONS		
<i>ciprofloxacin-dexamethasone</i>	2	QL 8 / Rx
<i>neomycin-polymyxin-hc (otic) (neomycin-polymyxin-hc otic soln 1%, neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%)</i>	1	QL 10 / Rx
OTIC STEROIDS		
<i>fluocinolone acetonide (otic)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>hydrocortisone w/acetic acid</i>	1	
OXYTOCICS		
<i>methylergonovine maleate tab 0.2 mg</i>	2	QL 180 / 30 day(s)
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
IMMUNE SERUMS		
FLEBOGAMMA DIF (FLEBOGAMMA DIF 0.5 GM/10ML SOLUTION, FLEBOGAMMA DIF 20 GM/400ML SOLUTION)	1	PA S
GAMMAGARD	2	PA S
GAMMAKED	2	PA S
GAMMAPLEX 20 GM/400ML SOLUTION	2	PA S
GAMUNEX-C	2	PA S
PENICILLINS		
AMINOPENICILLINS		
<i>amoxicillin (amoxicillin 250 mg chew tab, amoxicillin (trihydrate) cap 250 mg, amoxicillin (trihydrate) cap 500 mg, amoxicillin (trihydrate) for susp 125 mg/5ml, amoxicillin (trihydrate) for susp 200 mg/5ml, amoxicillin (trihydrate) for susp 250 mg/5ml, amoxicillin (trihydrate) for susp 400 mg/5ml, amoxicillin (trihydrate) tab 500 mg, amoxicillin (trihydrate) tab 875 mg)</i>	1	
NATURAL PENICILLINS		
PENICILLIN V POTASSIUM (PENICILLIN V POTASSIUM 125 MG/5ML RECON SOLN, PENICILLIN V POTASSIUM 250 MG/5ML RECON SOLN, PENICILLIN V POTASSIUM TAB 250 MG, PENICILLIN V POTASSIUM TAB 500 MG)	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PENICILLIN COMBINATIONS		
<i>amoxicillin & pot clavulanate (amoxicillin & k clavulanate for susp 200-28.5 mg/5ml, amoxicillin & k clavulanate for susp 250-62.5 mg/5ml, amoxicillin & k clavulanate for susp 400-57 mg/5ml, amoxicillin & k clavulanate for susp 600-42.9 mg/5ml, amoxicillin & k clavulanate tab 250-125 mg, amoxicillin & k clavulanate tab 500-125 mg, amoxicillin & k clavulanate tab 875-125 mg)</i>	1	
AMOXICILLIN-POT CLAVULANATE	1	
PENICILLINASE-RESISTANT PENICILLINS		
<i>dicloxacillin sodium</i>	1	
PHARMACEUTICAL ADJUVANTS		
PARENTERAL VEHICLES		
<i>bacteriostatic sodium chloride</i>	1	
PROGESTINS		
<i>medroxyprogesterone acetate (medroxyprogesterone acetate tab 2.5 mg, medroxyprogesterone acetate tab 5 mg, medroxyprogesterone acetate tab 10 mg)</i>	1	
<i>norethindrone acetate tab 5 mg</i>	1	
<i>progesterone (progesterone cap 100 mg, progesterone cap 200 mg)</i>	1	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
ALCOHOL DETERRENTS		
<i>acamprosate calcium</i>	1	
<i>disulfiram (disulfiram tab 250 mg, disulfiram tab 500 mg)</i>	1	
CHOLINOMIMETICS - ACHE INHIBITORS		
<i>donepezil hydrochloride (donepezil hydrochloride orally disintegrating tab 5 mg, donepezil hydrochloride orally disintegrating tab 10 mg, donepezil hydrochloride tab 5 mg)</i>	1	AL1 At least 40 yrs old
<i>donepezil hydrochloride tab 10 mg</i>	1	AL1 At least 18 yrs old
