

2025 Formulary

Introduction

Health Partners Plans, Inc. is pleased to provide the 2025 Health Partners Plans CHIP Formulary. This formulary covers members under the Health Partners Plans CHIP (Children's Health Insurance Program) plan. The drugs listed in the Health Partners Plans CHIP Formulary are intended to provide sufficient options to treat the majority of patients who require drug therapy in an ambulatory setting. Excluded from coverage are drugs from specific manufacturers who have not contracted with the rebate program of the Federal government.

The drugs listed in the Health Partners Plans CHIP Formulary have been reviewed and approved by the Health Partners Plans Pharmacy and Therapeutics Committee. These drug products have been selected to **provide the most clinically appropriate and cost-effective medications** for Health Partners Plans CHIP members. There may be occasions when an unlisted drug is desired for medical management of a specific patient. In those instances, the unlisted medication may be requested through Prior Authorization/ Medical Exception.

Preface

The Health Partners Plans CHIP Formulary is organized by sections, which refer to either a drug/ pharmacologic class or disease state. Each section contains a list of drugs selected to be on this formulary. Prescribing a drug product that is available generically is encouraged when appropriate. Unless exceptions are noted, all applicable dosage forms and strengths of the referenced product generally are covered.

Pharmacy and Therapeutics (P&T) Committee

The actions of the Health Partners Plans P&T Committee are communicated through the Provider Newsletter to all physicians and posted on our website. Pharmacy providers in the Health Partners Plans CHIP network will

be notified through correspondence from the Health Partners Plans Pharmacy department when applicable.

Product Selection Criteria

The Health Partners Plans P&T Committee will consider all FDA approved drugs for inclusion in the formulary. The evaluation process includes a literature review, and expert opinion by respected medical professionals. Formal reviews are prepared which typically address the following information:

1. Safety
2. Effectiveness
3. Comparison studies
4. Approved indications
5. Adverse effects
6. Contraindications
7. Pharmacokinetics
8. Patient compliance considerations
9. Medical outcome and pharmacoeconomic studies

When a new drug is considered for formulary inclusion, an attempt will be made to examine the drug relative to similar drugs currently on formulary. In addition, entire therapeutic classes are periodically reviewed. This review process may result in deletion of a drug(s) in a particular therapeutic class in an effort to continually promote the most clinically useful and cost-effective agents.

Plan Limits

A maximum of up to a 30-day supply of medication is eligible for coverage. The prescriber is urged to prescribe in amounts that adhere to accepted standards of care. The days' supply must be accurately determined by the dispensing pharmacist to assure compliance with plan parameters. Specific limits based on FDA guidelines, medication package inserts and accepted standards of care may apply to medication treatments under clinical review.

Prescription quantities cannot be altered unless approved by the physician, and must be within the limits of the plan's days' supply.

Prescribed medications or regimens that are non-formulary require prior authorization.

Immediate Need (5/15-day Emergency Supply)

If a member presents at a pharmacy with a prescription which requires prior authorization, whether for a non-formulary drug or otherwise, and if the prior authorization cannot be processed immediately, Health Partners Plans will allow the pharmacy to dispense an interim supply of the prescription under the following circumstances:

If the recipient is in immediate need of the medication in the professional judgment of the pharmacist and if the prescription is for a new medication (one that the recipient has not taken before or that is taken for an acute condition), Health Partners Plans will allow the pharmacy to dispense a 5-day supply of the medication to afford the recipient or pharmacy the opportunity to initiate the request for prior authorization.

If the prescription is for an ongoing medication (one that is continuously prescribed for the treatment of an illness or condition that is chronic in nature in which there has not been a break in treatment for greater than 30 Days), Health Partners Plans will allow the pharmacy to dispense a 15-day supply of the medication automatically, unless Health Partners Plans mailed to the member, with a copy to the prescriber, an advance written notice of the reduction or termination of the medication at least 10 days prior to the end of the period for which the medication was previously authorized.

Health Partners Plans will respond to the request for prior authorization within 24 hours from when the request was received. If the prior authorization is denied, the member is entitled to appeal the decision through several avenues. The 5-day or 15-day requirement does not apply when the pharmacist

determines that taking the medication, either alone or along with other medication that the recipient may be taking, would jeopardize the health and safety of the recipient.

Formulary Product Descriptions

This formulary lists all specific strengths and dosage forms that are covered. **When a strength or dosage form is specified, only the product identified will be covered. Other strengths/ dosage forms of the referenced product are not covered.**

For specific questions please contact the Health Partners Plans Pharmacy department at 215-991-4300.

Generic Substitution

Generic substitution is the process by which a generic equivalent is dispensed rather than the brand name product. The appropriate use of generic drugs is one method of providing cost conscious drug therapy. Health Partners Plans will not cover any drugs by companies that do not participate in the Federal Rebate Program or are DESI drugs. Generic drugs must be prescribed and dispensed when an A-rated generic drug is available. Brand necessary prescriptions for drugs with A-rated generics require prior authorization.

The MAC list sets a ceiling price for the reimbursement of certain multisource prescription drugs. This price will typically cover the acquisition of most generics but not branded versions of the same drug. The products selected for inclusion on the MAC list are commonly prescribed and dispensed and have usually gone through the FDA's review and approval process. This process assures the following requirements have been met:

The generic drug will contain the same active ingredient(s) and be the same strength and dosage form as the brand name counterpart.

The FDA has given the generic an "A" rating compared to the branded counterpart indicating bioequivalence and has determined the generic is therapeutically equivalent to the referenced brand. The ratings of generic drugs are available by referring to the FDA reference *Approved Drug Products with Therapeutic Equivalence Evaluations* (Orange Book).

When the above two criteria are met, a generic can be substituted with the full expectation that the substituted product will produce the same clinical effect and safety profile as the brand name product.

State laws or regulation may indicate the ability to practice generic substitution for selected products or categories of drugs.

There are now many brand name products that are repackaged or distributed under a generic label. These generic versions should always be considered therapeutically equivalent and substitutable for the source branded product irrespective of rating.

Drugs Efficacy Study Implementation (DESI) Drugs

Health Partners Plans does not reimburse for DESI drugs. DESI drugs are those drugs first marketed between 1938 and 1962 which were approved as safe, but not required to show effectiveness for FDA product approval. The DESI program subsequently made a determination of fully effective for most of these products and they remain in the marketplace. A few DESI products remain classified as less than fully effective while awaiting final administrative disposition. Also classified as DESI are many products listed as identical, similar, or related to actual DESI products.

Examples of DESI Drugs include:

Midrin
Vytone
Anusol HC suppositories
Donnatal
Tigan
Naldecon

Prior Authorization (PA)

To ensure that select medications are utilized appropriately, Prior Authorization may be required for the dispensing of specific products. These medications may require Prior Authorization for the following reasons:

- Non-formulary medications, or benefit exceptions required by medical necessity
- All brand name medications when there is an A-rated generic equivalent available
- Medications and/or treatments under clinical investigation

- Medications used for non-FDA approved indications
- Prescription costs that exceed \$1000 per claim
- Prescriptions that exceed set plan limits (days' supply, quantity, cost)
- Prescriptions processed by non-network pharmacies
- New-to-market products
- High-end oral and self-administered injectable medications
- Medications with Health Partners Plans P&T Committee approved treatment guidelines

To request a prior authorization the physician or a member of his/her staff should contact Health Partners Plans either by fax at 866-240-3712, or phone at 215-991-4300. All non-emergency requests can be faxed 24 hours per day; calls should be placed from 9:00 A.M. to 6:00 P.M., Monday through Friday.

In the event of an immediate need after business hours, the call should be made to Health Partners Plans CHIP Member Relations at **1-888-888-1212**. The call will be evaluated and routed to a pharmacist-on-call.

The physician may use the Health Partners Plans Prior Authorization/Medical Exception form or a letter of request, *but must include the following information* for quick and appropriate review to take place:

- Name and recipient number of member
- Date of birth of member
- Physician's name, license number, and specialty
- Physician's phone and fax numbers
- Name of primary care physician if different
- Drug name, strength, and quantity of medication
- Days supply (duration of therapy) and number of refills
- Route of administration
- Diagnosis
- Medical rationale for request
- Formulary medications used, duration and therapy result
- Additional clinical information that may contribute to the review decision (e.g., labs)

Upon receiving the Prior Authorization/ Medical Exception Request from the prescriber, Health

Partners Plans will render a decision within 24 hours. The Medical Director will review each prior authorization request and make the final decision. After Medical Director review, the clinical pharmacist will prepare the request for the denial/approval letter. A denial letter will be mailed to the member or parent/guardian. A copy of the member denial letter is also faxed to the prescribing physician.

If the Prior Authorization/Medical Exception Request is denied, the prescriber can submit a written appeal to Health Partners Plans' Complaint & Grievance Unit explaining the medical necessity of the medical treatment in question. At any time during normal business hours, the prescribing physician can discuss the denial with a clinical pharmacist or can have a peer to peer discussion with the medical director.

Health Partners Plans Specialty and Injectable Medication Program

Health Partners Plans supports appropriate use of injectables and has established procedures for prescribing and suppliers. Under the direction of the Health Partners Plans Pharmacy department, the physician provider has the primary responsibility for obtaining Prior Authorization for medications included in this program. Call the Health Partners Plans Pharmacy department at 215-991-4300 for authorization on specialty medications.

The following specialty and injectable medications, although not limited to, can be obtained through the retail pharmacy benefit without prior authorization.

GENERIC NAME	BRAND NAME
ceftriaxone	Rocephin®
cyanocobalamin	Vitamin B-12
epinephrine	Epipen®, Epipen ® Jr.
fluphenazine decanoate	Prolixin Decanoate
glucagon	Glucagon
haloperidol decanoate	Haldol Decanoate
heparin sodium	Heparin
Insulin	
medroxyprogesterone acetate 150 mg only	Depo-Provera
methylprednisolone acetate	Depo-Medrol
methylprednisolone sod. succ.	Solu-Medrol
penicillin g benzathine	Bicillin L.A.
penicillin g potassium	Pfizerpen

sumatriptan	Imitrex
triamcinolone acetonide	Kenalog-40
fondaparinux sodium	Arixtra
enoxaparin sodium	Lovenox

Managed Drug Limitations (MDL)

The United States Food and Drug Administration (FDA) publishes guidelines on the safest and most efficient ways to use certain drugs. Many drug products on the Health Partners Plans CHIP Formulary have quantity limits based upon the dosage described in product labeling.

Drugs subject to quantity limits may change. Contact Health Partners Plans' Pharmacy department at 215-991-4300 for more information.

Step Therapy

Step therapy is a process that encourages the use of medications preferred by Health Partners Plans as the first course of treatment. If the preferred medication is not clinically effective or if the member suffers side effects, another medication may be approved as the second course of treatment.

Editor

Your comments and suggestions regarding the Health Partners Plans CHIP 2025 Formulary are encouraged. Your input is vital to this formulary's continued success. All responses will be reviewed and considered. Please send your comments to:

Attn: Pharmacy Director
Health Partners Plans
1101 Market Street, Suite 3000
Philadelphia, PA 19107
Phone: 215-991-4300
Internet: www.healthpartnersplans.com

Notice

The information contained in the Health Partners Plans CHIP Formulary and its appendices is provided by Health Partners Plans solely for the convenience of medical providers and our members. Health Partners Plans neither warrants nor assures accuracy of such information, nor is it intended to be comprehensive in nature. This formulary is not intended to be a substitute for the knowledge,

expertise, skill and judgment of the medical provider in his/her choice of prescription drugs. Health Partners Plans does not assume responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer product literature or standard references for more detailed information.

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Trade names are the intellectual property of the respective product owners.

LEGEND

1

Preferred

2

Non-Preferred

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.

AL1

Age Limit

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

C

Custom

This drug has unique restrictions.

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.

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANALGESICS		
ANALGESICS, OTHER		
HYALGAN 20 MG/2ML SOLUTION	1	QL 20 / 180 days PA
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS		
ADVIL	2	
<i>advil liqui-gels minis</i>	2	
ALEVE	2	
<i>aleve arthritis pain</i>	2	QL 500 / 30 days
<i>all day pain relief</i>	1	QL 90 / 30 days
<i>all day relief</i>	1	QL 90 / 30 days
<i>arthritis pain reliever 1 % gel</i>	1	QL 500 / 30 days
ARTHROTEC	2	
<i>aspirin 81 mg tab dr</i>	1	
<i>butalbital-aspirin-cafeine</i>	1	PA QLC Max 18 tabs/caps per month
CAMBIA	2	
CELEBREX (CELEBREX 50 MG CAP, CELEBREX 100 MG CAP, CELEBREX 200 MG CAP)	2	QL 60 / 30 days
CELEBREX 400 MG CAP	2	QL 30 / 30 days
<i>celecoxib (celecoxib 50 mg cap, celecoxib 100 mg cap, celecoxib 200 mg cap)</i>	1	QL 60 / 30 days
<i>celecoxib 400 mg cap</i>	1	QL 30 / 30 days
CHILDRENS ADVIL	2	QL 60 mL / day(s)
<i>childrens ibuprofen</i>	1	QL 60 mL / day(s)
<i>cvs diclofenac sodium</i>	1	QL 500 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>cvs ibuprofen 200 mg cap</i>	1	
<i>cvs ibuprofen childrens 100 mg chew tab</i>	1	
<i>cvs ibuprofen childrens 100 mg/5ml suspension</i>	1	QL 60 mL / day(s)
<i>cvs naproxen sodium 220 mg cap</i>	1	
<i>cvs naproxen sodium 220 mg tab</i>	1	QL 90 / 30 days
DAYPRO	2	QL 90 / 30 days
DICLOFENAC	2	
<i>diclofenac epolamine</i>	2	
<i>diclofenac potassium (diclofenac potassium 25 mg cap, diclofenac potassium 25 mg tab)</i>	2	
<i>diclofenac potassium 50 mg tab</i>	2	QL 4 / 1 days
<i>diclofenac potassium(migraine)</i>	2	
<i>diclofenac sodium (diclofenac sodium 25 mg tab dr, diclofenac sodium 50 mg tab dr)</i>	1	QL 4 / 1 days
<i>diclofenac sodium 1 % gel</i>	1	QL 500 / 30 days
<i>diclofenac sodium 1.5 % solution</i>	1	
<i>diclofenac sodium 2 % solution</i>	2	
<i>diclofenac sodium 75 mg tab dr</i>	1	QL 60 / 30 days
<i>diclofenac sodium er</i>	2	QL 60 / 30 days
<i>diclofenac-misoprostol (diclofenac-misoprostol 50-0.2 mg tab dr, diclofenac-misoprostol 75-0.2 mg tab dr)</i>	1	
<i>diflunisal 500 mg tab</i>	2	QL 90 / 30 days
DOLOBID	2	
DUEXIS	2	
<i>ec-naproxen</i>	1	QL 60 / 30 days
ELYXYB	2	
<i>eq arthritis pain 1 % gel</i>	1	QL 500 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>eq arthritis pain reliever</i>	1	QL 500 / 30 days
<i>eq ibuprofen childrens</i>	1	QL 60 mL / day(s)
<i>etodolac (etodolac 400 mg tab, etodolac 500 mg tab)</i>	2	QL 60 / 30 days
<i>etodolac 200 mg cap</i>	2	QL 150 / 30 days
<i>etodolac 300 mg cap</i>	2	QL 90 / 30 days
<i>etodolac er</i>	2	
FELDENE	2	QL 30 / 30 days
FENOPROFEN CALCIUM (FENOPROFEN CALCIUM 200 MG CAP, FENOPROFEN CALCIUM 400 MG CAP)	2	
<i>fenoprofen calcium 600 mg tab</i>	2	QL 150 / 30 days
FENOPRON	2	
<i>flanax</i>	1	QL 90 / 30 days
FLECTOR	2	
<i>flurbiprofen 100 mg tab</i>	1	QL 90 / 30 days
<i>ft all day pain relief</i>	1	QL 90 / 30 days
<i>ft arthritis pain</i>	1	QL 500 / 30 days
<i>ft ibuprofen 200 mg cap</i>	1	
<i>ft ibuprofen 200 mg tab</i>	1	QL 360 / 30 days
<i>ft ibuprofen childrens</i>	1	QL 60 mL / day(s)
<i>ft ibuprofen ib childrens</i>	1	
<i>ft ibuprofen minis</i>	1	
<i>ft naproxen sodium</i>	1	
<i>ft pain relief 200 mg tab</i>	1	QL 360 / 30 days
<i>gnp arthritis pain</i>	1	QL 500 / 30 days
<i>gnp childrens ibuprofen</i>	1	QL 60 mL / day(s)

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>gnp diclofenac sodium</i>	1	QL 500 / 30 days
<i>gnp ibuprofen 200 mg cap</i>	1	
<i>gnp ibuprofen 200 mg tab</i>	1	QL 360 / 30 days
<i>gnp ibuprofen childrens</i>	1	
<i>gnp ibuprofen infants</i>	1	QL 15 / 7 days
<i>gnp naproxen sodium 220 mg cap</i>	1	
<i>gnp naproxen sodium 220 mg tab</i>	1	QL 90 / 30 days
<i>goodsense arthritis pain 1 % gel</i>	1	QL 500 / 30 days
<i>goodsense ibuprofen 200 mg cap</i>	1	
<i>goodsense ibuprofen 200 mg tab</i>	1	QL 360 / 30 days
<i>goodsense ibuprofen childrens</i>	1	QL 60 mL / day(s)
<i>goodsense ibuprofen infants</i>	1	QL 15 / 7 days
<i>goodsense naproxen sodium</i>	1	QL 90 / 30 days
<i>hm ibuprofen 200 mg cap</i>	1	
<i>hm ibuprofen 200 mg tab</i>	1	QL 360 / 30 days
<i>hm ibuprofen childrens</i>	1	QL 60 mL / day(s)
<i>hm ibuprofen ib 100 mg chew tab</i>	1	
<i>hm ibuprofen ib 200 mg tab</i>	1	QL 360 / 30 days
<i>hm ibuprofen infants</i>	1	QL 15 / 7 days
<i>hm naproxen sodium 220 mg cap</i>	1	
<i>hm naproxen sodium 220 mg tab</i>	1	QL 90 / 30 days
<i>ibu 400 mg tab</i>	1	QL 180 / 30 days
<i>ibu 600 mg tab</i>	1	QL 150 / 30 days
<i>ibu 800 mg tab</i>	1	QL 4 / 1 days
<i>ibuprofen (ibuprofen 100 mg/5ml suspension, ibuprofen 200 mg/10ml suspension)</i>	1	QL 60 mL / day(s)

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ibuprofen 200 mg cap</i>	1	
<i>ibuprofen 200 mg tab</i>	1	QL 360 / 30 days
IBUPROFEN 300 MG TAB	2	
<i>ibuprofen 400 mg tab</i>	1	QL 180 / 30 days
<i>ibuprofen 600 mg tab</i>	1	QL 150 / 30 days
<i>ibuprofen 800 mg tab</i>	1	QL 4 / 1 days
<i>ibuprofen childrens</i>	1	QL 60 mL / day(s)
<i>ibuprofen infants</i>	1	QL 15 / 7 days
<i>ibuprofen junior strength</i>	1	
<i>ibuprofen-famotidine</i>	2	
<i>iclofenac cp</i>	2	
<i>indocin (indocin 25 mg/5ml suspension, indocin 50 mg suppos)</i>	2	
<i>indomethacin (indomethacin 20 mg cap, indomethacin 25 mg/5ml suspension, indomethacin 50 mg suppos, indomethacin 100 mg suppos)</i>	2	
<i>indomethacin (indomethacin 25 mg cap, indomethacin 50 mg cap)</i>	1	QL 4 / 1 days
<i>indomethacin er</i>	1	QL 90 / 30 days
<i>infants ibuprofen</i>	1	QL 15 / 7 days
KETOPROFEN (KETOPROFEN 25 MG CAP, KETOPROFEN 50 MG CAP, KETOPROFEN 75 MG CAP)	2	
<i>ketoprofen er</i>	2	QL 30 / 30 days
<i>ketorolac tromethamine 10 mg tab</i>	1	QLC 20 tablets per 90 days
KETOROLAC TROMETHAMINE 15.75 MG/SPRAY SOLUTION	2	
KIPROFEN	2	
<i>kls arthritis pain relief</i>	1	QL 500 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>klis diclofenac sodium</i>	1	QL 500 / 30 days
LICART	2	
<i>lofena</i>	2	
LURBIPR	2	QL 90 / 30 days
<i>meclofenamate sodium (meclofenamate sodium 50 mg cap, meclofenamate sodium 100 mg cap)</i>	2	QL 4 / 1 days
<i>mefenamic acid 250 mg cap</i>	2	
<i>meloxicam (meloxicam 5 mg cap, meloxicam 7.5 mg/5ml suspension, meloxicam 10 mg cap)</i>	2	
<i>meloxicam 15 mg tab</i>	1	QL 30 / 30 days PA
<i>meloxicam 7.5 mg tab</i>	1	QL 60 / 30 days
MOBIC 15 MG TAB	2	QL 30 / 30 days
MOBIC 7.5 MG TAB	2	QL 60 / 30 days
<i>nabumetone 500 mg tab</i>	1	QL 4 / 1 days
<i>nabumetone 750 mg tab</i>	1	QL 60 / 30 days
NALFON	2	
NAPRELAN	2	
NAPROSYN 125 MG/5ML SUSPENSION	2	
<i>naproxen (naproxen 250 mg tab, naproxen 500 mg tab)</i>	1	QL 90 / 30 days
<i>naproxen (naproxen 375 mg tab dr, naproxen 500 mg tab dr)</i>	1	QL 60 / 30 days
<i>naproxen 125 mg/5ml suspension</i>	1	QL 1800 / 30 days
<i>naproxen 375 mg tab</i>	1	QL 4 / 1 days
<i>naproxen dr</i>	1	QL 60 / 30 days
<i>naproxen sodium (naproxen sodium 220 mg tab, naproxen sodium 275 mg tab, naproxen sodium 550 mg tab)</i>	1	QL 90 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>naproxen sodium 220 mg cap</i>	1	
<i>naproxen sodium er</i>	2	
<i>naproxen-esomeprazole mg</i>	2	
OXAPROZIN 300 MG CAP	2	
<i>oxaprozin 600 mg tab</i>	2	QL 90 / 30 days
PENNSAID	2	
<i>piroxicam (piroxicam 10 mg cap, piroxicam 20 mg cap)</i>	1	QL 30 / 30 days
<i>qc childrens ibuprofen</i>	1	QL 60 mL / day(s)
<i>qc diclofenac sodium</i>	1	QL 500 / 30 days
<i>qc ibuprofen 200 mg cap</i>	1	
<i>qc ibuprofen 200 mg tab</i>	1	QL 360 / 30 days
<i>qc ibuprofen ib</i>	1	QL 360 / 30 days
<i>qc naproxen sodium 220 mg tab</i>	1	QL 90 / 30 days
<i>relafen 500 mg tab</i>	2	QL 4 / 1 days
<i>relafen 750 mg tab</i>	2	QL 60 / 30 days
RELAFEN DS	2	
<i>sm arthritis pain</i>	1	QL 500 / 30 days
<i>sm childrens ibuprofen</i>	1	QL 60 mL / day(s)
<i>sm ibuprofen 200 mg cap</i>	1	
<i>sm ibuprofen 200 mg tab</i>	1	QL 360 / 30 days
<i>sm ibuprofen ib 100 mg chew tab</i>	1	
<i>sm ibuprofen ib 200 mg tab</i>	1	QL 360 / 30 days
<i>sm ibuprofen ib childrens</i>	1	
<i>sm infants ibuprofen</i>	1	QL 15 / 7 days
<i>sm naproxen sodium</i>	1	QL 90 / 30 days
SPRIX	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>sulindac (sulindac 150 mg tab, sulindac 200 mg tab)</i>	1	QL 60 / 30 days
TIVORBEX	2	
TOLECTIN 600	2	
TOLMETIN SODIUM	2	
VIMOVO	2	
VIVLODEX	2	
VOLTAREN ARTHRITIS PAIN	2	QL 500 / 30 days
<i>ziclopro</i>	2	
ZIPSOR	2	
ZORVOLEX	2	
OPIOID ANALGESICS, LONG-ACTING		
<i>buprenorphine</i>	1	QL 4 / 28 days PA
BUTRANS	1	QL 4 / 28 days PA
CONZIP	2	QL 30 / 30 days PA AL1 At least 18 yrs old
DSUVIA	2	C Opioid safety limits apply
<i>fentanyl (fentanyl 12 mcg/hr patch 72hr, fentanyl 25 mcg/hr patch 72hr, fentanyl 50 mcg/hr patch 72hr, fentanyl 75 mcg/hr patch 72hr, fentanyl 100 mcg/hr patch 72hr)</i>	1	QL 10 / 30 days PA
<i>fentanyl (fentanyl 37.5 mcg/hr patch 72hr, fentanyl 62.5 mcg/hr patch 72hr, fentanyl 87.5 mcg/hr patch 72hr)</i>	2	QL 10 / 30 days PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
HYDROCODONE BITARTRATE ER (HYDROCODONE BITARTRATE ER 10 MG CAP ER 12H, HYDROCODONE BITARTRATE ER 15 MG CAP ER 12H, HYDROCODONE BITARTRATE ER 20 MG CAP ER 12H, HYDROCODONE BITARTRATE ER 20 MG TB24 DETER, HYDROCODONE BITARTRATE ER 30 MG CAP ER 12H, HYDROCODONE BITARTRATE ER 30 MG TB24 DETER, HYDROCODONE BITARTRATE ER 40 MG CAP ER 12H, HYDROCODONE BITARTRATE ER 40 MG TB24 DETER, HYDROCODONE BITARTRATE ER 50 MG CAP ER 12H, HYDROCODONE BITARTRATE ER 60 MG TB24 DETER, HYDROCODONE BITARTRATE ER 80 MG TB24 DETER, HYDROCODONE BITARTRATE ER 100 MG TB24 DETER, HYDROCODONE BITARTRATE ER 120 MG TB24 DETER)	2	PA
<i>hydromorphone hcl er</i>	2	QL 30 / 30 days PA
HYSINGLA ER	2	PA
<i>levorphanol tartrate (levorphanol tartrate 2 mg tab, levorphanol tartrate 3 mg tab)</i>	2	C Opioid safety limits apply
<i>methadone hcl (methadone hcl 5 mg tab, methadone hcl 5 mg/5ml solution, methadone hcl 10 mg tab, methadone hcl 10 mg/5ml solution, methadone hcl 10 mg/ml conc)</i>	2	PA
<i>methadone hcl intensol</i>	2	PA
METHADOSE 10 MG/ML CONC	2	PA
METHADOSE SUGAR-FREE	2	PA
<i>morphine sulfate er (morphine sulfate er 10 mg cap er 24h, morphine sulfate er 20 mg cap er 24h)</i>	1	QL 60 / 30 days PA
<i>morphine sulfate er (morphine sulfate er 15 mg tab er, morphine sulfate er 30 mg tab er, morphine sulfate er 60 mg tab er, morphine sulfate er 100 mg tab er, morphine sulfate er 200 mg tab er)</i>	1	QL 3 / 1 days PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>morphine sulfate er (morphine sulfate er 30 mg cap er 24h, morphine sulfate er 40 mg cap er 24h, morphine sulfate er 50 mg cap er 24h, morphine sulfate er 60 mg cap er 24h, morphine sulfate er 80 mg cap er 24h, morphine sulfate er 100 mg cap er 24h)</i>	1	QL 30 / 30 days PA
<i>morphine sulfate er beads</i>	2	QL 30 / 30 days PA
MS CONTIN	2	QL 3 / 1 days PA
NUCYNTA ER	2	QL 60 / 30 days PA
<i>oxycodone hcl er (oxycodone hcl er 10 mg tb12 deter, oxycodone hcl er 15 mg tb12 deter, oxycodone hcl er 20 mg tb12 deter, oxycodone hcl er 30 mg tb12 deter, oxycodone hcl er 40 mg tb12 deter, oxycodone hcl er 60 mg tb12 deter, oxycodone hcl er 80 mg tb12 deter)</i>	1	QL 2 / 1 days PA
OXYCODONE HCL ER (OXYCODONE HCL ER 10 MG TB12 DETER, OXYCODONE HCL ER 20 MG TB12 DETER, OXYCODONE HCL ER 40 MG TB12 DETER)	1	PA
OXYCONTIN (OXYCONTIN 10 MG TB12 DETER, OXYCONTIN 20 MG TB12 DETER, OXYCONTIN 40 MG TB12 DETER)	1	PA
OXYCONTIN (OXYCONTIN 15 MG TB12 DETER, OXYCONTIN 30 MG TB12 DETER, OXYCONTIN 60 MG TB12 DETER, OXYCONTIN 80 MG TB12 DETER)	1	QL 2 / 1 days PA
<i>oxymorphone hcl er</i>	2	PA
<i>tramadol hcl (er biphasic)</i>	2	QL 30 / 30 days PA AL1 At least 18 yrs old
<i>tramadol hcl er (tramadol hcl er 100 mg cap er 24h, tramadol hcl er 200 mg cap er 24h, tramadol hcl er 300 mg cap er 24h)</i>	2	QL 30 / 30 days PA AL1 At least 18 yrs old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>tramadol hcl er (tramadol hcl er 100 mg tab er 24h, tramadol hcl er 200 mg tab er 24h, tramadol hcl er 300 mg tab er 24h)</i>	1	QL 30 / 30 days PA AL1 At least 18 yrs old
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen-codeine (acetaminophen-codeine 120-12 mg/5ml solution, acetaminophen-codeine 300-30 mg/12.5ml solution)</i>	1	AL1 At least 18 yrs old c Opioid safety limits apply
<i>acetaminophen-codeine 300-15 mg tab</i>	1	QL 13 / 1 days AL1 At least 18 yrs old c Opioid safety limits apply
<i>acetaminophen-codeine 300-30 mg tab</i>	1	QL 12 / 1 days AL1 At least 18 yrs old c Opioid safety limits apply
<i>acetaminophen-codeine 300-60 mg tab</i>	1	QL 6 / 1 days AL1 At least 18 yrs old c Opioid safety limits apply
ACTIQ	2	c Opioid safety limits apply
APADAZ	2	c Opioid safety limits apply
<i>apap-caff-dihydrocodeine (apap-caff-dihydrocodeine 320.5-30-16 mg cap, apap-caff-dihydrocodeine 325-30-16 mg tab)</i>	2	c Opioid safety limits apply
<i>ascomp-codeine</i>	2	AL1 At least 18 yrs old c Opioid safety limits apply QLC Max 18 tabs/caps per month
BENZHYDROCODONE-ACETAMINOPHEN	1	c Opioid safety limits apply
<i>butalbital-apap-caff-cod</i>	2	AL1 At least 18 yrs old c Opioid safety limits apply QLC Max 18 tabs/caps per month

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>butalbital-asa-caff-codeine</i>	2	AL1 At least 18 yrs old c Opioid safety limits apply QLC Max 18 tabs/caps per month
<i>butorphanol tartrate 10 mg/ml solution</i>	2	c Opioid safety limits apply
<i>carisoprodol-aspirin-codeine</i>	2	QL 90 / 30 days AL1 At least 18 yrs old c Opioid safety limits apply
<i>codeine sulfate (codeine sulfate 15 mg tab, codeine sulfate 30 mg tab, codeine sulfate 60 mg tab)</i>	2	c Opioid safety limits apply
DILAUDID (DILAUDID 1 MG/ML LIQUID, DILAUDID 2 MG TAB, DILAUDID 4 MG TAB, DILAUDID 8 MG TAB)	2	c Opioid safety limits apply
<i>endocet (endocet 5-325 mg tab, endocet 7.5-325 mg tab)</i>	1	QL 12 / 1 days c Opioid safety limits apply
<i>endocet 10-325 mg tab</i>	1	c Opioid safety limits apply
FENTANYL CITRATE (FENTANYL CITRATE 100 MCG TAB, FENTANYL CITRATE 200 MCG LOZ HANDLE, FENTANYL CITRATE 200 MCG TAB, FENTANYL CITRATE 400 MCG LOZ HANDLE, FENTANYL CITRATE 400 MCG TAB, FENTANYL CITRATE 600 MCG LOZ HANDLE, FENTANYL CITRATE 600 MCG TAB, FENTANYL CITRATE 800 MCG LOZ HANDLE, FENTANYL CITRATE 800 MCG TAB, FENTANYL CITRATE 1200 MCG LOZ HANDLE, FENTANYL CITRATE 1600 MCG LOZ HANDLE)	2	c Opioid safety limits apply
FENTORA (FENTORA 100 MCG TAB, FENTORA 200 MCG TAB, FENTORA 400 MCG TAB, FENTORA 600 MCG TAB, FENTORA 800 MCG TAB)	2	c Opioid safety limits apply

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>hydrocodone-acetaminophen (hydrocodone-acetaminophen 2.5-108 mg/5ml solution, hydrocodone-acetaminophen 5-217 mg/10ml solution, hydrocodone-acetaminophen 5-300 mg tab, hydrocodone-acetaminophen 7.5-300 mg tab, hydrocodone-acetaminophen 7.5-325 mg/15ml solution, hydrocodone-acetaminophen 10-300 mg tab, hydrocodone-acetaminophen 10-325 mg/15ml solution)</i>	1	c Opioid safety limits apply
HYDROCODONE-ACETAMINOPHEN 10-300 MG/15ML SOLUTION	2	c Opioid safety limits apply
<i>hydrocodone-acetaminophen 10-325 mg tab</i>	1	QL 6 / 1 days c Opioid safety limits apply
HYDROCODONE-ACETAMINOPHEN 2.5-325 MG TAB	1	
<i>hydrocodone-acetaminophen 5-325 mg tab</i>	1	QL 12 / 1 days c Opioid safety limits apply
<i>hydrocodone-acetaminophen 7.5-325 mg tab</i>	1	QL 240 / 30 days c Opioid safety limits apply
<i>hydrocodone-ibuprofen (hydrocodone-ibuprofen 5-200 mg tab, hydrocodone-ibuprofen 10-200 mg tab)</i>	2	c Opioid safety limits apply
<i>hydrocodone-ibuprofen 7.5-200 mg tab</i>	2	QL 5 / 1 days c Opioid safety limits apply
HYDROMORPHONE HCL (HYDROMORPHONE HCL 1 MG/ML LIQUID, HYDROMORPHONE HCL 2 MG TAB, HYDROMORPHONE HCL 3 MG SUPPOS, HYDROMORPHONE HCL 4 MG TAB, HYDROMORPHONE HCL 8 MG TAB)	2	c Opioid safety limits apply
LORTAB	2	c Opioid safety limits apply
MEPERIDINE HCL (MEPERIDINE HCL 50 MG TAB, MEPERIDINE HCL 50 MG/5ML SOLUTION)	2	c Opioid safety limits apply
<i>morphine sulfate (concentrate)</i>	1	c Opioid safety limits apply

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>morphine sulfate (morphine sulfate 10 mg/5ml solution, morphine sulfate 15 mg tab, morphine sulfate 20 mg/5ml solution, morphine sulfate 30 mg tab)</i>	1	c Opioid safety limits apply
MORPHINE SULFATE (MORPHINE SULFATE 5 MG SUPPOS, MORPHINE SULFATE 10 MG SUPPOS, MORPHINE SULFATE 20 MG SUPPOS, MORPHINE SULFATE 30 MG SUPPOS)	2	c Opioid safety limits apply
NALOCET	2	c Opioid safety limits apply
NUCYNTA	2	c Opioid safety limits apply
OXAYDO	2	c Opioid safety limits apply
<i>oxycodone hcl (oxycodone hcl 5 mg cap, oxycodone hcl 100 mg/5ml conc)</i>	2	c Opioid safety limits apply
OXYCODONE HCL (OXYCODONE HCL 5 MG TAB DETER, OXYCODONE HCL 15 MG TAB DETER, OXYCODONE HCL 30 MG TAB DETER)	1	
<i>oxycodone hcl (oxycodone hcl 5 mg tab, oxycodone hcl 5 mg/5ml solution, oxycodone hcl 10 mg tab, oxycodone hcl 15 mg tab, oxycodone hcl 20 mg tab, oxycodone hcl 30 mg tab)</i>	1	c Opioid safety limits apply
<i>oxycodone-acetaminophen (oxycodone-acetaminophen 2.5-325 mg tab, oxycodone-acetaminophen 5-325 mg tab, oxycodone-acetaminophen 7.5-325 mg tab)</i>	1	QL 12 / 1 days c Opioid safety limits apply
OXYCODONE-ACETAMINOPHEN (OXYCODONE-ACETAMINOPHEN 5-300 MG TAB, OXYCODONE-ACETAMINOPHEN 7.5-300 MG TAB, OXYCODONE-ACETAMINOPHEN 10-300 MG TAB, OXYCODONE-ACETAMINOPHEN 10-325 MG TAB)	1	c Opioid safety limits apply
OXYCODONE-ACETAMINOPHEN 10-300 MG/5ML SOLUTION	2	
OXYCODONE-ACETAMINOPHEN 2.5-300 MG TAB	2	c Opioid safety limits apply
OXYCODONE-ACETAMINOPHEN 5-325 MG/5ML SOLUTION	1	
<i>oxymorphone hcl (oxymorphone hcl 5 mg tab, oxymorphone hcl 10 mg tab)</i>	2	c Opioid safety limits apply

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>pentazocine-naloxone hcl</i>	2	QL 360 / 30 days C Opioid safety limits apply
PERCOCET (PERCOCET 2.5-325 MG TAB, PERCOCET 5-325 MG TAB, PERCOCET 7.5-325 MG TAB)	2	QL 12 / 1 days C Opioid safety limits apply
PERCOCET 10-325 MG TAB	2	C Opioid safety limits apply
PROLATE (PROLATE 5-300 MG TAB, PROLATE 7.5-300 MG TAB, PROLATE 10-300 MG TAB)	2	C Opioid safety limits apply
PROLATE 10-300 MG/5ML SOLUTION	2	
QDOLO	2	AL1 At least 18 yrs old C Opioid safety limits apply
ROXICODONE	2	C Opioid safety limits apply
ROXYBOND	2	
SEGLENTIS	2	AL1 At least 18 yrs old C Opioid safety limits apply
SUBSYS	2	C Opioid safety limits apply
<i>tramadol hcl (tramadol hcl 5 mg/ml solution, tramadol hcl 25 mg tab)</i>	2	AL1 At least 18 yrs old C Opioid safety limits apply
<i>tramadol hcl (tramadol hcl 50 mg tab, tramadol hcl 100 mg tab)</i>	1	AL1 At least 18 yrs old C Opioid safety limits apply
<i>tramadol hcl 75 mg tab</i>	2	
<i>tramadol-acetaminophen</i>	1	QL 240 / 30 days AL1 At least 18 yrs old C Opioid safety limits apply
ULTRACET	2	QL 240 / 30 days AL1 At least 18 yrs old C Opioid safety limits apply
ULTRAM	2	AL1 At least 18 yrs old C Opioid safety limits apply

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANESTHETICS		
LOCAL ANESTHETICS		
<i>agoneaze</i>	2	QL 150 / 30 days
<i>anecream 4 % kit</i>	2	
<i>anodyne lpt</i>	2	QL 150 / 30 days
APRIZIO PAK	2	
APRIZIO PAK II	2	
<i>aspercreme lidocaine (aspercreme lidocaine 4 % cream, aspercreme lidocaine 4 % liquid, aspercreme lidocaine 4 % patch)</i>	2	
<i>aspercreme lidocaine essential</i>	2	
<i>aspercreme w/lidocaine</i>	2	
<i>asperflex lidocaine 4 % cream</i>	1	
ASPERFLEX LIDOCAINE 4 % OINTMENT	2	
<i>asperflex max st</i>	1	
<i>asperflex pain relieving</i>	1	
<i>blue tube/ aloe</i>	1	
<i>blue-emu pain relief dry</i>	1	
<i>cinthera</i>	2	
<i>cvs lidocaine maximum strength (cvs lidocaine maximum strength 4 % cream, cvs lidocaine maximum strength 4 % liquid)</i>	1	
<i>cvs lidocaine pain relief 4 % cream</i>	1	
<i>cvs lidocaine pain relief 4 % patch</i>	2	
<i>cvs lidocaine pain relief maxs 4 % cream</i>	1	
<i>cvs lidocaine pain-relieving</i>	1	
<i>cvs pain relief (cvs pain relief 4 % cream, cvs pain relief 4 % patch)</i>	1	
<i>dermacinrx lidocaine 3 % cream</i>	2	
<i>dermacinrx lidogel</i>	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DERMALID	2	
<i>dologesic pain relief roll-on</i>	1	
EMPRICAINE-II	2	
EMREAL	2	
<i>eq lidocaine pain relieving</i>	1	
<i>first care pain relief</i>	1	
<i>ft pain relief max strength</i>	1	
GEN7T PLUS 3.5-7 % PATCH	2	
<i>glydo</i>	1	AL1 At least 3 yrs old
<i>gnp lidocaine pain relief</i>	1	
<i>gnp lidocaine pain relieving</i>	1	
<i>gold bond multi-symptom</i>	2	
<i>gold bond pain & itch relief</i>	2	
<i>hm lidocaine patch</i>	1	
<i>jelcaine sterile</i>	2	
LIDAFLEX	2	
<i>lido king</i>	1	
LIDOCAINE (LIDOCAINE 3 % CREAM, LIDOCAINE 4 % CREAM, LIDOCAINE 4 % PATCH)	1	
<i>lidocaine (lidocaine 5 % ointment, lidocaine 5 % patch)</i>	1	QL 90 / 30 days
<i>lidocaine 3.5 % patch</i>	2	
<i>lidocaine hcl (lidocaine hcl 1 % solution, lidocaine hcl 3 % cream, lidocaine hcl 4 % cream, lidocaine hcl 4 % solution)</i>	1	
<i>lidocaine hcl (pf) 1 % solution</i>	1	
<i>lidocaine hcl urethral/mucosal</i>	1	AL1 At least 3 yrs old
LIDOCAINE HCL URETHRAL/MUCOSAL 2 % GEL	1	
<i>lidocaine max st 24 hours</i>	1	
<i>lidocaine pain relief</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>lidocaine pain relief max st (lidocaine pain relief max st 4 % cream, lidocaine pain relief max st 4 % liquid, lidocaine pain relief max st 4 % patch)</i>	1	
<i>lidocaine pain relieving</i>	1	
<i>lidocaine plus</i>	1	
<i>lidocaine viscous hcl</i>	1	AL1 At least 3 yrs old
<i>lidocaine-prilocaine 2.5-2.5 % cream</i>	1	QL 150 / 30 days
<i>lidocaine-prilocaine 2.5-2.5 % kit</i>	2	QL 150 / 30 days
LIDOCAINE-TETRACAINE	2	
<i>lidocaine-transparent dressing</i>	2	
<i>lidocan</i>	2	QL 90 / 30 days
LIDOCARE ARM/NECK/LEG	1	
LIDOCARE BACK/SHOULDER	1	
<i>lidocore 4 % patch</i>	1	
LIDODERM	2	QL 90 / 30 days
<i>lidofore flexipatch</i>	1	
<i>lidoguard (lidoguard 4 % cream, lidoguard 4 % patch)</i>	1	
<i>lidoheal-90</i>	2	
LIDOLITE	2	
<i>lidopril</i>	2	QL 150 / 30 days
<i>lidopril xr</i>	2	QL 150 / 30 days
LIDOREAL-30	2	
<i>lidorex</i>	2	
LIDOSOL	2	
LIDOSOL-50	2	
LIDOTOR	2	
LIDOTRAL 3.88 % CREAM	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>lidozall</i>	2	
<i>lidozall plus</i>	2	
LIDOZO	1	
LIDTOPIC	2	
<i>livixil pak</i>	2	QL 150 / 30 days
LMX 4 PLUS	2	
<i>moxicaine</i>	2	
<i>pain relief maximum strength</i>	1	
<i>pharmacist choice lidocaine</i>	1	
PLIAGLIS 7-7 % CREAM	2	
PRILO PATCH II	2	
PRILOHEAL PLUS 30	2	
<i>prilolid</i>	2	QL 150 / 30 days
<i>prilovix</i>	2	QL 150 / 30 days
<i>prilovix lite</i>	2	QL 150 / 30 days
<i>prilovix lite plus</i>	2	QL 150 / 30 days
<i>prilovix plus</i>	2	QL 150 / 30 days
PRILOVIXIL	2	
PRIZOPAK II	2	
<i>re-lieved maximum strength 4 % patch</i>	2	
REAL HEAL-I	2	
<i>relador pak</i>	2	QL 150 / 30 days
<i>relador pak plus</i>	2	QL 150 / 30 days
<i>salonpas pain relieving</i>	1	
SKYADERM-LP	2	
SYNERA	2	
TETRI-AG	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>theraworx pm pain relf roll-on</i>	1	
<i>tridacaine ii</i>	2	QL 90 / 30 days
<i>tridacaine iii</i>	2	QL 90 / 30 days
<i>trilogel</i>	2	
<i>true lido</i>	1	
VALLADERM-90	2	
<i>ziloval</i>	2	
<i>zionodil</i>	2	
<i>zionodil 100</i>	2	
ZTLIDO	2	
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
ALCOHOL DETERRENTS/ANTI-CRAVING		
<i>acamprosate calcium</i>	1	
<i>disulfiram (disulfiram 250 mg tab, disulfiram 500 mg tab)</i>	1	
<i>naltrexone hcl 50 mg tab</i>	1	
VIVITROL	1	QL 1 / 28 days
OPIOID DEPENDENCE		
BELBUCA	1	QL 60 / 30 days PA
BRIXADI	1	
BRIXADI (WEEKLY)	1	
BUNAVAIL	2	
<i>buprenorphine hcl (buprenorphine hcl 2 mg sl tab, buprenorphine hcl 8 mg sl tab)</i>	1	
<i>buprenorphine hcl-naloxone hcl (buprenorphine hcl-naloxone hcl 2-0.5 mg film, buprenorphine hcl-naloxone hcl 2-0.5 mg sl tab, buprenorphine hcl-naloxone hcl 4-1 mg film)</i>	1	QL 120 / 30 day(s)

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>buprenorphine hcl-naloxone hcl</i> (<i>buprenorphine hcl-naloxone hcl 8-2 mg film,</i> <i>buprenorphine hcl-naloxone hcl 8-2 mg sl tab,</i> <i>buprenorphine hcl-naloxone hcl 12-3 mg film</i>)	1	
<i>lofexidine hcl</i>	2	
LUCEMYRA	2	QL 16 / 1 days
SUBLOCADE 100 MG/0.5ML SOLN PRSYR	1	QLC 0.02 mL/day
SUBLOCADE 300 MG/1.5ML SOLN PRSYR	1	QLC 0.06 mL/day
SUBOXONE (SUBOXONE 2-0.5 MG FILM, SUBOXONE 4-1 MG FILM)	2	QL 120 / 30 day(s)
SUBOXONE (SUBOXONE 8-2 MG FILM, SUBOXONE 12-3 MG FILM)	2	
ZUBSOLV (ZUBSOLV 0.7-0.18 MG SL TAB, ZUBSOLV 1.4-0.36 MG SL TAB)	2	QL 90 / 30 day(s)
ZUBSOLV (ZUBSOLV 2.9-0.71 MG SL TAB, ZUBSOLV 5.7-1.4 MG SL TAB)	2	QL 30 / 30 day(s)
ZUBSOLV (ZUBSOLV 8.6-2.1 MG SL TAB, ZUBSOLV 11.4-2.9 MG SL TAB)	2	
OPIOID REVERSAL AGENTS		
<i>ft naloxone hcl</i>	1	
KLOXXADO	1	
LIFEMS NALOXONE	1	
<i>naloxone hcl (naloxone hcl 0.4 mg/ml soln</i> <i>cart, naloxone hcl 0.4 mg/ml soln prsy,</i> <i>naloxone hcl 0.4 mg/ml solution, naloxone hcl</i> <i>2 mg/2ml soln prsy, naloxone hcl 4 mg/0.1ml</i> <i>liquid, naloxone hcl 4 mg/10ml solution)</i>	1	
<i>naloxone hcl 4 mg/0.1ml nasal spray</i>	1	
NARCAN	1	
OPVEE	1	
REXTOVY	1	
ZIMHI	1	
ZURNAI	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SMOKING CESSATION AGENTS		
<i>bupropion hcl er (smoking det)</i>	1	QL 60 / 30 days
CHANTIX	1	
<i>cvs nicotine (cvs nicotine 2 mg gum, cvs nicotine 4 mg gum)</i>	1	QL 24 / 1 days
<i>cvs nicotine polacrilex</i>	1	QL 24 / 1 days
<i>eq nicotine 4 mg gum</i>	1	QL 24 / 1 days
<i>eq nicotine polacrilex</i>	1	QL 24 / 1 days
<i>ft nicotine (ft nicotine 2 mg gum, ft nicotine 2 mg lozenge, ft nicotine 4 mg gum, ft nicotine 4 mg lozenge)</i>	1	QL 24 / 1 days
<i>ft nicotine (ft nicotine 7 mg/24hr patch 24hr, ft nicotine 14 mg/24hr patch 24hr, ft nicotine 21 mg/24hr patch 24hr)</i>	1	QL 1 / 1 days
<i>ft nicotine mini</i>	1	QL 24 / 1 days
<i>gnp nicotine (gnp nicotine 2 mg gum, gnp nicotine 4 mg gum)</i>	1	QL 24 / 1 days
<i>gnp nicotine (gnp nicotine 7 mg/24hr patch 24hr, gnp nicotine 14 mg/24hr patch 24hr, gnp nicotine 21 mg/24hr patch 24hr)</i>	1	QL 1 / 1 days
<i>gnp nicotine mini</i>	1	QL 24 / 1 days
<i>gnp nicotine polacrilex</i>	1	QL 24 / 1 days
<i>goodsense nicotine</i>	1	QL 24 / 1 days
<i>hm nicotine</i>	1	QL 1 / 1 days
<i>hm nicotine polacrilex</i>	1	QL 24 / 1 days
<i>kls quit2 2 mg lozenge</i>	1	QL 24 / 1 days
<i>kls quit4 4 mg lozenge</i>	1	QL 24 / 1 days
NICODERM CQ	2	QL 1 / 1 days
NICORETTE	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NICORETTE MINI	2	
NICORETTE STARTER KIT	2	
<i>nicotine (nicotine 7 mg/24hr patch 24hr, nicotine 14 mg/24hr patch 24hr, nicotine 21 mg/24hr patch 24hr)</i>	1	QL 1 / 1 days
NICOTINE 21-14-7 MG/24HR KIT	2	QL 1 / 1 days
<i>nicotine mini</i>	1	QL 24 / 1 days
<i>nicotine polacrilex (nicotine polacrilex 2 mg gum, nicotine polacrilex 2 mg lozenge, nicotine polacrilex 4 mg gum, nicotine polacrilex 4 mg lozenge)</i>	1	QL 24 / 1 days
<i>nicotine polacrilex mini</i>	1	QL 24 / 1 days
<i>nicotine step 1</i>	1	QL 1 / 1 days
<i>nicotine step 2</i>	1	QL 1 / 1 days
<i>nicotine step 3</i>	1	QL 1 / 1 days
NICOTROL	2	QL 168 / 30 days
NICOTROL NS	2	QL 60 / 30 days
<i>qc nicotine transdermal system</i>	1	QL 1 / 1 days
<i>sm nicotine (sm nicotine 2 mg lozenge, sm nicotine 4 mg gum)</i>	1	QL 24 / 1 days
<i>sm nicotine (sm nicotine 7 mg/24hr patch 24hr, sm nicotine 14 mg/24hr patch 24hr, sm nicotine 21 mg/24hr patch 24hr)</i>	1	QL 1 / 1 days
<i>sm nicotine polacrilex</i>	1	QL 24 / 1 days
<i>varenicline tartrate</i>	1	
<i>varenicline tartrate (starter)</i>	1	
<i>varenicline tartrate(continue)</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTIBACTERIALS		
AMINOGLYCOSIDES		
ARIKAYCE	2	QLC 8.4 mL/day
<i>gentamicin sulfate (gentamicin sulfate 0.1 % cream, gentamicin sulfate 0.1 % ointment)</i>	1	
HUMATIN	2	
<i>neomycin sulfate 500 mg tab</i>	1	QL 8 / 1 days
ANTIBACTERIALS, OTHER		
<i>bacitracin 500 unit/gm ointment</i>	1	QL 30 / 10 days QLC 7 grams per fill
<i>bacitracin zinc 500 unit/gm ointment</i>	1	
<i>bacitracin zinc-aloe</i>	1	
BLUJEPA	2	
CLEOCIN 100 MG SUPPOS	1	
CLEOCIN 2 % CREAM	2	
<i>clindamycin hcl 150 mg cap</i>	1	QL 12 / 1 days
<i>clindamycin hcl 300 mg cap</i>	1	QL 6 / 1 days
<i>clindamycin hcl 75 mg cap</i>	1	
<i>clindamycin palmitate hcl</i>	1	QL 120 / 1 days
<i>clindamycin phosphate 2 % cream</i>	1	
CLINDESSE	1	
<i>cvs bacitracin</i>	1	QL 30 / 10 days
FIRVANQ	1	
FLAGYL	2	
<i>fosfomycin tromethamine</i>	2	
<i>ft antibiotic</i>	1	
<i>gnp bacitracin zinc</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
HIPREX	2	
<i>hm bacitracin zinc</i>	1	
HYOPHEN	2	
MACROBID	2	QL 2 / 1 days
MACRODANTIN (MACRODANTIN 50 MG CAP, MACRODANTIN 100 MG CAP)	2	
MACRODANTIN 25 MG CAP	2	QL 2 / 1 days
<i>mb caps</i>	2	
<i>me/naphos/mb/hyo1</i>	2	
<i>methenamine hippurate</i>	1	
<i>methenamine mandelate (methenamine mandelate 0.5 gm tab, methenamine mandelate 1 gm tab)</i>	2	
<i>metronidazole (metronidazole 0.75 % cream, metronidazole 0.75 % gel)</i>	1	QL 45 / 26 days
<i>metronidazole (metronidazole 125 mg tab, metronidazole 375 mg cap)</i>	2	
<i>metronidazole 250 mg tab</i>	1	QL 120 / 30 days
<i>metronidazole 500 mg tab</i>	1	QL 4 / 1 days
MONUROL	2	
<i>nitrofurantoin (nitrofurantoin 25 mg/5ml suspension, nitrofurantoin 50 mg/10ml suspension)</i>	2	QL 2700 / 30 days
NITROFURANTOIN 50 MG/5ML SUSPENSION	2	QL 40 / 1 days c No PA required for children under 9 years of age
<i>nitrofurantoin macrocrystal (nitrofurantoin macrocrystal 50 mg cap, nitrofurantoin macrocrystal 100 mg cap)</i>	1	QL 4 / 1 days
<i>nitrofurantoin macrocrystal 25 mg cap</i>	1	QL 2 / 1 days
<i>nitrofurantoin monohyd macro</i>	1	QL 2 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NUVESSA	2	
<i>phosphasal</i>	2	
<i>rosadan (rosadan 0.75 % cream, rosadan 0.75 % gel)</i>	1	QL 45 / 26 days
<i>sm antibiotic</i>	1	
SOLOSEC	2	
<i>tinidazole (tinidazole 250 mg tab, tinidazole 500 mg tab)</i>	1	QL 4 / 1 days
<i>urelle</i>	2	
URETRON D/S	2	
URIBEL 81.6 MG TAB	2	
URIMAR-T (URIMAR-T 120 MG CAP, URIMAR-T 120 MG TAB)	2	
<i>urin ds</i>	2	
<i>urneva</i>	2	
<i>uro-458</i>	2	
<i>uro-mp</i>	2	
<i>uro-sp</i>	2	
UROGESIC-BLUE	2	
<i>ustell</i>	2	
<i>utira-c</i>	2	
VANCOGIN	2	
<i>vancomycin hcl (vancomycin hcl 25 mg/ml recon soln, vancomycin hcl 50 mg/ml recon soln, vancomycin hcl 125 mg cap, vancomycin hcl 250 mg cap)</i>	1	
<i>vancomycin hcl 250 mg/5ml recon soln</i>	2	
VANDAZOLE	2	QL 70 / days
<i>vilevev mb</i>	2	
XACIATO	2	
XIFAXAN	2	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
BETA-LACTAM, CEPHALOSPORINS		
<i>cefaclor (cefaclor 125 mg/5ml recon susp, cefaclor 250 mg/5ml recon susp, cefaclor 375 mg/5ml recon susp)</i>	2	
<i>cefaclor (cefaclor 250 mg cap, cefaclor 500 mg cap)</i>	2	QL 4 / 1 days
CEFACLOR ER	2	QL 2 / 1 days
<i>cefadroxil 1 gm tab</i>	2	QL 2 / 1 days
<i>cefadroxil 250 mg/5ml recon susp</i>	2	QLC 10 mL/day
<i>cefadroxil 500 mg cap</i>	1	QL 8 / 1 days
<i>cefadroxil 500 mg/5ml recon susp</i>	2	QLC 20 mL/day
<i>cefdinir (cefdinir 125 mg/5ml recon susp, cefdinir 250 mg/5ml recon susp)</i>	1	QL 12 / 1 days
<i>cefdinir 300 mg cap</i>	1	QL 2 / 1 days
<i>cefixime (cefixime 100 mg/5ml recon susp, cefixime 200 mg/5ml recon susp)</i>	2	
<i>cefixime 400 mg cap</i>	1	
<i>cefpodoxime proxetil (cefpodoxime proxetil 50 mg/5ml recon susp, cefpodoxime proxetil 100 mg/5ml recon susp)</i>	2	QL 40 / 1 days
<i>cefpodoxime proxetil 100 mg tab</i>	1	QL 3 / 1 days
<i>cefpodoxime proxetil 200 mg tab</i>	1	QL 4 / 1 days
<i>cefprozil (cefprozil 125 mg/5ml recon susp, cefprozil 250 mg/5ml recon susp)</i>	1	QL 10 / 1 days
<i>cefprozil (cefprozil 250 mg tab, cefprozil 500 mg tab)</i>	1	QL 1 / 1 days
<i>ceftriaxone sodium (ceftriaxone sodium 1 gm recon soln, ceftriaxone sodium 2 gm recon soln, ceftriaxone sodium 250 mg recon soln, ceftriaxone sodium 500 mg recon soln)</i>	1	QL 2 / 1 days
<i>ceftriaxone sodium 10 gm recon soln</i>	1	QL 1 / 1 days
<i>cefuroxime axetil</i>	1	QL 2 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>cephalexin (cephalexin 125 mg/5ml recon susp, cephalexin 250 mg/5ml recon susp)</i>	1	QL 80 / 1 days
<i>cephalexin (cephalexin 250 mg cap, cephalexin 500 mg cap)</i>	1	QL 8 / 1 days
<i>cephalexin (cephalexin 250 mg tab, cephalexin 500 mg tab, cephalexin 750 mg cap)</i>	2	
KEFLEX	2	
SUPRAX (SUPRAX 100 MG CHEW TAB, SUPRAX 100 MG/5ML RECON SUSP, SUPRAX 200 MG CHEW TAB, SUPRAX 200 MG/5ML RECON SUSP, SUPRAX 400 MG CAP, SUPRAX 500 MG/5ML RECON SUSP)	2	
BETA-LACTAM, PENICILLINS		
<i>amoxicillin (amoxicillin 125 mg chew tab, amoxicillin 125 mg/5ml recon susp, amoxicillin 200 mg/5ml recon susp, amoxicillin 250 mg cap, amoxicillin 250 mg chew tab, amoxicillin 250 mg/5ml recon susp, amoxicillin 400 mg/5ml recon susp, amoxicillin 500 mg cap, amoxicillin 500 mg tab, amoxicillin 875 mg tab)</i>	1	
<i>amoxicillin-pot clavulanate (amoxicillin-pot clavulanate 200-28.5 mg chew tab, amoxicillin-pot clavulanate 250-62.5 mg/5ml recon susp, amoxicillin-pot clavulanate 400-57 mg chew tab)</i>	2	
<i>amoxicillin-pot clavulanate (amoxicillin-pot clavulanate 200-28.5 mg/5ml recon susp, amoxicillin-pot clavulanate 250-125 mg tab, amoxicillin-pot clavulanate 400-57 mg/5ml recon susp, amoxicillin-pot clavulanate 500-125 mg tab, amoxicillin-pot clavulanate 600-42.9 mg/5ml recon susp, amoxicillin-pot clavulanate 875-125 mg tab)</i>	1	
<i>amoxicillin-pot clavulanate er</i>	2	
<i>ampicillin</i>	1	
AUGMENTIN (AUGMENTIN 125-31.25 MG/5ML RECON SUSP, AUGMENTIN 250-62.5 MG/5ML RECON SUSP)	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
BICILLIN L-A 1200000 UNIT/2ML SUSP PRSYR	1	QL 4 / 365 days
BICILLIN L-A 2400000 UNIT/4ML SUSP PRSYR	1	QL 12 / 365 days
BICILLIN L-A 600000 UNIT/ML SUSP PRSYR	1	
<i>dicloxacillin sodium</i>	1	
<i>penicillin g potassium</i>	1	
<i>penicillin g sodium</i>	1	
<i>penicillin v potassium (penicillin v potassium 125 mg/5ml recon soln, penicillin v potassium 250 mg tab, penicillin v potassium 250 mg/5ml recon soln, penicillin v potassium 500 mg tab)</i>	1	
<i>pfizerpen</i>	1	
CARBAPENEMS		
ORLYNVAH	2	
MACROLIDES		
<i>azithromycin (azithromycin 100 mg/5ml recon susp, azithromycin 200 mg/5ml recon susp, azithromycin 250 mg tab, azithromycin 500 mg tab, azithromycin 600 mg tab)</i>	1	
<i>azithromycin 1 gm packet</i>	1	QL 1 / 1 days
<i>clarithromycin (clarithromycin 125 mg/5ml recon susp, clarithromycin 250 mg/5ml recon susp)</i>	1	QL 20 / 1 days
<i>clarithromycin 250 mg tab</i>	1	QL 2 / 1 days
<i>clarithromycin 500 mg tab</i>	1	QL 3 / 1 days
<i>clarithromycin er</i>	2	QL 2 / 1 days
DIFICID (DIFICID 40 MG/ML RECON SUSP, DIFICID 200 MG TAB)	2	
e.e.s. 400	2	QL 10 / 1 days
E.E.S. GRANULES	2	
<i>ery-tab</i>	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ERYPED 200	2	
ERYPED 400	2	
ERYTHROCIN STEARATE	2	
<i>erythromycin (erythromycin 250 mg tab dr, erythromycin 333 mg tab dr, erythromycin 500 mg tab dr)</i>	2	
<i>erythromycin base (erythromycin base 250 mg cp dr part, erythromycin base 250 mg tab, erythromycin base 500 mg tab)</i>	2	QL 8 / 1 days
<i>erythromycin base (erythromycin base 250 mg tab dr, erythromycin base 333 mg tab dr, erythromycin base 500 mg tab dr)</i>	2	
<i>erythromycin ethylsuccinate (erythromycin ethylsuccinate 200 mg/5ml recon susp, erythromycin ethylsuccinate 400 mg/5ml recon susp)</i>	2	
<i>erythromycin ethylsuccinate 400 mg tab</i>	2	QL 10 / 1 days
<i>fidaxomicin</i>	2	
ZITHROMAX (ZITHROMAX 1 GM PACKET, ZITHROMAX 100 MG/5ML RECON SUSP, ZITHROMAX 200 MG/5ML RECON SUSP, ZITHROMAX 250 MG TAB, ZITHROMAX 500 MG TAB)	2	
ZITHROMAX TRI-PAK	2	
ZITHROMAX Z-PAK	2	
QUINOLONES		
BAXDELA 450 MG TAB	2	
BESIVANCE	2	
CILOXAN (CILOXAN 0.3 % OINTMENT, CILOXAN 0.3 % SOLUTION)	2	
CIPRO (CIPRO 250 MG TAB, CIPRO 500 MG TAB)	2	QL 2 / 1 days
CIPRO (CIPRO 250 MG/5ML (5%) RECON SUSP, CIPRO 500 MG/5ML (10%) RECON SUSP)	1	QL 15 / 1 days
<i>ciprofloxacin 250 mg/5ml (5%) recon susp</i>	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ciprofloxacin 500 mg/5ml (10%) recon susp</i>	2	QL 15 / 1 days
<i>ciprofloxacin hcl (ciprofloxacin hcl 100 mg tab, ciprofloxacin hcl 250 mg tab, ciprofloxacin hcl 500 mg tab, ciprofloxacin hcl 750 mg tab)</i>	1	QL 2 / 1 days
<i>ciprofloxacin hcl 0.3 % solution</i>	1	QL 5 / 18 days
<i>levofloxacin (levofloxacin 250 mg tab, levofloxacin 500 mg tab, levofloxacin 750 mg tab)</i>	1	
<i>levofloxacin 25 mg/ml solution</i>	2	QL 30 / 1 days AL1 Up to 12 yrs old
<i>moxifloxacin hcl 400 mg tab</i>	1	QL 14 / 30 days
<i>ofloxacin (ofloxacin 300 mg tab, ofloxacin 400 mg tab)</i>	2	QL 28 / 26 days
SULFONAMIDES		
<i>sulfadiazine 500 mg tab</i>	1	
<i>sulfamethoxazole-trimethoprim (sulfamethoxazole-trimethoprim 200-40 mg/5ml suspension, sulfamethoxazole-trimethoprim 400-80 mg tab, sulfamethoxazole-trimethoprim 800-160 mg tab, sulfamethoxazole-trimethoprim 800-160 mg/20ml suspension)</i>	1	
<i>sulfatrim pediatric</i>	1	
TETRACYCLINES		
<i>demeclocycline hcl</i>	2	
DORYX	2	
DORYX MPC	2	
<i>doxycycline</i>	2	
<i>doxycycline hyclate (doxycycline hyclate 50 mg cap, doxycycline hyclate 100 mg cap, doxycycline hyclate 100 mg tab)</i>	1	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DOXYCYCLINE HYCLATE (DOXYCYCLINE HYCLATE 50 MG TAB, DOXYCYCLINE HYCLATE 50 MG TAB DR, DOXYCYCLINE HYCLATE 75 MG TAB, DOXYCYCLINE HYCLATE 75 MG TAB DR, DOXYCYCLINE HYCLATE 80 MG TAB DR, DOXYCYCLINE HYCLATE 100 MG TAB DR, DOXYCYCLINE HYCLATE 150 MG TAB, DOXYCYCLINE HYCLATE 150 MG TAB DR, DOXYCYCLINE HYCLATE 200 MG TAB DR)	2	
<i>doxycycline hyclate 20 mg tab</i>	1	
<i>doxycycline monohydrate (doxycycline monohydrate 25 mg/5ml recon susp, doxycycline monohydrate 50 mg cap, doxycycline monohydrate 100 mg cap)</i>	1	
<i>doxycycline monohydrate (doxycycline monohydrate 75 mg cap, doxycycline monohydrate 150 mg cap)</i>	2	
<i>doxycycline monohydrate (doxycycline monohydrate 75 mg tab, doxycycline monohydrate 100 mg tab)</i>	1	QL 2 / 1 days
<i>doxycycline monohydrate 150 mg tab</i>	2	QL 2 / 1 days
<i>doxycycline monohydrate 50 mg tab</i>	1	QL 1 / 1 days
EMROSI	2	
<i>lymepak</i>	2	QL 60 / 30 days
<i>minocycline hcl (minocycline hcl 50 mg cap, minocycline hcl 75 mg cap)</i>	1	
<i>minocycline hcl (minocycline hcl 50 mg tab, minocycline hcl 75 mg tab, minocycline hcl 100 mg tab)</i>	2	
<i>minocycline hcl 100 mg cap</i>	1	QL 2 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>minocycline hcl er (minocycline hcl er 45 mg cap er 24h, minocycline hcl er 45 mg tab er 24h, minocycline hcl er 55 mg tab er 24h, minocycline hcl er 65 mg tab er 24h, minocycline hcl er 80 mg tab er 24h, minocycline hcl er 90 mg cap er 24h, minocycline hcl er 90 mg tab er 24h, minocycline hcl er 105 mg tab er 24h, minocycline hcl er 115 mg tab er 24h, minocycline hcl er 135 mg cap er 24h, minocycline hcl er 135 mg tab er 24h)</i>	2	
MINOLIRA	2	
MORGIDOX (MORGIDOX 1 X 100 MG KIT, MORGIDOX 2 X 100 MG KIT)	2	
<i>morgidox 100 mg cap</i>	2	QL 60 / 30 days
NUZYRA 150 MG TAB	2	
ORACEA	2	
SEYSARA	2	
SOLODYN	2	
<i>targadox</i>	2	
<i>tetracycline hcl (tetracycline hcl 250 mg cap, tetracycline hcl 500 mg cap)</i>	2	QL 120 / 30 days
TETRACYCLINE HCL (TETRACYCLINE HCL 250 MG TAB, TETRACYCLINE HCL 500 MG TAB)	2	
VIBRAMYCIN (VIBRAMYCIN 25 MG/5ML RECON SUSP, VIBRAMYCIN 50 MG/5ML SYRUP)	2	
VIBRAMYCIN 100 MG CAP	2	QL 60 / 30 days
XIMINO	2	
ANTICONVULSANTS		
ANTICONVULSANTS, OTHER		
BRIVIACT (BRIVIACT 10 MG TAB, BRIVIACT 25 MG TAB, BRIVIACT 50 MG TAB, BRIVIACT 75 MG TAB, BRIVIACT 100 MG TAB)	1	QL 60 / 30 days
BRIVIACT 10 MG/ML SOLUTION	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DEPAKOTE	2	
DEPAKOTE ER	2	
DEPAKOTE SPRINKLES	2	
DIACOMIT	2	
<i>divalproex sodium (divalproex sodium 125 mg cap dr, divalproex sodium 125 mg tab dr, divalproex sodium 250 mg tab dr, divalproex sodium 500 mg tab dr)</i>	1	
<i>divalproex sodium er</i>	1	
ELEPSIA XR	2	
EPIDIOLEX	1	PA
EPRONTIA	2	
<i>felbamate 400 mg tab</i>	2	QL 270 / 30 days
<i>felbamate 600 mg tab</i>	2	QL 180 / 30 days
<i>felbamate 600 mg/5ml suspension</i>	2	QL 30 / 1 days
FELBATOL (FELBATOL 400 MG TAB, FELBATOL 600 MG TAB, FELBATOL 600 MG/5ML SUSPENSION)	2	
FINTEPLA	2	
FYCOMPA (FYCOMPA 0.5 MG/ML SUSPENSION, FYCOMPA 2 MG TAB, FYCOMPA 4 MG TAB, FYCOMPA 6 MG TAB, FYCOMPA 8 MG TAB, FYCOMPA 10 MG TAB, FYCOMPA 12 MG TAB)	2	
KEPPRA (KEPPRA 250 MG TAB, KEPPRA 500 MG TAB)	2	QL 180 / 30 days
KEPPRA (KEPPRA 750 MG TAB, KEPPRA 1000 MG TAB)	2	
KEPPRA 100 MG/ML SOLUTION	2	QL 1200 / 30 days
KEPPRA XR	2	
LAMICTAL (LAMICTAL 5 MG CHEW TAB, LAMICTAL 25 MG CHEW TAB)	2	
LAMICTAL ODT	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LAMICTAL XR	2	
<i>lamotrigine (lamotrigine 5 mg chew tab, lamotrigine 21 x 25 mg & 7 x 50 mg kit, lamotrigine 25 & 50 & 100 mg kit, lamotrigine 25 mg chew tab, lamotrigine 25 mg tab disp, lamotrigine 42 x 50 mg & 14x100 mg kit, lamotrigine 50 mg tab disp, lamotrigine 100 mg tab disp, lamotrigine 200 mg tab disp)</i>	2	
<i>lamotrigine er (lamotrigine er 25 mg tab er 24h, lamotrigine er 50 mg tab er 24h, lamotrigine er 100 mg tab er 24h, lamotrigine er 200 mg tab er 24h, lamotrigine er 250 mg tab er 24h, lamotrigine er 300 mg tab er 24h)</i>	2	
<i>levetiracetam (levetiracetam 100 mg/ml solution, levetiracetam 500 mg/5ml solution)</i>	1	QL 1200 / 30 days
<i>levetiracetam (levetiracetam 250 mg tab, levetiracetam 500 mg tab)</i>	1	QL 180 / 30 days
<i>levetiracetam (levetiracetam 750 mg tab, levetiracetam 1000 mg tab)</i>	1	QL 4 / 1 days
LEVETIRACETAM 250 MG TAB	2	
<i>levetiracetam er 500 mg tab er 24h</i>	1	QL 180 / 30 days
<i>levetiracetam er 750 mg tab er 24h</i>	1	QL 4 / 1 days
MOTPOLY XR	2	
<i>perampanel</i>	2	
QUDEXY XR	2	
<i>roweepra</i>	1	QL 180 / 30 days
SPRITAM	2	
TOPAMAX	2	QL 120 / 30 days
TOPAMAX SPRINKLE	2	QL 120 / 30 days
<i>topiramate (topiramate 15 mg cap sprink, topiramate 25 mg cap sprink, topiramate 25 mg tab, topiramate 50 mg tab, topiramate 100 mg tab, topiramate 200 mg tab)</i>	1	QL 120 / 30 days
<i>topiramate (topiramate 25 mg/ml solution, topiramate 50 mg cap sprink)</i>	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>topiramate er (topiramate er 25 mg cap er 24h, topiramate er 50 mg cap er 24h, topiramate er 100 mg cap er 24h, topiramate er 200 mg cap er 24h)</i>	2	
<i>topiramate er (topiramate er 25 mg cp24 sprnk, topiramate er 50 mg cp24 sprnk, topiramate er 100 mg cp24 sprnk, topiramate er 150 mg cp24 sprnk, topiramate er 200 mg cp24 sprnk)</i>	1	
TROKENDI XR (TROKENDI XR 50 MG CAP ER 24H, TROKENDI XR 200 MG CAP ER 24H)	2	QL 60 / 30 days
TROKENDI XR 100 MG CAP ER 24H	2	QL 90 / 30 days
TROKENDI XR 25 MG CAP ER 24H	2	QL 120 / 30 days
<i>valproic acid (valproic acid 250 mg cap, valproic acid 250 mg/5ml solution, valproic acid 500 mg/10ml solution)</i>	1	
CALCIUM CHANNEL MODIFYING AGENTS		
CELONTIN	2	
<i>ethosuximide 250 mg cap</i>	1	QL 180 / 30 days
<i>ethosuximide 250 mg/5ml solution</i>	1	QL 30 / 1 days
<i>methsuximide</i>	2	
ZARONTIN (ZARONTIN 250 MG CAP, ZARONTIN 250 MG/5ML SOLUTION)	2	
GAMMA-AMINO BUTYRIC ACID (GABA) MODULATING AGENTS		
<i>clobazam (clobazam 2.5 mg/ml suspension, clobazam 10 mg tab, clobazam 20 mg tab)</i>	1	
DIASTAT ACUDIAL	1	
DIASTAT PEDIATRIC	1	
<i>diazepam (diazepam 2.5 mg gel, diazepam 10 mg gel, diazepam 20 mg gel)</i>	1	
<i>gabapentin (gabapentin 250 mg/5ml solution, gabapentin 300 mg/6ml solution, gabapentin 600 mg tab, gabapentin 800 mg tab)</i>	1	
<i>gabapentin 100 mg cap</i>	1	QL 180 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>gabapentin 300 mg cap</i>	1	QL 360 / 30 days
<i>gabapentin 400 mg cap</i>	1	QL 270 / 30 days
GABARONE	2	
GABITRIL (GABITRIL 2 MG TAB, GABITRIL 4 MG TAB)	2	QL 420 / 30 days
GABITRIL 12 MG TAB	2	QL 4 / 1 days
GABITRIL 16 MG TAB	2	QL 90 / 30 days
LIBERVANT	2	
MYSOLINE	2	
NAYZILAM	1	QL 10 / 30 days
NEURONTIN (NEURONTIN 100 MG CAP, NEURONTIN 250 MG/5ML SOLUTION, NEURONTIN 800 MG TAB)	2	
NEURONTIN 300 MG CAP	2	QL 360 / 30 days
NEURONTIN 400 MG CAP	2	QL 270 / 30 days
NEURONTIN 600 MG TAB	2	QL 180 / 30 days
ONFI (ONFI 2.5 MG/ML SUSPENSION, ONFI 10 MG TAB, ONFI 20 MG TAB)	2	
<i>phenobarbital (phenobarbital 15 mg tab, phenobarbital 16.2 mg tab, phenobarbital 20 mg/5ml elixir, phenobarbital 30 mg tab, phenobarbital 30 mg/7.5ml elixir, phenobarbital 32.4 mg tab, phenobarbital 60 mg tab, phenobarbital 60 mg/15ml elixir, phenobarbital 64.8 mg tab, phenobarbital 97.2 mg tab, phenobarbital 100 mg tab)</i>	1	
<i>primidone (primidone 50 mg tab, primidone 250 mg tab)</i>	1	QL 240 / 30 days
<i>primidone 125 mg tab</i>	1	
SABRIL 500 MG PACKET	2	QL 120 / 30 days
SABRIL 500 MG TAB	2	
SYMPAZAN	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>tiagabine hcl (tiagabine hcl 2 mg tab, tiagabine hcl 4 mg tab)</i>	2	QL 420 / 30 days
<i>tiagabine hcl 12 mg tab</i>	2	QL 4 / 1 days
<i>tiagabine hcl 16 mg tab</i>	2	QL 90 / 30 days
VALTOCO 10 MG DOSE	1	QL 10 / 30 days
VALTOCO 15 MG DOSE	1	QL 10 / 30 days
VALTOCO 20 MG DOSE	1	QL 10 / 30 days
VALTOCO 5 MG DOSE	1	QL 10 / 30 days
<i>vigabatrin 500 mg packet</i>	2	QL 120 / 30 days
<i>vigabatrin 500 mg tab</i>	2	
<i>vigadrone 500 mg packet</i>	2	QL 120 / 30 days
<i>vigadrone 500 mg tab</i>	2	
VIGAFYDE	2	
<i>vigpoder</i>	2	QL 120 / 30 days
ZTALMY	2	
SODIUM CHANNEL AGENTS		
APTIOM	2	
BANZEL (BANZEL 40 MG/ML SUSPENSION, BANZEL 200 MG TAB, BANZEL 400 MG TAB)	2	
<i>carbamazepine (carbamazepine 100 mg chew tab, carbamazepine 200 mg tab)</i>	1	QL 240 / 30 days
<i>carbamazepine (carbamazepine 100 mg/5ml suspension, carbamazepine 200 mg/10ml suspension)</i>	1	QL 2400 / 30 days
<i>carbamazepine 200 mg chew tab</i>	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>carbamazepine er (carbamazepine er 100 mg cap er 12h, carbamazepine er 100 mg tab er 12h, carbamazepine er 200 mg cap er 12h, carbamazepine er 200 mg tab er 12h, carbamazepine er 300 mg cap er 12h, carbamazepine er 400 mg tab er 12h)</i>	1	QL 4 / 1 days
CARBATROL	2	
DILANTIN 100 MG CAP	1	QL 360 / 30 days
DILANTIN 125 MG/5ML SUSPENSION	2	QL 450 / 30 day(s)
DILANTIN 30 MG CAP	1	QL 270 / 30 days
DILANTIN INFATABS	2	QL 240 / 30 days
DILANTIN-125	2	QL 450 / 30 day(s)
<i>epitol</i>	1	QL 240 / 30 days
<i>eslicarbazepine acetate</i>	2	
<i>lacosamide (lacosamide 10 mg/ml solution, lacosamide 50 mg/5ml solution, lacosamide 100 mg/10ml solution)</i>	1	QL 1200 / 30 days
<i>lacosamide (lacosamide 50 mg tab, lacosamide 100 mg tab, lacosamide 150 mg tab, lacosamide 200 mg tab)</i>	1	
<i>oxcarbazepine (oxcarbazepine 150 mg tab, oxcarbazepine 300 mg tab, oxcarbazepine 600 mg tab)</i>	1	QL 120 / 30 days
<i>oxcarbazepine 300 mg/5ml suspension</i>	1	QL 1200 / 30 days
<i>oxcarbazepine er</i>	2	
OXTELLAR XR	2	
<i>phenytek 200 mg cap</i>	2	QL 60 / 30 days
<i>phenytek 300 mg cap</i>	2	QL 30 / 30 days
<i>phenytoin (phenytoin 100 mg/4ml suspension, phenytoin 125 mg/5ml suspension)</i>	1	QL 450 / 30 day(s)
<i>phenytoin 50 mg chew tab</i>	1	QL 240 / 30 days
<i>phenytoin infatabs</i>	1	QL 240 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>phenytoin sodium extended 100 mg cap</i>	1	QL 360 / 30 days
<i>phenytoin sodium extended 200 mg cap</i>	1	QL 60 / 30 days
<i>phenytoin sodium extended 300 mg cap</i>	1	QL 30 / 30 days
<i>rufinamide (rufinamide 40 mg/ml suspension, rufinamide 200 mg tab, rufinamide 400 mg tab)</i>	2	
TEGRETOL (TEGRETOL 100 MG/5ML SUSPENSION, TEGRETOL 200 MG TAB)	2	
TEGRETOL-XR	2	
TRILEPTAL (TRILEPTAL 150 MG TAB, TRILEPTAL 300 MG TAB, TRILEPTAL 600 MG TAB)	2	QL 120 / 30 days
TRILEPTAL 300 MG/5ML SUSPENSION	2	QL 1200 / 30 days
VIMPAT (VIMPAT 50 MG TAB, VIMPAT 100 MG TAB, VIMPAT 150 MG TAB, VIMPAT 200 MG TAB)	2	QL 60 / 30 days
VIMPAT 10 MG/ML SOLUTION	2	QL 1200 / 30 days
XCOPRI	2	
XCOPRI (250 MG DAILY DOSE)	2	
XCOPRI (350 MG DAILY DOSE)	2	
ZONISADE	2	
<i>zonisamide (zonisamide 25 mg cap, zonisamide 50 mg cap)</i>	1	QL 4 / 1 days
<i>zonisamide 100 mg cap</i>	1	QL 180 / 30 days
ANTIDEMENTIA AGENTS		
ANTIDEMENTIA AGENTS, OTHER		
<i>memantine hcl-donepezil hcl (memantine hcl-donepezil hcl 14-10 mg cap er 24h, memantine hcl-donepezil hcl 28-10 mg cap er 24h)</i>	2	
NAMZARIC	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CHOLINESTERASE INHIBITORS		
ADLARITY	2	
ARICEPT	2	QL 30 / 30 days
<i>donepezil hcl (donepezil hcl 5 mg tab, donepezil hcl 10 mg tab)</i>	1	QL 30 / 30 days PA
<i>donepezil hcl 10 mg tab disp</i>	1	QL 30 / 30 days
<i>donepezil hcl 23 mg tab</i>	2	QL 30 / 30 days
<i>donepezil hcl 5 mg tab disp</i>	1	QL 60 / 30 days
EXELON	2	QL 30 / 30 days
<i>galantamine hydrobromide (galantamine hydrobromide 4 mg tab, galantamine hydrobromide 8 mg tab, galantamine hydrobromide 12 mg tab)</i>	1	
<i>galantamine hydrobromide 4 mg/ml solution</i>	2	
<i>galantamine hydrobromide er</i>	1	
RAZADYNE ER	2	
<i>rivastigmine</i>	2	QL 30 / 30 days
<i>rivastigmine tartrate (rivastigmine tartrate 1.5 mg cap, rivastigmine tartrate 3 mg cap)</i>	1	QL 60 / 30 days PA
<i>rivastigmine tartrate (rivastigmine tartrate 4.5 mg cap, rivastigmine tartrate 6 mg cap)</i>	1	QL 60 / 30 days
ZUNVEYL	2	
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST		
<i>memantine hcl (memantine hcl 2 mg/ml solution, memantine hcl 10 mg/5ml solution)</i>	2	QL 300 / 30 days
<i>memantine hcl (memantine hcl 5 mg tab, memantine hcl 10 mg tab)</i>	1	QL 60 / 30 days PA
<i>memantine hcl 28 x 5 mg & 21 x 10 mg tab</i>	1	QL 2 / 1 days
<i>memantine hcl er</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NAMENDA	2	QL 60 / 30 days
NAMENDA TITRATION PAK	2	QL 2 / 1 days
NAMENDA XR	2	
NAMENDA XR TITRATION PACK	2	
ANTIDEPRESSANTS		
ANTIDEPRESSANTS, OTHER		
APLENZIN	2	
AUVELITY	2	
<i>bupropion hcl (bupropion hcl 75 mg tab, bupropion hcl 100 mg tab)</i>	1	QL 120 / 30 days
<i>bupropion hcl er (sr)</i>	1	QL 60 / 30 days
<i>bupropion hcl er (xl) 150 mg tab er 24h</i>	1	QL 60 / 30 days
<i>bupropion hcl er (xl) 300 mg tab er 24h</i>	1	QL 30 / 30 days
BUPROPION HCL ER (XL) 450 MG TAB ER 24H	1	
<i>chlorthalidone-amitriptyline</i>	1	QL 180 / 30 days
FORFIVO XL	2	
LYBALVI	2	QL 30 / 30 day(s)
<i>mirtazapine (mirtazapine 7.5 mg tab, mirtazapine 15 mg tab, mirtazapine 15 mg tab disp, mirtazapine 30 mg tab, mirtazapine 30 mg tab disp, mirtazapine 45 mg tab, mirtazapine 45 mg tab disp)</i>	1	QL 30 / 30 days
<i>olanzapine-fluoxetine hcl</i>	2	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
<i>perphenazine-amitriptyline (perphenazine-amitriptyline 2-10 mg tab, perphenazine-amitriptyline 2-25 mg tab)</i>	2	QL 240 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>perphenazine-amitriptyline (perphenazine-amitriptyline 4-10 mg tab, perphenazine-amitriptyline 4-25 mg tab, perphenazine-amitriptyline 4-50 mg tab)</i>	2	QL4 / 1 days AL1At least 18 yrs old CAge restriction, clinical PA required
REMERON	2	QL30 / 30 days
REMERON SOLTAB	2	QL30 / 30 days
SPRAVATO (56 MG DOSE)	2	QL8 / 14 days
SPRAVATO (84 MG DOSE)	2	QL12 / 14 days
SYMBYAX	2	QL30 / 30 days
		AL1At least 18 yrs old
		CAGE restriction, clinical PA required
WELLBUTRIN SR	2	QL60 / 30 days
WELLBUTRIN XL 150 MG TAB ER 24H	2	QL60 / 30 days
WELLBUTRIN XL 300 MG TAB ER 24H	2	QL30 / 30 days
ZULRESSO	2	PA
ZURZUVAE (ZURZUVAE 20 MG CAP, ZURZUVAE 25 MG CAP)	2	QL60 / 30 day(s)
		PA
ZURZUVAE 30 MG CAP	2	QL30 / 30 day(s)
		PA
MONOAMINE OXIDASE INHIBITORS		
EMSAM	2	
MARPLAN	2	
NARDIL	2	
<i>phenelzine sulfate 15 mg tab</i>	1	
<i>tranylcypromine sulfate</i>	2	QL180 / 30 days
SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)		
BRISDELLE	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CELEXA	2	QL 45 / 30 days
<i>citalopram hydrobromide (citalopram hydrobromide 10 mg tab, citalopram hydrobromide 20 mg tab, citalopram hydrobromide 40 mg tab)</i>	1	QL 45 / 30 days
<i>citalopram hydrobromide 10 mg/5ml solution</i>	1	QL 600 / 30 days
<i>citalopram hydrobromide 20 mg/10ml solution</i>	2	QL 600 / 30 days
CITALOPRAM HYDROBROMIDE 30 MG CAP	2	QL 30 / 30 days
DESVENLAFAXINE ER	2	
<i>desvenlafaxine succinate er</i>	1	
EFFEXOR XR 150 MG CAP ER 24H	2	QL 60 / 30 days
EFFEXOR XR 37.5 MG CAP ER 24H	2	QL 30 / 30 days
EFFEXOR XR 75 MG CAP ER 24H	2	QL 90 / 30 days
<i>escitalopram oxalate (escitalopram oxalate 5 mg tab, escitalopram oxalate 10 mg tab)</i>	1	QL 90 / 30 days
<i>escitalopram oxalate (escitalopram oxalate 5 mg/5ml solution, escitalopram oxalate 10 mg/10ml solution)</i>	2	QL 600 / 30 days
<i>escitalopram oxalate 20 mg tab</i>	1	QL 60 / 30 days
FETZIMA	2	
FETZIMA TITRATION	2	
<i>fluoxetine hcl (fluoxetine hcl 10 mg cap, fluoxetine hcl 10 mg tab)</i>	1	QL 90 / 30 days
<i>fluoxetine hcl (pmd) 10 mg tab</i>	1	QL 90 / 30 days
<i>fluoxetine hcl (pmd) 20 mg tab</i>	1	QL 4 / 1 days
<i>fluoxetine hcl 20 mg cap</i>	1	QL 4 / 1 days
<i>fluoxetine hcl 20 mg tab</i>	1	QL 120 / 30 days
<i>fluoxetine hcl 20 mg/5ml solution</i>	1	QL 300 / 30 days
<i>fluoxetine hcl 40 mg cap</i>	1	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FLUOXETINE HCL 60 MG TAB	1	
<i>fluoxetine hcl 90 mg cap dr</i>	2	
<i>fluvoxamine maleate 100 mg tab</i>	1	QL 90 / 30 days
<i>fluvoxamine maleate 25 mg tab</i>	1	QL 30 / 30 days
<i>fluvoxamine maleate 50 mg tab</i>	1	QL 45 / 30 days
<i>fluvoxamine maleate er (fluvoxamine maleate er 100 mg cap er 24h, fluvoxamine maleate er 150 mg cap er 24h)</i>	2	
LEXAPRO (LEXAPRO 5 MG TAB, LEXAPRO 10 MG TAB)	2	QL 90 / 30 days
LEXAPRO 20 MG TAB	2	QL 60 / 30 days
<i>nefazodone hcl (nefazodone hcl 50 mg tab, nefazodone hcl 100 mg tab, nefazodone hcl 250 mg tab)</i>	2	QL 60 / 30 days
<i>nefazodone hcl 150 mg tab</i>	2	QL 120 / 30 days
<i>nefazodone hcl 200 mg tab</i>	2	QL 90 / 30 days
<i>paroxetine hcl (paroxetine hcl 10 mg tab, paroxetine hcl 20 mg tab, paroxetine hcl 40 mg tab)</i>	1	QL 45 / 30 days
<i>paroxetine hcl 10 mg/5ml suspension</i>	2	
<i>paroxetine hcl 30 mg tab</i>	1	QL 60 / 30 days
<i>paroxetine hcl er</i>	2	
<i>paroxetine mesylate</i>	2	
PAXIL (PAXIL 10 MG TAB, PAXIL 20 MG TAB, PAXIL 40 MG TAB)	2	QL 45 / 30 days
PAXIL 10 MG/5ML SUSPENSION	2	
PAXIL 30 MG TAB	2	QL 60 / 30 days
PAXIL CR	2	
PEXEVA	2	
PRISTIQ	2	
PROZAC 10 MG CAP	2	QL 90 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PROZAC 20 MG CAP	2	
PROZAC 40 MG CAP	2	QL 60 / 30 days
RALDESY	2	
<i>sertraline hcl (sertraline hcl 150 mg cap, sertraline hcl 200 mg cap)</i>	2	
<i>sertraline hcl (sertraline hcl 25 mg tab, sertraline hcl 50 mg tab)</i>	1	QL 90 / 30 days
<i>sertraline hcl 100 mg tab</i>	1	QL 60 / 30 days
<i>sertraline hcl 20 mg/ml conc</i>	1	QL 300 / 30 days
<i>trazodone hcl (trazodone hcl 50 mg tab, trazodone hcl 100 mg tab, trazodone hcl 150 mg tab)</i>	1	QL 90 / 30 days
<i>trazodone hcl 300 mg tab</i>	1	QL 60 / 30 days
TRINTELLIX	2	
VENLAFAXINE BESYLATE ER	2	
<i>venlafaxine hcl</i>	1	QL 90 / 30 days
<i>venlafaxine hcl er (venlafaxine hcl er 37.5 mg tab er 24h, venlafaxine hcl er 75 mg tab er 24h, venlafaxine hcl er 150 mg tab er 24h, venlafaxine hcl er 225 mg tab er 24h)</i>	1	
<i>venlafaxine hcl er 150 mg cap er 24h</i>	1	QL 60 / 30 days
<i>venlafaxine hcl er 37.5 mg cap er 24h</i>	1	QL 30 / 30 days
<i>venlafaxine hcl er 75 mg cap er 24h</i>	1	QL 90 / 30 days
VIIBRYD	2	
VIIBRYD STARTER PACK	2	
<i>vilazodone hcl</i>	1	
ZOLOFT (ZOLOFT 25 MG TAB, ZOLOFT 50 MG TAB)	2	QL 90 / 30 days
ZOLOFT 100 MG TAB	2	QL 60 / 30 days
ZOLOFT 20 MG/ML CONC	2	QL 300 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TRICYCLICS		
<i>amitriptyline hcl (amitriptyline hcl 10 mg tab, amitriptyline hcl 25 mg tab, amitriptyline hcl 50 mg tab, amitriptyline hcl 75 mg tab, amitriptyline hcl 100 mg tab, amitriptyline hcl 150 mg tab)</i>	1	QL 90 / 30 days
<i>amoxapine</i>	1	QL 4 / 1 days
ANAFRANIL (ANAFRANIL 25 MG CAP, ANAFRANIL 50 MG CAP)	2	QL 150 / 30 days
ANAFRANIL 75 MG CAP	2	QL 90 / 30 days
<i>clomipramine hcl (clomipramine hcl 25 mg cap, clomipramine hcl 50 mg cap)</i>	1	QL 150 / 30 days
<i>clomipramine hcl 75 mg cap</i>	1	QL 90 / 30 days
<i>desipramine hcl (desipramine hcl 10 mg tab, desipramine hcl 25 mg tab, desipramine hcl 50 mg tab, desipramine hcl 75 mg tab, desipramine hcl 100 mg tab, desipramine hcl 150 mg tab)</i>	2	QL 60 / 30 days
<i>doxepin hcl (doxepin hcl 10 mg cap, doxepin hcl 25 mg cap, doxepin hcl 50 mg cap, doxepin hcl 75 mg cap, doxepin hcl 150 mg cap)</i>	1	QL 60 / 30 days
<i>doxepin hcl 10 mg/ml conc</i>	1	QL 30 / 1 days
<i>doxepin hcl 100 mg cap</i>	1	QL 90 / 30 days
<i>imipramine hcl (imipramine hcl 10 mg tab, imipramine hcl 25 mg tab, imipramine hcl 50 mg tab)</i>	1	QL 180 / 30 days
<i>imipramine pamoate</i>	2	
NORPRAMIN	2	QL 60 / 30 days
<i>nortriptyline hcl (nortriptyline hcl 25 mg cap, nortriptyline hcl 75 mg cap)</i>	1	QL 90 / 30 days
<i>nortriptyline hcl 10 mg cap</i>	1	
<i>nortriptyline hcl 10 mg/5ml solution</i>	2	QL 2250 / 30 days
<i>nortriptyline hcl 50 mg cap</i>	1	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PAMELOR (PAMELOR 25 MG CAP, PAMELOR 75 MG CAP)	2	QL 90 / 30 days
PAMELOR 10 MG CAP	2	
PAMELOR 50 MG CAP	2	QL 60 / 30 days
<i>protriptyline hcl</i>	2	QL 180 / 30 days
<i>trimipramine maleate (trimipramine maleate 25 mg cap, trimipramine maleate 50 mg cap, trimipramine maleate 100 mg cap)</i>	2	
ANTIEMETICS		
ANTIEMETICS, OTHER		
<i>anti-nausea</i>	2	
ANTIVERT	2	
<i>bonine</i>	2	QL 120 / 30 days
BONJESTA	2	QL 60 / 30 days
<i>compro</i>	1	QL 12 / days
<i>cvs motion sickness less drows</i>	1	QL 120 / 30 days
<i>cvs motion sickness relief</i>	1	QL 120 / 30 days
<i>cvs nausea relief</i>	1	
DICLEGIS	1	QL 120 / 30 day(s)
DIMENHYDRINATE 50 MG/ML SOLUTION	2	
<i>doxylamine-pyridoxine</i>	1	QL 120 / 30 day(s)
<i>dramamine 25 mg tab</i>	2	QL 120 / 30 days
DRAMAMINE 50 MG CHEW TAB	2	
DRAMAMINE MOTION SICKNESS KIDS	2	
<i>driminate</i>	1	QL 240 / 30 days
<i>ft motion sickness (ft motion sickness 25 mg chew tab, ft motion sickness 25 mg tab)</i>	1	QL 120 / 30 days
<i>ft motion sickness 50 mg tab</i>	1	QL 240 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GIMOTI	2	
<i>gnp anti-nausea relief</i>	1	
<i>gnp motion sickness relief 25 mg tab</i>	1	QL 120 / 30 days
<i>gnp motion sickness relief 50 mg tab</i>	1	QL 240 / 30 days
<i>gnp nausea relief</i>	1	
<i>goodsense motion sickness</i>	1	QL 240 / 30 days
<i>goodsense nausea relief</i>	1	
<i>hm motion sickness</i>	1	QL 240 / 30 days
<i>hm motion sickness relief</i>	1	QL 120 / 30 days
<i>meclizine hcl (meclizine hcl 12.5 mg tab, meclizine hcl 25 mg chew tab, meclizine hcl 25 mg tab)</i>	1	QL 120 / 30 days
<i>meclizine hcl 50 mg tab</i>	1	
METOCLOPRAMIDE HCL (METOCLOPRAMIDE HCL 5 MG TAB DISP, METOCLOPRAMIDE HCL 10 MG TAB DISP)	2	
<i>metoclopramide hcl (metoclopramide hcl 5 mg tab, metoclopramide hcl 10 mg tab)</i>	1	QL 4 / 1 days
<i>metoclopramide hcl (metoclopramide hcl 5 mg/5ml solution, metoclopramide hcl 10 mg/10ml solution)</i>	1	QL 40 / 1 days
<i>metoclopramide hcl 5 mg/ml solution</i>	1	
<i>motion sickness relief 25 mg tab</i>	1	QL 120 / 30 days
<i>motion sickness relief 50 mg tab</i>	1	QL 240 / 30 days
<i>motion-time</i>	1	QL 120 / 30 days
<i>nausea relief</i>	1	
<i>perphenazine (perphenazine 2 mg tab, perphenazine 4 mg tab, perphenazine 8 mg tab, perphenazine 16 mg tab)</i>	1	QL 4 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
PHENERGAN	2	AL1 At least 6 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>prochlorperazine</i>	1	QL 12 / days
<i>prochlorperazine edisylate 10 mg/2ml solution</i>	1	
<i>prochlorperazine maleate (prochlorperazine maleate 5 mg tab, prochlorperazine maleate 10 mg tab)</i>	1	QL 4 / 1 days
<i>promethazine hcl (promethazine hcl 12.5 mg suppos, promethazine hcl 25 mg suppos, promethazine hcl 25 mg/ml solution, promethazine hcl 50 mg/ml solution)</i>	1	AL1 At least 6 yrs old C Age restriction, clinical PA required
<i>promethazine hcl (promethazine hcl 12.5 mg tab, promethazine hcl 25 mg tab, promethazine hcl 50 mg tab)</i>	1	QL 4 / 1 days AL1 At least 6 yrs old C Age restriction, clinical PA required
<i>promethegan</i>	1	AL1 At least 6 yrs old C Age restriction, clinical PA required
<i>qc anti-nausea</i>	1	
REGLAN	2	
<i>scopolamine</i>	1	
<i>sm motion sickness 25 mg tab</i>	1	QL 120 / 30 days
<i>sm motion sickness 50 mg tab</i>	1	QL 240 / 30 days
TIGAN	2	
TRANSDERM-SCOP	2	
<i>travel-ease</i>	1	QL 120 / 30 days
<i>trimethobenzamide hcl 300 mg cap</i>	1	QL 90 / 30 days
EMETOGENIC THERAPY ADJUNCTS		
AKYNZEO (AKYNZEO 235-0.25 MG RECON SOLN, AKYNZEO 235-0.25 MG/20ML SOLUTION)	2	QLC 2 vials/28 days
AKYNZEO (READY-TO-USE)	2	QLC 2 vials/28 days
AKYNZEO 300-0.5 MG CAP	2	QL 2 / 28 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANZEMET	2	
<i>aprepitant 125 mg cap</i>	1	QL 2 / 28 days
<i>aprepitant 40 mg cap</i>	1	QL 1 / 30 days
<i>aprepitant 80 & 125 mg cap</i>	1	QL 6 / 28 days
<i>aprepitant 80 mg cap</i>	1	QL 4 / 28 days
CINVANTI	2	QLC 36 mL/28 days
<i>dronabinol (dronabinol 2.5 mg cap, dronabinol 5 mg cap)</i>	2	QL 180 / 30 days
<i>dronabinol 10 mg cap</i>	2	QL 90 / 30 days
EMEND 125 MG/5ML RECON SUSP	2	
EMEND 150 MG RECON SOLN	2	QLC 2 vials/28 days
EMEND BIPACK	2	QL 4 / 28 days
EMEND TRI-PACK	2	QL 6 / 28 days
FOCINVEZ	2	
FOSAPREPITANT DIMEGLUMINE	1	
<i>granisetron hcl (granisetron hcl 1 mg/ml solution, granisetron hcl 4 mg/4ml solution)</i>	1	
<i>granisetron hcl 1 mg tab</i>	2	QLC 2 tablets/day
MARINOL (MARINOL 2.5 MG CAP, MARINOL 5 MG CAP)	2	QL 180 / 30 days
MARINOL 10 MG CAP	2	QL 90 / 30 days
<i>ondansetron (ondansetron 4 mg tab disp, ondansetron 8 mg tab disp)</i>	1	QL 90 / 30 days
ONDANSETRON 16 MG TAB DISP	2	
<i>ondansetron hcl (ondansetron hcl 4 mg tab, ondansetron hcl 8 mg tab)</i>	1	QL 90 / 30 days
<i>ondansetron hcl (ondansetron hcl 4 mg/2ml soln prsyr, ondansetron hcl 4 mg/2ml solution, ondansetron hcl 40 mg/20ml solution)</i>	1	
<i>ondansetron hcl +rfid</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ondansetron hcl 4 mg/5ml solution</i>	1	QL 50 / 25 days
PALONOSETRON HCL (PALONOSETRON HCL 0.25 MG/5ML SOLN PRSYR, PALONOSETRON HCL 0.25 MG/5ML SOLUTION)	1	QLC 10 mL/28 days
PALONOSETRON HCL 0.25 MG/2ML SOLUTION	1	
POSFREA	2	
SANCUSO	2	QL 4 / 28 days
SUSTOL	2	QLC 1.6 mL/28 days
SYNDROS	2	
VARUBI (180 MG DOSE)	2	
ZOFRAN	2	QL 90 / 30 days
ZUPLENZ	2	
ANTIFUNGALS		
3 day vaginal	1	
7 day vaginal	1	QL 45 / 7 days
ALEVAZOL	1	
ALOE VESTA CLEAR ANTIFUNGAL	1	
ANCOBON	2	
<i>antifungal (clotrimazole)</i>	1	QL 30 / 7 days
<i>antifungal (tolnaftate)</i>	1	QL 15 / 7 days
<i>antifungal 2 % cream</i>	1	QL 15 / 7 days
<i>antifungal 2 % powder</i>	1	QL 71 / 15 days
<i>antifungal clotrimazole</i>	1	QL 30 / 7 days
<i>athletes foot (clotrimazole)</i>	1	QL 30 / 7 days
<i>athletes foot (terbinafine)</i>	1	
<i>athletes foot 1 % solution</i>	2	QL 30 / 24 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>athletes foot powder spray 1 % aero powd</i>	1	QL 133 / 10 days
<i>athletes foot powder spray 2 % aero powd</i>	1	
<i>athletes foot spray</i>	1	
AZOLEN ANTI-FUNGAL WASH	2	
BREXAFEMME	2	
<i>butenafine hcl</i>	1	QL 30 / 24 days
<i>clotrimazole 1 % cream</i>	1	QL 45 / 7 days
<i>clotrimazole 1 % solution</i>	2	QL 30 / 24 days
<i>clotrimazole 1% cream (rx)</i>	1	QL 30 / 7 days
<i>clotrimazole 10 mg troche</i>	1	QL 5 / 1 days
<i>clotrimazole 3</i>	1	
<i>clotrimazole anti-fungal</i>	1	QL 30 / 7 days
<i>clotrimazole athletes foot</i>	1	QL 30 / 7 days