<i>donepezil hydrochloride tab 23 mg</i>	2	AL1 At least 40 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>galantamine hydrobromide (galantamine hydrobromide cap er 24hr 16 mg, galantamine hydrobromide cap er 24hr 24 mg, galantamine hydrobromide cap er 24hr 8 mg, galantamine hydrobromide tab 4 mg, galantamine hydrobromide tab 12 mg)</i>	1	AL1 At least 40 yrs old
GALANTAMINE HYDROBROMIDE 4 MG/ML SOLUTION	2	AL1 At least 40 yrs old
<i>galantamine hydrobromide tab 8 mg</i>	1	AL1 At least 18 yrs old
<i>rivastigmine</i>	2	AL1 At least 40 yrs old
<i>rivastigmine tartrate</i>	1	AL1 At least 40 yrs old
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO (AUSTEDO 9 MG TAB, AUSTEDO 12 MG TAB)	2	QL 120 / 30 day(s) PA S
AUSTEDO 6 MG TAB	2	QL 60 / 30 day(s) PA S
<i>tetrabenazine tab 12.5 mg</i>	3	QL 240 / 30 day(s) PA S
<i>tetrabenazine tab 25 mg</i>	3	QL 120 / 30 day(s) PA S
MS AGENTS - PYRIMIDINE SYNTHESIS INHIBITORS		
<i>teriflunomide</i>	1	QL 30 / 30 day(s) PA S
MULTIPLE SCLEROSIS AGENTS		
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	1	QL 30 / 30 day(s) PA S
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	1	QL 12 / 28 day(s) PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MULTIPLE SCLEROSIS AGENTS - ANTIMETABOLITES		
MAVENCLAD (10 TABS)	3	PA S QLC 20 / 301 day(s)
MAVENCLAD (4 TABS)	3	PA S QLC 8 / 301 day(s)
MAVENCLAD (5 TABS)	3	PA S QLC 10 / 301 day(s)
MAVENCLAD (6 TABS)	3	PA S QLC 12 / 301 day(s)
MAVENCLAD (7 TABS)	3	PA S QLC 14 / 301 day(s)
MAVENCLAD (8 TABS)	3	PA S QLC 8 / 301 day(s)
MAVENCLAD (9 TABS)	3	PA S QLC 9 / 301 day(s)
MULTIPLE SCLEROSIS AGENTS - INTERFERONS		
AVONEX PEN	3	QL 4 / 28 day(s) PA S
AVONEX PREFILLED	3	QL 4 / 28 day(s) PA S
BETASERON	3	QL 14 / 28 day(s) PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PLEGRIDY	3	QL 1 / 28 day(s) PA S
PLEGRIDY STARTER PACK	3	PA S QLC 1 / 180 day(s)
REBIF	3	QL 6 / 28 day(s) PA S
REBIF REBIDOSE	3	QL 6 / 28 day(s) PA S
REBIF REBIDOSE TITRATION PACK	3	PA S QLC 4.2 / 180 day(s)
REBIF TITRATION PACK	3	PA S QLC 4.2 / 180 day(s)
MULTIPLE SCLEROSIS AGENTS - MONOCLONAL ANTIBODIES		
KESIMPTA	3	QL 0.4 / 28 day(s) PA S
MULTIPLE SCLEROSIS AGENTS - NRF2 PATHWAY ACTIVATORS		
<i>dimethyl fumarate (dimethyl fumarate capsule delayed release 120 mg, dimethyl fumarate capsule delayed release 240 mg)</i>	1	QL 60 / 30 day(s) PA S
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	1	PA S QLC 60 / 180 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MULTIPLE SCLEROSIS AGENTS - POTASSIUM CHANNEL BLOCKERS		
<i>dalfampridine tab er 12hr 10 mg</i>	1	QL 60 / 30 day(s) PA S
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONISTS		
<i>memantine hcl cap er 24hr 28 mg</i>	1	AL1 At least 18 yrs old
<i>memantine hcl oral solution 2 mg/ml</i>	1	QL 360 / 30 day(s) AL1 At least 18 yrs old
<i>memantine hcl tab 10 mg</i>	1	QL 60 / 30 day(s) AL1 At least 18 yrs old
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	1	AL1 At least 40 yrs old