<i>clotrimazole-7</i>	1	QL 45 / 7 days
CRESEMBA (CRESEMBA 74.5 MG CAP, CRESEMBA 186 MG CAP)	2	
<i>cvs athletes foot (tolnaftate) 1 % aero powd</i>	1	QL 133 / 10 days
<i>cvs athletes foot (tolnaftate) 1 % cream</i>	1	QL 15 / 7 days
<i>cvs athletes foot 2 % aero powd</i>	1	
<i>cvs athletes foot spray</i>	1	
<i>cvs butenafine hcl</i>	1	QL 30 / 24 days
<i>cvs miconazole 1 combo pack</i>	1	
CVS MICONAZOLE 1 COMBO-WIPES	1	
<i>cvs miconazole 3 combo pack</i>	1	
<i>cvs miconazole 3 combo-suppl</i>	1	QL 1 / 3 days
<i>cvs miconazole 7</i>	1	QL 45 / 7 days
<i>cvs ringworm</i>	1	QL 30 / 7 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>cvs tioconazole 1</i>	1	
<i>cvs toe area treatment max str</i>	1	
<i>desenex 2 % cream</i>	2	QL 15 / 7 days
<i>desenex 2 % powder</i>	1	QL 71 / 15 days
DIFLUCAN (DIFLUCAN 50 MG TAB, DIFLUCAN 100 MG TAB, DIFLUCAN 150 MG TAB, DIFLUCAN 200 MG TAB)	2	QL 2 / 1 days
DIFLUCAN 10 MG/ML RECON SUSP	2	QL 1200 / 30 days
DIFLUCAN 40 MG/ML RECON SUSP	2	QL 300 / 30 days
<i>econazole nitrate 1 % cream</i>	1	
ECOZA	2	
<i>eq athletes foot (terbinafine)</i>	1	
<i>eq miconazole 1</i>	1	
<i>eq miconazole 7 day treatment</i>	1	QL 45 / 7 days
<i>eq miconazole 7</i>	1	QL 45 / 7 days
ERTACZO	2	
EXTINA	2	
<i>fluconazole (fluconazole 50 mg tab, fluconazole 100 mg tab, fluconazole 150 mg tab, fluconazole 200 mg tab)</i>	1	QL 2 / 1 days
<i>fluconazole 10 mg/ml recon susp</i>	1	QL 1200 / 30 days
<i>fluconazole 40 mg/ml recon susp</i>	1	QL 300 / 30 days
<i>flucytosine (flucytosine 250 mg cap, flucytosine 500 mg cap)</i>	2	
<i>ft antifungal (ft antifungal 1 % cream, ft antifungal 2 % cream)</i>	1	QL 15 / 7 days
<i>ft athletes foot (clotrimaz)</i>	1	QL 30 / 7 days
<i>ft athletes foot (terbinafine)</i>	1	
<i>ft miconazole 1</i>	1	
<i>ft miconazole 3 comb pack-supp</i>	1	QL 1 / 3 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ft tioconazole-1</i>	1	
FULVICIN P/G 165	2	
<i>fungi nail maximum strength</i>	2	
FUNGOID TINCTURE	2	
<i>gnp athletes foot</i>	1	QL 30 / 7 days
<i>gnp clotrimazole 3</i>	1	
<i>gnp miconazole 1</i>	1	
<i>gnp miconazole 3</i>	1	QL 1 / 3 days
<i>gnp miconazole 7</i>	1	QL 45 / 7 days
<i>gnp miconazorb af</i>	1	QL 71 / 15 days
<i>gnp terbinafine hydrochloride</i>	1	
<i>gnp tolnaftate</i>	1	QL 15 / 7 days
<i>goodsense athletes foot</i>	1	QL 30 / 7 days
<i>griseofulvin microsize 125 mg/5ml suspension</i>	1	QL 40 / 1 days
<i>griseofulvin microsize 500 mg tab</i>	2	QL 60 / 30 days
<i>griseofulvin ultramicrosize (griseofulvin ultramicrosize 125 mg tab, griseofulvin ultramicrosize 250 mg tab)</i>	2	QL 3 / 1 days
GRISEOFULVIN ULTRAMICROSIZED 165 MG TAB	2	
GYNAZOLE-1	2	
<i>itraconazole (itraconazole 10 mg/ml solution, itraconazole 100 mg cap)</i>	2	
JUBLIA	2	
KERYDIN	2	
<i>ketoconazole (ketoconazole 2 % cream, ketoconazole 2 % shampoo)</i>	1	
<i>ketoconazole 2 % foam</i>	2	
<i>ketoconazole 200 mg tab</i>	2	QL 60 / 30 days
LAMISIL AT 1 % CREAM	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LAMISIL AT ATHLETES FOOT	2	
LAMISIL AT JOCK ITCH	2	
LOTRIMIN AF 1 % CREAM	2	
LOTRIMIN AF 2 % AEROSOL	1	
LOTRIMIN ULTRA	2	
<i>luliconazole</i>	2	
LUZU	2	
<i>medpura antifungal</i>	1	QL 15 / 7 days
MENTAX	2	
<i>micomitin</i>	2	
MICONATATE	2	
<i>miconazole 1</i>	1	
<i>miconazole 3</i>	2	QL 30 / 30 days
<i>miconazole 3 applicator</i>	1	
<i>miconazole 3 combo pack</i>	1	
<i>miconazole 3 combo pack app</i>	1	
<i>miconazole 3 combo-supp</i>	1	QL 1 / 3 days
<i>miconazole 7 100 mg suppos</i>	1	QL 30 / 30 days
<i>miconazole 7 2 % cream</i>	1	QL 45 / 7 days
<i>miconazole nitrate 2 % cream</i>	1	QL 45 / 7 days
MICONAZOLE NITRATE 2 % SOLUTION	1	
<i>miconazole nitrate combo pack</i>	1	QL 1 / 3 days
MICONAZOLE-ZINC OXIDE-PETROLAT	2	
<i>micotrin ac</i>	2	QL 30 / 7 days
<i>micotrin al</i>	2	
<i>micotrin ap</i>	1	QL 71 / 15 days
MONISTAT 1 COMBO PACK	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MONISTAT 1 DAY OR NIGHT	2	
<i>monistat 1-day</i>	1	
MONISTAT 3	2	
MONISTAT 3 COMBINATION PACK (MONISTAT 3 COMBINATION PACK 200 & 2 MG-% (9GM) KIT, MONISTAT 3 COMBINATION PACK 200-2 MG-% KIT)	2	
MONISTAT 3 COMBO PACK APP	2	
MONISTAT 7 COMBO PACK APP	2	
MONISTAT 7 COMPLETE THERAPY	2	
MONISTAT 7 SIMPLY CURE	2	
<i>mycozyl ac</i>	2	QL 30 / 7 days
<i>mycozyl al</i>	1	
<i>mycozyl ap</i>	1	QL 71 / 15 days
<i>naftifine hcl</i>	2	
NAFTIN	2	
NIZORAL	2	
NOXAFIL (NOXAFIL 40 MG/ML SUSPENSION, NOXAFIL 100 MG TAB DR, NOXAFIL 300 MG PACKET)	2	
<i>nyamyc</i>	1	
<i>nystatin (nystatin 100000 unit/gm cream, nystatin 100000 unit/gm ointment, nystatin 100000 unit/gm powder, nystatin 100000 unit/ml suspension)</i>	1	
<i>nystatin 500000 unit tab</i>	1	QL 6 / 1 days
<i>nystop</i>	1	
ORAVIG	2	
<i>oxiconazole nitrate</i>	2	
OXISTAT (OXISTAT 1 % CREAM, OXISTAT 1 % LOTION)	2	
<i>posaconazole 100 mg tab dr</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>posaconazole 40 mg/ml suspension</i>	2	
<i>px miconazole 3-day combo</i>	1	QL 1 / 3 days
<i>qc 3 day</i>	1	
<i>qc antifungal (tolnaftate)</i>	1	QL 15 / 7 days
<i>qc athletes foot 2 % aero powd</i>	1	
<i>qc clotrimazole</i>	1	QL 45 / 7 days
<i>qc miconazole 7</i>	1	QL 45 / 7 days
<i>qc tolnaftate</i>	1	QL 15 / 7 days
<i>ra atheletes foot</i>	1	
<i>ra clotrimazole 7</i>	1	QL 45 / 7 days
<i>ra miconazole 3 combo pack</i>	1	QL 1 / 3 days
<i>ra miconazole 3 combo pack app</i>	1	
<i>ra miconazole 7</i>	1	QL 45 / 7 days
<i>ra tioconazole 1</i>	1	
<i>sm 3-day vaginal</i>	1	
<i>sm antifungal clotrimazole</i>	1	QL 30 / 7 days
<i>sm antifungal miconazole</i>	1	QL 15 / 7 days
<i>sm antifungal tolnaftate</i>	1	QL 15 / 7 days
<i>sm athletes foot</i>	1	
<i>sm clotrimazole vaginal</i>	1	QL 45 / 7 days
<i>sm miconazole 3</i>	1	QL 1 / 3 days
<i>sm miconazole 3 applicator</i>	1	
<i>sm miconazole 7 100 mg suppos</i>	1	QL 30 / 30 days
<i>sm miconazole 7 2 % cream</i>	1	QL 45 / 7 days
<i>sm tioconazole-1</i>	1	
SPORANOX (SPORANOX 10 MG/ML SOLUTION, SPORANOX 100 MG CAP)	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SPORANOX PULSEPAK	2	
<i>sulconazole nitrate (sulconazole nitrate 1 % cream, sulconazole nitrate 1 % solution)</i>	2	
<i>tavaborole</i>	2	
<i>terbinafine hcl 1 % cream</i>	1	
<i>terbinafine hcl 250 mg tab</i>	1	QL 90 / 365 days
<i>terconazole 0.4 % cream</i>	2	QL 45 / 14 days
<i>terconazole 0.8 % cream</i>	2	QL 20 / 14 days
<i>terconazole 80 mg suppos</i>	2	QL 3 / 14 days
<i>tinactin 1 % cream</i>	2	QL 15 / 7 days
<i>ting (ting 1 % aerosol, ting 2 % aero powd)</i>	1	
<i>ting 1 % cream</i>	1	QL 15 / 7 days
<i>tioconazole-1</i>	1	
<i>tm-clotrimazole</i>	1	QL 30 / 7 days
<i>tm-tolnaftate</i>	1	
<i>tm-tolnaftate lr</i>	1	
<i>tolnafti-al</i>	1	
<i>tolnaftate 1 % cream</i>	1	QL 15 / 7 days
<i>tolnaftate 1 % powder</i>	1	QL 45 / 7 days
<i>tolnaftate antifungal</i>	1	QL 15 / 7 days
TOLSURA	2	
<i>trimazole</i>	1	QL 30 / 7 days
TRIPENICOL C	2	
<i>triple paste af</i>	1	
<i>tritolnacide c</i>	2	QL 15 / 7 days
<i>tritolnacide s</i>	2	
VFEND (VFEND 40 MG/ML RECON SUSP, VFEND 50 MG TAB, VFEND 200 MG TAB)	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VIVJOA	2	
<i>voriconazole (voriconazole 50 mg tab, voriconazole 200 mg tab)</i>	1	
<i>voriconazole 40 mg/ml recon susp</i>	2	
VOTRIZA-AL	2	
VUSION	2	
<i>zeasorb-af</i>	1	QL 71 / 15 days
ANTIGOUT AGENTS		
<i>allopurinol 100 mg tab</i>	1	QL 240 / 30 days
<i>allopurinol 200 mg tab</i>	2	
<i>allopurinol 300 mg tab</i>	1	QL 60 / 30 days
<i>colchicine 0.6 mg cap</i>	2	QL 90 / 30 days PA
<i>colchicine 0.6 mg tab</i>	1	QL 90 / 30 days PA
<i>colchicine-probenecid</i>	1	
COLCRYS	2	QL 90 / 30 days
<i>febuxostat</i>	1	
GLOPERBA	2	
KRYSTEXXA 8 MG/ML SOLUTION	2	
MITIGARE	2	QL 90 / 30 days
<i>probenecid</i>	1	QL 4 / 1 days
ULORIC	2	
ZYLOPRIM 100 MG TAB	2	
ZYLOPRIM 300 MG TAB	2	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTIMIGRAINE AGENTS		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONISTS		
AIMOVIG	1	QL 1 / 28 days PA
AJOVY	1	QL 1.5 / 28 day(s) PA
EMGALITY	1	QL 2 / 28 days PA
EMGALITY (300 MG DOSE)	1	QL 3 / 30 days PA
NURTEC	1	QL 16 / 30 days PA
QULIPTA	2	QL 30 / 30 days
UBRELVY	1	QL 16 / 30 days PA
VYEPTI	2	
ZAVZPRET	2	QL 8 / 30 day(s)
ERGOT ALKALOIDS		
BREKIYA	2	
CAFERGOT	2	
D.H.E. 45	2	
<i>dihydroergotamine mesylate</i> (<i>dihydroergotamine mesylate 1 mg/ml</i> <i>solution, dihydroergotamine mesylate 4</i> <i>mg/ml solution</i>)	2	
ERGOMAR	2	
<i>ergotamine-caffeine</i>	2	
MIGRANAL	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TRUDHESA	2	
SEROTONIN (5-HT) RECEPTOR AGONIST		
<i>almotriptan malate 12.5 mg tab</i>	2	QL 9 / 30 day(s)
<i>almotriptan malate 6.25 mg tab</i>	2	QL 9 / 30 days
AMERGE	2	
<i>eletriptan hydrobromide</i>	1	QL 9 / 30 days
FROVA	2	QL 12 / 30 days
<i>frovatriptan succinate</i>	2	QL 12 / 30 days
IMITREX (IMITREX 5 MG/ACT SOLUTION, IMITREX 6 MG/0.5ML SOLUTION, IMITREX 20 MG/ACT SOLUTION, IMITREX 25 MG TAB, IMITREX 50 MG TAB, IMITREX 100 MG TAB)	2	
IMITREX STATDOSE REFILL	2	
IMITREX STATDOSE SYSTEM	2	
MAXALT	2	
MAXALT-MLT	2	
<i>naratriptan hcl</i>	1	QL 9 / 24 days
ONZETRA XSAIL	2	
RELPAK	2	QL 9 / 30 days
REYVOW 100 MG TAB	2	QL 8 / 30 days PA
REYVOW 50 MG TAB	2	QL 4 / 30 days PA
<i>rizatriptan benzoate</i>	1	QL 9 / 30 days
<i>sumatriptan (sumatriptan 5 mg/act solution, sumatriptan 20 mg/act solution)</i>	1	QL 6 / 24 days
<i>sumatriptan succinate (sumatriptan succinate 25 mg tab, sumatriptan succinate 50 mg tab, sumatriptan succinate 100 mg tab)</i>	1	QL 9 / 24 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>sumatriptan succinate (sumatriptan succinate 4 mg/0.5ml soln a-inj, sumatriptan succinate 6 mg/0.5ml soln prsyr)</i>	1	
<i>sumatriptan succinate (sumatriptan succinate 6 mg/0.5ml soln a-inj, sumatriptan succinate 6 mg/0.5ml solution)</i>	1	QL 2 / 24 days
<i>sumatriptan succinate refill 4 mg/0.5ml soln cart</i>	1	
<i>sumatriptan succinate refill 6 mg/0.5ml soln cart</i>	1	QL 2 / 24 days
<i>sumatriptan-naproxen sodium</i>	2	
SYMBRAVO	2	
TOSYMRA	2	
TREXIMET	2	
ZEMBRACE SYMTOUCH	2	
<i>zolmitriptan (zolmitriptan 2.5 mg solution, zolmitriptan 5 mg solution)</i>	2	
<i>zolmitriptan (zolmitriptan 2.5 mg tab, zolmitriptan 2.5 mg tab disp, zolmitriptan 5 mg tab, zolmitriptan 5 mg tab disp)</i>	1	QL 9 / 30 days
ZOMIG (ZOMIG 2.5 MG SOLUTION, ZOMIG 5 MG SOLUTION)	2	
ZOMIG (ZOMIG 2.5 MG TAB, ZOMIG 5 MG TAB)	2	QL 9 / 30 days
ANTIMYCOBACTERIALS		
ANTIMYCOBACTERIALS, OTHER		
<i>dapsone 100 mg tab</i>	1	QL 1 / 1 days
<i>dapsone 25 mg tab</i>	1	QL 3 / 1 days
<i>rifabutin</i>	1	QL 60 / 30 days
ANTITUBERCULARS		
<i>ethambutol hcl (ethambutol hcl 100 mg tab, ethambutol hcl 400 mg tab)</i>	1	QL 300 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>isoniazid (isoniazid 100 mg tab, isoniazid 300 mg tab)</i>	1	QL 90 / 30 days
<i>isoniazid 50 mg/5ml syrup</i>	1	QL 2700 / 30 days
<i>pyrazinamide 500 mg tab</i>	1	QL 240 / 30 days
<i>rifampin (rifampin 150 mg cap, rifampin 300 mg cap)</i>	1	
ANTINEOPLASTICS		
ALKYLATING AGENTS		
<i>cyclophosphamide (cyclophosphamide 25 mg cap, cyclophosphamide 50 mg cap)</i>	1	
LEUKERAN	1	
<i>melfalan</i>	1	
MYLERAN	1	
TEMODAR (TEMODAR 100 MG CAP, TEMODAR 140 MG CAP, TEMODAR 180 MG CAP, TEMODAR 250 MG CAP)	2	
<i>temozolomide</i>	1	PA
ANTIANDROGENS		
<i>abiraterone acetate 250 mg tab</i>	1	PA
<i>abiraterone acetate 500 mg tab</i>	2	PA
<i>abirtega</i>	1	PA
<i>bicalutamide</i>	1	QL 30 / 30 days PA
CASODEX	2	QL 30 / 30 days
ERLEADA	1	PA
<i>flutamide</i>	1	QL 180 / 30 days
NUBEQA	1	PA
XTANDI	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
YONSA	2	PA
ZYTIGA	2	PA
ANTIANGIOGENIC AGENTS		
<i>lenalidomide (lenalidomide 2.5 mg cap, lenalidomide 20 mg cap)</i>	2	
<i>lenalidomide (lenalidomide 5 mg cap, lenalidomide 10 mg cap, lenalidomide 15 mg cap, lenalidomide 25 mg cap)</i>	2	PA
POMALYST	2	
REVLIMID	1	PA
THALOMID (THALOMID 50 MG CAP, THALOMID 100 MG CAP, THALOMID 200 MG CAP)	1	PA
THALOMID 150 MG CAP	1	
ANTIESTROGENS/MODIFIERS		
EMCYT	1	
FARESTON	2	QL 30 / 30 days
ORSERDU	2	
SOLTAMOX	2	
<i>tamoxifen citrate (tamoxifen citrate 10 mg tab, tamoxifen citrate 20 mg tab)</i>	1	QL 60 / 30 days
<i>toremifene citrate</i>	2	QL 30 / 30 days
ANTIMETABOLITES		
<i>capecitabine</i>	1	PA
<i>mercaptopurine 50 mg tab</i>	1	
XELODA	2	
ANTINEOPLASTICS, OTHER		
AKEEGA	1	PA
AUGTYRO	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DROXIA	1	
FRUZAQLA	1	PA
HYDREA	2	
<i>hydroxyurea 500 mg cap</i>	1	
IWILFIN	1	PA
<i>leucovorin calcium (leucovorin calcium 15 mg tab, leucovorin calcium 25 mg tab)</i>	1	QL 30 / 30 days
<i>leucovorin calcium 10 mg tab</i>	1	QL 60 / 30 days
<i>leucovorin calcium 5 mg tab</i>	1	QL 90 / 30 days
LONSURF	1	PA
LYSODREN	1	
MODEYSO	2	
OJJAARA	1	PA
ORGOVYX	2	QL 90 / 30 days
QINLOCK	2	QL 90 / 30 days
SIKLOS	2	
WELIREG	1	PA
ZOLINZA	1	PA
AROMATASE INHIBITORS, 3RD GENERATION		
<i>anastrozole 1 mg tab</i>	1	QL 30 / 30 days
ARIMIDEX	2	QL 30 / 30 days
AROMASIN	2	QL 30 / 30 days
<i>exemestane</i>	1	QL 30 / 30 days
FEMARA	2	
<i>letrozole 2.5 mg tab</i>	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ENZYME INHIBITORS		
ENSACOVE	2	
<i>etoposide 50 mg cap</i>	1	
MOLECULAR TARGET INHIBITORS		
AFINITOR	2	PA
AFINITOR DISPERZ	1	PA
ALECENSA	1	PA
ALUNBRIG (ALUNBRIG 90 & 180 MG TAB THPK, ALUNBRIG 90 MG TAB, ALUNBRIG 180 MG TAB)	1	QL 30 / 30 days PA
ALUNBRIG 30 MG TAB	1	QL 60 / 30 days PA
AVMAPKI FAKZYNJA CO-PACK	2	
AYVAKIT	1	QL 30 / 30 days PA
BALVERSA	1	
BOSULIF	1	PA
BRAFTOVI	1	PA
BRUKINSA 160 MG TAB	1	PA
BRUKINSA 80 MG CAP	1	QL 120 / 30 days PA
CABOMETYX	1	PA
CALQUENCE (CALQUENCE 100 MG CAP, CALQUENCE 100 MG TAB)	1	QL 60 / 30 days PA
CAPRELSA	1	PA
COMETRIQ (100 MG DAILY DOSE)	1	PA
COMETRIQ (140 MG DAILY DOSE)	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
COMETRIQ (60 MG DAILY DOSE)	1	PA
COPIKTRA	1	PA
COTELLIC	1	PA
DANZITEN	2	
<i>dasatinib</i>	2	
DAURISMO	1	PA
ERIVEDGE	1	PA
<i>erlotinib hcl</i>	1	PA
<i>everolimus (everolimus 2 mg tab sol, everolimus 3 mg tab sol, everolimus 5 mg tab sol)</i>	2	
<i>everolimus (everolimus 2.5 mg tab, everolimus 5 mg tab, everolimus 7.5 mg tab)</i>	1	PA
<i>everolimus 10 mg tab</i>	1	
EXKIVITY	1	QL 4 / 1 days PA
FARYDAK	1	PA
FOTIVDA	1	QL 21 / 28 days PA
GAVRETO	1	QL 120 / 30 days PA
<i>gefitinib</i>	2	
GILOTRIF	1	PA
GLEEVEC	2	PA
GOMEKLI	2	
HERNEXEOS	2	
IBRANCE	1	QL 30 / 30 days PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
IBTROZI	2	
ICLUSIG (ICLUSIG 10 MG TAB, ICLUSIG 15 MG TAB, ICLUSIG 45 MG TAB)	1	PA
ICLUSIG 30 MG TAB	2	PA
IDHIFA	1	PA
<i>imatinib mesylate (imatinib mesylate 100 mg tab, imatinib mesylate 400 mg tab)</i>	1	PA
IMBRUVICA (IMBRUVICA 70 MG CAP, IMBRUVICA 140 MG CAP)	1	PA
IMBRUVICA (IMBRUVICA 70 MG/ML SUSPENSION, IMBRUVICA 140 MG TAB, IMBRUVICA 280 MG TAB, IMBRUVICA 420 MG TAB, IMBRUVICA 560 MG TAB)	2	PA
IMKELDI	2	
INLYTA	1	PA
INREBIC	1	PA
IRESSA	1	PA
ITOVEBI	2	
JAKAFI	1	PA
JAYPIRCA	1	PA
KISQALI (200 MG DOSE)	1	PA
KISQALI (400 MG DOSE)	1	PA
KISQALI (600 MG DOSE)	1	PA
KISQALI FEMARA (200 MG DOSE)	1	PA
KISQALI FEMARA (400 MG DOSE)	1	PA
KISQALI FEMARA (600 MG DOSE)	1	PA
KOSELUGO	1	PA
KRAZATI	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>lapatinib ditosylate</i>	2	
LAZCLUZE	2	
LENVIMA (10 MG DAILY DOSE)	1	PA
LENVIMA (12 MG DAILY DOSE)	1	PA
LENVIMA (14 MG DAILY DOSE)	1	PA
LENVIMA (18 MG DAILY DOSE)	1	PA
LENVIMA (20 MG DAILY DOSE)	1	PA
LENVIMA (24 MG DAILY DOSE)	1	PA
LENVIMA (4 MG DAILY DOSE)	1	PA
LENVIMA (8 MG DAILY DOSE)	1	PA
LORBRENA	1	PA
LUMAKRAS 120 MG TAB	1	QL 240 / 30 days PA
LUMAKRAS 240 MG TAB	1	
LUMAKRAS 320 MG TAB	1	QL 90 / 30 days PA
LYNPARZA	1	PA
LYTGOBI (12 MG DAILY DOSE)	1	PA
LYTGOBI (16 MG DAILY DOSE)	1	PA
LYTGOBI (20 MG DAILY DOSE)	1	PA
MEKINIST (MEKINIST 0.05 MG/ML RECON SOLN, MEKINIST 0.5 MG TAB, MEKINIST 2 MG TAB)	1	PA
MEKTOVI	1	PA
NERLYNX	1	PA
NEXAVAR	1	QL 4 / 1 days PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NILOTINIB D-TARTRATE	2	
<i>nilotinib hcl (nilotinib hcl 150 mg cap, nilotinib hcl 200 mg cap)</i>	2	
NINLARO	1	PA
ODOMZO	1	PA
OGSIVEO	1	PA
OJEMDA (OJEMDA 25 MG/ML RECON SUSP, OJEMDA 100 MG TAB)	1	PA
<i>pazopanib hcl</i>	2	
PEMAZYRE	1	QL 14 / 21 days PA
PHYRAGO (PHYRAGO 20 MG TAB, PHYRAGO 50 MG TAB, PHYRAGO 70 MG TAB, PHYRAGO 100 MG TAB, PHYRAGO 140 MG TAB)	2	PA
PIQRAY (200 MG DAILY DOSE)	1	PA
PIQRAY (250 MG DAILY DOSE)	1	PA
PIQRAY (300 MG DAILY DOSE)	1	PA
RETEVMO (RETEVMO 80 MG TAB, RETEVMO 120 MG TAB, RETEVMO 160 MG TAB)	1	QL 60 / 30 day(s) PA
RETEVMO 40 MG CAP	1	QL 180 / 30 days PA
RETEVMO 40 MG TAB	1	QL 90 / 30 day(s) PA
RETEVMO 80 MG CAP	1	QL 120 / 30 days PA
REVUFORJ	2	
REZLIDHIA	1	PA
ROMVIMZA	2	
ROZLYTREK	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
RUBRACA	1	PA
RYDAPT	1	PA
SCEMBLIX	1	PA
<i>sorafenib tosylate</i>	2	
SPRYCEL	1	PA
STIVARGA	1	PA
<i>sunitinib malate (sunitinib malate 25 mg cap, sunitinib malate 50 mg cap)</i>	2	QL 1 / 1 day(s)
<i>sunitinib malate 12.5 mg cap</i>	2	QL 3 / 1 day(s)
<i>sunitinib malate 37.5 mg cap</i>	2	
SUTENT (SUTENT 25 MG CAP, SUTENT 50 MG CAP)	1	QL 1 / 1 day(s) PA
SUTENT 12.5 MG CAP	1	QL 3 / 1 days PA
SUTENT 37.5 MG CAP	1	PA
TABRECTA	1	QL 120 / 30 days PA
TAFINLAR (TAFINLAR 50 MG CAP, TAFINLAR 75 MG CAP)	1	PA
TAFINLAR 10 MG TAB SOL	2	
TAGRISSO	1	PA
TALZENNA	1	PA
TARCEVA	2	PA
TASIGNA	1	PA
TAZVERIK	1	QL 240 / 30 days PA
TEPMETKO	1	QL 60 / 30 days PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TIBSOVO	1	PA
<i>torpenz (torpenz 2.5 mg tab, torpenz 5 mg tab, torpenz 7.5 mg tab)</i>	1	PA
<i>torpenz 10 mg tab</i>	1	
TRUQAP	1	PA
TRUSELTIQ (100MG DAILY DOSE)	1	QL 21 / 28 days PA
TRUSELTIQ (125MG DAILY DOSE)	1	QL 42 / 28 days PA
TRUSELTIQ (50MG DAILY DOSE)	1	QL 42 / 28 days PA
TRUSELTIQ (75MG DAILY DOSE)	1	QL 63 / 28 days PA
TUKYSA	1	QL 120 / 30 days PA
TURALIO	1	PA
TYKERB	1	PA
UKONIQ	1	PA
VANFLYTA	1	PA
VENCLEXTA	1	PA
VENCLEXTA STARTING PACK	1	PA
VERZENIO	1	PA
VITRAKVI (VITRAKVI 20 MG/ML SOLUTION, VITRAKVI 25 MG CAP, VITRAKVI 100 MG CAP)	1	PA
VIZIMPRO	1	PA
VONJO	1	PA
VORANIGO	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VOTRIENT	1	PA
XALKORI	1	PA
XOSPATA	1	PA
XPOVIO (100 MG ONCE WEEKLY)	1	PA
XPOVIO (40 MG ONCE WEEKLY)	1	PA
XPOVIO (40 MG TWICE WEEKLY)	1	PA
XPOVIO (60 MG ONCE WEEKLY)	1	PA
XPOVIO (60 MG TWICE WEEKLY)	1	PA
XPOVIO (80 MG ONCE WEEKLY)	1	PA
XPOVIO (80 MG TWICE WEEKLY)	1	PA
ZEJULA	1	PA
ZELBORAF	1	PA
ZYDELIG	1	PA
ZYKADIA	1	PA
MONOCLONAL ANTIBODY/ANTIBODY-DRUG CONJUGATE		
BILPREVDA	2	
RETINOIDS		
<i>tretinoin 10 mg cap</i>	1	
ANTIPARASITICS		
ANTHELMINTHICS		
<i>ivermectin 3 mg tab</i>	1	
ANTIPROTOZOALS		
ARAKODA	2	
<i>atovaquone-proguanil hcl 250-100 mg tab</i>	1	QL 1 / 1 days
<i>atovaquone-proguanil hcl 62.5-25 mg tab</i>	1	QL 3 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>chloroquine phosphate 250 mg tab</i>	1	QL 60 / 30 days
<i>chloroquine phosphate 500 mg tab</i>	1	QL 1 / 1 days
COARTEM	1	
<i>hydroxychloroquine sulfate (hydroxychloroquine sulfate 100 mg tab, hydroxychloroquine sulfate 300 mg tab, hydroxychloroquine sulfate 400 mg tab)</i>	1	
<i>hydroxychloroquine sulfate 200 mg tab</i>	1	QL 120 / 30 days
KRINTAFEL	1	
LIKMEZ	2	
MALARONE 250-100 MG TAB	2	QL 1 / 1 days
MALARONE 62.5-25 MG TAB	2	QL 3 / 1 days
<i>mefloquine hcl</i>	1	QL 5 / 26 days
<i>nitazoxanide 500 mg tab</i>	2	
PLAQUENIL	2	QL 120 / 30 days
<i>primaquine phosphate</i>	1	QL 60 / 30 days
QUALAQUIN	2	
<i>quinine sulfate 324 mg cap</i>	2	
SOVUNA	2	
ANTIPARKINSON AGENTS		
ANTICHOLINERGICS		
<i>benztropine mesylate (benztropine mesylate 0.5 mg tab, benztropine mesylate 1 mg tab, benztropine mesylate 2 mg tab)</i>	1	QL 4 / 1 days
<i>trihexyphenidyl hcl 0.4 mg/ml solution</i>	1	QL 38 / 1 days
<i>trihexyphenidyl hcl 2 mg tab</i>	1	QL 210 / 30 days
<i>trihexyphenidyl hcl 5 mg tab</i>	1	QL 90 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTIPARKINSON AGENTS, OTHER		
<i>amantadine hcl (amantadine hcl 100 mg cap, amantadine hcl 100 mg tab)</i>	1	QL 4 / 1 days
<i>amantadine hcl 50 mg/5ml solution</i>	1	QL 40 / 1 days
<i>carbidopa-levodopa-entacapone</i>	2	
COMTAN	2	
<i>entacapone</i>	1	
GOCOVRI	2	
NOURIANZ	2	
ONGENTYS	2	
OSMOLEX ER	2	
STALEVO 100	2	
STALEVO 125	2	
STALEVO 150	2	
STALEVO 200	2	
STALEVO 50	2	
STALEVO 75	2	
TASMAR	2	QL 90 / 30 days
<i>tolcapone</i>	2	QL 90 / 30 days
DOPAMINE AGONISTS		
<i>bromocriptine mesylate (bromocriptine mesylate 2.5 mg tab, bromocriptine mesylate 5 mg cap)</i>	1	QL 600 / 30 days
KYNMOBI	2	
MIRAPEX	2	QL 90 / 30 days
MIRAPEX ER	2	QL 30 / 30 days
NEUPRO	2	
PARLODEL	1	
<i>pramipexole dihydrochloride</i>	1	QL 90 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>pramipexole dihydrochloride er</i>	2	QL 30 / 30 days
<i>ropinirole hcl</i>	1	QL 90 / 30 days
<i>ropinirole hcl er (ropinirole hcl er 2 mg tab er 24h, ropinirole hcl er 4 mg tab er 24h, ropinirole hcl er 6 mg tab er 24h, ropinirole hcl er 8 mg tab er 24h, ropinirole hcl er 12 mg tab er 24h)</i>	2	
DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS		
<i>carbidopa 25 mg tab</i>	2	
<i>carbidopa-levodopa (carbidopa-levodopa 10-100 mg tab disp, carbidopa-levodopa 25-100 mg tab disp, carbidopa-levodopa 25-250 mg tab disp)</i>	2	
<i>carbidopa-levodopa (carbidopa-levodopa 25-100 mg tab, carbidopa-levodopa 25-250 mg tab)</i>	1	QL 240 / 30 days
<i>carbidopa-levodopa 10-100 mg tab</i>	1	QL 600 / 30 days
<i>carbidopa-levodopa er</i>	1	QL 360 / 30 days
CREXONT	2	
DHIVY	2	
DUOPA	2	
INBRIJA	2	
LODOSYN	2	
RYTARY	2	
SINEMET	2	
MONOAMINE OXIDASE B (MAO-B) INHIBITORS		
AZILECT	2	
<i>rasagiline mesylate (rasagiline mesylate 0.5 mg tab, rasagiline mesylate 1 mg tab)</i>	2	
<i>selegiline hcl (selegiline hcl 5 mg cap, selegiline hcl 5 mg tab)</i>	1	QL 60 / 30 days
XADAGO	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ZELAPAR	2	
ANTIPSYCHOTICS		
1ST GENERATION/TYPICAL		
ADASUVE	2	QL 30 / 30 days AL1 At least 18 yrs old
<i>chlorpromazine hcl (chlorpromazine hcl 25 mg tab, chlorpromazine hcl 50 mg tab, chlorpromazine hcl 100 mg tab, chlorpromazine hcl 200 mg tab)</i>	2	AL1 At least 18 yrs old
<i>chlorpromazine hcl (chlorpromazine hcl 25 mg/ml solution, chlorpromazine hcl 50 mg/2ml solution)</i>	2	AL1 At least 18 yrs old C Age restriction, clinical PA required
CHLORPROMAZINE HCL (CHLORPROMAZINE HCL 30 MG/ML CONC, CHLORPROMAZINE HCL 100 MG/ML CONC)	2	
<i>chlorpromazine hcl 10 mg tab</i>	2	QL 150 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
<i>fluphenazine decanoate 25 mg/ml solution</i>	1	QL 10 / 26 days AL1 At least 18 yrs old C Age restriction, clinical PA required
<i>fluphenazine hcl (fluphenazine hcl 1 mg tab, fluphenazine hcl 2.5 mg tab, fluphenazine hcl 5 mg tab, fluphenazine hcl 10 mg tab)</i>	1	QL 120 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
<i>fluphenazine hcl 2.5 mg/5ml elixir</i>	2	QL 20 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
<i>fluphenazine hcl 2.5 mg/ml solution</i>	2	QL 4 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>fluphenazine hcl 5 mg/ml conc</i>	1	QL 240 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
HALDOL DECANOATE	2	QL 4 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
<i>haloperidol (haloperidol 0.5 mg tab, haloperidol 1 mg tab, haloperidol 2 mg tab, haloperidol 5 mg tab, haloperidol 10 mg tab, haloperidol 20 mg tab)</i>	1	QL 150 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
<i>haloperidol decanoate (haloperidol decanoate 50 mg/ml solution, haloperidol decanoate 100 mg/ml solution)</i>	1	QL 4 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
<i>haloperidol lactate 2 mg/ml conc</i>	1	QL 50 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
<i>haloperidol lactate 5 mg/ml solution</i>	1	QL 600 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
<i>loxapine succinate (loxapine succinate 25 mg cap, loxapine succinate 50 mg cap)</i>	1	QL 150 / 30 days AL1 At least 18 yrs old
<i>loxapine succinate 10 mg cap</i>	1	QL 240 / 30 days AL1 At least 18 yrs old
<i>loxapine succinate 5 mg cap</i>	1	QL 360 / 30 days AL1 At least 18 yrs old
<i>molindone hcl</i>	2	AL1 At least 18 yrs old
<i>pimozide 1 mg tab</i>	2	QL 300 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>pimozide 2 mg tab</i>	2	QL 150 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
<i>thioridazine hcl (thioridazine hcl 10 mg tab, thioridazine hcl 25 mg tab, thioridazine hcl 50 mg tab, thioridazine hcl 100 mg tab)</i>	2	QL 240 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
<i>thiothixene</i>	2	QL 180 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
<i>trifluoperazine hcl</i>	1	QL 4 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
2ND GENERATION/ATYPICAL		
ABILIFY (ABILIFY 2 MG TAB, ABILIFY 5 MG TAB, ABILIFY 10 MG TAB, ABILIFY 15 MG TAB)	2	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
ABILIFY (ABILIFY 20 MG TAB, ABILIFY 30 MG TAB)	2	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
ABILIFY ASIMTUFII 720 MG/2.4ML PRSYR	1	QL 2.4 mL / 56 day(s) AL1 At least 18 yrs old C Age restriction, clinical PA required
ABILIFY ASIMTUFII 960 MG/3.2ML PRSYR	1	QL 3.2 mL / 56 day(s) AL1 At least 18 yrs old C Age restriction, clinical PA required
ABILIFY MAINTENA	1	QL 1 / 28 days AL1 At least 18 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ABILIFY MYCITE	2	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
ABILIFY MYCITE MAINTENANCE KIT	2	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
ABILIFY MYCITE STARTER KIT	2	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
<i>aripiprazole (aripiprazole 10 mg tab disp, aripiprazole 15 mg tab disp)</i>	2	AL1 At least 18 yrs old
<i>aripiprazole (aripiprazole 2 mg tab, aripiprazole 5 mg tab, aripiprazole 10 mg tab, aripiprazole 15 mg tab)</i>	1	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
<i>aripiprazole (aripiprazole 20 mg tab, aripiprazole 30 mg tab)</i>	1	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
<i>aripiprazole 1 mg/ml solution</i>	2	QL 750 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
ARISTADA 1064 MG/3.9ML PRSYR	1	QL 3.9 / 56 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required
ARISTADA 441 MG/1.6ML PRSYR	1	QL 1.6 / 28 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required
ARISTADA 662 MG/2.4ML PRSYR	1	QL 2.4 / 28 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ARISTADA 882 MG/3.2ML PRSYR	1	QL 3.2 / 42 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required
ARISTADA INITIO	1	QL 2.4 / 42 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required
<i>asenapine maleate</i>	2	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
CAPLYTA	2	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
COBENFY	2	QL 60 / 30 day(s)
COBENFY STARTER PACK	2	
ERZOFRI 117 MG/0.75ML SUSP PRSYR	2	QL 0.75 / 28 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required
ERZOFRI 156 MG/ML SUSP PRSYR	2	QL 1 / 28 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required
ERZOFRI 234 MG/1.5ML SUSP PRSYR	2	QL 1.5 / 28 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required
ERZOFRI 351 MG/2.25ML SUSP PRSYR	2	QL 2.25 / 28 day(s) AL1 At least 18 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ERZOFRI 39 MG/0.25ML SUSP PRSYR	2	QL 0.25 / 28 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required
ERZOFRI 78 MG/0.5ML SUSP PRSYR	2	QL 0.5 / 28 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required
FANAPT	2	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
FANAPT TITRATION PACK A	2	QL 2 tablet(s) / 1 day(s) AL1 At least 18 yrs old C Age restriction, clinical PA required
FANAPT TITRATION PACK B	2	AL1 At least 18 yrs old C Age restriction, clinical PA required
FANAPT TITRATION PACK C	2	QL 2 tablet(s) / 1 day(s) AL1 At least 18 yrs old C Age restriction, clinical PA required
GEODON (GEODON 60 MG CAP, GEODON 80 MG CAP)	2	
GEODON 20 MG CAP	2	AL1 At least 18 yrs old C Age restriction, clinical PA required
GEODON 20 MG RECON SOLN	2	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
GEODON 40 MG CAP	2	QL 90 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
INVEGA (INVEGA 1.5 MG TAB ER 24H, INVEGA 3 MG TAB ER 24H, INVEGA 9 MG TAB ER 24H)	2	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
INVEGA 6 MG TAB ER 24H	2	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	1	QL 3.5 / 180 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	1	QL 5 / 180 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	1	QL 0.75 / 28 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	1	QL 1 / 28 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	1	QL 1.5 / 28 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	1	QL 0.25 / 28 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	1	QL 0.5 / 28 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	1	QL 0.88 / 84 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	1	QL 1.32 / 84 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	1	QL 1.75 / 84 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	1	QL 2.63 / 84 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required
LATUDA (LATUDA 20 MG TAB, LATUDA 40 MG TAB, LATUDA 60 MG TAB, LATUDA 120 MG TAB)	2	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
LATUDA 80 MG TAB	2	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
<i>lurasidone hcl (lurasidone hcl 20 mg tab, lurasidone hcl 40 mg tab, lurasidone hcl 60 mg tab, lurasidone hcl 120 mg tab)</i>	1	QL 30 / 30 day(s) AL1 At least 18 yrs old C Age restriction, clinical PA required
<i>lurasidone hcl 80 mg tab</i>	1	QL 60 / 30 day(s) AL1 At least 18 yrs old C Age restriction, clinical PA required
NUPLAZID	2	AL1 At least 18 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>olanzapine (olanzapine 2.5 mg tab, olanzapine 5 mg tab, olanzapine 7.5 mg tab, olanzapine 15 mg tab, olanzapine 20 mg tab)</i>	1	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
<i>olanzapine (olanzapine 5 mg tab disp, olanzapine 10 mg tab disp, olanzapine 15 mg tab disp, olanzapine 20 mg tab disp)</i>	2	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
<i>olanzapine 10 mg recon soln</i>	2	QL 90 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
<i>olanzapine 10 mg tab</i>	1	QL 90 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
OPIPZA	2	
<i>paliperidone er (paliperidone er 1.5 mg tab er 24h, paliperidone er 3 mg tab er 24h, paliperidone er 9 mg tab er 24h)</i>	1	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
<i>paliperidone er 6 mg tab er 24h</i>	1	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
PERSERIS	1	QL 1 / 28 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required
<i>quetiapine fumarate (quetiapine fumarate 300 mg tab, quetiapine fumarate 400 mg tab)</i>	1	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
<i>quetiapine fumarate (quetiapine fumarate 50 mg tab, quetiapine fumarate 200 mg tab)</i>	1	QL 120 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>quetiapine fumarate 100 mg tab</i>	1	QL 90 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
<i>quetiapine fumarate 150 mg tab</i>	1	AL1 At least 18 yrs old C Age restriction, clinical PA required
<i>quetiapine fumarate 25 mg tab</i>	1	QL 180 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
<i>quetiapine fumarate er (quetiapine fumarate er 150 mg tab er 24h, quetiapine fumarate er 200 mg tab er 24h)</i>	1	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
<i>quetiapine fumarate er (quetiapine fumarate er 50 mg tab er 24h, quetiapine fumarate er 300 mg tab er 24h, quetiapine fumarate er 400 mg tab er 24h)</i>	1	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
REXULTI (REXULTI 0.25 MG TAB, REXULTI 0.5 MG TAB, REXULTI 1 MG TAB)	2	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
REXULTI (REXULTI 2 MG TAB, REXULTI 3 MG TAB, REXULTI 4 MG TAB)	2	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
RISPERDAL (RISPERDAL 0.5 MG TAB, RISPERDAL 1 MG TAB)	2	QL 150 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
RISPERDAL (RISPERDAL 3 MG TAB, RISPERDAL 4 MG TAB)	2	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
RISPERDAL 1 MG/ML SOLUTION	2	AL1 At least 18 yrs old C Age restriction, clinical PA required
RISPERDAL 2 MG TAB	2	QL 90 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
RISPERDAL CONSTA	1	QL 2 / 28 days AL1 At least 18 yrs old C Age restriction, clinical PA required
<i>risperidone (risperidone 0.25 mg tab disp, risperidone 0.5 mg tab disp, risperidone 1 mg tab disp, risperidone 2 mg tab disp, risperidone 3 mg tab disp, risperidone 4 mg tab disp)</i>	2	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
<i>risperidone (risperidone 0.5 mg tab, risperidone 1 mg tab)</i>	1	QL 150 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
<i>risperidone (risperidone 3 mg tab, risperidone 4 mg tab)</i>	1	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
<i>risperidone 0.25 mg tab</i>	1	QL 150 / 30 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required
<i>risperidone 1 mg/ml solution</i>	1	QL 240 / 30 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required
<i>risperidone 2 mg tab</i>	1	QL 90 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>risperidone microspheres er (risperidone microspheres er 25 mg srer, risperidone microspheres er 37.5 mg srer, risperidone microspheres er 50 mg srer)</i>	1	QL 2 / 28 day(s) AL1 At least 18 yrs old C Age restriction, clinical PA required
<i>risperidone microspheres er 12.5 mg srer</i>	1	QL 2 / 28 day(s) AL1 At least 18 yrs old C Age restriction, clinical PA required
RYKINDO	1	AL1 At least 18 yrs old C Age restriction, clinical PA required
SAPHRIS	2	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
SECUADO	2	AL1 At least 18 yrs old C Age restriction, clinical PA required
SEROQUEL (SEROQUEL 300 MG TAB, SEROQUEL 400 MG TAB)	2	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
SEROQUEL (SEROQUEL 50 MG TAB, SEROQUEL 200 MG TAB)	2	QL 120 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
SEROQUEL 100 MG TAB	2	QL 90 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
SEROQUEL 25 MG TAB	2	QL 180 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
SEROQUEL XR (SEROQUEL XR 150 MG TAB ER 24H, SEROQUEL XR 200 MG TAB ER 24H)	2	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SEROQUEL XR (SEROQUEL XR 50 MG TAB ER 24H, SEROQUEL XR 300 MG TAB ER 24H, SEROQUEL XR 400 MG TAB ER 24H)	2	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
UZEDY	1	AL1 At least 18 yrs old C Age restriction, clinical PA required
VRAYLAR (VRAYLAR 1.5 MG CAP, VRAYLAR 3 MG CAP, VRAYLAR 4.5 MG CAP, VRAYLAR 6 MG CAP)	2	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
VRAYLAR 1.5 & 3 MG CAP THPK	2	AL1 At least 18 yrs old C Age restriction, clinical PA required
<i>ziprasidone hcl</i>	1	QL 90 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
<i>ziprasidone mesylate</i>	2	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
ZYPREXA (ZYPREXA 10 MG RECON SOLN, ZYPREXA 10 MG TAB)	2	QL 90 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
ZYPREXA (ZYPREXA 2.5 MG TAB, ZYPREXA 5 MG TAB, ZYPREXA 7.5 MG TAB, ZYPREXA 15 MG TAB, ZYPREXA 20 MG TAB)	2	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
ZYPREXA RELPREVV	2	
ZYPREXA ZYDIS	2	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TREATMENT-RESISTANT		
<i>clozapine 100 mg tab</i>	1	QL 270 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required
<i>clozapine 100 mg tab disp</i>	2	QL 270 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required
<i>clozapine 12.5 mg tab disp</i>	2	QL 60 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required
<i>clozapine 150 mg tab disp</i>	2	QL 180 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required
<i>clozapine 200 mg tab</i>	1	QL 120 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required
<i>clozapine 200 mg tab disp</i>	2	QL 4 / 1 days AL1 At least 18 yrs old c Age restriction, clinical PA required
<i>clozapine 25 mg tab</i>	1	QL 180 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required
<i>clozapine 25 mg tab disp</i>	2	QL 90 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required
<i>clozapine 50 mg tab</i>	1	QL 90 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CLOZARIL 100 MG TAB	2	QL 270 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
CLOZARIL 200 MG TAB	2	QL 120 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
CLOZARIL 25 MG TAB	2	QL 180 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
CLOZARIL 50 MG TAB	2	QL 90 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
IGALMI	2	
VERSACLOZ	2	AL1 At least 18 yrs old C Age restriction, clinical PA required
ANTISPASTICITY AGENTS		
<i>baclofen (baclofen 5 mg/5ml solution, baclofen 10 mg/5ml solution, baclofen 15 mg tab, baclofen 25 mg/5ml suspension)</i>	2	
<i>baclofen 10 mg tab</i>	1	QL 150 / 30 days
<i>baclofen 20 mg tab</i>	1	QL 4 / 1 days
<i>baclofen 5 mg tab</i>	1	QL 120 / 30 days
DANTRIUM (DANTRIUM 25 MG CAP, DANTRIUM 50 MG CAP)	2	
<i>dantrolene sodium (dantrolene sodium 25 mg cap, dantrolene sodium 50 mg cap, dantrolene sodium 100 mg cap)</i>	1	QL 4 / 1 days
FLEQSUVY	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LYVISPAH	2	
OZOBAX	2	
OZOBAX DS	2	
<i>tizanidine hcl (tizanidine hcl 2 mg cap, tizanidine hcl 4 mg cap, tizanidine hcl 6 mg cap)</i>	2	
<i>tizanidine hcl (tizanidine hcl 2 mg tab, tizanidine hcl 4 mg tab)</i>	1	QL 180 / 30 days
ZANAFLEX (ZANAFLEX 2 MG CAP, ZANAFLEX 4 MG CAP, ZANAFLEX 4 MG TAB, ZANAFLEX 6 MG CAP)	2	
ANTIVIRALS		
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS		
LIVTENCITY	2	
PREVMIS (PREVMIS 20 MG PACKET, PREVMIS 120 MG PACKET)	2	
PREVMIS (PREVMIS 240 MG TAB, PREVMIS 480 MG TAB)	1	PA
VALCYTE (VALCYTE 50 MG/ML RECON SOLN, VALCYTE 450 MG TAB)	2	
<i>valganciclovir hcl (valganciclovir hcl 50 mg/ml recon soln, valganciclovir hcl 450 mg tab)</i>	1	
ANTI-HEPATITIS B (HBV) AGENTS		
<i>adefovir dipivoxil</i>	1	
BARACLUDE (BARACLUDE 0.5 MG TAB, BARACLUDE 1 MG TAB)	2	QL 30 / 30 days
BARACLUDE 0.05 MG/ML SOLUTION	1	QL 20 / 1 days
<i>entecavir</i>	1	QL 30 / 30 days
EPIVIR HBV 100 MG TAB	2	
EPIVIR HBV 5 MG/ML SOLUTION	1	
HEPSERA	1	
<i>lamivudine 100 mg tab</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VEMLIDY	2	QL 30 / 30 days
ANTI-HEPATITIS C (HCV) AGENTS		
EPCLUSA (EPCLUSA 150-37.5 MG PACKET, EPCLUSA 200-50 MG TAB)	2	QL 28 / 28 days
EPCLUSA 200-50 MG PACKET	2	QL 56 / 28 days
EPCLUSA 400-100 MG TAB	2	QL 28 / 28 days
		C Exceptions will be made via prior authorization if medically necessary according to current AASLD guidance
		QLC Max 12 week treatment duration
HARVONI	2	
LEDIPASVIR-SOFOSBUVIR	2	
MAVYRET 100-40 MG TAB	1	QL 84 / 28 days
		C Exceptions will be made via prior authorization if medically necessary according to current AASLD guidance
		QLC Max 8 week treatment duration
MAVYRET 50-20 MG PACKET	1	QL 140 / 28 days
		C Exceptions will be made via prior authorization if medically necessary according to current AASLD guidance
		QLC Max 8 week treatment duration
<i>ribavirin (ribavirin 200 mg cap, ribavirin 200 mg tab)</i>	1	QL 210 / 30 days
SOFOSBUVIR-VELPATASVIR	1	QL 28 / 28 days
		C Exceptions will be made via prior authorization if medically necessary according to current AASLD guidance
		QLC Max 12 week treatment duration

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SOVALDI	2	
VIEKIRA PAK	2	
VOSEVI	2	QL 30 / 30 days
ZEPATIER	2	QL 28 / 28 days
ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)		
APRETUDE	1	QLC 3ml/28 days
BIKTARVY	1	QL 30 / 30 days
DOVATO	1	
GENVOYA	1	QL 30 / 30 days
ISENTRESS (ISENTRESS 25 MG CHEW TAB, ISENTRESS 100 MG CHEW TAB)	1	QL 180 / 30 days
ISENTRESS 100 MG PACKET	1	
ISENTRESS 400 MG TAB	1	QL 60 / 30 days
ISENTRESS HD	2	QL 60 / 30 days
JULUCA	1	QL 30 / 30 days
STRIBILD	2	QL 30 / 30 days
TIVICAY	1	QL 60 / 30 days
TIVICAY PD	1	QL 180 / 30 days
VOCABRIA	2	QL 30 / 30 days
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)		
COMPLERA	1	QL 30 / 30 days
DELSTRIGO	1	QL 30 / 30 days
EDURANT	1	QL 30 / 30 days
EDURANT PED	2	
<i>efavirenz (efavirenz 50 mg cap, efavirenz 200 mg cap)</i>	1	QL 90 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>efavirenz 600 mg tab</i>	1	QL 30 / 30 days
<i>efavirenz-emtricitab-tenofo df</i>	1	
<i>efavirenz-lamivudine-tenofovir</i>	2	
<i>emtricitab-rilpivir-tenofov df</i>	2	
<i>etravirine</i>	2	
INTELENCE 100 MG TAB	2	QL 120 / 30 days
INTELENCE 200 MG TAB	2	QL 60 / 30 days
INTELENCE 25 MG TAB	2	
<i>nevirapine 200 mg tab</i>	1	QL 60 / 30 days
<i>nevirapine 50 mg/5ml suspension</i>	2	QL 1200 / 30 days
<i>nevirapine er 100 mg tab er 24h</i>	2	
<i>nevirapine er 400 mg tab er 24h</i>	2	QL 30 / 30 days
ODEFSEY	1	QL 30 / 30 days
PIFELTRO	2	QL 60 / 30 days
SUSTIVA (SUSTIVA 50 MG CAP, SUSTIVA 200 MG CAP)	2	QL 90 / 30 days
SUSTIVA 600 MG TAB	2	QL 30 / 30 days
SYMFI	1	QL 30 / 30 days
SYMFI LO	1	QL 30 / 30 days
VIRAMUNE	2	QL 1200 / 30 days
VIRAMUNE XR	2	QL 30 / 30 days
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)		
<i>abacavir sulfate 20 mg/ml solution</i>	1	QL 900 / 30 days
<i>abacavir sulfate 300 mg tab</i>	1	QL 60 / 30 days
<i>abacavir sulfate-lamivudine</i>	1	QL 30 / 30 days
CIMDUO	1	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
COMBIVIR	2	QL 60 / 30 days
DESCOVY	1	QL 30 / 30 days
<i>emtricitabine</i>	1	
<i>emtricitabine-tenofovir df</i>	1	QL 30 / 30 days
EMTRIVA 10 MG/ML SOLUTION	1	QL 720 / 30 days
EMTRIVA 200 MG CAP	2	QL 30 / 30 days
EPIVIR 10 MG/ML SOLUTION	2	
EPIVIR 150 MG TAB	2	QL 60 / 30 days
EPIVIR 300 MG TAB	2	QL 30 / 30 days
EPZICOM	2	QL 30 / 30 days
<i>lamivudine (lamivudine 10 mg/ml solution, lamivudine 300 mg/30ml solution)</i>	1	QL 900 / 30 days
<i>lamivudine 150 mg tab</i>	1	QL 60 / 30 days
<i>lamivudine 300 mg tab</i>	1	QL 30 / 30 days
<i>lamivudine-zidovudine</i>	1	QL 60 / 30 days
RETROVIR (RETROVIR 50 MG/5ML SYRUP, RETROVIR 100 MG CAP)	2	
<i>stavudine (stavudine 15 mg cap, stavudine 20 mg cap)</i>	2	QL 120 / 30 days
<i>stavudine (stavudine 30 mg cap, stavudine 40 mg cap)</i>	2	QL 60 / 30 days
<i>tenofovir disoproxil fumarate</i>	1	QL 30 / 30 days
TRIUMEQ	1	QL 30 / 30 days
TRIUMEQ PD	2	
TRIZIVIR	2	QL 60 / 30 days
TRUVADA	2	QL 30 / 30 days
VIDEX	1	
VIREAD (VIREAD 200 MG TAB, VIREAD 250 MG TAB)	1	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VIREAD 150 MG TAB	1	QL 60 / 30 days
VIREAD 300 MG TAB	2	QL 30 / 30 days
VIREAD 40 MG/GM POWDER	1	
ZIAGEN 20 MG/ML SOLUTION	2	
ZIAGEN 300 MG TAB	2	QL 60 / 30 days
<i>zidovudine 100 mg cap</i>	1	QL 180 / 30 days
<i>zidovudine 300 mg tab</i>	1	QL 60 / 30 days
<i>zidovudine 50 mg/5ml syrup</i>	1	QL 1800 / 30 days
ANTI-HIV AGENTS, OTHER		
CABENUVA 400 & 600 MG/2ML SUSP	1	QLC 4 mL/28 days
CABENUVA 600 & 900 MG/3ML SUSP	1	QLC 6 mL/28 days
FUZEON	2	QL 60 / 30 days
<i>maraviroc</i>	2	
RUKOBIA	2	QL 60 / 30 days
SELZENTRY (SELZENTRY 20 MG/ML SOLUTION, SELZENTRY 25 MG TAB, SELZENTRY 75 MG TAB)	2	
SELZENTRY 150 MG TAB	2	QL 60 / 30 days
SELZENTRY 300 MG TAB	2	QL 120 / 30 days
SUNLENCA (SUNLENCA 300 MG TAB, SUNLENCA 463.5 MG/1.5ML SOLUTION)	2	
SUNLENCA 4 X 300 MG TAB THPK	2	QL 4 / 365 days
SUNLENCA 5 X 300 MG TAB THPK	2	QL 5 / 365 days
TROGARZO	2	
TYBOST	2	QL 30 / 30 days
YEZTUGO (YEZTUGO 300 MG TAB, YEZTUGO 463.5 MG/1.5ML SOLUTION)	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)		
APTIVUS	2	QL 120 / 30 days
<i>atazanavir sulfate (atazanavir sulfate 150 mg cap, atazanavir sulfate 200 mg cap)</i>	1	QL 60 / 30 days
<i>atazanavir sulfate 300 mg cap</i>	1	QL 30 / 30 days
CRIVIAN	2	QL 180 / 30 days
<i>darunavir</i>	1	
EVOTAZ	1	QL 30 / 30 days
<i>fosamprenavir calcium</i>	2	QL 120 / 30 days
INVIRASE	2	QL 120 / 30 days
KALETRA 100-25 MG TAB	2	QL 300 / 30 days
KALETRA 200-50 MG TAB	2	QL 120 / 30 days
KALETRA 400-100 MG/5ML SOLUTION	1	QL 400 / 30 days
LEXIVA 50 MG/ML SUSPENSION	2	QL 1680 / 30 days
LEXIVA 700 MG TAB	2	
<i>lopinavir-ritonavir (lopinavir-ritonavir 100-25 mg tab, lopinavir-ritonavir 200-50 mg tab)</i>	1	
<i>lopinavir-ritonavir 400-100 mg/5ml solution</i>	1	QL 400 / 30 days
NORVIR 100 MG PACKET	1	QL 360 / 30 days
NORVIR 100 MG TAB	2	
NORVIR 80 MG/ML SOLUTION	1	QL 480 / 30 days
PREZCOBIX 675-150 MG TAB	1	
PREZCOBIX 800-150 MG TAB	1	QL 30 / 30 days
PREZISTA 100 MG/ML SUSPENSION	1	QL 12 / 1 days
PREZISTA 150 MG TAB	2	QL 120 / 30 days
PREZISTA 600 MG TAB	2	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PREZISTA 75 MG TAB	2	QL 180 / 30 days
PREZISTA 800 MG TAB	2	QL 30 / 30 days
REYATAZ (REYATAZ 150 MG CAP, REYATAZ 200 MG CAP)	2	QL 60 / 30 days
REYATAZ 300 MG CAP	2	QL 30 / 30 days
REYATAZ 50 MG PACKET	1	
<i>ritonavir</i>	1	QL 360 / 30 days
SYMITUZA	2	QL 30 / 30 days
VIRACEPT 250 MG TAB	2	QL 270 / 30 days
VIRACEPT 625 MG TAB	2	QL 120 / 30 days
ANTI-INFLUENZA AGENTS		
<i>oseltamivir phosphate (oseltamivir phosphate 6 mg/ml recon susp, oseltamivir phosphate 30 mg cap, oseltamivir phosphate 45 mg cap, oseltamivir phosphate 75 mg cap)</i>	1	QLC Max 21 day supply every 365 days
RAPIVAB	2	
RELENZA DISKHALER	2	
<i>rimantadine hcl</i>	2	
TAMIFLU (TAMIFLU 6 MG/ML RECON SUSP, TAMIFLU 30 MG CAP, TAMIFLU 45 MG CAP, TAMIFLU 75 MG CAP)	2	QLC Max 21 day supply every 365 days
XOFLUZA (40 MG DOSE) 1 X 40 MG TAB THPK	2	
XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK	2	
ANTIHERPETIC AGENTS		
ABREVA	1	
<i>acyclovir (acyclovir 200 mg cap, acyclovir 400 mg tab, acyclovir 800 mg tab)</i>	1	QL 150 / 30 days
<i>acyclovir (acyclovir 200 mg/5ml suspension, acyclovir 800 mg/20ml suspension)</i>	1	QL 1500 / 30 days
<i>docosanol 10 % cream</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>famciclovir (famciclovir 125 mg tab, famciclovir 250 mg tab)</i>	1	QL 3 / 1 days
<i>famciclovir 500 mg tab</i>	1	QL 1 / 1 days
<i>ft docosanol</i>	1	
<i>gnp docosanol</i>	1	
<i>hm docosanol</i>	1	
SITAVIG	2	
<i>valacyclovir hcl (valacyclovir hcl 1 gm tab, valacyclovir hcl 500 mg tab)</i>	1	QL 4 / 1 days
VALTREX	2	
ZOVIRAX 200 MG/5ML SUSPENSION	2	
ANTIVIRAL, CORONAVIRUS AGENTS		
PAXLOVID (150/100)	1	
PAXLOVID (300/100)	1	
ANXIOLYTICS		
ANXIOLYTICS, OTHER		
BUCAPSOL	2	
<i>buspirone hcl (buspirone hcl 5 mg tab, buspirone hcl 10 mg tab)</i>	1	QL 180 / 30 days
<i>buspirone hcl (buspirone hcl 7.5 mg tab, buspirone hcl 15 mg tab)</i>	1	QL 4 / 1 days
<i>buspirone hcl 30 mg tab</i>	1	QL 90 / 30 days
<i>hydroxyzine pamoate (hydroxyzine pamoate 25 mg cap, hydroxyzine pamoate 50 mg cap, hydroxyzine pamoate 100 mg cap)</i>	1	QL 180 / 30 days
<i>meprobamate</i>	2	QL 180 / 30 days
VISTARIL	2	
BENZODIAZEPINES		
<i>alprazolam (alprazolam 0.25 mg tab disp, alprazolam 0.5 mg tab disp, alprazolam 1 mg tab disp, alprazolam 2 mg tab disp)</i>	2	AL1 At least 21 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>alprazolam (alprazolam 0.25 mg tab, alprazolam 0.5 mg tab, alprazolam 1 mg tab)</i>	1	QL 180 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
<i>alprazolam 2 mg tab</i>	1	QL 90 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
<i>alprazolam er</i>	2	AL1 At least 21 yrs old C Age restriction, clinical PA required
ALPRAZOLAM INTENSOL	2	AL1 At least 21 yrs old C Age restriction, clinical PA required
<i>alprazolam xr</i>	2	AL1 At least 21 yrs old C Age restriction, clinical PA required
ATIVAN (ATIVAN 2 MG/ML SOLUTION, ATIVAN 4 MG/ML SOLUTION)	2	
ATIVAN 0.5 MG TAB	2	QL 180 / 30 day(s) AL1 At least 21 yrs old C Age restriction, clinical PA required
ATIVAN 1 MG TAB	2	AL1 At least 21 yrs old C Age restriction, clinical PA required
ATIVAN 2 MG TAB	2	QL 120 / 30 day(s) AL1 At least 21 yrs old C Age restriction, clinical PA required
<i>chlordiazepoxide hcl 10 mg cap</i>	1	QL 300 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
<i>chlordiazepoxide hcl 25 mg cap</i>	1	QL 360 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>chlordiazepoxide hcl 5 mg cap</i>	1	QL 240 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
<i>clonazepam (clonazepam 0.125 mg tab disp, clonazepam 0.25 mg tab disp, clonazepam 0.5 mg tab disp, clonazepam 1 mg tab disp, clonazepam 2 mg tab disp)</i>	1	QL 90 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
<i>clonazepam (clonazepam 0.5 mg tab, clonazepam 1 mg tab, clonazepam 2 mg tab)</i>	1	QL 180 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
<i>clorazepate dipotassium (clorazepate dipotassium 3.75 mg tab, clorazepate dipotassium 7.5 mg tab)</i>	2	QL 4 / 1 days AL1 At least 21 yrs old C Age restriction, clinical PA required
<i>clorazepate dipotassium 15 mg tab</i>	2	QL 180 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
<i>diazepam (diazepam 2 mg tab, diazepam 5 mg tab, diazepam 10 mg tab)</i>	1	QL 120 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
DIAZEPAM (DIAZEPAM 5 MG/ML SOLUTION, DIAZEPAM 10 MG/2ML SOLN A-INJ, DIAZEPAM 10 MG/2ML SOLUTION)	2	AL1 At least 21 yrs old C Age restriction, clinical PA required
<i>diazepam 5 mg/5ml solution</i>	1	QL 40 / 1 days AL1 At least 21 yrs old C Age restriction, clinical PA required
<i>diazepam 5 mg/ml conc</i>	2	QL 240 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>diazepam 5 mg/ml solution</i>	1	AL1 At least 21 yrs old c Age restriction, clinical PA required
<i>diazepam intensol</i>	2	QL 240 / 30 days AL1 At least 21 yrs old c Age restriction, clinical PA required
KLONOPIN (KLONOPIN 1 MG TAB, KLONOPIN 2 MG TAB)	2	AL1 At least 21 yrs old c Age restriction, clinical PA required
KLONOPIN 0.5 MG TAB	2	QL 180 / 30 days AL1 At least 21 yrs old c Age restriction, clinical PA required
<i>lorazepam (lorazepam 2 mg/ml solution, lorazepam 4 mg/ml solution)</i>	1	AL1 At least 21 yrs old c Age restriction, clinical PA required
<i>lorazepam 0.5 mg tab</i>	1	QL 180 / 30 day(s) AL1 At least 21 yrs old c Age restriction, clinical PA required
<i>lorazepam 1 mg tab</i>	1	QL 180 / 30 days AL1 At least 21 yrs old c Age restriction, clinical PA required
<i>lorazepam 2 mg tab</i>	1	QL 120 / 30 day(s) AL1 At least 21 yrs old c Age restriction, clinical PA required
<i>lorazepam 2 mg/ml conc</i>	2	QL 150 / 30 days AL1 At least 21 yrs old c Age restriction, clinical PA required
<i>lorazepam intensol</i>	2	QL 150 / 30 days AL1 At least 21 yrs old c Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LOREEV XR (LOREEV XR 1 MG CP24 SPRNK, LOREEV XR 1.5 MG CP24 SPRNK)	2	QL 30 / 30 day(s)
LOREEV XR (LOREEV XR 2 MG CP24 SPRNK, LOREEV XR 3 MG CP24 SPRNK)	2	QL 60 / 30 day(s)
oxazepam 10 mg cap	2	QL 240 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
oxazepam 15 mg cap	2	QL 120 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
oxazepam 30 mg cap	2	QL 4 / 1 days AL1 At least 21 yrs old C Age restriction, clinical PA required
TRANXENE-T	2	AL1 At least 21 yrs old C Age restriction, clinical PA required
VALIUM (VALIUM 5 MG TAB, VALIUM 10 MG TAB)	2	QL 120 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
VALIUM 2 MG TAB	2	QL 120 / 30 days
XANAX (XANAX 0.25 MG TAB, XANAX 0.5 MG TAB, XANAX 1 MG TAB)	2	QL 180 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
XANAX 2 MG TAB	2	QL 90 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
XANAX XR	2	AL1 At least 21 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
BIPOLAR AGENTS		
MOOD STABILIZERS		
EQUETRO	1	
LAMICTAL (LAMICTAL 150 MG TAB, LAMICTAL 200 MG TAB)	2	QL 90 / 30 days
LAMICTAL (LAMICTAL 25 MG TAB, LAMICTAL 100 MG TAB)	2	
LAMICTAL STARTER	2	
<i>lamotrigine (lamotrigine 150 mg tab, lamotrigine 200 mg tab)</i>	1	QL 90 / 30 days
<i>lamotrigine 100 mg tab</i>	1	QL 150 / 30 days
<i>lamotrigine 25 mg tab</i>	1	
<i>lamotrigine starter kit-blue</i>	2	
<i>lamotrigine starter kit-green</i>	2	
<i>lamotrigine starter kit-orange</i>	2	
<i>lithium carbonate (lithium carbonate 150 mg cap, lithium carbonate 300 mg cap, lithium carbonate 300 mg tab, lithium carbonate 600 mg cap)</i>	1	QL 4 / 1 days
<i>lithium carbonate er</i>	1	QL 4 / 1 days
<i>subvenite (subvenite 150 mg tab, subvenite 200 mg tab)</i>	1	QL 90 / 30 days
<i>subvenite 100 mg tab</i>	1	QL 150 / 30 days
<i>subvenite 25 mg tab</i>	1	
<i>subvenite starter kit-blue</i>	2	
<i>subvenite starter kit-green</i>	2	
<i>subvenite starter kit-orange</i>	2	
BLOOD GLUCOSE REGULATORS		
ANTIDIABETIC AGENTS		
<i>acarbose (acarbose 25 mg tab, acarbose 50 mg tab, acarbose 100 mg tab)</i>	1	QL 90 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ACTOPLUS MET	2	QL 90 / 30 days
ACTOS	2	QL 30 / 30 days
ADLYXIN	2	
ADLYXIN STARTER PACK	2	
<i>alogliptin benzoate</i>	2	
<i>alogliptin-metformin hcl</i>	2	
<i>alogliptin-pioglitazone</i>	2	
AMARYL (AMARYL 1 MG TAB, AMARYL 4 MG TAB)	2	QL 60 / 30 days
AMARYL 2 MG TAB	2	QL 90 / 30 days
BEXAGLIFLOZIN	2	
BRENZAVVY	2	
BYDUREON BCISE	2	QL 3.4 / 28 days
BYETTA 10 MCG PEN	2	QL 2.4 / 30 days
BYETTA 5 MCG PEN	2	QL 1.2 / 30 days
<i>dapagliflozin pro-metformin er</i>	2	
DUETACT	2	QL 30 / 30 days
<i>glimepiride (glimepiride 1 mg tab, glimepiride 4 mg tab)</i>	1	QL 60 / 30 days
<i>glimepiride 2 mg tab</i>	1	QL 90 / 30 days
GLIMEPIRIDE 3 MG TAB	2	
<i>glipizide 10 mg tab</i>	1	QL 120 / 30 day(s)
<i>glipizide 2.5 mg tab</i>	2	
<i>glipizide 5 mg tab</i>	1	QL 4 / 1 days
<i>glipizide er 10 mg tab er 24h</i>	1	QL 60 / 30 days
<i>glipizide er 2.5 mg tab er 24h</i>	1	QL 240 / 30 days
<i>glipizide er 5 mg tab er 24h</i>	1	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>glipizide xl 10 mg tab er 24h</i>	1	QL 60 / 30 days
<i>glipizide xl 2.5 mg tab er 24h</i>	1	QL 240 / 30 days
<i>glipizide xl 5 mg tab er 24h</i>	1	QL 4 / 1 days
<i>glipizide-metformin hcl 2.5-250 mg tab</i>	1	QL 210 / 30 days
<i>glipizide-metformin hcl 2.5-500 mg tab</i>	1	QL 150 / 30 days
<i>glipizide-metformin hcl 5-500 mg tab</i>	1	QL 4 / 1 days
GLUCOTROL XL (GLUCOTROL XL 2.5 MG TAB ER 24H, GLUCOTROL XL 5 MG TAB ER 24H)	2	
GLUCOTROL XL 10 MG TAB ER 24H	2	QL 60 / 30 days
GLUMETZA 1000 MG TAB ER 24H	2	QL 60 / 30 days
GLUMETZA 500 MG TAB ER 24H	2	QL 90 / 30 days
<i>glyburide (glyburide 1.25 mg tab, glyburide 2.5 mg tab, glyburide 5 mg tab)</i>	1	QL 4 / 1 days
<i>glyburide micronized</i>	1	QL 60 / 30 days
<i>glyburide-metformin</i>	1	QL 4 / 1 days
GLYNASE	2	QL 60 / 30 days
GLYXAMBI	2	
INVOKAMET	1	
INVOKAMET XR	2	
JANUMET	1	QL 60 / 30 days
JANUMET XR (JANUMET XR 50-1000 MG TAB ER 24H, JANUMET XR 50-500 MG TAB ER 24H)	1	QL 60 / 30 days
JANUMET XR 100-1000 MG TAB ER 24H	1	QL 30 / 30 days
JANUVIA	1	QL 30 / 30 days
JENTADUETO	1	QL 60 / 30 days
JENTADUETO XR 2.5-1000 MG TAB ER 24H	1	QL 60 / 30 days PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
JENTADUETO XR 5-1000 MG TAB ER 24H	1	QL 30 / 30 days PA
KAZANO	2	
KOMBIGLYZE XR	2	
<i>liraglutide</i>	2	QL 15 / 30 day(s) PA
METFORMIN HCL (METFORMIN HCL 500 MG/5ML SOLUTION, METFORMIN HCL 625 MG TAB, METFORMIN HCL 750 MG TAB)	2	
<i>metformin hcl 1000 mg tab</i>	1	QL 75 / 30 days
<i>metformin hcl 500 mg tab</i>	1	QL 150 / 30 days
<i>metformin hcl 850 mg tab</i>	1	QL 90 / 30 days
<i>metformin hcl er (mod) 1000 mg tab er 24h</i>	2	QL 60 / 30 days
<i>metformin hcl er (mod) 500 mg tab er 24h</i>	2	QL 90 / 30 days
<i>metformin hcl er (osm) 1000 mg tab er 24h</i>	2	QL 60 / 30 days
<i>metformin hcl er (osm) 500 mg tab er 24h</i>	2	QL 90 / 30 days
<i>metformin hcl er 500 mg tab er 24h</i>	1	QL 150 / 30 days
<i>metformin hcl er 750 mg tab er 24h</i>	1	QL 90 / 30 days
<i>miglitol</i>	2	
MOUNJARO	2	QL 2 mL / 28 day(s)
<i>nateglinide</i>	1	QL 90 / 30 days
NESINA	2	
ONGLYZA	2	
OSENI	2	
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/1.5ML SOLN PEN	1	QL 1.5 / 28 days PA
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	1	QL 3 / 28 days PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
OZEMPIC (1 MG/DOSE)	1	QL 3 / 28 days PA
OZEMPIC (2 MG/DOSE)	1	QL 3 / 28 days PA
<i>pioglitazone hcl</i>	1	QL 30 / 30 days
<i>pioglitazone hcl-glimepiride</i>	2	QL 30 / 30 days
<i>pioglitazone hcl-metformin hcl</i>	2	QL 90 / 30 days
PRECOSE	2	QL 90 / 30 days
QTERN	2	
<i>repaglinide (repaglinide 0.5 mg tab, repaglinide 1 mg tab)</i>	1	QL 120 / 30 days
<i>repaglinide 2 mg tab</i>	1	QL 240 / 30 days
RIOMET	2	
RYBELSUS	2	QL 30 / 30 days
<i>saxagliptin hcl</i>	2	
<i>saxagliptin-metformin er</i>	2	
SEGLUROMET	2	QL 60 / 30 days
SITAGLIPT BASE-METFORM HCL ER	2	
SITAGLIPTIN	2	
SITAGLIPTIN BASE-METFORMIN HCL	2	
SOLIQUA	2	QLC 18 mL/30 days
STEGLUJAN	2	
SYMLINPEN 120	2	
SYMLINPEN 60	2	
SYNJARDY	1	
SYNJARDY XR	2	
<i>tolbutamide</i>	2	QL 180 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TRADJENTA	1	
TRIJARDY XR (TRIJARDY XR 10-5-1000 MG TAB ER 24H, TRIJARDY XR 25-5-1000 MG TAB ER 24H)	2	QL 30 / 30 days
TRIJARDY XR (TRIJARDY XR 5-2.5-1000 MG TAB ER 24H, TRIJARDY XR 12.5-2.5-1000 MG TAB ER 24H)	2	QL 60 / 30 days
TRULICITY	1	QL 2 / 28 days PA
VICTOZA	1	QL 15 / 30 day(s) PA
XIGDUO XR (XIGDUO XR 2.5-1000 MG TAB ER 24H, XIGDUO XR 5-1000 MG TAB ER 24H, XIGDUO XR 5-500 MG TAB ER 24H, XIGDUO XR 10-1000 MG TAB ER 24H, XIGDUO XR 10-500 MG TAB ER 24H)	1	
XULTOPHY	2	QLC 15 mL/30 days
ZITUVIMET	2	
ZITUVIMET XR	2	
ZITUVIO	2	
GLYCEMIC AGENTS		
BAQSIMI ONE PACK	1	
BAQSIMI TWO PACK	1	
CVS GLUCOSE (CVS GLUCOSE 4 GM CHEW TAB, CVS GLUCOSE 4-6 GM-MG CHEW TAB)	1	
CVS SOFT GLUCOSE	1	
DEX4	1	
DEX4 GLUCOSE 4-6 GM-MG CHEW TAB	1	
DEX4 NATURALS	1	
DEX4 POUCH PACK	1	
DEX4 QUICK DISSOLVE GLUCOSE	1	
FT GLUCOSE	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GLUCAGEN DIAGNOSTIC	1	QL 2 / 22 days
GLUCAGEN HYPOKIT	1	QL 1 / 22 day(s)
<i>glucagon emergency 1 mg recon soln</i>	1	QL 1 / 26 day(s)
GLUCAGON EMERGENCY 1 MG/ML RECON SOLN	1	
GLUCO TO GO	1	
GLUCOSE (GLUCOSE 4 GM CHEW TAB, GLUCOSE 4-6 GM-MG CHEW TAB)	1	
GLUCOSE INSTANT ENERGY	1	
GNP GLUCOSE (GNP GLUCOSE 4 GM CHEW TAB, GNP GLUCOSE 4-6 GM-MG CHEW TAB)	1	
GNP QUICK DISSOLVE GLUCOSE	1	
GOODSENSE GLUCOSE	1	
GVOKE HYPOPEN 1-PACK	1	QLC 0.4 mL/30 days
GVOKE HYPOPEN 2-PACK	1	QLC 0.4 mL/30 days
GVOKE KIT	1	
GVOKE PFS	1	QLC 0.4 mL/30 days
HY-VEE GLUCOSE	1	
KROGER GLUCOSE	1	
LEADER GLUCOSE	1	
LEADER QUICK DISSOLVE GLUCOSE	1	
LONGS GLUCOSE	1	
MEIJER GLUCOSE	1	
PREFERRED PLUS GLUCOSE	1	
PX GLUCOSE	1	
RA GLUCOSE	1	
RELION GLUCOSE 4-6 GM-MG CHEW TAB	1	
SM GLUCOSE (SM GLUCOSE 4 GM CHEW TAB, SM GLUCOSE 4-6 GM-MG CHEW TAB)	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SMART SENSE GLUCOSE	1	
TGT GLUCOSE	1	
TRUEPLUS GLUCOSE 4 GM CHEW TAB	1	
TRUEPLUS GLUCOSE ON THE GO	1	
UP & UP GLUCOSE	1	
VALUE PLUS GLUCOSE 4-6 GM-MG CHEW TAB	1	
WALGREENS GLUCOSE (WALGREENS GLUCOSE 4 GM CHEW TAB, WALGREENS GLUCOSE 4-6 GM-MG CHEW TAB)	1	
ZEGALOGUE	1	
INSULINS		
ADMELOG	2	QL 40 / 30 days
ADMELOG SOLOSTAR	2	QL 45 / 30 days
AFREZZA	2	
APIDRA	1	QL 40 / 30 days
APIDRA SOLOSTAR	1	QL 45 / 30 days
BASAGLAR KWIKPEN	2	QL 45 / 30 days
BASAGLAR TEMPO PEN	2	
FIASP	2	
FIASP FLEXTOUCH	2	
FIASP PENFILL	2	
FIASP PUMPCART	2	
HUMALOG	2	QL 40 / 30 days
HUMALOG JUNIOR KWIKPEN	2	QL 45 / 30 days
HUMALOG KWIKPEN 100 UNIT/ML SOLN PEN	2	QL 45 / 30 days
HUMALOG KWIKPEN 200 UNIT/ML SOLN PEN	2	QL 18 / 23 days
HUMALOG MIX 50/50	1	QL 40 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
HUMALOG MIX 50/50 KWIKPEN	1	QL 45 / 30 days
HUMALOG MIX 75/25	1	QL 40 / 30 days
HUMALOG MIX 75/25 KWIKPEN	2	QL 45 / 30 days
HUMALOG TEMPO PEN	2	
HUMULIN 70/30	1	QL 40 / 30 days
HUMULIN 70/30 KWIKPEN	2	QL 45 / 30 days
HUMULIN N	1	QL 40 / 30 days
HUMULIN N KWIKPEN	1	QL 45 / 30 days
HUMULIN R	1	QL 40 / 30 days
HUMULIN R U-500 (CONCENTRATED)	1	QL 20 / 30 days
HUMULIN R U-500 KWIKPEN	1	QL 15 / 30 days
INSULIN ASP PROT & ASP FLEXPEN	1	QL 45 / 30 days
INSULIN ASPART	1	QL 40 / 30 days
INSULIN ASPART FLEXPEN	1	QL 45 / 30 days
INSULIN ASPART PENFILL	1	QL 45 / 30 days
INSULIN ASPART PROT & ASPART	1	QL 40 / 30 days
INSULIN DEGLUDEC	2	
INSULIN DEGLUDEC FLEXTOUCH	2	
INSULIN GLARGINE	1	QL 40 / 30 days
INSULIN GLARGINE MAX SOLOSTAR	1	QL 12 / 30 days
INSULIN GLARGINE SOLOSTAR 100 UNIT/ML SOLN PEN	1	QL 45 / 30 days
INSULIN GLARGINE SOLOSTAR 300 UNIT/ML SOLN PEN	1	QL 13.5 / 30 days
INSULIN GLARGINE-YFGN	2	
INSULIN LISPRO	1	QL 40 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
INSULIN LISPRO (1 UNIT DIAL)	1	QL 45 / 30 days
INSULIN LISPRO JUNIOR KWIKPEN	1	QL 45 / 30 days
INSULIN LISPRO PROT & LISPRO	1	QL 45 / 30 days
KIRSTY	2	
LANTUS	1	QL 40 / 30 days
LANTUS SOLOSTAR	1	QL 45 / 30 days
LEVEMIR	1	QL 40 / 30 days
LEVEMIR FLEXPEN	1	QL 45 / 30 days
LEVEMIR FLEXTOUCH	1	QL 45 / 30 days
LYUMJEV	2	
LYUMJEV KWIKPEN	2	
LYUMJEV TEMPO PEN	2	
MERILOG	2	
MERILOG SOLOSTAR	2	
NOVOLIN 70/30	2	QL 40 / 30 days
NOVOLIN 70/30 FLEXPEN	2	QL 45 / 30 days
NOVOLIN 70/30 FLEXPEN RELION	2	QL 45 / 30 days
NOVOLIN 70/30 RELION	2	QL 40 / 30 days
NOVOLIN N	1	QL 40 / 30 days
NOVOLIN N FLEXPEN	1	QL 45 / 30 days
NOVOLIN N FLEXPEN RELION	1	QL 45 / 30 days
NOVOLIN N RELION	1	QL 40 / 30 days
NOVOLIN R	1	QL 40 / 30 days
NOVOLIN R FLEXPEN	1	
NOVOLIN R FLEXPEN RELION	1	
NOVOLIN R RELION	1	QL 40 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NOVOLOG	2	QL 40 / 30 days
NOVOLOG 70/30 FLEXPEN RELION	2	QL 45 / 30 days
NOVOLOG FLEXPEN	2	QL 45 / 30 days
NOVOLOG FLEXPEN RELION	2	QL 45 / 30 days
NOVOLOG MIX 70/30	2	QL 40 / 30 days
NOVOLOG MIX 70/30 FLEXPEN	2	QL 45 / 30 days
NOVOLOG MIX 70/30 RELION	2	QL 40 / 30 days
NOVOLOG PENFILL	2	QL 45 / 30 days
NOVOLOG RELION	2	QL 40 / 30 days
REZVOGLAR KWIKPEN	2	
SEMGLEE (YFGN)	2	
SEMGLEE 100 UNIT/ML SOLN PEN	2	QL 45 / 30 days
SEMGLEE 100 UNIT/ML SOLUTION	2	QL 40 / 30 days
TOUJEO MAX SOLOSTAR	1	QL 12 / 30 days
TOUJEO SOLOSTAR	1	QL 13.5 / 30 days
TRESIBA	2	
TRESIBA FLEXTOUCH	2	
BLOOD PRODUCTS AND MODIFIERS		
ANTICOAGULANTS		
ARIXTRA	2	c Limited to a 10 day supply
<i>bd heparin posiflush</i>	1	
<i>dabigatran etexilate mesylate</i>	1	
ELIQUIS (1.5 MG PACK)	2	
ELIQUIS (2 MG PACK)	2	
ELIQUIS (ELIQUIS 0.15 MG CAP SPRINK, ELIQUIS 0.5 MG TAB SOL)	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ELIQUIS 2.5 MG TAB	1	QL 60 / 30 days
ELIQUIS 5 MG TAB	1	QL 4 / 1 days
ELIQUIS DVT/PE STARTER PACK	1	
<i>enoxaparin sodium (enoxaparin sodium 100 mg/ml soln prsyr, enoxaparin sodium 150 mg/ml soln prsyr, enoxaparin sodium 300 mg/3ml solution)</i>	1	c Up to a 180 day supply every 365 days will be allowed without PA QLC 2 mL/day
<i>enoxaparin sodium (enoxaparin sodium 80 mg/0.8ml soln prsyr, enoxaparin sodium 120 mg/0.8ml soln prsyr)</i>	1	c Up to a 180 day supply every 365 days will be allowed without PA QLC 1.6 mL/day
<i>enoxaparin sodium 30 mg/0.3ml soln prsyr</i>	1	c Up to a 180 day supply every 365 days will be allowed without PA QLC 0.6 mL/day
<i>enoxaparin sodium 40 mg/0.4ml soln prsyr</i>	1	c Up to a 180 day supply every 365 days will be allowed without PA QLC 0.8 mL/day
<i>enoxaparin sodium 60 mg/0.6ml soln prsyr</i>	1	c Up to a 180 day supply every 365 days will be allowed without PA QLC 1.2 mL/day
ENOXILUV KIT	2	
<i>fondaparinux sodium</i>	2	c Limited to a 10 day supply
FRAGMIN	2	
<i>heparin na (pork) lock flsh pf (heparin na (pork) lock flsh pf 10 unit/ml solution, heparin na (pork) lock flsh pf 100 unit/ml solution)</i>	1	
<i>heparin sod (pork) lock flush</i>	1	
<i>heparin sodium (porcine) (heparin sodium (porcine) 1000 unit/ml solution, heparin sodium (porcine) 5000 unit/ml solution, heparin sodium (porcine) 10000 unit/ml solution, heparin sodium (porcine) 20000 unit/ml solution)</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>jantoven</i>	1	
LOVENOX (LOVENOX 150 MG/ML SOLN PRSYR, LOVENOX 300 MG/3ML SOLUTION)	2	c Up to a 180 day supply every 365 days will be allowed without PA QLC 2 mL/day
LOVENOX 100 MG/ML SOLN PRSYR	2	c Up to a 180 day supply every 365 days will be allowed without PA QLC 2 mL/day
LOVENOX 120 MG/0.8ML SOLN PRSYR	2	c Up to a 180 day supply every 365 days will be allowed without PA QLC 1.6 mL/day
LOVENOX 30 MG/0.3ML SOLN PRSYR	2	c Up to a 180 day supply every 365 days will be allowed without PA QLC 0.6 mL/day
LOVENOX 40 MG/0.4ML SOLN PRSYR	2	c Up to a 180 day supply every 365 days will be allowed without PA QLC 0.8 mL/day
LOVENOX 60 MG/0.6ML SOLN PRSYR	2	c Up to a 180 day supply every 365 days will be allowed without PA QLC 1.2 mL/day
LOVENOX 80 MG/0.8ML SOLN PRSYR	2	c Up to a 180 day supply every 365 days will be allowed without PA QLC 1.6 mL/day
PRADAXA (PRADAXA 20 MG PACKET, PRADAXA 30 MG PACKET, PRADAXA 40 MG PACKET, PRADAXA 50 MG PACKET, PRADAXA 110 MG PACKET, PRADAXA 150 MG PACKET)	2	
PRADAXA (PRADAXA 75 MG CAP, PRADAXA 110 MG CAP, PRADAXA 150 MG CAP)	1	
<i>rivaroxaban (rivaroxaban 1 mg/ml recon susp, rivaroxaban 2.5 mg tab)</i>	2	
SAVAYSA	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>warfarin sodium (warfarin sodium 1 mg tab, warfarin sodium 2 mg tab, warfarin sodium 2.5 mg tab, warfarin sodium 3 mg tab, warfarin sodium 4 mg tab, warfarin sodium 5 mg tab, warfarin sodium 6 mg tab, warfarin sodium 7.5 mg tab, warfarin sodium 10 mg tab)</i>	1	
XARELTO (XARELTO 10 MG TAB, XARELTO 20 MG TAB)	1	QL 30 / 30 days
XARELTO (XARELTO 2.5 MG TAB, XARELTO 15 MG TAB)	1	QL 60 / 30 days
XARELTO 1 MG/ML RECON SUSP	2	
XARELTO STARTER PACK	1	QL 51 / 1 years
ZONTIVITY	2	
BLOOD PRODUCTS AND MODIFIERS, OTHER		
ARANESP (ALBUMIN FREE)	2	
<i>eltrombopag olamine</i>	2	
EPOGEN	1	PA
FULPHILA	1	PA QLC 2.4 mL/28 days
FYLNETRA	2	
GRANIX	1	PA
LEUKINE	2	
MIRCERA	2	
MULPLETA	2	
NEULASTA	2	QLC 2.4 mL/28 days
NEULASTA ONPRO	2	QLC 2.4 mL/28 days
NEUPOGEN	1	PA
NIVESTYM	2	
NPLATE	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NYPOZI	2	
NYVEPRIA	2	
PROCRIT (PROCRIT 2000 UNIT/ML SOLUTION, PROCRIT 3000 UNIT/ML SOLUTION, PROCRIT 4000 UNIT/ML SOLUTION, PROCRIT 10000 UNIT/ML SOLUTION, PROCRIT 20000 UNIT/ML SOLUTION)	2	PA
PROCRIT 40000 UNIT/ML SOLUTION	2	
PROMACTA	1	PA
RELEUKO	1	PA
RETACRIT	1	PA
ROLVEDON	2	
RYZNEUTA	2	
STIMUFEND	2	
UDENYCA 6 MG/0.6ML SOLN A-INJ	2	
UDENYCA 6 MG/0.6ML SOLN PRSYR	2	QLC 2.4 mL/28 days
UDENYCA ONBODY	2	
ZARXIO	2	
ZIEXTENZO	2	QL 2.4 mL / 28 day(s)
HEMOSTASIS AGENTS		
ADVATE	1	PA
ADYNOVATE	1	PA
AFSTYLA	1	PA
ALHEMO	2	
ALPHANATE	1	PA
ALPHANINE SD	1	PA
ALPROLIX	1	PA
ALTUVIIIO	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>aminocaproic acid (aminocaproic acid 0.25 gm/ml solution, aminocaproic acid 500 mg tab, aminocaproic acid 1000 mg tab)</i>	1	
BENEFIX	1	PA
ELOCTATE	1	PA
ESPEROCT (ESPEROCT 1000 UNIT RECON SOLN, ESPEROCT 1500 UNIT RECON SOLN, ESPEROCT 2000 UNIT RECON SOLN, ESPEROCT 3000 UNIT RECON SOLN)	2	PA
ESPEROCT (ESPEROCT 500 UNIT RECON SOLN, ESPEROCT 4000 UNIT RECON SOLN)	2	
FEIBA	1	PA
HEMLIBRA	1	PA
HEMOFIL M	1	PA
HUMATE-P	1	PA
HYMPAVZI	2	
IDELVION	2	PA
IXINITY	1	PA
JIVI (JIVI 500 UNIT RECON SOLN, JIVI 1000 UNIT RECON SOLN, JIVI 2000 UNIT RECON SOLN, JIVI 3000 UNIT RECON SOLN)	1	PA
JIVI 4000 UNIT RECON SOLN	1	
KOATE	1	PA
KOATE-DVI 1000 UNIT RECON SOLN	1	PA
KOGENATE FS	1	PA
KOVALTRY	1	PA
MONONINE	1	PA
NOVOEIGHT	1	PA
NOVOSEVEN RT	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NUWIQ (NUWIQ 1500 UNIT KIT, NUWIQ 1500 UNIT RECON SOLN)	1	
NUWIQ (NUWIQ 250 UNIT KIT, NUWIQ 250 UNIT RECON SOLN, NUWIQ 500 UNIT KIT, NUWIQ 500 UNIT RECON SOLN, NUWIQ 1000 UNIT KIT, NUWIQ 1000 UNIT RECON SOLN, NUWIQ 2000 UNIT KIT, NUWIQ 2000 UNIT RECON SOLN, NUWIQ 2500 UNIT KIT, NUWIQ 2500 UNIT RECON SOLN, NUWIQ 3000 UNIT KIT, NUWIQ 3000 UNIT RECON SOLN, NUWIQ 4000 UNIT KIT, NUWIQ 4000 UNIT RECON SOLN)	1	PA
OBIZUR	2	
<i>phytonadione 5 mg tab</i>	1	QL 150 / 30 days
PROFILNINE	1	PA
QFITLIA	2	
REBINYN	1	PA
RECOMBINATE	1	PA
RIXUBIS	1	PA
SEVENFACT	1	PA
<i>tranexamic acid 650 mg tab</i>	1	
VONVENDI	2	
WILATE	1	PA
XYNTHA	1	PA
XYNTHA SOLOFUSE	1	PA
PLATELET MODIFYING AGENTS		
<i>aspirin-dipyridamole er</i>	1	QL 60 / 30 days
ASPIRIN-OMEPRazole 81-40 MG TAB DR	2	
BRILINTA	1	QL 60 / 30 days
<i>cilostazol</i>	1	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>clopidogrel bisulfate 300 mg tab</i>	1	
<i>clopidogrel bisulfate 75 mg tab</i>	1	QL 4 / 1 days
<i>dipyridamole (dipyridamole 25 mg tab, dipyridamole 75 mg tab)</i>	1	QL 4 / 1 days
<i>dipyridamole 50 mg tab</i>	1	QL 240 / 30 days
DOPTelet	2	
EFFIENT	2	QL 30 / 30 days
PLAVIX	2	
<i>prasugrel hcl</i>	1	QL 30 / 30 days
TAVALISSE	2	
<i>ticagrelor</i>	2	
YOSPRALA	2	
CARDIOVASCULAR AGENTS		
ALPHA-ADRENERGIC AGONISTS		
CATAPRES-TTS-1	2	
CATAPRES-TTS-2	2	
CATAPRES-TTS-3	2	
<i>clonidine (clonidine 0.1 mg/24hr patch wk, clonidine 0.2 mg/24hr patch wk, clonidine 0.3 mg/24hr patch wk)</i>	1	QL 4 / 22 days
CLONIDINE ER	2	
<i>clonidine hcl (clonidine hcl 0.1 mg tab, clonidine hcl 0.2 mg tab, clonidine hcl 0.3 mg tab)</i>	1	QL 240 / 30 days
<i>guanfacine hcl 1 mg tab</i>	1	QL 90 / 30 days
<i>guanfacine hcl 2 mg tab</i>	1	QL 60 / 30 days
<i>methyldopa</i>	1	QL 180 / 30 days
<i>midodrine hcl (midodrine hcl 2.5 mg tab, midodrine hcl 5 mg tab)</i>	1	QL 90 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>midodrine hcl 10 mg tab</i>	1	QL 120 / 30 day(s)
NEXICLON XR	2	
ALPHA-ADRENERGIC BLOCKING AGENTS		
CARDURA	2	
<i>doxazosin mesylate (doxazosin mesylate 1 mg tab, doxazosin mesylate 2 mg tab, doxazosin mesylate 4 mg tab)</i>	1	QL 30 / 30 days
<i>doxazosin mesylate 8 mg tab</i>	1	QL 60 / 30 days
MINIPRESS	2	QL 120 / 30 days
<i>prazosin hcl (prazosin hcl 1 mg cap, prazosin hcl 2 mg cap, prazosin hcl 5 mg cap)</i>	1	QL 120 / 30 days
<i>terazosin hcl</i>	1	QL 60 / 30 days
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
ATACAND	2	
AVAPRO (AVAPRO 75 MG TAB, AVAPRO 300 MG TAB)	2	QL 30 / 30 days
AVAPRO 150 MG TAB	2	QL 60 / 30 days
BENICAR	2	QL 30 / 30 days
<i>candesartan cilexetil</i>	2	
COZAAR (COZAAR 25 MG TAB, COZAAR 50 MG TAB)	2	QL 90 / 30 days
COZAAR 100 MG TAB	2	QL 30 / 30 days
DIOVAN (DIOVAN 40 MG TAB, DIOVAN 80 MG TAB, DIOVAN 160 MG TAB)	2	QL 60 / 30 days
DIOVAN 320 MG TAB	2	QL 30 / 30 days
EDARBI	2	
<i>irbesartan (irbesartan 75 mg tab, irbesartan 300 mg tab)</i>	1	QL 30 / 30 days
<i>irbesartan 150 mg tab</i>	1	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>losartan potassium (losartan potassium 25 mg tab, losartan potassium 50 mg tab)</i>	1	QL 90 / 30 days
<i>losartan potassium 100 mg tab</i>	1	QL 30 / 30 days
MICARDIS 20 MG TAB	2	
MICARDIS 40 MG TAB	2	QL 60 / 30 days
MICARDIS 80 MG TAB	2	QL 30 / 30 days
<i>olmesartan medoxomil (olmesartan medoxomil 5 mg tab, olmesartan medoxomil 20 mg tab, olmesartan medoxomil 40 mg tab)</i>	1	QL 30 / 30 days
<i>telmisartan 20 mg tab</i>	1	QL 4 / 1 days
<i>telmisartan 40 mg tab</i>	1	QL 60 / 30 days
<i>telmisartan 80 mg tab</i>	1	QL 30 / 30 days
<i>valsartan (valsartan 40 mg tab, valsartan 80 mg tab, valsartan 160 mg tab)</i>	1	QL 60 / 30 days
<i>valsartan 320 mg tab</i>	1	QL 30 / 30 days
<i>valsartan 4 mg/ml solution</i>	2	
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS		
ACCUPRIL	2	QL 60 / 30 days
ALTACE	2	QL 60 / 30 days
<i>benazepril hcl (benazepril hcl 5 mg tab, benazepril hcl 10 mg tab, benazepril hcl 20 mg tab, benazepril hcl 40 mg tab)</i>	1	QL 60 / 30 days
<i>captopril (captopril 12.5 mg tab, captopril 25 mg tab, captopril 50 mg tab, captopril 100 mg tab)</i>	1	QL 90 / 30 days
<i>enalapril maleate (enalapril maleate 2.5 mg tab, enalapril maleate 5 mg tab, enalapril maleate 10 mg tab, enalapril maleate 20 mg tab)</i>	1	QL 60 / 30 days
<i>enalapril maleate 1 mg/ml solution</i>	2	C No PA required for children under 9 years old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EPANED	2	 No PA required for children under 9 years old
<i>fosinopril sodium</i>	1	 60 / 30 days
<i>lisinopril (lisinopril 2.5 mg tab, lisinopril 5 mg tab, lisinopril 10 mg tab, lisinopril 20 mg tab, lisinopril 30 mg tab, lisinopril 40 mg tab)</i>	1	 60 / 30 days
LOTENSIN	2	 60 / 30 days
<i>moexipril hcl</i>	2	
PERINDOPRIL ERBUMINE (PERINDOPRIL ERBUMINE, PERINDOPRIL ERBUMINE 2 MG TAB)	2	
PRINIVIL	2	 60 / 30 days
QBRELIS	2	 No PA required for children under 9 years old
<i>quinapril hcl</i>	1	 60 / 30 days
<i>ramipril</i>	1	 60 / 30 days
<i>trandolapril</i>	1	
VASOTEC	2	 60 / 30 days
ZESTRIL	2	 60 / 30 days
ANTIARRHYTHMICS		
<i>amiodarone hcl (amiodarone hcl 200 mg tab, amiodarone hcl 400 mg tab)</i>	1	 4 / 1 days
BETAPACE	2	 60 / 30 days
BETAPACE AF	2	 60 / 30 days
<i>digitek</i>	1	
<i>digoxin (digoxin 125 mcg tab, digoxin 250 mcg tab)</i>	1	
<i>digoxin 0.05 mg/ml solution</i>	1	 150 / 30 days
<i>disopyramide phosphate 100 mg cap</i>	1	 480 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>disopyramide phosphate 150 mg cap</i>	1	QL 300 / 30 days
<i>flecainide acetate (flecainide acetate 50 mg tab, flecainide acetate 100 mg tab)</i>	1	QL 90 / 30 days
<i>flecainide acetate 150 mg tab</i>	1	QL 60 / 30 days
<i>mexiletine hcl 150 mg cap</i>	1	QL 240 / 30 days
<i>mexiletine hcl 200 mg cap</i>	1	QL 180 / 30 days
<i>mexiletine hcl 250 mg cap</i>	1	QL 4 / 1 days
<i>pacerone (pacerone 200 mg tab, pacerone 400 mg tab)</i>	1	QL 4 / 1 days
<i>propafenone hcl</i>	1	QL 90 / 30 days
<i>sorine</i>	1	QL 60 / 30 days
<i>sotalol hcl (af)</i>	1	QL 60 / 30 days
<i>sotalol hcl (sotalol hcl 80 mg tab, sotalol hcl 120 mg tab, sotalol hcl 160 mg tab, sotalol hcl 240 mg tab)</i>	1	QL 60 / 30 days
SOTYLIZE	2	
BETA-ADRENERGIC BLOCKING AGENTS		
<i>acebutolol hcl (acebutolol hcl 200 mg cap, acebutolol hcl 400 mg cap)</i>	1	QL 90 / 30 days
<i>atenolol (atenolol 25 mg tab, atenolol 50 mg tab, atenolol 100 mg tab)</i>	1	QL 60 / 30 days
<i>betaxolol hcl (betaxolol hcl 10 mg tab, betaxolol hcl 20 mg tab)</i>	1	QL 60 / 30 days
<i>bisoprolol fumarate 10 mg tab</i>	1	QL 60 / 30 days
BISOPROLOL FUMARATE 2.5 MG TAB	2	
<i>bisoprolol fumarate 5 mg tab</i>	1	QL 4 / 1 days
BYSTOLIC	2	
<i>carvedilol (carvedilol 3.125 mg tab, carvedilol 6.25 mg tab, carvedilol 12.5 mg tab)</i>	1	QL 60 / 30 days
<i>carvedilol 25 mg tab</i>	1	QL 120 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>carvedilol phosphate er</i>	2	
COREG (COREG 3.125 MG TAB, COREG 6.25 MG TAB, COREG 12.5 MG TAB)	2	QL 60 / 30 days
COREG 25 MG TAB	2	QL 120 / 30 days
COREG CR	2	
CORGARD	2	
HEMANGEOL	1	PA
INDERAL LA	2	QL 30 / 30 days
INDERAL XL	2	
INNOPRAN XL	2	
KAPSPARGO SPRINKLE	2	
<i>labetalol hcl 100 mg tab</i>	1	QL 420 / 30 days
<i>labetalol hcl 200 mg tab</i>	1	QL 360 / 30 days
<i>labetalol hcl 300 mg tab</i>	1	QL 240 / 30 days
LABETALOL HCL 400 MG TAB	2	
LOPRESSOR (LOPRESSOR 50 MG TAB, LOPRESSOR 100 MG TAB)	2	QL 120 / 30 days
LOPRESSOR 10 MG/ML SOLUTION	2	
<i>metoprolol succinate er</i>	1	QL 60 / 30 days
<i>metoprolol tartrate (metoprolol tartrate 25 mg tab, metoprolol tartrate 50 mg tab, metoprolol tartrate 100 mg tab)</i>	1	QL 120 / 30 days
<i>metoprolol tartrate (metoprolol tartrate 37.5 mg tab, metoprolol tartrate 75 mg tab)</i>	1	
<i>nadolol (nadolol 20 mg tab, nadolol 40 mg tab, nadolol 80 mg tab)</i>	1	QL 4 / 1 days
<i>nebivolol hcl</i>	1	
<i>pindolol</i>	1	QL 180 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>propranolol hcl (propranolol hcl 10 mg tab, propranolol hcl 20 mg tab, propranolol hcl 40 mg tab, propranolol hcl 60 mg tab, propranolol hcl 80 mg tab)</i>	1	QL 240 / 30 days
<i>propranolol hcl (propranolol hcl 20 mg/5ml solution, propranolol hcl 40 mg/5ml solution)</i>	1	QL 2400 / 30 days
<i>propranolol hcl er</i>	1	QL 30 / 30 days
TENORMIN	2	QL 60 / 30 days
<i>timolol maleate (timolol maleate 5 mg tab, timolol maleate 10 mg tab, timolol maleate 20 mg tab)</i>	2	QL 90 / 30 days
TOPROL XL	2	QL 60 / 30 days
CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES		
<i>amlodipine besylate (amlodipine besylate 2.5 mg tab, amlodipine besylate 5 mg tab, amlodipine besylate 10 mg tab)</i>	1	QL 60 / 30 days
CONJUPRI	2	
<i>felodipine er</i>	1	QL 30 / 30 days
<i>isradipine</i>	2	
KATERZIA	2	
LEVAMLODIPINE MALEATE	2	
<i>nicardipine hcl 20 mg cap</i>	2	QL 180 / 30 days
<i>nicardipine hcl 30 mg cap</i>	2	QL 4 / 1 days
<i>nifedipine (nifedipine 10 mg cap, nifedipine 20 mg cap)</i>	1	QL 4 / 1 days
<i>nifedipine er</i>	1	QL 60 / 30 days
<i>nifedipine er osmotic release</i>	1	QL 60 / 30 days
<i>nimodipine 30 mg cap</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>nisoldipine er (nisoldipine er 8.5 mg tab er 24h, nisoldipine er 17 mg tab er 24h, nisoldipine er 20 mg tab er 24h, nisoldipine er 25.5 mg tab er 24h, nisoldipine er 34 mg tab er 24h, nisoldipine er 40 mg tab er 24h)</i>	2	QL 30 / 30 days
<i>nisoldipine er 30 mg tab er 24h</i>	2	QL 60 / 30 days
NORLIQVA	2	
NORVASC	2	QL 60 / 30 days
NYMALIZE	2	
PROCARDIA XL	2	QL 60 / 30 days
SULAR	2	QL 30 / 30 days
CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES		
CALAN SR (CALAN SR 180 MG TAB ER, CALAN SR 240 MG TAB ER)	2	QL 60 / 30 days
CALAN SR 120 MG TAB ER	2	QL 30 / 30 days
CARDIZEM (CARDIZEM 30 MG TAB, CARDIZEM 60 MG TAB)	2	
CARDIZEM 120 MG TAB	2	QL 60 / 30 days
CARDIZEM CD (CARDIZEM CD 120 MG CAP ER 24H, CARDIZEM CD 180 MG CAP ER 24H, CARDIZEM CD 300 MG CAP ER 24H, CARDIZEM CD 360 MG CAP ER 24H)	2	QL 30 / 30 days
CARDIZEM CD 240 MG CAP ER 24H	2	QL 60 / 30 days
CARDIZEM LA	2	QL 30 / 30 days
<i>cartia xt (cartia xt 120 mg cap er 24h, cartia xt 180 mg cap er 24h, cartia xt 300 mg cap er 24h)</i>	1	QL 30 / 30 days
<i>cartia xt 240 mg cap er 24h</i>	1	QL 60 / 30 days
<i>dilt-xr (dilt-xr 120 mg cap er 24h, dilt-xr 180 mg cap er 24h)</i>	1	QL 30 / 30 days
<i>dilt-xr 240 mg cap er 24h</i>	1	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>diltiazem hcl (diltiazem hcl 30 mg tab, diltiazem hcl 60 mg tab)</i>	1	QL 4 / 1 days
<i>diltiazem hcl 120 mg tab</i>	1	QL 60 / 30 days
<i>diltiazem hcl 90 mg tab</i>	1	QL 90 / 30 days
<i>diltiazem hcl er (diltiazem hcl er 120 mg cap er 24h, diltiazem hcl er 180 mg cap er 24h)</i>	1	QL 30 / 30 days
<i>diltiazem hcl er (diltiazem hcl er 180 mg tab er 24h, diltiazem hcl er 240 mg tab er 24h, diltiazem hcl er 300 mg tab er 24h, diltiazem hcl er 360 mg tab er 24h, diltiazem hcl er 420 mg tab er 24h)</i>	2	QL 30 / 30 days
<i>diltiazem hcl er (diltiazem hcl er 60 mg cap er 12h, diltiazem hcl er 90 mg cap er 12h, diltiazem hcl er 120 mg cap er 12h)</i>	2	QL 60 / 30 days
<i>diltiazem hcl er 120 mg tab er 24h</i>	2	
<i>diltiazem hcl er 240 mg cap er 24h</i>	1	QL 60 / 30 days
<i>diltiazem hcl er beads (diltiazem hcl er beads 120 mg cap er 24h, diltiazem hcl er beads 180 mg cap er 24h, diltiazem hcl er beads 300 mg cap er 24h, diltiazem hcl er beads 360 mg cap er 24h, diltiazem hcl er beads 420 mg cap er 24h)</i>	1	QL 30 / 30 days
<i>diltiazem hcl er beads 240 mg cap er 24h</i>	1	QL 60 / 30 days
<i>diltiazem hcl er coated beads (diltiazem hcl er coated beads 120 mg cap er 24h, diltiazem hcl er coated beads 180 mg cap er 24h, diltiazem hcl er coated beads 300 mg cap er 24h, diltiazem hcl er coated beads 360 mg cap er 24h)</i>	1	QL 30 / 30 days
<i>diltiazem hcl er coated beads 240 mg cap er 24h</i>	1	QL 60 / 30 days
<i>matzim la</i>	2	QL 30 / 30 days
<i>taztia xt (taztia xt 120 mg cap er 24h, taztia xt 180 mg cap er 24h, taztia xt 300 mg cap er 24h, taztia xt 360 mg cap er 24h)</i>	1	QL 30 / 30 days
<i>taztia xt 240 mg cap er 24h</i>	1	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>tiadylt er (tiadylt er 120 mg cap er 24h, tiadylt er 180 mg cap er 24h, tiadylt er 300 mg cap er 24h, tiadylt er 360 mg cap er 24h, tiadylt er 420 mg cap er 24h)</i>	1	QL 30 / 30 days
<i>tiadylt er 240 mg cap er 24h</i>	1	QL 60 / 30 days
TIAZAC (TIAZAC 120 MG CAP ER 24H, TIAZAC 180 MG CAP ER 24H, TIAZAC 300 MG CAP ER 24H, TIAZAC 360 MG CAP ER 24H, TIAZAC 420 MG CAP ER 24H)	2	QL 30 / 30 days
TIAZAC 240 MG CAP ER 24H	2	QL 60 / 30 days
<i>verapamil hcl (verapamil hcl 80 mg tab, verapamil hcl 120 mg tab)</i>	1	QL 4 / 1 days
<i>verapamil hcl 40 mg tab</i>	1	QL 90 / 30 days
<i>verapamil hcl er (verapamil hcl er 100 mg cap er 24h, verapamil hcl er 200 mg cap er 24h, verapamil hcl er 300 mg cap er 24h)</i>	1	
<i>verapamil hcl er (verapamil hcl er 120 mg cap er 24h, verapamil hcl er 180 mg cap er 24h, verapamil hcl er 180 mg tab er, verapamil hcl er 240 mg cap er 24h, verapamil hcl er 240 mg tab er)</i>	1	QL 60 / 30 days
<i>verapamil hcl er (verapamil hcl er 120 mg tab er, verapamil hcl er 360 mg cap er 24h)</i>	1	QL 30 / 30 days
VERELAN (VERELAN 120 MG CAP ER 24H, VERELAN 180 MG CAP ER 24H, VERELAN 240 MG CAP ER 24H)	2	QL 60 / 30 days
VERELAN 360 MG CAP ER 24H	2	QL 30 / 30 days
VERELAN PM	2	
CARDIOVASCULAR AGENTS, OTHER		
ACCURETIC	2	
<i>acetazolamide (acetazolamide 125 mg tab, acetazolamide 250 mg tab)</i>	1	QL 4 / 1 days
ALDACTAZIDE 50-50 MG TAB	1	
<i>aliskiren fumarate</i>	2	
<i>amiloride-hydrochlorothiazide</i>	1	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>amlodipine besy-benazepril hcl</i>	1	QL 30 / 30 days
<i>amlodipine besylate-valsartan (amlodipine besylate-valsartan 5-160 mg tab, amlodipine besylate-valsartan 5-320 mg tab, amlodipine besylate-valsartan 10-160 mg tab, amlodipine besylate-valsartan 10-320 mg tab)</i>	1	
<i>amlodipine-atorvastatin (amlodipine-atorvastatin 2.5-10 mg tab, amlodipine-atorvastatin 2.5-20 mg tab, amlodipine-atorvastatin 2.5-40 mg tab, amlodipine-atorvastatin 5-10 mg tab, amlodipine-atorvastatin 5-20 mg tab, amlodipine-atorvastatin 5-40 mg tab, amlodipine-atorvastatin 5-80 mg tab, amlodipine-atorvastatin 10-10 mg tab, amlodipine-atorvastatin 10-20 mg tab, amlodipine-atorvastatin 10-40 mg tab, amlodipine-atorvastatin 10-80 mg tab)</i>	2	
<i>amlodipine-olmesartan (amlodipine-olmesartan 5-20 mg tab, amlodipine-olmesartan 5-40 mg tab, amlodipine-olmesartan 10-20 mg tab, amlodipine-olmesartan 10-40 mg tab)</i>	1	
<i>amlodipine-valsartan-hctz</i>	1	
ASPRUZYO SPRINKLE	2	
ATACAND HCT	2	
<i>atenolol-chlorthalidone 100-25 mg tab</i>	1	QL 30 / 30 days
<i>atenolol-chlorthalidone 50-25 mg tab</i>	1	QL 60 / 30 days
AVALIDE	2	QL 30 / 30 days
AZOR	2	
<i>benazepril-hydrochlorothiazide (benazepril-hydrochlorothiazide 5-6.25 mg tab, benazepril-hydrochlorothiazide 10-12.5 mg tab, benazepril-hydrochlorothiazide 20-12.5 mg tab, benazepril-hydrochlorothiazide 20-25 mg tab)</i>	1	
BENICAR HCT	2	QL 30 / 30 days
BIDIL	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>bisoprolol-hydrochlorothiazide (bisoprolol-hydrochlorothiazide 2.5-6.25 mg tab, bisoprolol-hydrochlorothiazide 5-6.25 mg tab)</i>	1	QL 30 / 30 days
<i>bisoprolol-hydrochlorothiazide 10-6.25 mg tab</i>	1	QL 60 / 30 day(s)
CADUET	2	
<i>candesartan cilexetil-hctz</i>	2	
CAPTOPRIL-HYDROCHLOROTHIAZIDE	2	
DIOVAN HCT (DIOVAN HCT 320-12.5 MG TAB, DIOVAN HCT 320-25 MG TAB)	2	QL 30 / 30 days
DIOVAN HCT (DIOVAN HCT 80-12.5 MG TAB, DIOVAN HCT 160-12.5 MG TAB, DIOVAN HCT 160-25 MG TAB)	2	QL 60 / 30 days
EDARBYCLOR	2	
<i>enalapril-hydrochlorothiazide 10-25 mg tab</i>	1	QL 60 / 30 days
<i>enalapril-hydrochlorothiazide 5-12.5 mg tab</i>	1	QL 30 / 30 days
ENTRESTO (ENTRESTO 24-26 MG TAB, ENTRESTO 49-51 MG TAB, ENTRESTO 97-103 MG TAB)	2	QL 60 / 30 days
ENTRESTO (ENTRESTO 6-6 MG CAP SPRINK, ENTRESTO 15-16 MG CAP SPRINK)	2	
EXFORGE	2	
EXFORGE HCT	2	
<i>fosinopril sodium-hctz</i>	1	
HYZAAR	2	QL 30 / 30 days
<i>irbesartan-hydrochlorothiazide</i>	1	QL 30 / 30 days
<i>isosorb dinitrate-hydralazine</i>	2	
<i>lisinopril-hydrochlorothiazide (lisinopril-hydrochlorothiazide 20-12.5 mg tab, lisinopril-hydrochlorothiazide 20-25 mg tab)</i>	1	QL 60 / 30 days
<i>lisinopril-hydrochlorothiazide 10-12.5 mg tab</i>	1	QL 30 / 30 days
LODOCO	2	
<i>losartan potassium-hctz</i>	1	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LOTENSIN HCT	2	
LOTREL	2	QL 30 / 30 days
<i>methyldopa-hydrochlorothiazide</i>	2	
<i>metoprolol-hydrochlorothiazide (metoprolol-hydrochlorothiazide 50-25 mg tab, metoprolol-hydrochlorothiazide 100-25 mg tab)</i>	2	QL 60 / 30 days
<i>metoprolol-hydrochlorothiazide 100-50 mg tab</i>	2	QL 30 / 30 days
MICARDIS HCT	2	
NEXLETOL	1	PA
<i>olmesartan medoxomil-hctz</i>	1	QL 30 / 30 days
<i>olmesartan-amlodipine-hctz</i>	1	
<i>pentoxifylline er</i>	1	QL 90 / 30 days
<i>propranolol-hctz</i>	1	QL 60 / 30 days
<i>quinapril-hydrochlorothiazide (quinapril-hydrochlorothiazide 10-12.5 mg tab, quinapril-hydrochlorothiazide 20-12.5 mg tab, quinapril-hydrochlorothiazide 20-25 mg tab)</i>	1	
RANEXA	2	
<i>ranolazine er</i>	1	PA
<i>sacubitril-valsartan</i>	1	
<i>spironolactone-hctz</i>	1	QL 240 / 30 days
TEKTURNA	2	
TEKTURNA HCT	2	
<i>telmisartan-amlodipine</i>	1	
<i>telmisartan-hctz</i>	2	
TENORETIC 100	2	QL 30 / 30 days
TENORETIC 50	2	QL 60 / 30 days
<i>trandolapril-verapamil hcl er</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>triamterene-hctz (triamterene-hctz 37.5-25 mg tab, triamterene-hctz 75-50 mg tab)</i>	1	QL 30 / 30 days
<i>triamterene-hctz 37.5-25 mg cap</i>	1	QL 60 / 30 days
TRIBENZOR	2	
TRYNGOLZA	2	
<i>valsartan-hydrochlorothiazide (valsartan-hydrochlorothiazide 320-12.5 mg tab, valsartan-hydrochlorothiazide 320-25 mg tab)</i>	1	QL 30 / 30 days
<i>valsartan-hydrochlorothiazide (valsartan-hydrochlorothiazide 80-12.5 mg tab, valsartan-hydrochlorothiazide 160-12.5 mg tab, valsartan-hydrochlorothiazide 160-25 mg tab)</i>	1	QL 60 / 30 days
VASERETIC	2	QL 60 / 30 days
ZESTORETIC (ZESTORETIC 20-12.5 MG TAB, ZESTORETIC 20-25 MG TAB)	2	QL 60 / 30 days
ZESTORETIC 10-12.5 MG TAB	2	QL 30 / 30 days
ZIAC (ZIAC 2.5-6.25 MG TAB, ZIAC 5-6.25 MG TAB)	2	QL 30 / 30 days
ZIAC 10-6.25 MG TAB	2	QL 60 / 30 day(s)
DIURETICS, LOOP		
<i>bumetanide (bumetanide 0.5 mg tab, bumetanide 2 mg tab)</i>	1	QL 150 / 30 days
<i>bumetanide 1 mg tab</i>	1	QL 180 / 30 days
<i>furosemide (furosemide 20 mg tab, furosemide 40 mg tab)</i>	1	QL 450 / 30 days
<i>furosemide 10 mg/ml solution</i>	1	QL 1800 / 30 day(s)
<i>furosemide 8 mg/ml solution</i>	1	QL 2250 / 30 days
<i>furosemide 80 mg tab</i>	1	QL 210 / 30 days
<i>torseamide 10 mg tab</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DIURETICS, POTASSIUM-SPARING		
<i>amiloride hcl 5 mg tab</i>	1	QL 4 / 1 days
DIURETICS, THIAZIDE		
<i>chlorthalidone</i>	1	QL 4 / 1 days
DIURIL	1	QL 40 / 1 days
<i>hydrochlorothiazide (hydrochlorothiazide 12.5 mg cap, hydrochlorothiazide 50 mg tab)</i>	1	QL 120 / 30 days
<i>hydrochlorothiazide (hydrochlorothiazide 12.5 mg tab, hydrochlorothiazide 25 mg tab)</i>	1	QL 4 / 1 days
<i>indapamide 1.25 mg tab</i>	1	QL 4 / 1 days
<i>indapamide 2.5 mg tab</i>	1	QL 60 / 30 days
<i>metolazone (metolazone 2.5 mg tab, metolazone 5 mg tab, metolazone 10 mg tab)</i>	1	QL 60 / 30 days
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES		
ANTARA	2	
<i>fenofibrate (fenofibrate 40 mg tab, fenofibrate 50 mg cap, fenofibrate 120 mg tab, fenofibrate 150 mg cap)</i>	2	
<i>fenofibrate (fenofibrate 48 mg tab, fenofibrate 54 mg tab, fenofibrate 67 mg cap, fenofibrate 134 mg cap, fenofibrate 145 mg tab, fenofibrate 160 mg tab, fenofibrate 200 mg cap)</i>	1	QL 30 / 30 days
FENOFIBRATE MICRONIZED (FENOFIBRATE MICRONIZED 30 MG CAP, FENOFIBRATE MICRONIZED 90 MG CAP)	2	
<i>fenofibrate micronized (fenofibrate micronized 43 mg cap, fenofibrate micronized 130 mg cap)</i>	1	
<i>fenofibrate micronized (fenofibrate micronized 67 mg cap, fenofibrate micronized 134 mg cap, fenofibrate micronized 200 mg cap)</i>	1	QL 30 / 30 days
FENOFIBRIC ACID (FENOFIBRIC ACID 35 MG TAB, FENOFIBRIC ACID 105 MG TAB)	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>fenofibric acid (fenofibric acid 45 mg cap dr, fenofibric acid 135 mg cap dr)</i>	1	
FENOGLIDE	2	
<i>gemfibrozil 600 mg tab</i>	1	QL 60 / 30 days
LIPOFEN	2	
LOPID	2	QL 60 / 30 days
TRICOR	2	QL 30 / 30 days
TRILIPIX	2	
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS		
ALTOPREV	2	
ATORVALIQ	2	
<i>atorvastatin calcium (atorvastatin calcium 10 mg tab, atorvastatin calcium 20 mg tab, atorvastatin calcium 40 mg tab, atorvastatin calcium 80 mg tab)</i>	1	QL 30 / 30 days
CRESTOR	2	QL 30 / 30 days
EZALLOR SPRINKLE	2	
<i>fluvastatin sodium</i>	2	QL 30 / 30 days
<i>fluvastatin sodium er</i>	2	
LESCOL XL	2	
LIPITOR	2	QL 30 / 30 days
LIVALO	2	
<i>lovastatin (lovastatin 10 mg tab, lovastatin 20 mg tab)</i>	1	QL 30 / 30 days
<i>lovastatin 40 mg tab</i>	1	QL 60 / 30 days
<i>pitavastatin calcium</i>	2	
<i>pravastatin sodium</i>	1	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>rosuvastatin calcium (rosuvastatin calcium 5 mg tab, rosuvastatin calcium 10 mg tab, rosuvastatin calcium 20 mg tab, rosuvastatin calcium 40 mg tab)</i>	1	QL 30 / 30 days
<i>simvastatin (simvastatin 5 mg tab, simvastatin 10 mg tab, simvastatin 20 mg tab, simvastatin 40 mg tab, simvastatin 80 mg tab)</i>	1	QL 30 / 30 days
ZOCOR	2	QL 30 / 30 days
ZYPITAMAG	2	
DYSLIPIDEMICS, OTHER		
<i>cholestyramine 4 gm packet</i>	1	QL 180 / 30 days
<i>cholestyramine 4 gm/dose powder</i>	1	QLC 54 grams/day
<i>cholestyramine light 4 gm packet</i>	1	QL 180 / 30 days
<i>cholestyramine light 4 gm/dose powder</i>	1	QLC 54 grams/day
<i>colesevelam hcl</i>	2	
COLESTID (COLESTID 1 GM TAB, COLESTID 5 GM GRANULES, COLESTID 5 GM PACKET)	2	
COLESTID FLAVORED (COLESTID FLAVORED 5 GM GRANULES, COLESTID FLAVORED 5 GM PACKET)	2	
<i>colestipol hcl (colestipol hcl 5 gm granules, colestipol hcl 5 gm packet)</i>	2	
<i>colestipol hcl 1 gm tab</i>	1	
EVKEEZA	2	
<i>ezetimibe</i>	1	QL 30 / 30 days
EZETIMIBE-ROSUVASTATIN	2	
<i>ezetimibe-simvastatin</i>	2	
<i>icosapent ethyl 0.5 gm cap</i>	2	
<i>icosapent ethyl 1 gm cap</i>	2	QL 120 / 30 days
JUXTAPID	2	
LEQVIO	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LOVAZA	2	
NEXLIZET	1	PA
NIACIN (ANTIHYPERLIPIDEMIC)	2	
<i>niacin er (antihyperlipidemic) (niacin er (antihyperlipidemic) 750 mg tab er, niacin er (antihyperlipidemic) 1000 mg tab er)</i>	2	
<i>niacin er (antihyperlipidemic) 500 mg tab er</i>	2	QL 4 / 1 days
NIACOR	2	
NIASPAN	2	
<i>omega-3-acid ethyl esters</i>	1	QL 4 / 1 days
PRALUENT	1	QL 2 / 28 days PA
<i>prevalite 4 gm packet</i>	1	QL 180 / 30 days
<i>prevalite 4 gm/dose powder</i>	1	QLC 54 grams/day
QUESTRAN (QUESTRAN 4 GM PACKET, QUESTRAN 4 GM/DOSE POWDER)	2	
QUESTRAN LIGHT	2	
REPATHA	1	QL 3 / 28 days PA
REPATHA PUSHTRONEX SYSTEM	1	PA
REPATHA SURECLICK	1	QL 3 / 28 days PA
ROSZET	2	
VASCEPA 0.5 GM CAP	2	QL 240 / 30 days
VASCEPA 1 GM CAP	2	QL 120 / 30 days
<i>vitamin d3 25 mcg (1000 ut) tab</i>	1	
VYTORIN	2	
WELCHOL	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ZETIA	2	QL 30 / 30 days
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
<i>spironolactone (spironolactone 25 mg tab, spironolactone 50 mg tab)</i>	1	QL 90 / 30 day(s)
<i>spironolactone 100 mg tab</i>	1	QL 120 / 30 day(s)
SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS (SGLT2I)		
<i>dapagliflozin propanediol</i>	2	
FARXIGA	1	
INPEFA	2	
INVOKANA	1	
JARDIANCE	1	QL 30 / 30 days
STEGLATRO	2	QL 30 / 30 days
VASODILATORS, DIRECT-ACTING ARTERIAL		
<i>hydralazine hcl (hydralazine hcl 10 mg tab, hydralazine hcl 25 mg tab, hydralazine hcl 50 mg tab)</i>	1	QL 4 / 1 days
<i>hydralazine hcl 100 mg tab</i>	1	QL 90 / 30 days
<i>minoxidil 10 mg tab</i>	1	QL 300 / 30 days
<i>minoxidil 2.5 mg tab</i>	1	QL 4 / 1 days
VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS		
GONITRO	2	
ISORDIL TITRADOSE	2	
<i>isosorbide dinitrate (isosorbide dinitrate 5 mg tab, isosorbide dinitrate 10 mg tab, isosorbide dinitrate 20 mg tab, isosorbide dinitrate 30 mg tab)</i>	2	QL 240 / 30 days
<i>isosorbide dinitrate 40 mg tab</i>	2	
<i>isosorbide mononitrate</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>isosorbide mononitrate er (isosorbide mononitrate er 60 mg tab er 24h, isosorbide mononitrate er 120 mg tab er 24h)</i>	1	QL 60 / 30 days
<i>isosorbide mononitrate er 30 mg tab er 24h</i>	1	QL 90 / 30 days
<i>minitran</i>	2	QL 30 / 30 days
NITRO-BID	1	
NITRO-DUR (NITRO-DUR 0.1 MG/HR PATCH 24HR, NITRO-DUR 0.2 MG/HR PATCH 24HR, NITRO-DUR 0.4 MG/HR PATCH 24HR, NITRO-DUR 0.6 MG/HR PATCH 24HR)	2	QL 30 / 30 days
NITRO-DUR (NITRO-DUR 0.3 MG/HR PATCH 24HR, NITRO-DUR 0.8 MG/HR PATCH 24HR)	2	
<i>nitroglycerin (nitroglycerin 0.1 mg/hr patch 24hr, nitroglycerin 0.2 mg/hr patch 24hr, nitroglycerin 0.4 mg/hr patch 24hr, nitroglycerin 0.6 mg/hr patch 24hr)</i>	1	QL 30 / 30 days
<i>nitroglycerin (nitroglycerin 0.3 mg sl tab, nitroglycerin 0.4 mg sl tab, nitroglycerin 0.6 mg sl tab)</i>	1	
<i>nitroglycerin 0.4 mg/spray solution</i>	2	
NITROLINGUAL	2	
NITROMIST	2	
NITROSTAT	2	