<i>memantine hcl tab 5 mg</i>	1	QL 90 / 30 day(s) AL1 At least 18 yrs old
PSEUDOBULBAR AFFECT AGENT COMBINATIONS		
NUEDEXTA	2	PA
SMOKING DETERRENTS		
APO-VARENICLINE	1	QL 60 / 30 day(s) ACA Affordable Care Act
<i>bupropion hcl (smoking deterrent)</i>	1	QL 60 / 30 day(s) ACA Affordable Care Act
NICODERM CQ (NICODERM CQ 7 MG/24HR PATCH 24HR, NICODERM CQ 14 MG/24HR PATCH 24HR)	1	ACA Affordable Care Act OTC Over the Counter
NICORETTE 4 MG GUM	1	ACA Affordable Care Act OTC Over the Counter
NICORETTE STARTER KIT 4 MG GUM	1	ACA Affordable Care Act OTC Over the Counter
NICOTINE (NICOTINE 21-14-7 MG/24HR KIT, NICOTINE TD PATCH 24HR 14 MG/24HR, NICOTINE TD PATCH 24HR 21 MG/24HR, NICOTINE TD PATCH 24HR 7 MG/24HR)	1	QL 30 / 30 day(s) ACA Affordable Care Act OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nicotine polacrilex (nicotine polacrilex gum 2 mg, nicotine polacrilex gum 4 mg, nicotine polacrilex lozenge 2 mg, nicotine polacrilex lozenge 4 mg)</i>	1	QL 720 / 30 day(s) ACA Affordable Care Act OTC Over the Counter
NICOTROL	1	QL 480 / 30 day(s) ACA Affordable Care Act
NICOTROL NS	1	QL 600 / 30 day(s) ACA Affordable Care Act
<i>varenicline tartrate (varenicline tartrate tab 0.5 mg (base equiv), varenicline tartrate tab 1 mg (base equiv))</i>	1	QL 60 / 30 day(s) ACA Affordable Care Act
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	1	ACA Affordable Care Act
SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS		
<i>fingolimod hcl</i>	1	QL 30 / 30 day(s) PA S
MAYZENT 0.25 MG TAB	3	QL 120 / 30 day(s) PA S
MAYZENT 2 MG TAB	3	QL 30 / 30 day(s) PA S
MAYZENT STARTER PACK 12 X 0.25 MG TAB THPK	3	PA S QLC 12 / 180 day(s)
ZEPOSIA	3	QL 30 / 30 day(s) PA S
ZEPOSIA 7-DAY STARTER PACK	3	PA S QLC 7 / 180 day(s)
ZEPOSIA STARTER KIT 0.23MG & 0.46MG & 0.92MG CAP THPK	3	PA S QLC 37 / 180 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZEPOSIA STARTER KIT 0.23MG &0.46MG 0.92MG(21) CAP THPK	3	PA S QLC 28/180 days
RESPIRATORY AGENTS - MISC.		
CFTR POTENTIATORS		
KALYDECO (KALYDECO 25 MG PACKET, KALYDECO 50 MG PACKET, KALYDECO 75 MG PACKET, KALYDECO 150 MG TAB)	1	QL 60 / 30 day(s) PA S
KALYDECO 13.4 MG PACKET	1	QL 60 / 30 days PA S
CYSTIC FIBROSIS AGENT - COMBINATIONS		
ORKAMBI (ORKAMBI 100-125 MG PACKET, ORKAMBI 150-188 MG PACKET)	3	QL 60 / 30 day(s) PA S
ORKAMBI (ORKAMBI 100-125 MG TAB, ORKAMBI 200-125 MG TAB)	3	QL 120 / 30 day(s) PA S
ORKAMBI 75-94 MG PACKET	3	QL 60 / 30 day(s) PA AL1 At least 1 yrs old S
SYMDEKO	3	QL 60 / 30 day(s) PA S
TRIKAFTA (TRIKAFTA 50-25-37.5 & 75 MG TAB THPK, TRIKAFTA 100-50-75 & 150 MG TAB THPK)	1	QL 90 / 30 day(s) PA S
TRIKAFTA (TRIKAFTA 80-40-60 & 59.5 MG THER PACK, TRIKAFTA 100-50-75 & 75 MG THER PACK)	1	QL 56 / 28 days PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HYDROLYTIC ENZYMES		
PULMOZYME	3	QL S 150 / 30 day(s)
PULMONARY FIBROSIS AGENTS		
<i>pirfenidone tab 267 mg</i>	1	QL PA S 180 / 30 day(s)
<i>pirfenidone tab 801 mg</i>	1	QL PA S 90 / 30 day(s)
SULFONAMIDES		
<i>sulfadiazine tab 500 mg</i>	2	
TETRACYCLINES		
<i>doxycycline (monohydrate) (doxycycline monohydrate cap 50 mg, doxycycline monohydrate cap 100 mg, doxycycline monohydrate for susp 25 mg/5ml, doxycycline monohydrate tab 100 mg)</i>	1	
<i>doxycycline hyclate (doxycycline hyclate cap 50 mg, doxycycline hyclate cap 100 mg, doxycycline hyclate tab 20 mg, doxycycline hyclate tab 100 mg)</i>	1	
<i>minocycline hcl (minocycline hcl cap 50 mg, minocycline hcl cap 75 mg, minocycline hcl cap 100 mg, minocycline hcl tab 50 mg)</i>	1	
<i>tetracycline hcl (tetracycline hcl cap 250 mg, tetracycline hcl cap 500 mg)</i>	2	
THYROID AGENTS		
ANTITHYROID AGENTS		
<i>methimazole (methimazole tab 5 mg, methimazole tab 10 mg)</i>	1	
<i>propylthiouracil tab 50 mg</i>	1	
THYROID HORMONES		
ARMOUR THYROID (ARMOUR THYROID 180 MG TAB, ARMOUR THYROID 240 MG TAB, ARMOUR THYROID 300 MG TAB)	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>levothyroxine sodium (levothyroxine sodium tab 25 mcg, levothyroxine sodium tab 50 mcg, levothyroxine sodium tab 75 mcg, levothyroxine sodium tab 88 mcg, levothyroxine sodium tab 100 mcg, levothyroxine sodium tab 112 mcg, levothyroxine sodium tab 125 mcg, levothyroxine sodium tab 137 mcg, levothyroxine sodium tab 150 mcg, levothyroxine sodium tab 175 mcg, levothyroxine sodium tab 200 mcg, levothyroxine sodium tab 300 mcg)</i>	1	
<i>liothyronine sodium (liothyronine sodium tab 5 mcg, liothyronine sodium tab 25 mcg, liothyronine sodium tab 50 mcg)</i>	1	
NP THYROID	1	
TOXOIDS		
TOXOID COMBINATIONS		
ADACEL	1	ACA Affordable Care Act
BOOSTRIX	1	ACA Affordable Care Act
DAPTACEL	1	ACA Affordable Care Act
DIPHTHERIA-TETANUS TOXOIDS DT	1	ACA Affordable Care Act
INFANRIX	1	ACA Affordable Care Act
KINRIX	1	ACA Affordable Care Act
PEDIARIX	1	ACA Affordable Care Act
PENTACEL	1	ACA Affordable Care Act
QUADRACEL	1	ACA Affordable Care Act
TDVAX	1	ACA Affordable Care Act
TENIVAC	1	ACA Affordable Care Act
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ANTISPASMODICS		
<i>dicyclomine hcl (dicyclomine hcl cap 10 mg, dicyclomine hcl oral soln 10 mg/5ml, dicyclomine hcl tab 20 mg)</i>	1	
H-2 ANTAGONISTS		
<i>cimetidine (cimetidine tab 200 mg, cimetidine tab 300 mg, cimetidine tab 400 mg, cimetidine tab 800 mg)</i>	1	
CIMETIDINE HCL (CIMETIDINE HCL 300 MG/5ML SOLUTION, CIMETIDINE HCL SOLN 300 MG/5ML)	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>famotidine (famotidine for susp 40 mg/5ml, famotidine tab 20 mg, famotidine tab 40 mg)</i>	1	
MISC. ANTI-ULCER		
<i>sucralfate (sucralfate susp 1 gm/10ml, sucralfate tab 1 gm)</i>	1	