CENTRAL NERVOUS SYSTEM AGENTS

ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES

ADDERALL (ADDERALL 10 MG TAB, ADDERALL 12.5 MG TAB, ADDERALL 15 MG TAB, ADDERALL 20 MG TAB)	1	QL 90 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
ADDERALL (ADDERALL 5 MG TAB, ADDERALL 7.5 MG TAB)	1	QL 120 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
ADDERALL 30 MG TAB	1	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ADDERALL XR	1	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
ADZENYS XR-ODT	2	AL1 4 to 17 yrs old C Age restriction, clinical PA required
<i>amphet-dextroamphet 3-bead er</i>	2	
AMPHETAMINE ER (AMPHETAMINE ER 1.25 MG/ML SUSP, AMPHETAMINE ER 3.1 MG TAB ER DISP, AMPHETAMINE ER 6.3 MG TAB ER DISP, AMPHETAMINE ER 9.4 MG TAB ER DISP, AMPHETAMINE ER 12.5 MG TAB ER DISP, AMPHETAMINE ER 15.7 MG TAB ER DISP, AMPHETAMINE ER 18.8 MG TAB ER DISP)	2	
<i>amphetamine sulfate</i>	2	AL1 4 to 17 yrs old C Age restriction, clinical PA required
<i>amphetamine-dextroamphet er</i>	1	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
<i>amphetamine-dextroamphetamine (amphetamine-dextroamphetamine 10 mg tab, amphetamine-dextroamphetamine 12.5 mg tab, amphetamine-dextroamphetamine 15 mg tab, amphetamine-dextroamphetamine 20 mg tab)</i>	1	QL 90 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
<i>amphetamine-dextroamphetamine (amphetamine-dextroamphetamine 5 mg tab, amphetamine-dextroamphetamine 7.5 mg tab)</i>	1	QL 120 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
<i>amphetamine-dextroamphetamine 30 mg tab</i>	1	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
AZSTARYS	2	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DESOXYN	2	AL1 4 to 17 yrs old C Age restriction, clinical PA required
DEXEDRINE	2	
<i>dextroamphetamine sulfate</i> (<i>dextroamphetamine sulfate 2.5 mg tab,</i> <i>dextroamphetamine sulfate 7.5 mg tab</i>)	1	QL 90 / 30 day(s) AL1 4 to 17 yrs old C Age restriction, clinical PA required
<i>dextroamphetamine sulfate</i> (<i>dextroamphetamine sulfate 5 mg tab,</i> <i>dextroamphetamine sulfate 10 mg tab,</i> <i>dextroamphetamine sulfate 15 mg tab,</i> <i>dextroamphetamine sulfate 20 mg tab</i>)	1	QL 90 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
<i>dextroamphetamine sulfate 30 mg tab</i>	1	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
<i>dextroamphetamine sulfate 5 mg/5ml solution</i>	2	QL 60 mL / 1 day(s) AL1 4 to 17 yrs old C Age restriction, clinical PA required
<i>dextroamphetamine sulfate er</i> (<i>dextroamphetamine sulfate er 10 mg cap er 24h,</i> <i>dextroamphetamine sulfate er 15 mg cap er 24h</i>)	1	QL 120 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
<i>dextroamphetamine sulfate er 5 mg cap er 24h</i>	1	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
DYANAVEL XR (DYANAVEL XR 5 MG TAB ER, DYANAVEL XR 10 MG TAB ER, DYANAVEL XR 15 MG TAB ER, DYANAVEL XR 20 MG TAB ER)	2	
DYANAVEL XR 2.5 MG/ML SUSP	1	QL 240 mL / 30 day(s) AL1 4 to 17 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EVEKEO	2	AL1 4 to 17 yrs old C Age restriction, clinical PA required
EVEKEO ODT	2	AL1 4 to 17 yrs old C Age restriction, clinical PA required
<i>lisdexamfetamine dimesylate</i> <i>(lisdexamfetamine dimesylate 10 mg chew tab, lisdexamfetamine dimesylate 50 mg chew tab)</i>	2	QL 30 / 30 day(s) AL1 4 to 17 yrs old C Age restriction, clinical PA required
<i>lisdexamfetamine dimesylate</i> <i>(lisdexamfetamine dimesylate 20 mg cap, lisdexamfetamine dimesylate 30 mg cap, lisdexamfetamine dimesylate 40 mg cap, lisdexamfetamine dimesylate 50 mg cap, lisdexamfetamine dimesylate 60 mg cap, lisdexamfetamine dimesylate 70 mg cap)</i>	1	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
<i>lisdexamfetamine dimesylate</i> <i>(lisdexamfetamine dimesylate 20 mg chew tab, lisdexamfetamine dimesylate 30 mg chew tab, lisdexamfetamine dimesylate 40 mg chew tab, lisdexamfetamine dimesylate 60 mg chew tab)</i>	2	QL 30 / 30 day(s) AL1 4 to 17 yrs old C Age restriction, clinical PA required
<i>lisdexamfetamine dimesylate 10 mg cap</i>	1	QL 30 / 30 day(s) AL1 4 to 17 yrs old C Age restriction, clinical PA required
<i>methamphetamine hcl</i>	2	AL1 4 to 17 yrs old C Age restriction, clinical PA required
MYDAYIS	2	AL1 4 to 17 yrs old C Age restriction, clinical PA required
<i>procentra</i>	1	QL 60 mL / 1 day(s) AL1 4 to 17 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VYVANSE (VYVANSE 10 MG CAP, VYVANSE 20 MG CAP, VYVANSE 30 MG CAP, VYVANSE 40 MG CAP, VYVANSE 50 MG CAP, VYVANSE 60 MG CAP, VYVANSE 70 MG CAP)	1	QL 30 / 30 days AL1 4 to 17 yrs old c Age restriction, clinical PA required
VYVANSE (VYVANSE 10 MG CHEW TAB, VYVANSE 20 MG CHEW TAB, VYVANSE 30 MG CHEW TAB, VYVANSE 40 MG CHEW TAB, VYVANSE 50 MG CHEW TAB, VYVANSE 60 MG CHEW TAB)	2	QL 30 / 30 days AL1 4 to 17 yrs old c Age restriction, clinical PA required
XELSTRYM	2	
<i>zenzedi (zenzedi 2.5 mg tab, zenzedi 5 mg tab, zenzedi 7.5 mg tab, zenzedi 10 mg tab, zenzedi 15 mg tab, zenzedi 20 mg tab)</i>	2	QL 90 / 30 days AL1 4 to 17 yrs old c Age restriction, clinical PA required
<i>zenzedi 30 mg tab</i>	2	QL 60 / 30 days AL1 4 to 17 yrs old c Age restriction, clinical PA required
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES		
ADHANSIA XR	2	AL1 4 to 17 yrs old c Age restriction, clinical PA required
APTENSIO XR	2	AL1 4 to 17 yrs old c Age restriction, clinical PA required
<i>atomoxetine hcl (atomoxetine hcl 10 mg cap, atomoxetine hcl 18 mg cap, atomoxetine hcl 25 mg cap, atomoxetine hcl 40 mg cap)</i>	1	QL 60 / 30 days AL1 4 to 17 yrs old c Age restriction, clinical PA required
<i>atomoxetine hcl (atomoxetine hcl 60 mg cap, atomoxetine hcl 80 mg cap, atomoxetine hcl 100 mg cap)</i>	1	QL 30 / 30 days AL1 4 to 17 yrs old c Age restriction, clinical PA required
<i>clonidine hcl er</i>	1	AL1 4 to 17 yrs old c Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CONCERTA (CONCERTA 18 MG TAB ER, CONCERTA 27 MG TAB ER, CONCERTA 54 MG TAB ER)	1	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
CONCERTA 36 MG TAB ER	1	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
COTEMPLA XR-ODT	2	AL1 4 to 17 yrs old C Age restriction, clinical PA required
DAYTRANA	2	AL1 4 to 17 yrs old C Age restriction, clinical PA required
<i>dexmethylphenidate hcl</i>	1	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
<i>dexmethylphenidate hcl er</i> (<i>dexmethylphenidate hcl er 25 mg cap er 24h,</i> <i>dexmethylphenidate hcl er 30 mg cap er 24h,</i> <i>dexmethylphenidate hcl er 35 mg cap er 24h,</i> <i>dexmethylphenidate hcl er 40 mg cap er 24h</i>)	1	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
<i>dexmethylphenidate hcl er</i> (<i>dexmethylphenidate hcl er 5 mg cap er 24h,</i> <i>dexmethylphenidate hcl er 10 mg cap er 24h,</i> <i>dexmethylphenidate hcl er 15 mg cap er 24h,</i> <i>dexmethylphenidate hcl er 20 mg cap er 24h</i>)	1	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
FOCALIN	2	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
FOCALIN XR (FOCALIN XR 25 MG CAP ER 24H, FOCALIN XR 30 MG CAP ER 24H, FOCALIN XR 35 MG CAP ER 24H, FOCALIN XR 40 MG CAP ER 24H)	2	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FOCALIN XR (FOCALIN XR 5 MG CAP ER 24H, FOCALIN XR 10 MG CAP ER 24H, FOCALIN XR 15 MG CAP ER 24H, FOCALIN XR 20 MG CAP ER 24H)	2	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
<i>guanfacine hcl er (guanfacine hcl er 1 mg tab er 24h, guanfacine hcl er 2 mg tab er 24h, guanfacine hcl er 3 mg tab er 24h)</i>	1	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
<i>guanfacine hcl er 4 mg tab er 24h</i>	1	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
INTUNIV (INTUNIV 1 MG TAB ER 24H, INTUNIV 2 MG TAB ER 24H, INTUNIV 3 MG TAB ER 24H)	2	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
INTUNIV 4 MG TAB ER 24H	2	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
JORNAY PM	2	AL1 4 to 17 yrs old C Age restriction, clinical PA required
KAPVAY	2	AL1 4 to 17 yrs old C Age restriction, clinical PA required
METADATE CD	2	
METHYLIN	2	QL 900 mL / 30 day(s) AL1 4 to 17 yrs old C Age restriction, clinical PA required
<i>methylphenidate</i>	2	AL1 4 to 17 yrs old C Age restriction, clinical PA required
<i>methylphenidate hcl (methylphenidate hcl 10 mg tab, methylphenidate hcl 20 mg tab)</i>	1	QL 90 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>methylphenidate hcl (methylphenidate hcl 2.5 mg chew tab, methylphenidate hcl 5 mg chew tab)</i>	2	QL 120 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
<i>methylphenidate hcl (methylphenidate hcl 5 mg/5ml solution, methylphenidate hcl 10 mg/5ml solution)</i>	1	QL 900 mL / 30 day(s) AL1 4 to 17 yrs old C Age restriction, clinical PA required
<i>methylphenidate hcl 10 mg chew tab</i>	2	QL 180 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
<i>methylphenidate hcl 5 mg tab</i>	1	QL 120 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
<i>methylphenidate hcl er (cd) (methylphenidate hcl er (cd) 10 mg cap er, methylphenidate hcl er (cd) 20 mg cap er, methylphenidate hcl er (cd) 30 mg cap er)</i>	1	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
<i>methylphenidate hcl er (cd) (methylphenidate hcl er (cd) 40 mg cap er, methylphenidate hcl er (cd) 50 mg cap er, methylphenidate hcl er (cd) 60 mg cap er)</i>	1	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
<i>methylphenidate hcl er (la) (methylphenidate hcl er (la) 10 mg cap er 24h, methylphenidate hcl er (la) 20 mg cap er 24h, methylphenidate hcl er (la) 30 mg cap er 24h)</i>	1	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
<i>methylphenidate hcl er (la) (methylphenidate hcl er (la) 40 mg cap er 24h, methylphenidate hcl er (la) 60 mg cap er 24h)</i>	1	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
<i>methylphenidate hcl er (methylphenidate hcl er 10 mg tab er, methylphenidate hcl er 20 mg tab er)</i>	1	QL 90 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>methylphenidate hcl er (methylphenidate hcl er 18 mg tab er, methylphenidate hcl er 18 mg tab er 24h, methylphenidate hcl er 27 mg tab er, methylphenidate hcl er 27 mg tab er 24h, methylphenidate hcl er 54 mg tab er, methylphenidate hcl er 54 mg tab er 24h)</i>	1	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
<i>methylphenidate hcl er (methylphenidate hcl er 36 mg tab er, methylphenidate hcl er 36 mg tab er 24h)</i>	1	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
<i>methylphenidate hcl er (osm) (methylphenidate hcl er (osm) 18 mg tab er, methylphenidate hcl er (osm) 27 mg tab er, methylphenidate hcl er (osm) 54 mg tab er)</i>	1	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
<i>methylphenidate hcl er (osm) (methylphenidate hcl er (osm) 45 mg tab er, methylphenidate hcl er (osm) 72 mg tab er)</i>	2	AL1 4 to 17 yrs old C Age restriction, clinical PA required
<i>methylphenidate hcl er (osm) 36 mg tab er</i>	1	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
METHYLPHENIDATE HCL ER (OSM) 63 MG TAB ER	2	AL1 4 to 17 yrs old C Age restriction, clinical PA required
<i>methylphenidate hcl er (xr)</i>	2	AL1 4 to 17 yrs old C Age restriction, clinical PA required
ONYDA XR	2	AL1 4 to 17 yrs old C Age restriction, clinical PA required
QELBREE (QELBREE 150 MG CAP ER 24H, QELBREE 200 MG CAP ER 24H)	1	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
QELBREE 100 MG CAP ER 24H	1	QL 90 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
QUILLICHEW ER (QUILLICHEW ER 20 MG CHER, QUILLICHEW ER 40 MG CHER)	1	QL 45 / 30 day(s) AL1 4 to 17 yrs old C Age restriction, clinical PA required
QUILLICHEW ER 30 MG CHER	1	QL 60 / 30 day(s) AL1 4 to 17 yrs old C Age restriction, clinical PA required
QUILLIVANT XR	1	QL 360 mL / 30 day(s) AL1 4 to 17 yrs old C Age restriction, clinical PA required
RELEXXII (RELEXXII 18 MG TAB ER, RELEXXII 27 MG TAB ER, RELEXXII 54 MG TAB ER)	2	
RELEXXII (RELEXXII 45 MG TAB ER, RELEXXII 72 MG TAB ER)	2	AL1 4 to 17 yrs old C Age restriction, clinical PA required
RELEXXII 36 MG TAB ER	2	QL 60 / 30 day(s) AL1 4 to 17 yrs old C Age restriction, clinical PA required
RELEXXII 63 MG TAB ER	2	AL1 4 to 17 yrs old C Age restriction, clinical PA required
RITALIN (RITALIN 10 MG TAB, RITALIN 20 MG TAB)	2	QL 90 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
RITALIN 5 MG TAB	2	QL 120 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
RITALIN LA (RITALIN LA 10 MG CAP ER 24H, RITALIN LA 20 MG CAP ER 24H, RITALIN LA 30 MG CAP ER 24H)	2	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
RITALIN LA 40 MG CAP ER 24H	2	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
STRATTERA (STRATTERA 10 MG CAP, STRATTERA 18 MG CAP, STRATTERA 25 MG CAP, STRATTERA 40 MG CAP)	2	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
STRATTERA (STRATTERA 60 MG CAP, STRATTERA 80 MG CAP, STRATTERA 100 MG CAP)	2	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
CENTRAL NERVOUS SYSTEM, OTHER		
8 hr arthritis pain relief	1	
8hr muscle aches & pain relief	1	
acetaminophen (acetaminophen 160 mg/5ml liquid, acetaminophen 160 mg/5ml solution, acetaminophen 160 mg/5ml suspension, acetaminophen 325 mg/10.15ml solution, acetaminophen 650 mg/20.3ml solution, acetaminophen 650 mg/20.3ml suspension)	1	QL 30 / 1 days
acetaminophen (acetaminophen 325 mg tab, acetaminophen 500 mg tab)	1	
acetaminophen 120 mg suppos	1	QL 5 / 1 days
acetaminophen 650 mg suppos	1	QL 6 / 1 days
acetaminophen childrens (acetaminophen childrens 160 mg/5ml liquid, acetaminophen childrens 160 mg/5ml solution, acetaminophen childrens 160 mg/5ml suspension)	1	QL 30 / 1 days
acetaminophen extra strength 500 mg tab	1	
acetaminophen infants	1	QL 30 / 1 days
ALLZITAL	2	
aminofen	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>aphen</i>	1	
<i>aurophen childrens</i>	1	QL 30 / 1 days
AUSTEDO (AUSTEDO 9 MG TAB, AUSTEDO 12 MG TAB)	1	QL 120 / 30 day(s) PA
AUSTEDO 6 MG TAB	1	QL 60 / 30 day(s) PA
AUSTEDO XR (AUSTEDO XR 12 MG TAB ER 24H, AUSTEDO XR 18 MG TAB ER 24H, AUSTEDO XR 30 MG TAB ER 24H, AUSTEDO XR 36 MG TAB ER 24H, AUSTEDO XR 42 MG TAB ER 24H, AUSTEDO XR 48 MG TAB ER 24H)	1	QL 30 / 30 day(s) PA
AUSTEDO XR 24 MG TAB ER 24H	1	QL 60 / 30 day(s) PA
AUSTEDO XR 6 MG TAB ER 24H	1	QL 90 / 30 day(s) PA
AUSTEDO XR PATIENT TITRATION 12 & 18 & 24 & 30 MG TBER THPK	1	QL 28 / 28 day(s) PA
AUSTEDO XR PATIENT TITRATION 6 & 12 & 24 MG TBER THPK	1	PA
<i>bac (butalbital-acetamin-caff)</i>	1	PA QLC Max 18 tabs/caps per month
<i>betatemp childrens</i>	1	QL 30 / 1 days
<i>bupap</i>	2	QLC Max 18 tabs/caps per month
<i>butalbital-acetaminophen</i>	2	QLC Max 18 tabs/caps per month
<i>butalbital-apap-caffeine (butalbital-apap-caffeine 50-300-40 mg cap, butalbital-apap-caffeine 50-325-40 mg cap)</i>	2	QLC Max 18 tabs/caps per month
<i>butalbital-apap-caffeine 50-325-40 mg tab</i>	1	PA QLC Max 18 tabs/caps per month

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
BUTALBITAL-APAP-CAFFEINE 50-325-40 MG/15ML SOLUTION	2	QLC 270 mL/30 days
<i>childrens acetaminophen</i>	1	QL 30 / 1 days
<i>childrens non-aspirin 160 mg/5ml suspension</i>	1	QL 30 / 1 days
<i>childrens silapap</i>	1	QL 30 / 1 days
<i>curanol</i>	1	QL 30 / 1 days
<i>cvs acetaminophen 325 mg tab</i>	1	
<i>cvs acetaminophen ex st 500 mg tab</i>	1	
<i>cvs fever reducing childrens</i>	1	QL 5 / 1 days
<i>cvs infants pain relief drops</i>	1	QL 30 / 1 days
<i>cvs non-aspirin extra strength</i>	1	
<i>cvs pain & fever childrens</i>	1	QL 30 / 1 days
<i>cvs pain & fever infants</i>	1	QL 30 / 1 days
<i>cvs pain relief 500 mg tab</i>	1	
<i>cvs pain relief extra strength</i>	1	
<i>cvs pain relief regular st</i>	1	
<i>ed-apap</i>	1	QL 30 / 1 days
<i>eq 8hr arthritis pain relief</i>	1	
<i>eq acetaminophen</i>	1	
<i>eq pain & fever childrens 160 mg/5ml suspension</i>	1	QL 30 / 1 days
<i>eq pain & fever infants</i>	1	QL 30 / 1 days
<i>eq pain reliever (eq pain reliever 325 mg tab, eq pain reliever 500 mg tab)</i>	1	
<i>eq pain reliever 160 mg/5ml suspension</i>	1	QL 30 / 1 days
<i>eq pain reliever ex st</i>	1	
<i>eq acetaminophen</i>	1	
<i>eq acetaminophen childrens</i>	1	QL 30 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>eql acetaminophen ex st</i>	1	
<i>eql acetaminophen infants</i>	1	QL 30 / 1 days
<i>esgic (esgic 50-325-40 mg cap, esgic 50-325-40 mg tab)</i>	2	QLC Max 18 tabs/caps per month
<i>feverall adults</i>	1	QL 6 / 1 days
<i>feverall childrens</i>	1	QL 5 / 1 days
FEVERALL INFANTS	1	QL 5 / 1 days
FEVERALL JUNIOR STRENGTH	1	QL 5 / 1 days
FIORICET	2	QLC Max 18 tabs/caps per month
<i>ft pain & fever childrens</i>	1	QL 30 / 1 days
<i>ft pain & fever infants</i>	1	QL 30 / 1 days
<i>ft pain relief 325 mg tab</i>	1	
<i>ft pain relief adult extra st</i>	1	
<i>ft pain relief extra strength</i>	1	
<i>ft pain reliever adults</i>	1	QL 6 / 1 days
<i>ft pain reliever children</i>	1	QL 5 / 1 days
<i>ft pain reliever ex str adult</i>	1	
<i>ft pain reliver extra st adult</i>	1	
<i>ft rapid release pain relief</i>	1	
<i>gabapentin (once-daily) 300 mg tab</i>	2	QL 30 / 30 day(s)
<i>gabapentin (once-daily) 600 mg tab</i>	2	QL 60 / 30 day(s)
<i>gnp 8 hour pain relief</i>	1	
<i>gnp acetaminophen 325 mg tab</i>	1	
<i>gnp children's pain & fever</i>	1	QL 30 / 1 days
<i>gnp infants pain/fever</i>	1	QL 30 / 1 days
<i>gnp pain & fever childrens</i>	1	QL 30 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>gnp pain & fever infants</i>	1	QL 30 / 1 days
<i>gnp pain relief 325 mg tab</i>	1	
<i>gnp pain relief extra strength</i>	1	
<i>goodsense pain & fever child</i>	1	QL 30 / 1 days
<i>goodsense pain & fever infants</i>	1	QL 30 / 1 days
<i>goodsense pain relief 325 mg tab</i>	1	
<i>goodsense pain relief extra st</i>	1	
GRALISE (GRALISE 300 MG TAB, GRALISE 450 MG TAB)	2	QL 30 / 30 day(s)
GRALISE (GRALISE 600 MG TAB, GRALISE 750 MG TAB, GRALISE 900 MG TAB)	2	QL 60 / 30 day(s)
<i>healthy mama shake that ache</i>	1	
<i>hm pain & fever childrens</i>	1	QL 30 / 1 days
<i>hm pain & fever infants</i>	1	QL 30 / 1 days
<i>hm pain relief extra strength</i>	1	
<i>hm pain relieve child dye-free</i>	1	QL 30 / 1 days
<i>hm pain reliever</i>	1	
<i>hm pain reliever childrens</i>	1	QL 30 / 1 days
<i>hm pain reliever infants</i>	1	QL 30 / 1 days
HORIZANT	2	QL 60 / 30 day(s)
<i>infants pain & fever</i>	1	QL 30 / 1 days
INGREZZA (INGREZZA 40 MG CAP SPRINK, INGREZZA 60 MG CAP SPRINK, INGREZZA 80 MG CAP SPRINK)	1	QL 30 / 30 day(s) PA
INGREZZA (INGREZZA 40 MG CAP, INGREZZA 60 MG CAP, INGREZZA 80 MG CAP)	1	QL 30 / 30 days PA
INGREZZA 40 & 80 MG CAP THPK	1	PA
JOURNAVX	2	QLC max 2.5 tablets per day; limited to a 14-day supply