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium (esomeprazole magnesium cap delayed release 20 mg (base eq), esomeprazole magnesium cap delayed release 40 mg (base eq), esomeprazole magnesium for delayed release susp packet 10 mg, esomeprazole magnesium for delayed release susp packet 20 mg, esomeprazole magnesium for delayed release susp packet 40 mg)</i>	1	QL 60 / 30 day(s)
FIRST-LANSOPRAZOLE	1	AL1 Up to 12 yrs old
FIRST-OMEPRAZOLE	1	QL 60 / 30 day(s) AL1 Up to 12 yrs old
<i>lansoprazole (lansoprazole cap delayed release 15 mg, lansoprazole cap delayed release 30 mg)</i>	1	QL 60 / 30 day(s)
NEXIUM 24HR	1	OTC Over the Counter
NEXIUM 24HR CLEAR MINIS	1	OTC Over the Counter
<i>omeprazole (omeprazole cap delayed release 10 mg, omeprazole cap delayed release 20 mg, omeprazole cap delayed release 40 mg)</i>	1	QL 60 / 30 day(s)
<i>omeprazole delayed release tab 20 mg</i>	1	OTC Over the Counter
<i>pantoprazole sodium (pantoprazole sodium ec tab 20 mg (base equiv), pantoprazole sodium ec tab 40 mg (base equiv), pantoprazole sodium for delayed release susp packet 40 mg)</i>	1	QL 30 / 30 day(s)
PREVACID 24HR	1	OTC Over the Counter
<i>rabeprazole sodium ec tab 20 mg</i>	1	QL 60 / 30 day(s)
QUATERNARY ANTICHOLINERGICS		
<i>glycopyrrolate (glycopyrrolate oral soln 1 mg/5ml, glycopyrrolate tab 1 mg, glycopyrrolate tab 2 mg)</i>	1	
ULCER DRUGS - PROSTAGLANDINS		
<i>misoprostol (misoprostol tab 100 mcg, misoprostol tab 200 mcg)</i>	1	F Covered under fertility rider

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINIC (ANTICHOLINERGIC)		
<i>oxybutynin chloride (oxybutynin chloride tab er 24hr 10 mg, oxybutynin chloride tab er 24hr 15 mg, oxybutynin chloride tab er 24hr 5 mg)</i>	1	QL 60 / 30 day(s)
OXYBUTYNIN CHLORIDE 2.5 MG TAB	1	QL 90 / 30 day(s)
<i>oxybutynin chloride solution 5 mg/5ml</i>	1	QL 600 / 30 day(s)
<i>oxybutynin chloride tab 5 mg</i>	1	QL 120 / 30 day(s)
<i>solifenacin succinate</i>	1	QL 30 / 30 day(s)
<i>tolterodine tartrate (tolterodine tartrate cap er 24hr 2 mg, tolterodine tartrate cap er 24hr 4 mg)</i>	1	QL 30 / 30 day(s)
<i>tolterodine tartrate (tolterodine tartrate tab 1 mg, tolterodine tartrate tab 2 mg)</i>	1	QL 60 / 30 day(s)
<i>trospium chloride cap er 24hr 60 mg</i>	1	QL 30 / 30 day(s)
<i>trospium chloride tab 20 mg</i>	1	QL 60 / 30 day(s)
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
MYRBETRIQ (MYRBETRIQ 25 MG TAB ER 24H, MYRBETRIQ 50 MG TAB ER 24H)	2	QL 30 / 30 day(s)
MYRBETRIQ 8 MG/ML SRER	2	QL 300 / 28 day(s)
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
<i>bethanechol chloride (bethanechol chloride tab 5 mg, bethanechol chloride tab 10 mg, bethanechol chloride tab 25 mg, bethanechol chloride tab 50 mg)</i>	1	
VACCINES		
BACTERIAL VACCINES		
ACTHIB	1	ACA Affordable Care Act
BEXSERO	1	ACA Affordable Care Act
HIBERIX	1	ACA Affordable Care Act
MENACTRA	1	ACA Affordable Care Act
MENQUADFI	1	ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MENVEO (MENVEO RECON SOLN, MENVEO SOLUTION)	1	ACA Affordable Care Act
PEDVAX HIB	1	ACA Affordable Care Act
PENBRAYA	1	ACA Affordable Care Act
PNEUMOVAX 23	1	ACA Affordable Care Act
PREVNAR 13	1	ACA Affordable Care Act
PREVNAR 20	1	ACA Affordable Care Act
TRUMENBA	1	ACA Affordable Care Act
VAXNEUVANCE	1	ACA Affordable Care Act
VIRAL VACCINE COMBINATIONS		
M-M-R II	1	ACA Affordable Care Act
PROQUAD	1	ACA Affordable Care Act
TWINRIX	1	ACA Affordable Care Act
VIRAL VACCINES		
ABRYSVO	1	AL1 At least 60 yrs old ACA Affordable Care Act
AFLURIA	1	ACA Affordable Care Act
AFLURIA PRESERVATIVE FREE	1	ACA Affordable Care Act
AFLURIA QUADRIVALENT	1	ACA Affordable Care Act
AREXVY	1	AL1 At least 60 yrs old ACA Affordable Care Act
COMIRNATY	1	AL1 At least 12 yrs old ACA Affordable Care Act
ENGRIX-B	1	ACA Affordable Care Act
FLUAD	1	AL1 At least 65 yrs old ACA Affordable Care Act
FLUAD QUADRIVALENT	1	AL1 At least 65 yrs old ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FLUARIX	1	ACA Affordable Care Act
FLUARIX QUADRIVALENT	1	ACA Affordable Care Act
FLUBLOK	1	ACA Affordable Care Act
FLUBLOK QUADRIVALENT	1	AL1 At least 18 yrs old ACA Affordable Care Act
FLUCELVAX	1	ACA Affordable Care Act
FLUCELVAX QUADRIVALENT	1	AL1 At least 4 yrs old ACA Affordable Care Act
FLULAVAL	1	ACA Affordable Care Act
FLULAVAL QUADRIVALENT	1	ACA Affordable Care Act
FLUMIST	1	ACA Affordable Care Act
FLUMIST QUADRIVALENT	1	AL1 2 to 49 yrs old ACA Affordable Care Act
FLUZONE (FLUZONE SUSPENSION, FLUZONE 0.5 ML SUSP PRSYR)	1	ACA Affordable Care Act
FLUZONE HIGH-DOSE	1	AL1 At least 65 yrs old ACA Affordable Care Act
FLUZONE HIGH-DOSE QUADRIVALENT	1	AL1 At least 65 yrs old ACA Affordable Care Act
FLUZONE QUADRIVALENT (FLUZONE QUADRIVALENT SUSPENSION, FLUZONE QUADRIVALENT 0.5 ML SUSP PRSYR)	1	ACA Affordable Care Act
FLUZONE QUADRIVALENT 0.5 ML SUSPENSION	1	AL1 At least 3 yrs old ACA Affordable Care Act
GARDASIL 9	1	ACA Affordable Care Act
HAVRIX	1	ACA Affordable Care Act
HEPLISAV-B	1	ACA Affordable Care Act
IPOL	1	ACA Affordable Care Act
JANSSEN COVID-19 VACCINE	1	AL1 At least 18 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MODERNA COVID-19 BIVAL 6M-5Y	1	AL1 0 to 5 yrs old ACA Affordable Care Act
MODERNA COVID-19 BIVALENT	1	AL1 At least 6 yrs old ACA Affordable Care Act
MODERNA COVID-19 VAC (BOOSTER)	1	AL1 At least 6 yrs old ACA Affordable Care Act
MODERNA COVID-19 VAC 6M-11Y	1	AL1 0.5 to 11 yrs old ACA Affordable Care Act
MODERNA COVID-19 VACC 6M-5Y	1	AL1 Up to 5 yrs old ACA Affordable Care Act
MODERNA COVID-19 VACCINE	1	AL1 At least 12 yrs old ACA Affordable Care Act
NOVAVAX COVID-19 VACCINE	1	AL1 At least 12 yrs old ACA Affordable Care Act
PFIZER COVID-19 BIVAL 6MO-4YR	1	AL1 0 to 4 yrs old ACA Affordable Care Act
PFIZER COVID-19 VAC BIVAL 5-11	1	AL1 5 to 11 yrs old ACA Affordable Care Act
PFIZER COVID-19 VAC BIVALENT	1	AL1 At least 12 yrs old ACA Affordable Care Act