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>kls acetaminophen ex st</i>	1	
<i>liquid acetaminophen</i>	1	QL 30 / 1 days
<i>liquid pain relief</i>	1	QL 30 / 1 days
<i>little remedies for fever</i>	1	QL 30 / 1 days
<i>m-pap</i>	1	QL 30 / 1 days
<i>max relief jr child pain/fever</i>	1	QL 30 / 1 days
<i>max relief junior</i>	1	QL 30 / 1 days
<i>medi-tabs extra strength</i>	1	
<i>meijer aspirin free</i>	1	
<i>midazolam hcl 2 mg/ml syrup</i>	2	
<i>mm acetaminophen ex str</i>	1	
<i>non-aspirin</i>	1	
<i>non-aspirin childrens</i>	1	QL 30 / 1 days
<i>non-aspirin extra strength</i>	1	
<i>non-aspirin pain relief</i>	1	
<i>pain & fever childrens 160 mg/5ml suspension</i>	1	QL 30 / 1 days
<i>pain & fever infants</i>	1	QL 30 / 1 days
<i>pain & fever kids</i>	1	QL 30 / 1 days
<i>pain and fever relief kids</i>	1	QL 30 / 1 days
<i>pain relief childrens 160 mg/5ml suspension</i>	1	QL 30 / 1 days
<i>pain relief extra strength 500 mg tab</i>	1	
<i>pain relief regular strength</i>	1	
<i>pain reliever 325 mg tab</i>	1	
<i>pain reliever extra strength 500 mg tab</i>	1	
<i>pain reliever for adults</i>	1	
<i>pain reliever/fever reducer</i>	1	QL 5 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>panadol childrens</i>	1	QL 30 / 1 days
<i>panadol extra strength</i>	1	
<i>panadol infants</i>	1	QL 30 / 1 days
<i>pediacare children</i>	1	QL 30 / 1 days
<i>pediacare infant fever/pain</i>	1	QL 30 / 1 days
<i>pediacare infants</i>	1	QL 30 / 1 days
<i>pharbetol</i>	1	
<i>pharbetol extra strength</i>	1	
<i>px childrens pain relief</i>	1	QL 30 / 1 days
<i>px pain relief extra strength</i>	1	
<i>qc 8 hour arthritis pain</i>	1	
<i>qc acetaminophen infants</i>	1	QL 30 / 1 days
<i>qc non-aspirin childrens 160 mg/5ml suspension</i>	1	QL 30 / 1 days
<i>qc non-aspirin extra strength</i>	1	
<i>qc pain relief 325 mg tab</i>	1	
<i>qc pain relief childrens</i>	1	QL 30 / 1 days
<i>qc pain relief extra strength 500 mg tab</i>	1	
<i>qc pain relief infants</i>	1	QL 30 / 1 days
<i>ra acetaminophen</i>	1	
<i>ra acetaminophen ex st</i>	1	
<i>ra childrens fever/pain</i>	1	QL 30 / 1 days
<i>ra fever reducer/pain reliever</i>	1	QL 30 / 1 days
<i>ra pain relief acetaminophen</i>	1	
<i>sb non-aspirin 325 mg tab</i>	1	
<i>sb non-aspirin extra strength</i>	1	
<i>sb pain reliever childrens</i>	1	QL 30 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>sb pain reliever ex st</i>	1	
<i>sm pain & fever childrens</i>	1	QL 30 / 1 days
<i>sm pain & fever infants</i>	1	QL 30 / 1 days
<i>sm pain relief</i>	1	
<i>sm pain relief extra strength</i>	1	
<i>sm pain reliever</i>	1	
<i>sm pain reliever childrens</i>	1	QL 30 / 1 days
<i>sm pain reliever ex st 500 mg tab</i>	1	
<i>tetrabenazine</i>	1	PA
VTOL LQ	2	QLC 270 mL/30 days
XENAZINE	2	
<i>zebutal</i>	2	QLC Max 18 tabs/caps per month
FIBROMYALGIA AGENTS		
CYMBALTA (CYMBALTA 30 MG CP DR PART, CYMBALTA 60 MG CP DR PART)	2	QL 60 / 30 days
CYMBALTA 20 MG CP DR PART	2	QL 120 / 30 day(s)
DRIZALMA SPRINKLE	2	
<i>duloxetine hcl (duloxetine hcl 30 mg cp dr part, duloxetine hcl 60 mg cp dr part)</i>	1	QL 60 / 30 days
<i>duloxetine hcl 20 mg cp dr part</i>	1	QL 120 / 30 day(s)
<i>duloxetine hcl 40 mg cp dr part</i>	2	QL 30 / 30 days
LYRICA (LYRICA 225 MG CAP, LYRICA 300 MG CAP)	2	QL 60 / 30 days
LYRICA (LYRICA 25 MG CAP, LYRICA 50 MG CAP, LYRICA 75 MG CAP, LYRICA 100 MG CAP, LYRICA 150 MG CAP, LYRICA 200 MG CAP)	2	QL 90 / 30 days
LYRICA 20 MG/ML SOLUTION	2	QLC 30 mL/day
LYRICA CR (LYRICA CR 82.5 MG TAB ER 24H, LYRICA CR 165 MG TAB ER 24H)	2	QL 90 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LYRICA CR 330 MG TAB ER 24H	2	QL 60 / 30 days
<i>pregabalin (pregabalin 225 mg cap, pregabalin 300 mg cap)</i>	1	QL 60 / 30 days
<i>pregabalin (pregabalin 25 mg cap, pregabalin 50 mg cap, pregabalin 75 mg cap, pregabalin 100 mg cap, pregabalin 150 mg cap, pregabalin 200 mg cap)</i>	1	QL 90 / 30 days
<i>pregabalin 20 mg/ml solution</i>	1	QLC 30 mL/day
<i>pregabalin er</i>	2	
SAVELLA	2	
SAVELLA TITRATION PACK	2	
MULTIPLE SCLEROSIS AGENTS		
AMPYRA	2	QL 60 / 30 days
AUBAGIO	2	
AVONEX PEN	1	
AVONEX PREFILLED	1	
BAFIERTAM	2	QL 120 / 30 days
BETASERON	1	
BRIUMVI	1	PA
COPAXONE 20 MG/ML SOLN PRSYR	2	QL 30 / 30 days
COPAXONE 40 MG/ML SOLN PRSYR	2	QL 12 / 28 days
<i>dalfampridine er</i>	1	QL 60 / 30 days PA
<i>dimethyl fumarate (dimethyl fumarate 120 mg cap dr, dimethyl fumarate 240 mg cap dr)</i>	1	PA
<i>dimethyl fumarate starter pack</i>	1	PA
EXTAVIA	2	
<i>fingolimod hcl</i>	1	
GILENYA 0.25 MG CAP	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GILENYA 0.5 MG CAP	2	PA
<i>glatiramer acetate 20 mg/ml soln prsyr</i>	1	QL 30 / 30 days
<i>glatiramer acetate 40 mg/ml soln prsyr</i>	1	QL 12 / 28 days
<i>glatopa 20 mg/ml soln prsyr</i>	1	QL 30 / 30 days
<i>glatopa 40 mg/ml soln prsyr</i>	1	QL 12 / 28 days
KESIMPTA	1	PA
LEMTRADA	2	
MAVENCLAD (10 TABS)	2	
MAVENCLAD (4 TABS)	2	
MAVENCLAD (5 TABS)	2	
MAVENCLAD (6 TABS)	2	
MAVENCLAD (7 TABS)	2	
MAVENCLAD (8 TABS)	2	
MAVENCLAD (9 TABS)	2	
MAYZENT 0.25 MG TAB	2	QL 120 / 30 days
MAYZENT 1 MG TAB	2	
MAYZENT 2 MG TAB	2	QL 30 / 30 days
MAYZENT STARTER PACK 12 X 0.25 MG TAB THPK	2	QLC 1 fill per lifetime
MAYZENT STARTER PACK 7 X 0.25 MG TAB THPK	2	
OCREVUS	1	PA
OCREVUS ZUNOVO	2	
PLEGRIDY	2	
PLEGRIDY STARTER PACK	2	
PONVORY	2	QL 30 / 30 days
PONVORY STARTER PACK	2	QL 14 / 14 days
REBIF	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
REBIF REBIDOSE	1	
REBIF REBIDOSE TITRATION PACK	1	
REBIF TITRATION PACK	1	
TASCENSO ODT	2	
TECFIDERA	2	
<i>teriflunomide</i>	1	QL 30 / 30 days PA
TYSABRI	1	PA
VUMERITY	2	QL 120 / 30 days
ZEPOSIA	2	QL 30 / 30 days
ZEPOSIA 7-DAY STARTER PACK	2	QLC 1 fill per lifetime
ZEPOSIA STARTER KIT 0.23MG & 0.46MG & 0.92MG CAP THPK	2	QLC 1 fill per lifetime
ZEPOSIA STARTER KIT 0.23MG & 0.46MG 0.92MG(21) CAP THPK	2	
DENTAL AND ORAL AGENTS		
<i>chlorhexidine gluconate 0.12 % solution</i>	1	QL 946 mL / 30 day(s)
<i>dentagel</i>	1	
<i>fraiche 5000 dental</i>	1	
<i>just right 5000 1.1 % gel</i>	1	
<i>kourzeq</i>	1	
<i>oralone</i>	1	
<i>periogard</i>	1	QL 946 mL / 30 day(s)
<i>pilocarpine hcl (pilocarpine hcl 5 mg tab, pilocarpine hcl 7.5 mg tab)</i>	1	QL 4 / 1 days
<i>sf</i>	1	
<i>sodium fluoride 1.1 % gel</i>	1	
<i>sodium fluoride 5000 ppm 1.1 % gel</i>	1	
<i>triamcinolone acetonide 0.1 % paste</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DERMATOLOGICAL AGENTS		
ACNE AND ROSACEA AGENTS		
ABSORICA	2	PA
ABSORICA LD	2	
ACANYA	2	
<i>accutane</i>	2	PA
<i>acitretin</i>	1	
<i>acne medication 10 (acne medication 10 10 % gel, acne medication 10 10 % lotion)</i>	1	
<i>acne medication 2.5</i>	1	
<i>acne medication 5 (acne medication 5 5 % gel, acne medication 5 5 % lotion)</i>	1	
<i>adapalene 0.1 % cream</i>	2	QL 45 / 30 days AL1 Up to 20 yrs old c Age restriction, clinical PA required
<i>adapalene 0.1 % gel</i>	1	QL 45 / 30 days AL1 Up to 20 yrs old c Age restriction, clinical PA required
ADAPALENE 0.1 % SOLUTION	2	AL1 Up to 20 yrs old c Age restriction, clinical PA required
<i>adapalene 0.3 % gel pump</i>	2	AL1 Up to 20 yrs old c Age restriction, clinical PA required
<i>adapalene 0.3 % gel tube</i>	1	AL1 Up to 20 yrs old c Age restriction, clinical PA required
<i>adapalene treatment</i>	1	QL 45 / 30 days AL1 Up to 20 yrs old c Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>adapalene-benzoyl peroxide 0.1-2.5 % gel</i>	1	AL1 Up to 20 yrs old C Age restriction, clinical PA required
<i>adapalene-benzoyl peroxide 0.3-2.5 % gel</i>	1	AL1 Up to 20 yrs old C Age restriction, clinical PA required
AKLIEF	2	AL1 Up to 20 yrs old C Age restriction, clinical PA required
ALTRENO	2	AL1 Up to 20 yrs old C Age restriction, clinical PA required
<i>amnesteam</i>	1	PA
AMZEEQ	2	
ARAZLO	2	
ATRALIN	2	AL1 Up to 20 yrs old C Age restriction, clinical PA required
<i>avita 0.025 % cream</i>	1	QL 45 / 30 days AL1 Up to 20 yrs old C Age restriction, clinical PA required
<i>avita 0.025 % gel</i>	2	QL 45 / 30 days AL1 Up to 20 yrs old C Age restriction, clinical PA required
AZELEX	2	AL1 Up to 20 yrs old C Age restriction, clinical PA required
BENZACLIN	2	
BENZACLIN WITH PUMP	2	
BENZAMYCIN	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
BENZOYL PEROXIDE (BENZOYL PEROXIDE 2.5 % GEL, BENZOYL PEROXIDE 5 % GEL, BENZOYL PEROXIDE 5 % LOTION, BENZOYL PEROXIDE 10 % GEL, BENZOYL PEROXIDE 10 % LOTION)	1	
<i>benzoyl peroxide-erythromycin</i>	1	
BPO	2	
CABTREO	2	
<i>claravis</i>	1	PA
CLINDACIN ETZ 1 % KIT	2	
CLINDACIN PAC	2	
<i>clindamycin phos-benzoyl perox (clindamycin phos-benzoyl perox 1-5 % gel, clindamycin phos-benzoyl perox 1.2-2.5 % gel, clindamycin phos-benzoyl perox 1.2-3.75 % gel)</i>	2	
<i>clindamycin phos-benzoyl perox 1-5 % gel pump</i>	2	
<i>clindamycin phos-benzoyl perox 1.2-5 % gel</i>	1	
<i>clindamycin-tretinoin</i>	2	AL1 Up to 20 yrs old C Age restriction, clinical PA required
CLINDAVIX	2	
<i>cvs adapalene</i>	1	QL 45 / 30 days AL1 Up to 20 yrs old C Age restriction, clinical PA required
DIFFERIN 0.1 % CREAM	1	QL 45 / 30 days AL1 Up to 20 yrs old C Age restriction, clinical PA required
DIFFERIN 0.1 % GEL	1	QL 45 / 30 days AL1 Up to 20 yrs old C Age restriction, clinical PA required
DIFFERIN 0.1 % LOTION	2	AL1 Up to 20 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DIFFERIN 0.3 % GEL	2	AL1 Up to 20 yrs old c Age restriction, clinical PA required
EPIDUO	2	AL1 Up to 20 yrs old c Age restriction, clinical PA required
EPIDUO FORTE	2	AL1 Up to 20 yrs old c Age restriction, clinical PA required
FABIOR	2	
<i>isotretinoin (isotretinoin 10 mg cap, isotretinoin 20 mg cap, isotretinoin 30 mg cap, isotretinoin 40 mg cap)</i>	1	PA
<i>isotretinoin (isotretinoin 25 mg cap, isotretinoin 35 mg cap)</i>	2	PA
KLARON	2	
<i>medpura benzoyl peroxide (medpura benzoyl peroxide 5 % gel, medpura benzoyl peroxide 10 % gel)</i>	1	
NEUAC (NEUAC 1.2-5 % GEL, NEUAC 1.2-5 % KIT)	2	
ONEXTON	2	
<i>panoxyl acne treatment</i>	1	
RETIN-A	1	QL 45 / 30 days AL1 Up to 20 yrs old c Age restriction, clinical PA required
RETIN-A MICRO	2	AL1 Up to 20 yrs old c Age restriction, clinical PA required
RETIN-A MICRO PUMP	2	AL1 Up to 20 yrs old c Age restriction, clinical PA required
<i>sulfacetamide sodium (acne)</i>	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>tazarotene (tazarotene 0.05 % cream, tazarotene 0.05 % gel, tazarotene 0.1 % foam, tazarotene 0.1 % gel)</i>	2	
<i>tazarotene 0.1 % cream</i>	2	QL 30 / 30 days
<i>tretinoin (tretinoin 0.01 % gel, tretinoin 0.025 % gel)</i>	2	QL 45 / 30 days AL1 Up to 20 yrs old C Age restriction, clinical PA required
<i>tretinoin (tretinoin 0.025 % cream, tretinoin 0.05 % cream, tretinoin 0.1 % cream)</i>	1	QL 45 / 30 days AL1 Up to 20 yrs old C Age restriction, clinical PA required
<i>tretinoin 0.05 % gel</i>	2	AL1 Up to 20 yrs old C Age restriction, clinical PA required
TRETINOIN MICROSPHERE (TRETINOIN MICROSPHERE 0.04 % GEL, TRETINOIN MICROSPHERE 0.1 % GEL)	2	AL1 Up to 20 yrs old C Age restriction, clinical PA required
<i>tretinoin microsphere 0.08 % gel</i>	2	
TRETINOIN MICROSPHERE PUMP (TRETINOIN MICROSPHERE PUMP 0.04 % GEL, TRETINOIN MICROSPHERE PUMP 0.1 % GEL)	2	AL1 Up to 20 yrs old C Age restriction, clinical PA required
<i>tretinoin microsphere pump 0.08 % gel</i>	2	
WINLEVI	2	
<i>zenatane</i>	1	PA
ZIANA	2	AL1 Up to 20 yrs old C Age restriction, clinical PA required
DERMATITIS AND PRURITUS AGENTS		
ADBRY	1	PA
<i>a/12</i>	1	
ALA SCALP	2	
<i>ala-cort 1 % cream</i>	2	QL 2 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>alclometasone dipropionate 0.05 % cream</i>	2	QL 30 / 30 days
<i>alclometasone dipropionate 0.05 % ointment</i>	2	QL 60 / 24 days
<i>amcinonide (amcinonide 0.1 % cream, amcinonide 0.1 % lotion, amcinonide 0.1 % ointment)</i>	2	
<i>amlactin daily</i>	1	
<i>amlactin daily nourish</i>	1	
<i>ammonium lactate (ammonium lactate 12 % cream, ammonium lactate 12 % lotion)</i>	1	
<i>anti-itch 2-0.1 % cream</i>	1	QL 30 / 7 days
<i>anti-itch extra strength</i>	1	QL 30 / 7 days
<i>anti-itch maximum strength</i>	1	QL 2 / 1 days
APEXICON E	2	
<i>aquanil hc</i>	1	
<i>aquaphor itch relief children</i>	2	QL 30 / 7 days
<i>aquaphor itch relief max str</i>	2	QL 30 / 7 days
<i>banophen 2-0.1 % cream</i>	1	QL 30 / 7 days
<i>baser 0.05 % lotion</i>	2	
<i>betamethasone dipropionate 0.05 % cream</i>	1	QL 45 / 28 days
<i>betamethasone dipropionate 0.05 % lotion</i>	1	
<i>betamethasone dipropionate 0.05 % ointment</i>	2	
<i>betamethasone dipropionate aug (betamethasone dipropionate aug 0.05 % gel, betamethasone dipropionate aug 0.05 % lotion)</i>	2	
<i>betamethasone dipropionate aug 0.05 % cream</i>	1	QL 30 / 30 days
<i>betamethasone dipropionate aug 0.05 % ointment</i>	2	QL 50 / 30 days
<i>betamethasone valerate 0.1 % cream</i>	1	QL 45 / 24 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
BETAMETHASONE VALERATE 0.1 % LOTION	1	QL 60 / 27 days
<i>betamethasone valerate 0.1 % ointment</i>	1	
<i>betamethasone valerate 0.12 % foam</i>	2	
BRYHALI	2	
CAPEX	2	
<i>clobetasol prop emollient base</i>	2	
<i>clobetasol prop emollient base 0.05 % cream</i>	2	
<i>clobetasol propionate (clobetasol propionate 0.025 % cream, clobetasol propionate 0.05 % foam, clobetasol propionate 0.05 % liquid, clobetasol propionate 0.05 % lotion, clobetasol propionate 0.05 % shampoo)</i>	2	
<i>clobetasol propionate 0.05 % cream</i>	1	QL 60 / 27 days
<i>clobetasol propionate 0.05 % gel</i>	2	QL 60 / 24 days
<i>clobetasol propionate 0.05 % ointment</i>	1	QL 60 / 30 day(s)
<i>clobetasol propionate 0.05 % solution</i>	1	QL 50 / 30 days
<i>clobetasol propionate e</i>	2	
<i>clobetasol propionate emulsion</i>	2	
CLOBEX	2	
CLOBEX SPRAY	2	
<i>clocortolone pivalate</i>	2	
<i>clodan 0.05 % shampoo</i>	1	
CLODERM	2	
CORDRAN 4 MCG/SQCM TAPE	2	
<i>cortizone-10 feminine itch</i>	2	QL 2 / 1 days
<i>cortizone-10 intensive moisture</i>	2	QL 2 / 1 days
CORTIZONE-10 MAXIMUM STRENGTH	2	
<i>cortizone-10 overnight itch</i>	2	QL 2 / 1 days
<i>cortizone-10 psoriasis</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>cortizone-10 sensitive skin</i>	2	QL 2 / 1 days
<i>cortizone-10 soothing aloe</i>	2	QL 2 / 1 days
<i>cortizone-10 ultra soothing</i>	2	QL 2 / 1 days
<i>cortizone-10 water resistant</i>	2	QL 30 / 7 days
CORTIZONE-10/ALOE 1 % LIQUID	2	
CUTIVATE	2	
<i>cvs cortisone maximum strength 1 % ointment</i>	1	QL 30 / 7 days
<i>cvs hydrating skin treatment</i>	1	
<i>cvs hydrocortisone anti-itch 0.5 % cream</i>	1	QL 30 / 7 days
<i>cvs itch relief extra strength</i>	1	QL 30 / 7 days
<i>cvs skin treatment</i>	1	
DERMA-SMOOTH/FS BODY	2	
DERMA-SMOOTH/FS SCALP	2	
<i>desonide 0.05 % cream</i>	2	QL 120 / 24 days
DESONIDE 0.05 % GEL	2	
<i>desonide 0.05 % lotion</i>	2	QL 118 / 24 days
<i>desonide 0.05 % ointment</i>	2	QL 60 / 27 days
DESOWEN	2	
<i>desoximetasone (desoximetasone 0.05 % cream, desoximetasone 0.05 % gel, desoximetasone 0.05 % ointment, desoximetasone 0.25 % cream, desoximetasone 0.25 % liquid, desoximetasone 0.25 % ointment)</i>	2	
<i>desrx</i>	2	
<i>diflorasone diacetate 0.05 % cream</i>	2	
<i>diflorasone diacetate 0.05 % ointment</i>	2	QL 60 / 27 days
<i>diphenhydramine-zinc acetate</i>	1	QL 30 / 7 days
DIPROLENE	2	QL 50 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EBGLYSS	1	PA
ELIDEL	1	
<i>eq hydrocortisone max st</i>	1	QL 2 / 1 days
EUCRISA	2	PA
<i>fluocinolone acetonide (fluocinolone acetonide 0.01 % cream, fluocinolone acetonide 0.025 % cream)</i>	2	
<i>fluocinolone acetonide 0.01 % solution</i>	1	
<i>fluocinolone acetonide 0.025 % ointment</i>	2	QL 60 / 30 days
<i>fluocinolone acetonide body</i>	1	
<i>fluocinolone acetonide scalp</i>	1	
<i>fluocinonide (fluocinonide 0.05 % gel, fluocinonide 0.05 % ointment, fluocinonide 0.05 % solution)</i>	1	QL 60 / 24 days
<i>fluocinonide 0.05 % cream</i>	1	QL 120 / 24 days
<i>fluocinonide 0.1 % cream</i>	1	
<i>fluocinonide emulsified base</i>	2	QL 60 / 24 days
<i>flurandrenolide (flurandrenolide 0.05 % cream, flurandrenolide 0.05 % lotion, flurandrenolide 0.05 % ointment)</i>	2	
<i>fluticasone propionate (fluticasone propionate 0.005 % ointment, fluticasone propionate 0.05 % cream)</i>	1	
FLUTICASONE PROPIONATE 0.05 % LOTION	2	
<i>ft ammonium lactate</i>	1	
<i>ft anti-itch extra strength</i>	1	QL 30 / 7 days
<i>ft itch relief max strength 1 % cream</i>	1	QL 2 / 1 days
<i>ft itch relief max strength 1 % ointment</i>	1	QL 30 / 7 days
<i>ft itch relief/aloe max str</i>	1	QL 2 / 1 days
<i>gnp anti-itch 2-0.1 % cream</i>	1	QL 30 / 7 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>gnp hydrocortisone</i>	1	QL 30 / 7 days
<i>gnp hydrocortisone max st</i>	1	QL 30 / 7 days
<i>gnp hydrocortisone plus</i>	1	QL 2 / 1 days
<i>gnp hydrocortisone/aloe</i>	1	QL 2 / 1 days
HALCINONIDE (HALCINONIDE 0.1 % CREAM, HALCINONIDE 0.1 % SOLUTION)	2	
<i>halobetasol propionate (halobetasol propionate 0.05 % cream, halobetasol propionate 0.05 % ointment)</i>	2	QL 50 / 30 days
<i>halobetasol propionate 0.05 % foam</i>	2	
HALOG (HALOG 0.1 % CREAM, HALOG 0.1 % OINTMENT, HALOG 0.1 % SOLUTION)	2	
<i>hm hydrocortisone plus</i>	1	QL 2 / 1 days
<i>hm hydrocortisone-aloe max st</i>	1	QL 2 / 1 days
HYDROCORT LOTION COMPLETE KIT	2	
<i>hydrocortisone (hydrocortisone 0.5 % cream, hydrocortisone 1 % ointment)</i>	1	QL 30 / 7 days
HYDROCORTISONE (HYDROCORTISONE 2 % LOTION, HYDROCORTISONE 2.5 % SOLUTION)	2	
<i>hydrocortisone (hydrocortisone 2.5 % cream, hydrocortisone 2.5 % ointment)</i>	1	
<i>hydrocortisone (perianal)</i>	1	
<i>hydrocortisone 1 % cream</i>	1	QL 2 / 1 days
HYDROCORTISONE 2.5 % LOTION	1	QL 118 / 24 days
HYDROCORTISONE ACETATE (HYDROCORTISONE ACETATE 1 % CREAM, HYDROCORTISONE ACETATE 1 % OINTMENT)	1	
HYDROCORTISONE ACETATE 2.5 % CREAM	2	
<i>hydrocortisone anti-itch</i>	1	QL 2 / 1 days
HYDROCORTISONE BUTYR LIPO BASE	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
HYDROCORTISONE BUTYRATE (HYDROCORTISONE BUTYRATE 0.1 % CREAM, HYDROCORTISONE BUTYRATE 0.1 % LOTION, HYDROCORTISONE BUTYRATE 0.1 % OINTMENT, HYDROCORTISONE BUTYRATE 0.1 % SOLUTION)	2	
<i>hydrocortisone max st 1 % cream</i>	1	QL 2 / 1 days
<i>hydrocortisone max st 1 % ointment</i>	1	QL 30 / 7 days
<i>hydrocortisone max st/12 moist</i>	1	QL 2 / 1 days
<i>hydrocortisone valerate</i>	2	QL 60 / 24 days
<i>hydrocortisone/aloe max str</i>	1	QL 2 / 1 days
HYDROXYM 2 % GEL	2	
IMPEKLO	2	
IMPOYZ	2	
<i>itch relief extra strength 2-0.1 % cream</i>	1	QL 30 / 7 days
KENALOG	2	
<i>kp hydrocortisone-aloe</i>	1	QL 30 / 7 days
<i>lexette</i>	2	
LOCOID	2	
LOCOID LIPOCREAM	2	
LUXIQ	2	
<i>medpura hydrocortisone</i>	1	QL 2 / 1 days
MICORT HC	2	
<i>mometasone furoate 0.1 % cream</i>	1	QL 45 / 30 days
<i>mometasone furoate 0.1 % ointment</i>	1	QL 45 / 19 days
<i>mometasone furoate 0.1 % solution</i>	1	QL 60 / 30 days
OLUX	2	
OLUX-E	2	
PANDEL	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>pimecrolimus 1% cream (only oceanside [68682] preferred)</i>	1	
<i>prednicarbate</i>	2	
<i>procto-med hc</i>	1	
<i>proctocort 1 % cream</i>	1	
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	
PROTOPIC	1	
PSORCON	2	
<i>qc anti-itch aloe</i>	1	QL 2 / 1 days
<i>qc anti-itch extra strength</i>	1	QL 30 / 7 days
<i>ra allergy 2-0.1 % cream</i>	1	QL 30 / 7 days
<i>ra anti-itch skin protectant</i>	1	QL 30 / 7 days
<i>scalpicin maximum strength</i>	1	
<i>selenium sulfide 2.5 % lotion</i>	1	
SERNIVO	2	
<i>sm anti-itch extra strength</i>	1	QL 30 / 7 days
<i>sm hydrocortisone 1 % cream</i>	1	QL 2 / 1 days
<i>sm hydrocortisone max st</i>	1	QL 30 / 7 days
<i>sm hydrocortisone plus</i>	1	QL 2 / 1 days
SYNALAR (SYNALAR 0.01 % SOLUTION, SYNALAR 0.025 % CREAM)	2	
SYNALAR 0.025 % OINTMENT	2	QL 60 / 30 days
<i>tacrolimus (tacrolimus 0.03 % ointment, tacrolimus 0.1 % ointment)</i>	1	
TEMOVATE 0.05 % CREAM	2	
TEMOVATE 0.05 % OINTMENT	2	QL 60 / 30 day(s)
TEXACORT	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TOPICORT	2	
TOPICORT SPRAY	2	
<i>tovet (tovet 0.05 % foam, tovet 0.05 % kit)</i>	2	
<i>triamcinolone acetonide (triamcinolone acetonide 0.025 % cream, triamcinolone acetonide 0.025 % ointment, triamcinolone acetonide 0.1 % cream, triamcinolone acetonide 0.1 % ointment)</i>	1	QL 456 / 24 days
<i>triamcinolone acetonide (triamcinolone acetonide 0.05 % ointment, triamcinolone acetonide 0.1 % lotion)</i>	1	
<i>triamcinolone acetonide 0.025 % lotion</i>	1	QL 120 / 24 days
<i>triamcinolone acetonide 0.147 mg/gm aerosol</i>	2	
<i>triamcinolone acetonide 0.5 % cream</i>	1	QL 60 / 27 days
<i>triamcinolone acetonide 0.5 % ointment</i>	1	QL 30 / 24 days
<i>triamcinolone in absorbase</i>	1	
<i>trianex</i>	2	
<i>triderm 0.1 % cream</i>	2	QL 456 / 24 days
<i>triderm 0.5 % cream</i>	2	QL 60 / 27 days
<i>tritocin</i>	2	
ULTRAVATE	2	
VANOS	2	
VTAMA	2	
<i>wal-dryl</i>	1	QL 30 / 7 days
CLOBETEX	2	
DERMATOLOGICAL AGENTS, OTHER		
a&d	1	
a+d prevent ointment	1	
ALDARA	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANZUPGO	2	
<i>arthritis pain relieving</i>	1	
<i>avar cleanser</i>	2	
<i>avar-e emollient</i>	2	
<i>avar-e green</i>	2	
<i>avedana hemorrhoid pain relief 0.25-14-74.9 % ointment</i>	1	QL 114 / 30 days
<i>baby vitamin a & d</i>	1	
<i>beauty lotion</i>	1	
BENSAL HP	2	
BENZEPRO 5.8 % MISC	2	
<i>benzoyl peroxide 10 % liquid</i>	1	
BENZOYL PEROXIDE CLEANSER	1	
<i>benzoyl peroxide wash</i>	1	
BESER 0.05 % KIT	2	
<i>bp 10-1</i>	2	
BP CLEANSING WASH	2	
<i>bpo foaming cloths</i>	2	
<i>calcipotriene (calcipotriene 0.005 % cream, calcipotriene 0.005 % ointment)</i>	1	QL 60 / 30 days
CALCIPOTRIENE 0.005 % FOAM	2	
<i>calcipotriene 0.005 % solution</i>	1	
<i>calcipotriene-betameth diprop</i>	1	
<i>calcitrene</i>	2	QL 60 / 30 days
CALCITRIOL 3 MCG/GM OINTMENT	2	
CALSODORE (CALSODORE 0.005 % KIT, CALSODORE 0.005-5 % THER PACK)	2	
<i>capsaicin (capsaicin 0.035 % cream, capsaicin 0.05 % cream)</i>	2	
<i>capsaicin (capsaicin 0.075 % cream, capsaicin 0.1 % cream)</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>capsaicin 0.025 % cream</i>	1	QL 60 / 20 days
<i>capsaicin hp</i>	1	
<i>capsaicin pain relief</i>	1	
CAPZASIN-HP	2	
<i>capzix</i>	2	
<i>cerave acne foaming cream</i>	2	
CIBINQO	1	PA
CLENIA PLUS	2	
CLODAN 0.05 % KIT	2	
<i>clotrimazole-betamethasone 1-0.05 % cream</i>	1	QL 45 / 28 days
<i>clotrimazole-betamethasone 1-0.05 % lotion</i>	2	
<i>complete moisture</i>	1	
<i>corti-sav</i>	2	
<i>cvs capsaicin hp</i>	1	
<i>cvs dry skin therapy lotion</i>	1	
<i>cvs extra moisturizing</i>	1	
<i>cvs gentle skin cleanser</i>	1	
<i>cvs hemorrhoidal 0.25-14-74.9 % ointment</i>	1	QL 114 / 30 days
<i>cvs intense dry skin therapy</i>	1	
<i>cvs moisturizing lotion</i>	1	
<i>cvs muscle rub ultra strength</i>	1	
<i>cvs special care</i>	1	
<i>cvs vitamin a&d</i>	1	
<i>cvs wart remover pen</i>	1	
<i>dermacinrx penetral</i>	2	QL 60 / 20 days
<i>dml</i>	1	
DOVONEX	2	QL 2 / 1 days
DRYSOL	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DUOBRII	2	
ENSTILAR	2	
<i>eq pain relieving 4-10-30 % cream</i>	1	
<i>eq vitamins a & d</i>	1	
<i>eq absolute moisture dry skin</i>	1	
<i>eq advanced recovery</i>	1	
<i>eq advanced skin therapy</i>	1	
<i>eq aloe after sun</i>	1	
<i>eq hemorrhoidal 0.25-14-74.9 % ointment</i>	1	QL 114 / 30 days
<i>fluorouracil (fluorouracil 2 % solution, fluorouracil 5 % cream, fluorouracil 5 % solution)</i>	1	
<i>ft hemorrhoidal 0.25-14-74.9 % ointment</i>	1	QL 114 / 30 days
<i>gnp hemorrhoidal 0.25-14-74.9 % ointment</i>	1	QL 114 / 30 days
<i>gnp muscle rub ultra strength</i>	1	
<i>goodsense hemorrhoidal 0.25-14-74.9 % ointment</i>	1	QL 114 / 30 days
<i>goodsense muscle rub 4-10-30 % cream</i>	1	
<i>gordomatic lotion</i>	1	
<i>hemorrhoidal 0.25-14-74.9 % ointment</i>	1	QL 114 / 30 days
<i>hm hemorrhoidal</i>	1	QL 114 / 30 days
<i>hydrocortisone-iodoquinol</i>	2	
<i>imiquimod 3.75 % cream</i>	2	
<i>imiquimod 5 % cream</i>	1	QL 48 / 365 days
<i>imiquimod pump</i>	2	
<i>iodoquinol-hc-aloe polysacch</i>	2	
LITFULO	2	
<i>lubricating lotion</i>	1	
<i>medpura benzoyl peroxide (medpura benzoyl peroxide 5 % liquid, medpura benzoyl peroxide 10 % liquid)</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>medpura vitamin a & d</i>	1	
MINERAL OIL-HYDROPHIL PETROLAT	1	
<i>minerin</i>	1	
<i>moisture</i>	1	
<i>moisture recovery</i>	1	
<i>moisturizing lotion</i>	1	
<i>moisturizing sensitive skin</i>	1	
<i>muscle rub ultra strength</i>	1	
NEO-SYNALAR (NEO-SYNALAR 0.5-0.025 % CREAM, NEO-SYNALAR 0.5-0.025 % KIT)	2	
<i>nystatin-triamcinolone</i>	1	
OPZELURA	2	
OTEZLA (OTEZLA 4 X 10 & 51 X20 MG TAB THPK, OTEZLA 10 & 20 & 30 MG TAB THPK)	1	PA
OTEZLA 20 MG TAB	1	QL 60 / 30 day(s) PA
OTEZLA 30 MG TAB	1	QL 60 / 30 days PA
<i>pain relieving ultra st 4-10-30 % cream</i>	1	
<i>panoxyl creamy wash</i>	1	
<i>panoxyl foaming wash</i>	1	
PLEXION	2	
PLEXION CLEANSER	2	
PLEXION CLEANSING CLOTH	2	
<i>podofilox 0.5 % solution</i>	1	
PROCTOFOAM HC	1	
<i>qc hemorrhoidal 0.25-14-74.9 % ointment</i>	1	QL 114 / 30 days
<i>qc pain relieving</i>	1	
QUTENZA	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
QUTENZA (2 PATCH)	2	
QUTENZA (4 PATCH)	2	
<i>ra wart remover 17 % gel</i>	1	
<i>refreshing aloe</i>	1	
SALICYLIC ACID 3 % OINTMENT	2	
<i>silver sulfadiazine 1 % cream</i>	1	
<i>sm dry skin therapy</i>	1	
<i>sm hemorrhoidal 0.25-14-74.9 % ointment</i>	1	QL 114 / 30 days
<i>sodium sulfacetamide wash</i>	2	
SORILUX	2	
<i>ssd</i>	1	
<i>sss 10-5 10-5 % cream</i>	1	
SSS 10-5 10-5 % FOAM	2	
<i>sulfacetamide sod-sulfur wash 9-4 % liquid</i>	2	
<i>sulfacetamide sod-sulfur wash 9-4.5 % liquid</i>	1	
<i>sulfacetamide sodium (cleans)</i>	2	
<i>sulfacetamide sodium (sulfacetamide sodium 10 % (cleans) gel, sulfacetamide sodium 10 % liquid)</i>	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SULFACETAMIDE SODIUM-SULFUR (SULFACETAMIDE SODIUM-SULFUR 8-4 % SUSPENSION, SULFACETAMIDE SODIUM- SULFUR 9-4 % LIQUID, SULFACETAMIDE SODIUM-SULFUR 9-4.25 % SUSPENSION, SULFACETAMIDE SODIUM-SULFUR 9.8-4.8 % CREAM, SULFACETAMIDE SODIUM-SULFUR 9.8-4.8 % LIQUID, SULFACETAMIDE SODIUM- SULFUR 9.8-4.8 % LOTION, SULFACETAMIDE SODIUM-SULFUR 9.8-4.8 % PAD, SULFACETAMIDE SODIUM-SULFUR 10-2 % CREAM, SULFACETAMIDE SODIUM-SULFUR 10-2 % LIQUID, SULFACETAMIDE SODIUM- SULFUR 10-4 % PAD, SULFACETAMIDE SODIUM-SULFUR 10-5 % CREAM, SULFACETAMIDE SODIUM-SULFUR 10-5 % LOTION, SULFACETAMIDE SODIUM-SULFUR 10-5 % SUSPENSION)	2	
<i>sulfacetamide sodium-sulfur (sulfacetamide sodium-sulfur 9-4.5 % liquid, sulfacetamide sodium-sulfur 10-5 % liquid)</i>	1	
SULFACETAMIDE-SULFUR IN UREA	1	
SUMADAN	2	
SUMADAN WASH	2	
SUMADAN XLT	2	
SUMAXIN	2	
SUMAXIN CP	2	
SYNALAR (CREAM)	2	
SYNALAR (OINTMENT)	2	
SYNALAR TS	2	
<i>sync relief pro</i>	1	
TACLONEX	1	
<i>thera-derm</i>	1	
TRILOCICLO	2	
TWYNEO	2	QL 30 / 30 days AL1 Up to 20 yrs old c Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>urea 40 % cream</i>	1	QL 227 / 30 day(s)
<i>uremez-40</i>	1	QL 227 / 30 day(s)
VECTICAL	2	
<i>vitamin a & d ointment</i>	1	
<i>vitamin a & d skin protectant</i>	1	
<i>vitamin a&d</i>	1	
<i>vitamins a & d ointment</i>	1	
<i>wart remover</i>	1	
<i>wart remover maximum strength 17 % gel</i>	1	
WYNZORA	2	
XERESE	2	
ZORYVE (ZORYVE 0.15 % CREAM, ZORYVE 0.3 % CREAM)	2	
ZORYVE 0.3 % FOAM	2	QL 60 / 30 day(s) PA
<i>zostrix hp</i>	1	
ZYCLARA	2	
ZYCLARA PUMP	2	
PEDICULICIDES/SCABICIDES		
<i>crotan</i>	2	
<i>cvs ivermectin lice treatment</i>	2	
<i>cvs lice killing</i>	1	
<i>cvs lice solution 3-step</i>	1	
ELIMITE	2	
<i>gnp lice treatment (gnp lice treatment 0.33-4 % shampoo, gnp lice treatment 1 % liquid)</i>	1	
<i>goodsense lice killing</i>	1	
<i>goodsense lice killing max str</i>	1	
<i>hm lice killing max st</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>hm lice treatment</i>	1	
<i>ivermectin 0.5 % lotion</i>	2	
<i>lice killing</i>	1	
<i>lice killing maximum strength</i>	1	
<i>lice killing shampoo max str</i>	1	
<i>lice treatment</i>	1	
<i>lice treatment creme rinse</i>	1	
<i>lindane</i>	2	
<i>malathion</i>	2	QL 118 / 30 days
NATROBA	1	QL 240 / 30 days
OVIDE	2	
<i>permethrin 5 % cream</i>	1	
<i>pruradik</i>	2	
<i>sm lice killing max strength</i>	1	
<i>sm lice solution kit</i>	1	
<i>sm lice solution kit 3-step</i>	1	
<i>sm lice treatment</i>	1	
<i>spinosad</i>	2	QL 240 / 30 days
VANALICE	2	
TOPICAL ANTI-INFECTIVES		
<i>acyclovir 5 % cream</i>	2	
<i>acyclovir 5 % ointment</i>	1	
ACZONE	2	
<i>benzefoam</i>	2	
BENZEPRO 5.2 % FOAM	2	
BENZOYL PEROXIDE 9.5 % PAD	2	
CENTANY	2	
CENTANY AT	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ciclodan</i>	2	QL 6.6 / 30 days
<i>ciclopirox (ciclopirox 0.77 % gel, ciclopirox 1 % shampoo)</i>	2	
<i>ciclopirox 8 % solution</i>	1	QL 6.6 / 30 days
<i>ciclopirox olamine (ciclopirox olamine 0.77 % cream, ciclopirox olamine 0.77 % suspension)</i>	1	
CICLOPIROX TREATMENT	2	
CLEOCIN-T	2	
<i>clindacin</i>	2	
<i>clindacin etz 1 % swab</i>	2	
<i>clindacin-p</i>	2	
CLINDAGEL	2	QL 120 / 30 days
<i>clindamycin phos (once-daily)</i>	2	QL 120 / 30 days
<i>clindamycin phos (twice-daily)</i>	1	QL 120 / 30 days
<i>clindamycin phosphate (clindamycin phosphate 1 % lotion, clindamycin phosphate 1 % swab)</i>	1	
<i>clindamycin phosphate 1 % foam</i>	2	
<i>clindamycin phosphate 1 % solution</i>	1	QL 120 / 30 days
<i>cvs antibiotic</i>	1	QL 30 / 10 days
<i>cvs antibiotic/pain relief</i>	1	
<i>dapsone (dapsone 5 % gel, dapsone 7.5 % gel)</i>	2	
DENAVIR	2	
<i>double antibiotic</i>	1	QL 30 / 10 days
<i>ery</i>	1	
ERYGEL	2	
<i>erythromycin 2 % gel</i>	2	
<i>erythromycin 2 % solution</i>	1	
EVOCLIN	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ft antibiotic + pain relief</i>	1	
<i>ft double antibiotic</i>	1	QL 30 / 10 days
<i>ft triple antibiotic</i>	1	QL 30 / 10 days
<i>ft triple antibiotic + pain</i>	1	QL 30 / 10 days
<i>gnp antibiotic/pain relief</i>	1	
<i>gnp triple antibiotic</i>	1	QL 30 / 10 days
<i>gnp triple antibiotic plus</i>	1	QL 30 / 10 days
<i>goodsense antibiotic/pain</i>	1	
<i>goodsense first aid antibiotic</i>	1	QL 30 / 10 days
<i>hm double antibiotic</i>	1	QL 30 / 10 days
<i>hm triple antibiotic</i>	1	QL 30 / 10 days
<i>hm triple antibiotic max st</i>	1	QL 30 / 10 days
<i>lintera wash</i>	2	
LOPROX (LOPROX 0.77 % (SUSP) KIT, LOPROX 0.77 % CREAM, LOPROX 0.77 % KIT, LOPROX 0.77 % SUSPENSION, LOPROX 1 % SHAMPOO)	2	
<i>multi antibiotic plus</i>	1	
<i>mupirocin 2 % ointment</i>	1	
<i>mupirocin calcium</i>	2	
NEOSPORIN ORIGINAL 3.5-400-5000 OINTMENT	2	
NEOSPORIN PLUS PAIN RELIEF MS	2	
<i>neosporin/burn relief</i>	2	QL 30 / 10 days
<i>penciclovir</i>	2	
<i>poly bacitracin</i>	1	QL 30 / 10 days
POLYSPORIN	2	
<i>qc triple antibiotic max st</i>	1	QL 30 / 10 days
<i>ra antibiotic plus</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
RIAX 9.5 % PAD	2	
<i>sm antibiotic plus pain relief</i>	1	
<i>sm double antibiotic</i>	1	QL 30 / 10 days
<i>sm triple antibiotic</i>	1	QL 30 / 10 days
<i>sm triple antibiotic max st</i>	1	QL 30 / 10 days
<i>sm triple antibiotic original</i>	1	QL 30 / 10 days
<i>triple antibiotic</i>	1	QL 30 / 10 days
<i>triple antibiotic pain relief</i>	1	QL 30 / 10 days
<i>triple antibiotic plus</i>	1	QL 30 / 10 days
<i>triple antibiotic+pain relief</i>	1	QL 30 / 10 days
XEPI	2	
ZOVIRAX (ZOVIRAX 5 % CREAM, ZOVIRAX 5 % OINTMENT)	2	
ELECTROLYTES/MINERALS/METALS/VITAMINS		
ELECTROLYTE/MINERAL REPLACEMENT		
ACTIVE FE	2	
<i>advantage care electrolyte ped</i>	1	QL 1014 / 1 days
AIRBORNE CHEW TAB	1	QL 60 / 30 days
AIRBORNE ELDERBERRY	1	QL 60 / 30 days
ALIVE DAILY ENERGY	1	
ALPHA BETIC TAB	1	
BARIATRIC MULTIVITAMIN/IRON	1	QL 60 / 30 days
BARIATRIC MULTIVITAMINS CHEW TAB	1	QL 60 / 30 days
BARIATRIC MULTIVITAMINS/IRON CHEW TAB	1	QL 60 / 30 days
BENTIVITE	2	
<i>bprotected pedia iron</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CENTRATEx	2	
CENTRUM ADULT 50+ MULTIGUMMIES	1	QL 60 / 30 days
CENTRUM ADULTS MULTIGUMMIES	1	QL 60 / 30 days
CENTRUM DUAL ACT MULTI+ BEAUTY	1	QL 60 / 30 days
CENTRUM DUAL ACT MULTI+OMEGA-3	1	QL 60 / 30 days
CENTRUM MEN 50+ MULTIGUMMIES	1	QL 60 / 30 days
CENTRUM MEN MULTIGUMMIES	1	QL 60 / 30 days
CENTRUM MULTI+ MENTAL FOCUS	1	QL 60 / 30 days
CENTRUM POSTNATAL GUMMIES	1	QL 60 / 30 days
CENTRUM WOMEN 50+ MULTIGUMMIES	1	QL 60 / 30 days
CENTRUM WOMEN MULTIGUMMIES	1	QL 60 / 30 days
<i>ceralyte 70 solution</i>	1	QL 1014 / 1 days
<i>chromagen</i>	2	
CITRANATAL ASSURE	2	
CITRANATAL DHA	2	
COMPLETE NATAL DHA	1	
<i>corvita 150</i>	2	
CORVITE 150 TAB	2	
CORVITE FE	2	
CVS ADULT MULTIVITAMIN	1	QL 60 / 30 days
<i>cvs electrolyte solution</i>	1	QL 1014 / 1 days
<i>cvs iron 240 (27 fe) mg tab</i>	1	QL 30 / 30 days
<i>cvs iron 325 (65 fe) mg tab</i>	1	
<i>cvs ped electrolyte freeze pop</i>	1	QL 1014 / 1 days
<i>cvs pediatric electrolyte</i>	1	QL 1014 / 1 days
CVS PRENATAL MULTIVITAMIN	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>cvs slow release iron</i>	1	
<i>effer-k 25 meq effer tab</i>	1	QL 4 / 1 days
EMERGEN-C APPLE CIDER VINEGAR CHEW TAB	1	QL 60 / 30 days
EMERGEN-C ASHWAGANDHA CHEW TAB	1	QL 60 / 30 days
EMERGEN-C IMMUNE+ CHEW TAB	1	QL 60 / 30 days
EMERGEN-C IMMUNE+ ELDERBERRY	1	QL 60 / 30 days
EMERGEN-C TURMERIC & GINGER CHEW TAB	1	QL 60 / 30 days
<i>eqi iron supplement therapy</i>	1	
EYE HEALTH GUMMIES	1	QL 60 / 30 days
<i>fe c tab</i>	2	
<i>fe tabs</i>	1	
<i>fe-vite iron</i>	1	
FEOSOL BIFERA	2	
FERAHEME	2	
<i>ferate</i>	1	QL 30 / 30 days
<i>fergon</i>	1	QL 30 / 30 days
FERIVA 21/7	2	
FERIVA 21/7 (WITH DOCUSATE)	2	
FERIVAFA	2	
<i>ferocon</i>	2	
<i>ferosul</i>	1	
FERRALET 90	2	
FERRAPLUS 90	2	
<i>ferrex 150 forte</i>	1	
FERRLECIT	1	
FERRO-SEQUELS	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ferrocite plus</i>	2	
<i>ferrotabs</i>	1	QL 30 / 30 days
<i>ferrous gluconate 240 (27 fe) mg tab</i>	1	QL 30 / 30 days
FERROUS GLUCONATE 324 (38 FE) MG TAB	1	QL 90 / 30 days
<i>ferrous sulfate (ferrous sulfate 220 (44 fe) mg/5ml solution, ferrous sulfate 300 mg/6.8ml solution)</i>	1	QL 15 / 1 day(s)
<i>ferrous sulfate (ferrous sulfate 75 (15 fe) mg/ml solution, ferrous sulfate 300 (60 fe) mg/5ml solution, ferrous sulfate 324 mg tab dr, ferrous sulfate 325 (65 fe) mg tab, ferrous sulfate 325 (65 fe) mg tab dr)</i>	1	
<i>ferumoxytol</i>	2	
FOLITAB 500	2	
FOLIVANE-F	1	
FOLIVANE-PLUS	2	
FT ADULT MULTI GUMMIES	1	QL 60 / 30 days
FT IMMUNE SUPPORT	1	QL 60 / 30 days
<i>ft iron</i>	1	
FT PRENATAL	2	QL 30 / 30 days
FUSION	2	
FUSION PLUS	2	
GNP ADULT MINI	1	QL 60 / 30 days
GNP CENTURY ADULT	1	QL 30 / 30 day(s)
<i>gnp century adult formula</i>	1	QL 30 / 30 days
<i>gnp century mature men's 50+</i>	1	QL 30 / 30 days
GNP ELECTROLYTE SOLUTION	1	QL 1014 / 1 days
<i>gnp healthy eyes</i>	1	QL 30 / 30 days
GNP IMMUNE SUPPORT CHEW TAB	1	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>gnp iron 200 (65 fe) mg tab</i>	1	
<i>gnp mega multi for men</i>	1	QL 30 / 30 days
<i>gnp one daily maximum</i>	1	QL 30 / 30 days
GNP PRENATAL/FOLIC ACID	2	QL 30 / 30 days
<i>goodsense electrolyte</i>	1	QL 1014 / 1 days
<i>goodsense iron</i>	1	
h-e-b oral electrolyte	1	QL 1014 / 1 days
HEMATINIC PLUS VIT/MINERALS	1	
HEMATINIC/FOLIC ACID	2	
<i>hematogen</i>	2	
HEMATOGEN FA	2	
<i>hematogen forte</i>	2	
HEMAX EZY-DOSE	2	
HEMOCYTE PLUS	2	
<i>hemocyte-f</i>	1	
<i>hm pediatric electrolyte</i>	1	QL 1014 / 1 days