PFIZER COVID-19 VAC-TRIS 5-11Y	1	AL1 5 to 11 yrs old ACA Affordable Care Act
PFIZER COVID-19 VAC-TRIS 6M-4Y 3 MCG/0.2ML SUSPENSION	1	AL1 Up to 4 yrs old ACA Affordable Care Act
PFIZER COVID-19 VAC-TRIS 6M-4Y 3 MCG/0.3ML SUSPENSION	1	AL1 0.5 to 4 yrs old ACA Affordable Care Act
PFIZER-BIONT COVID-19 VAC-TRIS	1	AL1 At least 12 yrs old ACA Affordable Care Act
PFIZER-BIONTECH COVID-19 VACC	1	AL1 At least 12 yrs old ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PREHEVBRIO	1	AL1 At least 18 yrs old ACA Affordable Care Act
RABAVERT	2	
RECOMBIVAX HB	1	ACA Affordable Care Act
ROTARIX	1	ACA Affordable Care Act
ROTATEQ	1	ACA Affordable Care Act
SHINGRIX	1	ACA Affordable Care Act
SPIKEVAX	1	AL1 At least 12 yrs old ACA Affordable Care Act
SPIKEVAX COVID-19 VACCINE	1	AL1 At least 12 yrs old ACA Affordable Care Act
VAQTA	1	ACA Affordable Care Act
VARIVAX	1	ACA Affordable Care Act
VAGINAL AND RELATED PRODUCTS		
IMIDAZOLE-RELATED ANTIFUNGALS		
GYNE-LOTRIMIN	1	OTC Over the Counter
<i>miconazole nitrate vaginal cream 2%</i>	1	OTC Over the Counter
<i>terconazole vaginal cream 0.4%</i>	1	QL 45 / Rx
<i>terconazole vaginal cream 0.8%</i>	1	QL 20 / Rx
SPERMICIDES		
ENCARE	1	ACA Affordable Care Act OTC Over the Counter
OPTIONS GYNOL II CONTRACEPTIVE	1	ACA Affordable Care Act OTC Over the Counter
SHUR-SEAL CONTRACEPTIVE	1	ACA Affordable Care Act OTC Over the Counter
TODAY SPONGE	1	ACA Affordable Care Act OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VCF VAGINAL CONTRACEPTIVE (VCF VAGINAL CONTRACEPTIVE 4 % GEL, VCF VAGINAL CONTRACEPTIVE 12.5 % FOAM, VCF VAGINAL CONTRACEPTIVE 28 % FILM)	1	ACA Affordable Care Act OTC Over the Counter
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal</i>	1	
<i>metronidazole vaginal</i>	1	
VANDAZOLE	1	
VAGINAL CORTICOSTEROIDS		
<i>hydrocortisone vaginal</i>	1	QL 454 / 30 day(s) OTC Over the Counter
VAGINAL ESTROGENS		
<i>estradiol vaginal cream 0.1 mg/gm</i>	1	QL 120 / 30 day(s)
ESTRING	2	QL 1 / 90 day(s)
PREMARIN 0.625 MG/GM CREAM	2	QL 60 / 30 day(s)
VAGIFEM	1	QL 30 / 30 day(s)
VAGINAL PROGESTINS		
ENDOMETRIN	2	QL 84 / 28 day(s) PA F Covered under fertility rider
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
AUVI-Q (AUVI-Q 0.15 MG/0.15ML SOLN A-INJ, AUVI-Q 0.3 MG/0.3ML SOLN A-INJ)	2	QLC 4 / 30 day(s)
AUVI-Q 0.1 MG/0.1ML SOLN A-INJ	2	QLC 4 / 30 day(s)
<i>epinephrine (anaphylaxis) (epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000), epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000))</i>	1	QLC 4 / 30 day(s)
EPINEPHRINE PF	1	
<i>midodrine hcl</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VITAMINS		
VITAMIN D		
<i>cholecalciferol (cholecalciferol cap 25 mcg (1000 unit), cholecalciferol cap 50 mcg (2000 unit), cholecalciferol tab 25 mcg (1000 unit))</i>	1	OTC Over the Counter
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