ICAR-C	2	
<i>iferex 150 forte</i>	1	
INFED	1	
INJECTAFER	2	
INTEGRA	1	
INTEGRA F	2	
INTEGRA PLUS	2	
<i>iron (ferrous sulfate) (iron (ferrous sulfate) 75 (15 fe) mg/ml solution, iron (ferrous sulfate) 325 (65 fe) mg tab)</i>	1	
<i>iron 100/c</i>	2	
<i>iron 240 (27 fe) mg tab</i>	1	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>iron 27</i>	1	QL 30 / 30 days
<i>iron 325 (65 fe) mg tab</i>	1	
IRON FOLATE PLUS	2	
IRON FOLATE-F	1	
<i>iron high-potency 325 mg tab</i>	1	
<i>iron infant & toddler</i>	1	
<i>iron infant/toddler</i>	1	
<i>iron sucrose</i>	2	
<i>iron supplement 15 mg/ml solution</i>	1	
<i>iron supplement 220 (44 fe) mg/5ml solution</i>	1	QL 15 / 1 day(s)
<i>iron supplement childrens</i>	1	
<i>iron-vitamin c 100-250 mg tab</i>	2	
IROSPAN 24/6	2	
k-prime	1	QL 4 / 1 days
<i>klor-con</i>	1	QL 150 / 30 days
<i>klor-con 10</i>	1	QL 150 / 30 days
<i>klor-con m10</i>	1	QL 150 / 30 days
<i>klor-con m20</i>	1	QL 150 / 30 days
<i>klor-con/ef</i>	1	QL 4 / 1 days
<i>kp ferrous sulfate</i>	1	
KP PRENATAL MULTIVITAMINS	2	
MASONATAL	2	
<i>meijer ferrous sulfate</i>	1	
MENS MULTIVITAMIN GUMMIES	1	QL 60 / 30 days
MONOFERRIC	2	
MULTI + OMEGA-3 GUMMIES	1	QL 60 / 30 days
MULTI-MAC	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>multi-vit/iron/fluoride</i>	1	
MULTI-VITAMIN/FLUORIDE/IRON	1	
MULTIGEN	2	
MULTIGEN FOLIC	2	
MULTIGEN PLUS	2	
<i>multivitamin w/fluoride</i>	1	QL 30 / 30 days
<i>multivitamin/fluoride (multivitamin/fluoride 0.25 mg chew tab, multivitamin/fluoride 0.5 mg chew tab, multivitamin/fluoride 1 mg chew tab)</i>	1	QL 30 / 30 days
<i>multivitamin/fluoride/iron</i>	1	
MVW ORANGE CHEWABLES	1	QL 60 / 30 days
<i>na ferric gluc cplx in sucrose</i>	1	
<i>nafrinse</i>	1	QL 30 / 30 days
<i>nat-rul iron</i>	1	
NATAL PNV	2	
NEONATAL + DHA	2	
NEPHRON FA	2	
NESTABS DHA	2	
NIFEREX	2	
NOVAFERRUM YAY	2	
NUFERA	2	
<i>one vite ferrous sulfat</i>	1	QL 15 / 1 day(s)
ONE-A-DAY WOMENS PRENATAL 1	2	
ONE-A-DAY WOMENS VITACRAVES	1	QL 60 / 30 days
<i>oral electrolyte freezer pops</i>	1	QL 1014 / 1 days
<i>oral electrolytes</i>	1	QL 1014 / 1 days
<i>oralyte</i>	1	QL 1014 / 1 days
<i>oralyte freezer pops</i>	1	QL 1014 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>pc pediatric iron drops</i>	1	
<i>ped electrolyte freeze pops</i>	1	QL 1014 / 1 days
<i>ped electrolyte freezer pops</i>	1	QL 1014 / 1 days
<i>pedia vance</i>	1	QL 1014 / 1 days
<i>pediatric electrolyte solution</i>	1	QL 1014 / 1 days
PNV PRENATAL PLUS MULTIVIT+DHA	2	
PNV TABS 20-1	2	
PNV TABS 29-1	1	QL 30 / 30 days
<i>poly-iron 150 forte</i>	2	
<i>potassium chloride (potassium chloride 10 % solution, potassium chloride 20 meq/15ml (10%) solution, potassium chloride 40 meq/15ml (20%) solution)</i>	1	QL 1800 / 30 day(s)
<i>potassium chloride 20 meq packet</i>	1	QL 150 / 30 days
<i>potassium chloride crys er (potassium chloride crys er 10 meq tab er, potassium chloride crys er 20 meq tab er)</i>	1	QL 150 / 30 days
<i>potassium chloride er (potassium chloride er 8 meq tab er, potassium chloride er 10 meq cap er, potassium chloride er 10 meq tab er, potassium chloride er 20 meq tab er)</i>	1	QL 150 / 30 days
<i>potassium chloride er 8 meq cap er</i>	1	
<i>potassium citrate er (potassium citrate er 5 meq (540 mg) tab er, potassium citrate er 10 meq (1080 mg) tab er)</i>	1	QL 300 / 30 days
<i>potassium citrate er 15 meq (1620 mg) tab er</i>	1	
PREGEN DHA	2	
PRENATAL (PRENATAL 27-0.8 MG TAB, PRENATAL 28-0.8 MG TAB)	2	
PRENATAL (W/IRON & FA)	2	
PRENATAL 19 CHEW TAB	2	
PRENATAL ESSENTIALS	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PRENATAL MULTI +DHA 27-0.8-228 MG CAP	2	
PRENATAL-U	1	
PRENATAL/FOLIC ACID+DHA	2	
PRETAB	1	
<i>purevit dualfe plus</i>	2	
<i>px iron 200 (65 fe) mg tab</i>	1	
<i>qc ferrous sulfate</i>	1	
<i>ra iron 325 (65 fe) mg tab</i>	1	
<i>ra pediatric electrolyte</i>	1	QL 1014 / 1 days
<i>ra slow release iron</i>	1	
<i>rehydralyte</i>	1	QL 1014 / 1 days
<i>sb pediatric electrolyte</i>	1	QL 1014 / 1 days
<i>se-tan plus</i>	2	
SELECT-OB+DHA	2	
<i>slow release iron 45 mg tab er</i>	1	
<i>sm iron</i>	1	
<i>sm pediatric electrolyte</i>	1	QL 1014 / 1 days
<i>sodium fluoride (sodium fluoride 0.5 mg/ml solution, sodium fluoride 1.1 (0.5 f) mg/ml solution)</i>	1	QL 50 / 30 days
<i>sodium fluoride 0.55 (0.25 f) mg chew tab</i>	1	QL 4 / 1 days
<i>sodium fluoride 1.1 (0.5 f) mg chew tab</i>	1	QL 60 / 30 days
<i>sodium fluoride 2.2 (1 f) mg chew tab</i>	1	QL 30 / 30 days
<i>sv iron</i>	1	
TANDEM	1	
<i>tandem plus</i>	2	
TARON FORTE	2	
TARON-PREX	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
THERA-VITE MAX-M	1	QL 30 / 30 day(s)
<i>tl-hem 150</i>	2	
<i>tricon</i>	2	
<i>trigels-f forte</i>	1	
TULIVITE	2	
ULTRA PRENATAL VIT/MIN + DHA	2	
<i>venofer</i>	1	
VINATE DHA RF	2	
VIRT-FEFA PLUS	2	
VIRT-PN PLUS	2	
VITABEX IRON	2	
<i>vitafol</i>	2	
VITAFOL FE+	2	
VITAFOL-OB+DHA	2	
VITAFUSION MULTI WOMENS	1	QL 60 / 30 days
VITAMEDMD ONE RX/QUATREFOLIC	2	
VITAPEARL	2	
VITRON-C	2	
VP-PNV-DHA	1	
WESNATAL DHA COMPLETE	1	
WOMENS MULTIVITAMIN + COLLAGEN	1	QL 60 / 30 days
WOMENS MULTIVITAMIN GUMMIES	1	QL 60 / 30 days
YUM-VS COMPLETE MULTIVITAMIN	1	QL 60 / 30 days
ZATEAN-PN DHA	2	
ZATEAN-PN PLUS	2	
ZIPHEX	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ELECTROLYTE/MINERAL/METAL MODIFIERS		
CHEMET	1	
<i>deferasirox</i>	1	PA
<i>deferasirox granules</i>	1	PA
<i>deferiprone</i>	2	
EXJADE	2	
FERRIPROX (FERRIPROX 100 MG/ML SOLUTION, FERRIPROX 500 MG TAB, FERRIPROX 1000 MG TAB)	2	
FERRIPROX TWICE-A-DAY	2	
JADENU	2	
JADENU SPRINKLE	2	
PHOSPHATE BINDERS		
AURYXIA	2	
<i>calcium acetate (phos binder)</i>	1	QL 360 / 30 days
<i>calcium acetate 667 mg tab</i>	1	QL 360 / 30 days
<i>calphron</i>	1	QL 360 / 30 days
FERRIC CITRATE	2	
FOSRENOL	2	
<i>lanthanum carbonate</i>	2	
PHOSLYRA	1	
RENAGEL	2	QL 480 / 30 days
REVELA (REVELA 0.8 GM PACKET, REVELA 2.4 GM PACKET)	2	
REVELA 800 MG TAB	2	QL 510 / 30 days
<i>sevelamer carbonate (sevelamer carbonate 0.8 gm packet, sevelamer carbonate 2.4 gm packet)</i>	2	
<i>sevelamer carbonate 800 mg tab</i>	1	QL 510 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>sevelamer hcl</i>	2	
VELPHORO	2	
POTASSIUM BINDERS		
<i>kionex</i>	1	QL 240 / 1 days
LOKELMA	1	PA
<i>sodium polystyrene sulfonate</i>	1	QL 1800 / 30 day(s)
<i>sps (sodium polystyrene sulf)</i>	1	QL 240 / 1 days
VELTASSA (VELTASSA 8.4 GM PACKET, VELTASSA 16.8 GM PACKET, VELTASSA 25.2 GM PACKET)	1	PA
VELTASSA 1 GM PACKET	1	
VITAMINS		
a thru z advanced	1	QL 30 / 30 days
a thru z advanced adult	1	QL 30 / 30 days
a thru z high potency	1	QL 30 / 30 days
a thru z select chew tab	1	QL 60 / 30 days
a thru z select tab	1	QL 30 / 30 days
a thru z select 50+ advanced	1	QL 30 / 30 days
a thru z select 50+ mens	1	QL 30 / 30 days
a thru z select advanced	1	QL 30 / 30 days
a thru z select ultimate women	1	QL 30 / 30 days
a thru z ultimate mens	1	QL 30 / 30 days
<i>activite</i>	1	
ADEK GUMMIES PLUS ZN	1	QL 60 / 30 days
ADULT ONE DAILY GUMMIES	1	QL 60 / 30 days
<i>advanced multi ea</i>	1	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>airborne gummies</i>	1	QL 60 / 30 days
<i>airborne kids</i>	1	QL 60 / 30 days
AIRBORNE+GOOD REST CHEW TAB	1	QL 60 / 30 days
AIRBORNE+PROBIOTIC	1	QL 60 / 30 days
ALIVE GUMMIES FOR CHILDREN	1	
ALIVE HAIR, SKIN & NAILS CHEW TAB	1	QL 60 / 30 days
ALIVE MULTI-VITAMIN CHEW TAB	1	QL 60 / 30 days
ALIVE MULTI-VITAMIN CHILDRENS	1	
ALIVE PRENATAL	2	
ALIVE WOMENS 50+ CHEW TAB	1	QL 60 / 30 days
ALIVE WOMENS 50+ GUMMY	1	QL 60 / 30 days
ALIVE WOMENS GUMMY	1	QL 60 / 30 days
ALTRIXA OB	2	
<i>anti-oxidant</i>	1	QL 30 / 30 days
<i>antioxidant a/c/e/selenium</i>	1	QL 30 / 30 days
<i>antioxidant protection formula</i>	1	QL 30 / 30 days
<i>antioxidant vitamins</i>	1	QL 30 / 30 days
b complex	1	
b complex (folic acid)	1	
b complex (lipotropics)	1	
b complex formula 1 (lipotrop)	1	
b complex formula 1 (w/ fa)	1	
b complex vitamins	1	
b complex-b12	1	
b-12 1000 mcg tab er	1	
b-12 slow release	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
b-12 tr 1000 mcg tab er	1	
b-complex (folic acid)	1	
b-complex plus b-12	1	
b-complex/b-12 tab	1	
b-complex/electrolytes	1	
b-plex plus	1	QL 30 / 30 days
<i>balance b-100</i>	1	
<i>balanced b-50 complex tab</i>	1	
BARIATRIC FUSION	1	QL 60 / 30 days
<i>big 100</i>	1	
<i>bioceI</i>	1	QL 30 / 30 days
C-NATE DHA	2	
<i>caffeine citrate 60 mg/3ml solution</i>	1	
CELEBRATE MULTI-COMPLETE 18 CHEW TAB	1	QL 60 / 30 days
CELEBRATE MULTI-COMPLETE 36 CHEW TAB	1	QL 60 / 30 days
CELEBRATE MULTI-COMPLETE 45 CHEW TAB	1	QL 60 / 30 days
CELEBRATE MULTI-COMPLETE 60 CHEW TAB	1	QL 60 / 30 days
<i>centavite a-z complete-mineral</i>	1	QL 30 / 30 days
<i>centravites</i>	1	QL 30 / 30 days
<i>centravites 50 plus</i>	1	QL 30 / 30 days
CENTRUM FLAVOR BURST	1	QL 60 / 30 days
CENTRUM FLAVOR BURST ADULT	1	QL 60 / 30 days
CENTRUM FRESH/FRUITY 50+	1	QL 60 / 30 days
CENTRUM FRESH/FRUITY ADULT	1	QL 60 / 30 days
CENTRUM MULTI + OMEGA 3	1	QL 60 / 30 days
CENTRUM SILVER CHEW TAB	1	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CENTRUM VITAMINTS	1	QL 60 / 30 days
<i>century</i>	1	QL 30 / 30 days
<i>century mature</i>	1	QL 30 / 30 days
<i>cerovite jr</i>	1	
<i>cerovite senior</i>	1	QL 30 / 30 days
<i>certa plus</i>	1	QL 30 / 30 days
<i>certavite/antioxidants</i>	1	QL 30 / 30 days
<i>childrens animal shapes</i>	1	
CHILDRENS GUMMIES	1	
CHOICEFUL MULTIVITAMIN CHEW TAB	1	QL 60 / 30 days
CITRANATAL 90 DHA	2	
CITRANATAL B-CALM	2	
CITRANATAL BLOOM	2	
CITRANATAL HARMONY	2	
<i>companion</i>	1	QL 30 / 30 days
<i>compete</i>	1	QL 30 / 30 days
COMPLETENATE	2	
CONCEPT DHA	2	
CONCEPT OB	2	
CULTURELLE PROBIOTICS + MULTIV	1	QL 60 / 30 days
<i>cvs airshield</i>	1	QL 60 / 30 days
CVS AIRSHIELD IMMUNITY SUPPORT	1	QL 60 / 30 days
<i>cvs balanced b50</i>	1	
<i>cvs chewable childrens vitamin</i>	1	
<i>cvs childrens complete</i>	1	
<i>cvs daily gummies</i>	1	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>cvx daily gummies adult</i>	1	QL 60 / 30 days
<i>cvx daily multiple for men</i>	1	QL 30 / 30 days
<i>cvx daily multiple women 50+</i>	1	QL 30 / 30 days
<i>cvx eye health & lutein</i>	1	QL 30 / 30 days
CVS GUMMY DINOS	1	
CVS GUMMY MULTIVITAMIN KIDS	1	
<i>cvx inner ear plus</i>	1	
<i>cvx mens daily gummies</i>	1	QL 60 / 30 days
<i>cvx one daily essential</i>	1	QL 30 / 30 days
<i>cvx one daily mens formula</i>	1	QL 30 / 30 days
<i>cvx one daily womens formula</i>	1	QL 30 / 30 days
CVS PRENATAL GUMMY 0.18-25 MG CHEW TAB	2	
CVS SPECTRAVITE ADULT 50+ CHEW TAB	1	QL 60 / 30 days
<i>cvx spectravite advanced</i>	1	QL 30 / 30 days
<i>cvx spectravite men</i>	1	QL 30 / 30 days
<i>cvx spectravite men 50+</i>	1	QL 30 / 30 days
<i>cvx spectravite senior</i>	1	QL 30 / 30 days
<i>cvx spectravite ultra mens</i>	1	QL 30 / 30 days
CVS SPECTRAVITE WOMEN CHEW TAB	1	QL 60 / 30 days
<i>cvx spectravite women tab</i>	1	QL 30 / 30 days
<i>cvx spectravite women 50+</i>	1	QL 30 / 30 days
<i>cvx spectravite womens senior</i>	1	QL 30 / 30 days
<i>cvx vitamin b12 1000 mcg tab er</i>	1	
<i>cvx womens active daily</i>	1	QL 30 / 30 days
<i>cvx womens daily gummies</i>	1	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>cyanocobalamin 1000 mcg/ml solution</i>	1	
<i>daily betic</i>	1	QL 30 / 30 days
<i>daily combo multi vitamins</i>	1	QL 30 / 30 days
<i>daily mens health formula</i>	1	QL 30 / 30 days
<i>daily multiple vitamins</i>	1	QL 30 / 30 days
<i>daily multiple vitamins/min</i>	1	QL 30 / 30 days
<i>daily value multivitamin</i>	1	QL 30 / 30 days
<i>daily vitamin</i>	1	QL 30 / 30 days
<i>daily vitamin formula+minerals</i>	1	QL 30 / 30 days
<i>daily vitamins</i>	1	QL 30 / 30 days
<i>daily vite</i>	1	QL 30 / 30 days
<i>daily vites</i>	1	QL 30 / 30 days
<i>daily womens health formula</i>	1	QL 30 / 30 days
<i>daily-vitamin</i>	1	QL 30 / 30 days
<i>daily-vitamin maximum formula</i>	1	QL 30 / 30 days
<i>daily-vite</i>	1	QL 30 / 30 days
<i>daily-vite multivitamin</i>	1	QL 30 / 30 days
DEKAS BARIATRIC	1	QL 60 / 30 days
DEKAS PLUS CHEW TAB	1	QL 60 / 30 days
DERMACINRX PRETRATE	2	
DERMACINRX RIBOTIN-E	2	
DERMACINRX ZINTREXYL-C	2	
<i>diabetes health formula</i>	1	QL 30 / 30 days
<i>dialyvite</i>	1	
<i>dialyvite 800/ultra d</i>	1	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>dodex</i>	1	
<i>ear health formula</i>	1	
<i>ear health plus</i>	1	
<i>elite-ob</i>	2	
EMERGEN-C IMMUNE PLUS/VIT D	1	QL 60 / 30 days
EMERGEN-C VITAMIN C CHEW TAB	1	QL 60 / 30 days
ENBRACE HR	2	
<i>eq complete multivit adult 50+</i>	1	QL 30 / 30 days
<i>eq complete multivitamin child</i>	1	
EQ MULTIVITAMIN GUMMIES	1	
EQ MULTIVITAMINS ADULT GUMMY	1	QL 60 / 30 days
EQ MULTIVITAMINS GUMMY CHILD	1	
<i>eq one daily womens health</i>	1	QL 30 / 30 days
<i>eql century</i>	1	QL 30 / 30 days
<i>eql century mature</i>	1	QL 30 / 30 days
<i>eql century mature men 50+</i>	1	QL 30 / 30 days
<i>eql century mature women 50+</i>	1	QL 30 / 30 days
<i>eql child multivit/minerals</i>	1	
EQL GUMMIES CHILDRENS	1	
EQL ONE DAILY ADULT GUMMIES	1	QL 60 / 30 days
<i>eql one daily mens 50+ advance</i>	1	QL 30 / 30 days
<i>eql one daily mens health</i>	1	QL 30 / 30 days
<i>eql one daily womens 50+ adv</i>	1	QL 30 / 30 days
<i>eql vision formula</i>	1	QL 30 / 30 days
<i>eql vitamin b-12 tr</i>	1	
<i>essentia</i>	1	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>essential balance</i>	1	QL 30 / 30 days
<i>eye-vites</i>	1	QL 30 / 30 days
<i>eyeprotect</i>	1	QL 30 / 30 days
<i>fa-vitamin b-6-vitamin b-12</i>	1	
<i>fabb</i>	2	
<i>flavovit ear health</i>	1	
<i>flintstones complete (flintstones complete chew tab, flintstones complete 18 mg chew tab)</i>	1	
<i>flintstones gummies bone build</i>	1	
<i>flintstones plus extra iron</i>	1	
<i>flintstones w/iron</i>	1	
FOLBIC	1	
<i>folic acid 1 mg tab</i>	1	QL 4 / 1 days
FOLIFLEX	2	
<i>folika-bc</i>	1	
FOLITIN-Z	2	
FOLIVANE-OB	2	
FOLPLEX 2.2	1	
<i>ft vitamin b-12 pr</i>	1	
<i>genicin vita-s</i>	1	
<i>gerivite complete</i>	1	QL 30 / 30 days
<i>gnp century mature women's 50+</i>	1	QL 30 / 30 days
<i>gnp essential one daily</i>	1	QL 30 / 30 days
<i>gnp hair/skin/nails</i>	1	QL 30 / 30 days
<i>gnp mega multi for women</i>	1	QL 30 / 30 days
<i>gnp one daily mens health 50+</i>	1	QL 30 / 30 days
<i>gnp one daily mens/lycopene</i>	1	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>gnp one daily womens</i>	1	QL 30 / 30 days
<i>gnp one daily womens 50+</i>	1	QL 30 / 30 days
<i>gnp therapeutic-m</i>	1	QL 30 / 30 days
<i>gnp vitamin b-12 1000 mcg tab er</i>	1	
GOOD START PRENATAL NOURISH	2	
GUMMI BEAR MULTIVITAMIN/MIN	1	
<i>hair formula extra strength</i>	1	QL 30 / 30 days
<i>hair skin and nails formula</i>	1	QL 30 / 30 days
<i>hair/skin/nails tab</i>	1	QL 30 / 30 days
<i>healthy eyes</i>	1	QL 30 / 30 days
<i>healthy hair/skin/nails</i>	1	QL 30 / 30 days
<i>healthy kids overall health</i>	1	
<i>hi-kovite 2-part formula</i>	1	QL 30 / 30 days
<i>hi-potency multi-vitamin</i>	1	QL 30 / 30 days
<i>hm complete women</i>	1	QL 30 / 30 days
<i>hm womens 50+ advanced daily</i>	1	QL 30 / 30 days
i-vite	1	QL 30 / 30 days
<i>icaps mv</i>	1	QL 30 / 30 days
IMMUNE SUPPORT	1	QL 60 / 30 days
<i>kobee</i>	1	
<i>kp adults 50+ daily formula</i>	1	QL 30 / 30 days
<i>kp adults daily formula</i>	1	QL 30 / 30 days
<i>kp folic acid 1 mg tab</i>	1	QL 4 / 1 days
<i>kp mens 50+ daily formula</i>	1	QL 30 / 30 days
<i>kp mens daily formula</i>	1	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>kp vision formula</i>	1	QL 30 / 30 days
<i>kp vision formula/lutein</i>	1	QL 30 / 30 days
<i>kp womens 50+ daily formula</i>	1	QL 30 / 30 days
<i>kp womens daily formula</i>	1	QL 30 / 30 days
<i>levocarnitine 1 gm/10ml solution</i>	1	
<i>levocarnitine sf</i>	1	
<i>lipo flavonoid plus</i>	1	
<i>lipoflavovit</i>	1	
<i>lysiplex plus tab</i>	1	QL 30 / 30 days
M-NATAL PLUS	1	QL 30 / 30 days
<i>macuvite</i>	1	QL 30 / 30 days
<i>macuvite eye care</i>	1	QL 30 / 30 days
<i>macuvite/lutein</i>	1	QL 30 / 30 days
MATERNACEL	2	
MATERVIA	2	
<i>maximum daily green</i>	1	QL 30 / 30 days
<i>mega multiple/chelated mineral</i>	1	
<i>meijer advanced formula</i>	1	QL 30 / 30 days
<i>mens life pack</i>	1	QL 30 / 30 days
MENS MULTIVITAMIN CHEW TAB	1	QL 60 / 30 days
<i>mi-vite rx</i>	1	
<i>milltrium advanced formula</i>	1	QL 30 / 30 days
<i>milltrium cardio</i>	1	QL 30 / 30 days
<i>milltrium senior</i>	1	QL 30 / 30 days
<i>multi + omega-3 adult gummies</i>	1	QL 60 / 30 days
<i>multi adult gummies</i>	1	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>multi complete/iron</i>	1	QL 30 / 30 days
<i>multi for her tab</i>	1	QL 30 / 30 days
<i>multi for her 50+ tab</i>	1	QL 30 / 30 days
<i>multi for him tab</i>	1	QL 30 / 30 days
<i>multi for him 50+</i>	1	QL 30 / 30 days
<i>multi vitamin</i>	1	QL 30 / 30 days
<i>multi vitamin daily</i>	1	QL 30 / 30 days
<i>multi vitamin/minerals</i>	1	QL 30 / 30 days
<i>multi-lean</i>	1	QL 30 / 30 days
<i>multi-vitamin</i>	1	QL 30 / 30 days
<i>multi-vitamin daily</i>	1	QL 30 / 30 days
<i>multi-vitamin gummies</i>	1	QL 60 / 30 days
<i>multi-vitamin menopausal</i>	1	QL 30 / 30 days
<i>multi-vitamin/minerals</i>	1	QL 30 / 30 days
<i>multiple vit/minerals/no iron</i>	1	QL 30 / 30 days
<i>multiple vitamin-folic acid</i>	1	QL 30 / 30 days
<i>multiple vitamins</i>	1	QL 30 / 30 days
<i>multiple vitamins essential</i>	1	QL 30 / 30 days
<i>multiple vitamins/womens</i>	1	QL 30 / 30 days
MULTIVIT-MIN GUMMIES CHILDRENS	1	
<i>multivitamin adult</i>	1	QL 30 / 30 days
<i>multivitamin adults</i>	1	QL 30 / 30 days
<i>multivitamin adults 50+</i>	1	QL 30 / 30 days
<i>multivitamin gummies adult</i>	1	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>multivitamin gummies mens</i>	1	QL 60 / 30 days
<i>multivitamin gummies womens</i>	1	QL 60 / 30 days
<i>multivitamin iron-free</i>	1	QL 30 / 30 days
<i>multivitamin men 50+</i>	1	QL 30 / 30 days
<i>multivitamin women</i>	1	QL 30 / 30 days
<i>multivitamin women 50+</i>	1	QL 30 / 30 days
<i>multivitamin womens 50+ adv</i>	1	QL 30 / 30 days
MVW COMPLETE FORMULATION CHEW TAB	1	
MVW COMPLETE FORMULATION SOLUTION	1	QL 60 / 30 days
MVW COMPLETE FORMULATION D3000 CHEW TAB	1	
MVW COMPLETE FORMULATION D5000 CHEW TAB	1	
<i>myamulti</i>	1	QL 30 / 30 days
<i>mynephron</i>	1	QL 30 / 30 days
<i>nat-rul b-50</i>	1	
NEO-VITAL RX	2	
NEOMATERNA	2	
NEONATAL COMPLETE 29-1 MG TAB	2	
NEONATAL FE	2	
NEONATAL PLUS	2	QL 30 / 30 days
<i>nephronex tab</i>	1	
NESTABS	2	
NESTABS ONE	2	
NIVA-FOL	1	
NIVA-PLUS	1	QL 30 / 30 days
<i>nutrifac zx</i>	1	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
OB COMPLETE	2	
OB COMPLETE ONE	2	
OB COMPLETE PETITE	2	
OB COMPLETE PREMIER	2	
OB COMPLETE/DHA	2	
<i>ocutabs</i>	1	QL 30 / 30 days
<i>ocutabs-lutein</i>	1	QL 30 / 30 days
<i>ocuvite extra</i>	1	QL 30 / 30 days
<i>ocuvite eye + multi</i>	1	QL 30 / 30 days
<i>ocuvite eye health gummies</i>	1	QL 60 / 30 days
<i>ocuvite-lutein tab</i>	1	QL 30 / 30 days
<i>once daily</i>	1	QL 30 / 30 days
ONE A DAY IMMUNITY DEFENSE	1	QL 60 / 30 days
ONE A DAY MENS VITACRAVES	1	QL 60 / 30 days
ONE A DAY WOMEN 50 PLUS CHEW TAB	1	QL 60 / 30 days
<i>one daily</i>	1	QL 30 / 30 days
<i>one daily 50 plus</i>	1	QL 30 / 30 days
<i>one daily calcium/iron</i>	1	QL 30 / 30 days
<i>one daily complete</i>	1	QL 30 / 30 days
<i>one daily complete for men</i>	1	QL 30 / 30 days
<i>one daily essential</i>	1	QL 30 / 30 days
<i>one daily for men 50+ advanced</i>	1	QL 30 / 30 days
<i>one daily for men/lycopene</i>	1	QL 30 / 30 days
<i>one daily for women</i>	1	QL 30 / 30 days
<i>one daily for women 50+ adv</i>	1	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>one daily healthy weight</i>	1	QL 30 / 30 days
<i>one daily healthy weight adv</i>	1	QL 30 / 30 days
<i>one daily maximum</i>	1	QL 30 / 30 days
<i>one daily mens</i>	1	QL 30 / 30 days
<i>one daily mens 50+ multivit</i>	1	QL 30 / 30 days
<i>one daily mens 50+/lycopene</i>	1	QL 30 / 30 days
<i>one daily mens health</i>	1	QL 30 / 30 days
<i>one daily multivit/iron-free</i>	1	QL 30 / 30 days
<i>one daily multivitamin adult</i>	1	QL 30 / 30 days
<i>one daily multivitamin men</i>	1	QL 30 / 30 days
<i>one daily multivitamin women</i>	1	QL 30 / 30 days
<i>one daily womens</i>	1	QL 30 / 30 days
<i>one daily womens 50 plus</i>	1	QL 30 / 30 days
<i>one daily womens 50+</i>	1	QL 30 / 30 days
<i>one daily/minerals</i>	1	QL 30 / 30 days
ONE-A-DAY FOR HER VITACRAVES	1	QL 60 / 30 days
ONE-A-DAY FOR HIM VITACRAVES	1	QL 60 / 30 days
ONE-A-DAY MENS VITACRAVES	1	QL 60 / 30 days
<i>one-a-day teen advantage/her</i>	1	QL 30 / 30 days
ONE-A-DAY VITACRAVES	1	QL 60 / 30 days
ONE-A-DAY VITACRAVES ADULT	1	QL 60 / 30 days
ONE-A-DAY VITACRAVES IMMUNITY	1	QL 60 / 30 days
ONE-A-DAY VITACRAVES SOUR	1	QL 60 / 30 days
<i>one-daily multi vitamins</i>	1	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>one-daily multi-vit/mineral</i>	1	QL 30 / 30 days
<i>one-daily multi-vitamin</i>	1	QL 30 / 30 days
<i>optic-vites</i>	1	QL 30 / 30 days
<i>optic-vites with lutein</i>	1	QL 30 / 30 days
OPTIFAST POST BARIATRIC	1	QL 60 / 30 days
OPTIMUM AIRVITES	1	QL 60 / 30 days
<i>optimum pms</i>	1	QL 30 / 30 days
OPTISOURCE POST BARIATRIC SURG	1	QL 60 / 30 days
OPURITY BYPASS OPTIMIZED	1	QL 60 / 30 days
<i>osteoprime ultra</i>	1	QL 30 / 30 days
<i>pnv-dha</i>	2	
PNV-DHA+DOCUSATE	2	
PNV-OMEGA	2	
<i>pnv-select</i>	2	
POLY-VI-SOL	1	
PRENAISSANCE	2	
PRENAISSANCE PLUS	2	
PRENATAL 27-1 MG TAB	1	QL 30 / 30 days
PRENATAL PLUS VITAMIN/MINERAL	1	QL 30 / 30 days
PRENATAL VITAMIN PLUS LOW IRON	1	QL 30 / 30 days
PRENATE	2	
PRENATE AM	2	
PRENATE DHA	2	
PRENATE ELITE	2	
PRENATE ENHANCE	2	
PRENATE ESSENTIAL	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PRENATE MINI	2	
PRENATE PIXIE	2	
PRENATE RESTORE	2	
PRENATRIX	2	QL 30 / 30 days
PRENATRYL	2	QL 30 / 30 days
PREPLUS	1	QL 30 / 30 days
PRESERVISION AREDS 2 CHEW TAB	1	QL 60 / 30 days
PRIMACARE	2	
<i>pro sight</i>	1	QL 30 / 30 days
PROVIDA OB	2	
<i>px advanced formula multivits</i>	1	QL 30 / 30 days
<i>px b-50</i>	1	
<i>px childrens vitamin</i>	1	
<i>px complete senior multivits</i>	1	QL 30 / 30 days
<i>px mens multivitamins</i>	1	QL 30 / 30 days
<i>qc childrens complete</i>	1	
<i>qc daily multivit/multimineral</i>	1	QL 30 / 30 days
<i>qc essentials</i>	1	QL 30 / 30 days
<i>qc hair skin & nails</i>	1	QL 30 / 30 days
<i>qc mens daily multivitamin</i>	1	QL 30 / 30 days
<i>qc multi-vite</i>	1	QL 30 / 30 days
<i>qc multi-vite 50 & over</i>	1	QL 30 / 30 days
<i>qc therin-m</i>	1	QL 30 / 30 days
<i>qc vitamin b12 1000 mcg tab er</i>	1	
<i>qc womens daily multivitamin</i>	1	QL 30 / 30 days
<i>quintabs-m</i>	1	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ra b-complex</i>	1	
<i>ra b-complex with b-12</i>	1	
<i>ra central-vite mens mature</i>	1	QL 30 / 30 days
<i>ra central-vite womens mature</i>	1	QL 30 / 30 days
<i>ra one daily maximum</i>	1	QL 30 / 30 days
<i>ra one daily mens 50+ w/vit d3</i>	1	QL 30 / 30 days
<i>ra one daily mens multi</i>	1	QL 30 / 30 days
<i>ra one daily mens/vit d-3</i>	1	QL 30 / 30 days
<i>ra vitamin b-12 tr</i>	1	
<i>ra vitamins complete childrens</i>	1	
<i>rena-vite rx</i>	1	
<i>renal</i>	1	QL 30 / 30 days
<i>renaplex</i>	1	QL 30 / 30 days
<i>reno caps</i>	1	QL 30 / 30 days
<i>risanoid plus</i>	1	
SE-NATAL 19 (SE-NATAL 19 29-1 MG CHEW TAB, SE-NATAL 19 29-1 MG TAB)	1	
SELECT-OB (SELECT-OB 29-0.6-0.4 MG CHEW TAB, SELECT-OB 29-1 MG CHEW TAB)	2	
<i>senior tabs</i>	1	QL 30 / 30 days
<i>sentry</i>	1	QL 30 / 30 days
<i>sentry senior</i>	1	QL 30 / 30 days
<i>sm animal shapes complete</i>	1	
<i>sm antioxidant vitamins</i>	1	QL 30 / 30 days
<i>sm balanced b-100</i>	1	
<i>sm balanced b-50</i>	1	
<i>sm complete</i>	1	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>sm complete 50+</i>	1	QL 30 / 30 days
<i>sm complete 50+ ultimate mens</i>	1	QL 30 / 30 days
<i>sm complete 50+ ultimate women</i>	1	QL 30 / 30 days
<i>sm complete advanced formula</i>	1	QL 30 / 30 days
<i>sm complete senior formula</i>	1	QL 30 / 30 days
<i>sm daily diet support</i>	1	QL 30 / 30 days
<i>sm hair/skin/nails</i>	1	QL 30 / 30 days
<i>sm multiple vitamins essential</i>	1	QL 30 / 30 days
<i>sm opti-vitamins</i>	1	QL 30 / 30 days
<i>sm vitamin b12 tr 1000 mcg tab er</i>	1	
SMARTY PANTS KIDS COMPLETE	1	
SPONGEBOB SQUAREPANTS GUMMIES	1	
<i>stress b complex/antioxid/zinc</i>	1	QL 30 / 30 days
<i>stress formula</i>	1	QL 30 / 30 days
<i>stress formula/zinc</i>	1	QL 30 / 30 days
<i>stresstabs advanced</i>	1	QL 30 / 30 days
<i>stresstabs energy</i>	1	QL 30 / 30 days
<i>super aytinal</i>	1	QL 30 / 30 days
<i>super aytinal 50 plus</i>	1	QL 30 / 30 days
<i>super multiple</i>	1	QL 30 / 30 days
<i>super nu-thera tab</i>	1	QL 30 / 30 days
<i>super thera vite m</i>	1	QL 30 / 30 days
<i>super vita-mins</i>	1	QL 30 / 30 days
<i>sv vitamin b-12 er</i>	1	
SYSTANE ICAPS AREDS2 CHEW TAB	1	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>tab-a-vite</i>	1	QL 30 / 30 days
<i>tab-a-vite/beta carotene</i>	1	QL 30 / 30 days
TARON-C DHA	2	
<i>thera vital m</i>	1	QL 30 / 30 days
<i>thera vital-m</i>	1	QL 30 / 30 days
<i>thera-m</i>	1	QL 30 / 30 days
<i>thera-mill</i>	1	QL 30 / 30 days
<i>thera-mill m</i>	1	QL 30 / 30 days
<i>thera-tabs</i>	1	QL 30 / 30 days
<i>therabasic-m</i>	1	QL 30 / 30 days
<i>theradex m</i>	1	QL 30 / 30 days
<i>theradex m/beta carotene</i>	1	QL 30 / 30 days
<i>therapeutic formula/hematinics</i>	1	QL 30 / 30 days
<i>therapeutic-m</i>	1	QL 30 / 30 days
<i>theratrum complete</i>	1	QL 30 / 30 days
<i>theratrum complete 50 plus</i>	1	QL 30 / 30 days
<i>thrive for life womens</i>	1	QL 30 / 30 days
THRIVITE 19	2	
THRIVITE RX	1	QL 30 / 30 days
<i>tm-vite rx</i>	1	
TRI-VI-SOL A/C/D	1	
TRICARE	2	QL 30 / 30 days
TRINATAL RX 1	1	QL 30 / 30 days
<i>triphrocaps</i>	1	QL 30 / 30 days
TRISTART DHA	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>tronvite</i>	1	
<i>true daily vite</i>	1	QL 30 / 30 days
<i>true folic acid 1 mg tab</i>	1	QL 4 / 1 days
<i>ultra antioxidant formula</i>	1	QL 30 / 30 days
<i>ultra b-100 complex</i>	1	
<i>ultra choice multivitamin kids</i>	1	
<i>ultra freeda</i>	1	QL 30 / 30 days
<i>ultra freeda/iron</i>	1	QL 30 / 30 days
<i>ultrachoice adv formula mature</i>	1	QL 30 / 30 days
<i>ultrachoice advanced formula</i>	1	QL 30 / 30 days
VENEXA FE	2	
VENTRIXYL FE	2	
VIRT-C DHA	1	
<i>virt-caps</i>	1	QL 30 / 30 days
<i>virt-gard</i>	1	
VIRT-NATE DHA	2	
VIRT-PN DHA	2	
<i>vision formula/lutein</i>	1	QL 30 / 30 days
<i>vision vitamins</i>	1	QL 30 / 30 days
<i>visivites</i>	1	QL 30 / 30 days
<i>visivites/lutein</i>	1	QL 30 / 30 days
<i>vit e-vit c-beta carotene</i>	1	QL 30 / 30 days
<i>vita hair</i>	1	QL 30 / 30 days
<i>vita s forte</i>	1	QL 30 / 30 days
VITABASIC COMPLETE	1	QL 30 / 30 days
VITABASIC SENIOR	1	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>vitacel</i>	1	QL 30 / 30 days
VITACHEW ADULT MULTI VITAMIN	1	QL 60 / 30 days
VITACHEW MULTIPLE VITAMIN	1	
VITAFOL GUMMIES	2	
VITAFOL ULTRA	2	
VITAFOL-OB	2	
VITAFOL-ONE	2	
VITAFUSION PRENATAL	2	
VITALARA	2	
<i>vitalee</i>	1	QL 30 / 30 days
VITAMIN A-C-D INFANT	1	
VITAMIN A/C/D/ INFANT/TODDLER	1	
<i>vitamin b complex</i>	1	
<i>vitamin b complex w/b-12</i>	1	
<i>vitamin b-12 er 1000 mcg tab er</i>	1	
<i>vitamin b-complex</i>	1	
<i>vitamin b1 100 mg tab</i>	1	
<i>vitamin b12 1000 mcg tab er</i>	1	
<i>vitamin-b complex</i>	1	
<i>vitamins a-d-e/selenium</i>	1	QL 30 / 30 days
<i>vitasure</i>	1	
<i>vitatrum chew tab</i>	1	QL 60 / 30 days
<i>vitatrum complete</i>	1	QL 30 / 30 days
VITRANOL FE	2	
VITREXATE FE	2	
VITREXYL + IRON	2	
<i>vitrum senior</i>	1	QL 30 / 30 days
<i>vp-vite rx</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
WAL-BORN VITAMIN C	1	QL 60 / 30 days
WESCAP-C DHA	2	
WESCAP-PN DHA	2	
<i>wescaps</i>	1	QL 30 / 30 days
WESNATE DHA	2	
<i>westab max</i>	1	
<i>westab mini</i>	2	
WESTAB PLUS	1	QL 30 / 30 days
WESTGEL DHA	2	
<i>womens daily form/fa/ca/fe</i>	1	QL 30 / 30 days
<i>womens daily formula</i>	1	QL 30 / 30 days
<i>womens life pack</i>	1	QL 30 / 30 days
WOMENS MULTI GUMMIES	1	QL 60 / 30 days
<i>womens multivitamin</i>	1	QL 30 / 30 days
<i>xvite</i>	1	
YOUR LIFE MULTI ADULT GUMMIES	1	QL 60 / 30 days
YUMVS MULTI ZERO	1	QL 60 / 30 days
YUMVS ZERO DIABETIC MULTIVITAM	1	QL 60 / 30 days
ZOO FRIENDS MULTI GUMMIES	1	
GASTROINTESTINAL AGENTS		
ANTI-CONSTIPATION AGENTS		
AMITIZA	2	QL 60 / 30 days PA
<i>avedana glycerin (adult)</i>	1	QL 12 / 22 days
<i>clearlax</i>	1	
<i>colace 2-in-1</i>	1	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>constulose</i>	1	QL 120 / 1 days
<i>cvs glycerin adult 2 gm suppos</i>	1	QL 12 / 22 days
<i>cvs mineral oil</i>	1	QL 45 / 1 days
<i>cvs natural daily fiber (cvs natural daily fiber 51.7 % powder, cvs natural daily fiber 58.6 % powder)</i>	1	
<i>cvs purelax 17 gm packet</i>	1	QL 60 / 30 days
<i>cvs senna plus</i>	1	QL 4 / 1 days
<i>cvs stool softener 100 mg cap</i>	1	QL 4 / 1 days
<i>cvs stool softener/laxative</i>	1	QL 4 / 1 days
<i>docusate sodium 100 mg cap</i>	1	QL 4 / 1 days
<i>docuzen</i>	1	QL 4 / 1 days
<i>dss 100 mg cap</i>	1	QL 4 / 1 days
<i>dulcolax pink stool softener</i>	1	QL 4 / 1 days
<i>dulcolax stool softener</i>	1	QL 4 / 1 days
<i>easy-lax</i>	1	QL 4 / 1 days
<i>easy-lax plus</i>	1	QL 4 / 1 days
<i>enemeez mini</i>	1	
<i>enulose</i>	1	QL 120 / 1 days
<i>eq laxative</i>	1	QL 60 / 30 days
<i>eq mineral oil</i>	1	QL 45 / 1 days
<i>eq senna-s</i>	1	QL 4 / 1 days
<i>eq stool softener 100 mg cap</i>	1	QL 4 / 1 days
<i>eq stool softener/laxative</i>	1	QL 4 / 1 days
<i>eql fiber therapy 28.3 % powder</i>	1	
<i>eql natural fiber</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>eql senna-s</i>	1	QL 4 / 1 days
<i>eql stool softener</i>	1	QL 4 / 1 days
<i>eql stool softener/stimulant</i>	1	QL 4 / 1 days
<i>fiber 28.3 % powder</i>	1	
<i>fiber laxative</i>	1	
<i>fleet laxative mineral oil</i>	1	QL 45 / 1 days
<i>fleet stimulant</i>	1	
<i>fleet stool softener</i>	1	QL 4 / 1 days
<i>freskaro magnesium citrate</i>	1	
<i>ft enema mineral oil</i>	1	
<i>ft mineral oil</i>	1	QL 45 / 1 days
<i>ft senna-s</i>	1	QL 4 / 1 days
<i>ft stool softener (ft stool softener 50-8.6 mg tab, ft stool softener 100 mg cap)</i>	1	QL 4 / 1 days
<i>gavilax</i>	1	
<i>generlac</i>	1	QL 120 / 1 days
<i>glycerin (adult) 2 gm suppos</i>	1	QL 12 / 22 days
<i>glycerin adult</i>	1	QL 12 / 22 days
<i>glycolax</i>	1	
<i>gnp clearlax 17 gm packet</i>	1	QL 60 / 30 days
<i>gnp clearlax 17 gm/scoop powder</i>	1	
<i>gnp mineral oil</i>	1	QL 45 / 1 days
<i>gnp natural fiber 28.3 % powder</i>	1	
<i>gnp senna plus</i>	1	QL 4 / 1 days
<i>gnp stool softener 100 mg cap</i>	1	QL 4 / 1 days
<i>gnp stool softener/laxative</i>	1	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>goodsense clearlax</i>	1	
<i>goodsense fiber laxative</i>	1	
<i>goodsense mineral oil</i>	1	QL 45 / 1 days
<i>goodsense stimulant lax plus</i>	1	QL 4 / 1 days
<i>goodsense stimulant laxative</i>	1	QL 4 / 1 days
<i>goodsense stool softener</i>	1	QL 4 / 1 days
<i>healthylax</i>	1	QL 60 / 30 days
<i>hm clearlax 17 gm packet</i>	1	QL 60 / 30 days
<i>hm clearlax 17 gm/scoop powder</i>	1	
<i>hm mineral oil</i>	1	QL 45 / 1 days
<i>hm senna-s</i>	1	QL 4 / 1 days
<i>hm stool softener 100 mg cap</i>	1	QL 4 / 1 days
<i>hm stool softener/laxative</i>	1	QL 4 / 1 days
IBSRELA	2	
<i>kls stool softener</i>	1	QL 4 / 1 days
<i>konsyl daily fiber (konsyl daily fiber 28.3 % powder, konsyl daily fiber 60.3 % packet)</i>	1	
<i>lactulose (lactulose 10 gm/15ml solution, lactulose 20 gm/30ml solution)</i>	1	QL 120 / 1 days
<i>lactulose encephalopathy</i>	1	QL 120 / 1 days
<i>laxacin</i>	1	QL 4 / 1 days
LINZESS	1	QL 30 / 30 days PA
<i>lubiprostone</i>	1	QL 60 / 30 days PA
<i>magnesium citrate 1.745 gm/30ml solution</i>	1	
<i>medi-natural plus</i>	1	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>metamucil smooth texture</i>	1	
<i>mineral oil</i>	1	QL 45 / 1 days
<i>mineral oil heavy</i>	1	QL 45 / 1 days
<i>mineral oil lubricant laxative</i>	1	QL 45 / 1 days
<i>mm stool softener</i>	1	QL 4 / 1 days
<i>mm stool softener laxative</i>	1	QL 4 / 1 days
MOTTEGRITY	2	QL 30 / 30 days
MOVANTI-K	1	QL 30 / 30 days PA
<i>natural fiber</i>	1	
<i>natural fiber laxative (natural fiber laxative 28.3 % powder, natural fiber laxative 48.57 % powder, natural fiber laxative 58.6 % powder)</i>	1	
<i>natural vegetable fiber</i>	1	
<i>onelax magnesium citrate</i>	1	
<i>peg 3350 17 gm packet</i>	1	QL 60 / 30 days
<i>peg 3350 17 gm/scoop powder</i>	1	
<i>phillips stool softener</i>	1	QL 4 / 1 days
<i>polyethylene glycol 3350 17 gm packet</i>	1	QL 60 / 30 days
<i>polyethylene glycol 3350 17 gm/scoop powder</i>	1	
<i>prucalopride succinate</i>	2	
<i>px docusate sodium</i>	1	QL 4 / 1 days
<i>qc magnesium citrate</i>	1	
<i>qc mineral oil heavy</i>	1	QL 45 / 1 days
<i>qc natura-lax</i>	1	
<i>qc natural vegetable</i>	1	
<i>qc senna-s</i>	1	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>qc stool softener 100 mg cap</i>	1	QL 4 / 1 days
<i>qc stool softener pls laxative</i>	1	QL 4 / 1 days
<i>ra 2-in-1 lax/stool softener</i>	1	QL 4 / 1 days
<i>ra col-rite 100 mg cap</i>	1	QL 4 / 1 days
<i>ra mineral oil</i>	1	QL 45 / 1 days
<i>ra multihealth fiber 58.6 % powder</i>	1	
<i>ra p col-rite</i>	1	QL 4 / 1 days
<i>ra stool softener</i>	1	QL 4 / 1 days
<i>reguloid 28.3 % powder</i>	1	
RELISTOR (RELISTOR 8 MG/0.4ML SOLN PRSYR, RELISTOR 12 MG/0.6ML SOLN PRSYR, RELISTOR 12 MG/0.6ML SOLUTION)	2	
RELISTOR 150 MG TAB	2	QL 90 / 30 days
<i>sb docusate sodium</i>	1	QL 4 / 1 days
<i>sb docusate sodium/senna</i>	1	QL 4 / 1 days
<i>sb fiber laxative 48.57 % powder</i>	1	
<i>sb polyethylene glycol 3350</i>	1	
<i>senexon-s</i>	1	QL 4 / 1 days
<i>senna plus 8.6-50 mg tab</i>	1	QL 4 / 1 days
<i>senna s</i>	1	QL 4 / 1 days
<i>senna-docusate sodium</i>	1	QL 4 / 1 days
<i>senna-plus</i>	1	QL 4 / 1 days
<i>senna-s 8.6-50 mg tab</i>	1	QL 4 / 1 days
<i>senna-time s</i>	1	QL 4 / 1 days
<i>sennosides-docusate sodium</i>	1	QL 4 / 1 days
<i>sm clearlax</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>sm fiber (sm fiber 28.3 % powder, sm fiber 58.6 % powder)</i>	1	
<i>sm mineral oil oil</i>	1	QL 45 / 1 days
<i>sm natural laxative/stool soft</i>	1	QL 4 / 1 days
<i>sm senna-s</i>	1	QL 4 / 1 days
<i>sm stool softener (sm stool softener 8.6-50 mg tab, sm stool softener 100 mg cap)</i>	1	QL 4 / 1 days
<i>sm stool softener/laxative</i>	1	QL 4 / 1 days
<i>smooth lax 17 gm packet</i>	1	QL 60 / 30 days
<i>stimulant laxative</i>	1	QL 4 / 1 days
<i>stool softener 100 mg cap</i>	1	QL 4 / 1 days
<i>stool softener laxative (stool softener laxative 8.6-50 mg tab, stool softener laxative 100 mg cap)</i>	1	QL 4 / 1 days
<i>stool softener plus laxative</i>	1	QL 4 / 1 days
<i>stool softener/laxative 50-8.6 mg tab</i>	1	QL 4 / 1 days
SYMPROIC	2	QL 30 / 30 days
<i>true laxative</i>	1	
TRULANCE	2	QL 30 / 30 days
<i>vegetable lax+stool softener</i>	1	QL 4 / 1 days
<i>wal-mucil (wal-mucil 28.3 % powder, wal-mucil 58.6 % powder)</i>	1	
ZELNORM	2	
ANTI-DIARRHEAL AGENTS		
AEMCOLO	2	
<i>alosetron hcl</i>	2	
<i>diphenoxylate-atropine 2.5-0.025 mg tab</i>	1	QL 8 / 1 days
<i>diphenoxylate-atropine 2.5-0.025 mg/5ml liquid</i>	1	QL 40 / 1 days

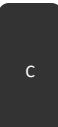
DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LOTRONEX	2	
VIBERZI	2	QL 60 / 30 days
ANTISPASMODICS, GASTROINTESTINAL		
<i>dicyclomine hcl (dicyclomine hcl 10 mg cap, dicyclomine hcl 20 mg tab)</i>	1	QL 240 / 30 days
<i>glycopyrrolate 1 mg tab</i>	1	QL 180 / 30 days
<i>glycopyrrolate 2 mg tab</i>	1	QL 4 / 1 days
GASTROINTESTINAL AGENTS, OTHER		
<i>amoxicill-clarithro-lansopraz</i>	2	
<i>bis subcit-metronid-tetracyc</i>	2	
<i>bismuth/metronidaz/tetracyclin</i>	2	
CHENODAL	2	
CTEXLI	2	
<i>eq stomach relief 262 mg tab</i>	1	
<i>ft stomach relief 262 mg tab</i>	1	
<i>gavilyte-c</i>	1	QL 4000 / 30 days
<i>gavilyte-g</i>	1	QL 4000 / 30 days
<i>gavilyte-n with flavor pack</i>	1	QL 4000 / 30 days
<i>gnp gas relief extra strength 125 mg chew tab</i>	1	
HELIDAC THERAPY	2	
<i>kaopectate 262 mg tab</i>	1	
<i>mintox plus</i>	1	
OALIVA	2	
OMECLAMOX-PAK	2	
OMVOH	2	
OMVOH (300 MG DOSE)	2	
<i>peg 3350-kcl-na bicarb-nacl</i>	1	QL 4000 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>peg-3350/electrolytes</i>	1	QL 4000 / 30 days
<i>peg-3350/electrolytes/ascorbat</i>	1	
<i>peg-kcl-nacl-nasulf-na asc-c</i>	1	
PYLERA	2	
<i>qc stomach relief 262 mg tab</i>	1	
RELTONE	2	
<i>simethicone 20 mg/0.3ml suspension</i>	1	
<i>sodium bicarbonate (sodium bicarbonate 325 mg tab, sodium bicarbonate 650 mg tab)</i>	1	
TALICIA	2	
URSO 250	2	
URSO FORTE	2	
<i>ursodiol (ursodiol 200 mg cap, ursodiol 250 mg tab, ursodiol 400 mg cap, ursodiol 500 mg tab)</i>	1	
<i>ursodiol 300 mg cap</i>	1	QL 90 / 30 days
VOQUEZNA	2	
VOQUEZNA DUAL PAK	2	
VOQUEZNA TRIPLE PAK	2	
ZINPLAVA	2	
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS		
<i>acid controller complete</i>	1	
<i>acid reducer 10 mg tab</i>	1	
<i>acid reducer complete</i>	1	
<i>acid reducer maximum strength</i>	1	QL 120 / 30 days
<i>cimetidine 200 mg tab</i>	1	QL 120 / 30 days
<i>cimetidine 300 mg tab</i>	1	QL 240 / 30 days
<i>cimetidine 400 mg tab</i>	1	QL 180 / 30 days
<i>cimetidine 800 mg tab</i>	1	QL 90 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>cimetidine hcl</i>	2	
<i>cvs acid controller</i>	1	
<i>cvs dual action complete</i>	1	
<i>cvs heartburn relief 200 mg tab</i>	1	QL 120 / 30 days
<i>eq acid reducer complete</i>	1	
<i>eq famotidine max st</i>	1	QL 120 / 30 days
<i>eq dual action complete</i>	1	
<i>famotidine (famotidine 10 mg tab, famotidine 40 mg/4ml solution, famotidine 40 mg/5ml recon susp, famotidine 200 mg/20ml solution)</i>	1	
<i>famotidine (pf)</i>	1	
<i>famotidine 20 mg tab</i>	1	QL 120 / 30 days
<i>famotidine 40 mg tab</i>	1	QL 60 / 30 days
<i>famotidine maximum strength</i>	1	QL 120 / 30 days
<i>famotidine orig st</i>	1	
<i>famotidine premixed</i>	1	
<i>ft acid reducer + antacid</i>	1	
<i>ft acid reducer 10 mg tab</i>	1	
<i>ft acid reducer max strength</i>	1	QL 120 / 30 days
<i>gnp acid reducer</i>	1	
<i>gnp acid reducer max st</i>	1	QL 120 / 30 days
<i>heartburn relief</i>	1	
<i>heartburn relief max st</i>	1	QL 120 / 30 days
<i>hm dual action complete</i>	1	
<i>hm famotidine 10 mg tab</i>	1	
<i>hm famotidine 20 mg tab</i>	1	QL 120 / 30 days
<i>mm acid-pep maximum strength</i>	1	QL 120 / 30 days
NIZATIDINE (NIZATIDINE 15 MG/ML SOLUTION, NIZATIDINE 150 MG CAP, NIZATIDINE 300 MG CAP)	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PEPCID 20 MG TAB	2	
PEPCID 40 MG TAB	2	QL 60 / 30 days
PEPCID AC	2	
<i>px dual action</i>	1	
<i>qc acid controller</i>	1	
<i>qc acid controller max st</i>	1	QL 120 / 30 days
<i>qc famotidine acid reducer 20 mg tab</i>	1	QL 120 / 30 days
<i>ra dual action complete</i>	1	
<i>sm acid reducer 10 mg tab</i>	1	
<i>sm acid reducer 200 mg tab</i>	1	QL 120 / 30 days
<i>sm acid reducer max st</i>	1	QL 120 / 30 days
TAGAMET HB	2	
<i>zantac 360 10 mg tab</i>	2	
<i>zantac 360 20 mg tab</i>	2	QL 120 / 30 days
PROTECTANTS		
<i>misoprostol 100 mcg tab</i>	1	QL 240 / 30 days
<i>misoprostol 200 mcg tab</i>	1	QL 4 / 1 days
<i>sucalfate 1 gm tab</i>	1	QL 4 / 1 days
<i>sucalfate 1 gm/10ml suspension</i>	1	QL 40 / 1 days
PROTON PUMP INHIBITORS		
<i>acid reducer 20.6 (20 base) mg cap dr</i>	2	QL 60 / 30 days
ACIPHEX	2	QL 60 / 30 days
ACIPHEX SPRINKLE	2	
<i>cvs esomeprazole magnesium</i>	1	C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>cvs lansoprazole 15 mg tab dr disp</i>	1	QL 30 / 30 days
<i>cvs omeprazole 20 mg tab dr disp</i>	2	
<i>cvs omeprazole magnesium</i>	2	QL 60 / 30 days
DEXILANT	2	
<i>dexlansoprazole</i>	2	
<i>eq omeprazole 20 mg tab dr</i>	2	QL 60 / 30 days
<i>eq omeprazole 20 mg tab dr disp</i>	2	
<i>eq/ lansoprazole</i>	1	QL 60 / 30 days
		AL1 At least 6 yrs old
		C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
<i>esomeprazole magnesium (esomeprazole magnesium 2.5 mg packet, esomeprazole magnesium 5 mg packet, esomeprazole magnesium 10 mg packet, esomeprazole magnesium 40 mg packet)</i>	1	C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
<i>esomeprazole magnesium 20 mg cap dr</i>	1	C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
<i>esomeprazole magnesium 20 mg packet</i>	1	
<i>esomeprazole magnesium 20 mg tab dr</i>	2	
<i>esomeprazole magnesium 40 mg cap dr</i>	1	AL1 At least 6 yrs old
		C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
ESOMEPRAZOLE STRONTIUM	2	
<i>ft acid reducer 15 mg cap dr</i>	1	QL 60 / 30 days
		AL1 At least 6 yrs old
		C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ft acid reducer 20 mg cap dr</i>	1	 PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
<i>ft omeprazole</i>	2	 60 / 30 days
<i>gnp esomeprazole magnesium</i>	1	 PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
<i>gnp lansoprazole</i>	1	 60 / 30 days
		 At least 6 yrs old
		 PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
<i>gnp omeprazole (gnp omeprazole 20 mg tab dr, gnp omeprazole 20.6 (20 base) mg cap dr)</i>	2	 60 / 30 days
<i>gnp omeprazole 20 mg tab dr disp</i>	2	
<i>goodsense esomeprazole</i>	1	 PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
<i>goodsense lansoprazole 15 mg cap dr</i>	1	 60 / 30 days
		 At least 6 yrs old
		 PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
<i>goodsense lansoprazole 15 mg tab dr disp</i>	1	 30 / 30 days
<i>goodsense omeprazole/sodium bicarbonate</i>	2	
<i>hm esomeprazole magnesium dr</i>	1	 PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
<i>hm lansoprazole</i>	1	 60 / 30 days
		 At least 6 yrs old
		 PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>hm omeprazole</i>	2	QL 60 / 30 days
<i>kls lansoprazole</i>	1	QL 60 / 30 days
		AL1 At least 6 yrs old
		C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
KONVOMEF	2	
<i>lansoprazole (lansoprazole 15 mg tab dr disp, lansoprazole 30 mg tab dr disp)</i>	1	QL 30 / 30 days
<i>lansoprazole 15 mg cap dr</i>	1	QL 60 / 30 days
		AL1 At least 6 yrs old
		C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
<i>lansoprazole 30 mg cap dr</i>	1	QL 60 / 30 days
		C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
		C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
NEXIUM (NEXIUM 2.5 MG PACKET, NEXIUM 5 MG PACKET, NEXIUM 10 MG PACKET, NEXIUM 40 MG PACKET)	1	C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
NEXIUM (NEXIUM 20 MG CAP DR, NEXIUM 40 MG CAP DR)	2	
NEXIUM 20 MG PACKET	1	C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
<i>omeprazole 10 mg cap dr</i>	1	QL 60 / 30 day(s)
		C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
		C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>omeprazole 20 mg cap dr</i>	1	QL 60 / 30 days C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
<i>omeprazole 20 mg tab dr</i>	2	QL 60 / 30 days
<i>omeprazole 20 mg tab dr disp</i>	2	
<i>omeprazole 40 mg cap dr</i>	1	QL 60 / 30 days AL1 At least 6 yrs old C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
<i>omeprazole magnesium 20 mg tab dr</i>	2	
<i>omeprazole magnesium 20.6 (20 base) mg cap dr</i>	2	QL 60 / 30 days
<i>omeprazole-sodium bicarbonate</i>	2	
<i>pantoprazole sodium 20 mg tab dr</i>	1	QL 60 / 30 days C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
<i>pantoprazole sodium 40 mg packet</i>	2	
<i>pantoprazole sodium 40 mg tab dr</i>	1	QL 60 / 30 days AL1 At least 6 yrs old C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
PREVACID	2	QL 60 / 30 days
PREVACID 24HR	2	QL 60 / 30 days
PREVACID SOLUTAB	2	QL 30 / 30 days
PRILOSEC	2	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PROTONIX (PROTONIX 20 MG TAB DR, PROTONIX 40 MG TAB DR)	2	QL 60 / 30 days
PROTONIX 40 MG PACKET	2	
<i>qc esomeprazole magnesium</i>	1	C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
<i>qc lansoprazole</i>	1	QL 60 / 30 days AL1 At least 6 yrs old C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
<i>qc omeprazole magnesium</i>	2	QL 60 / 30 days
<i>rabeprazole sodium 20 mg tab dr</i>	1	QL 60 / 30 days C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
<i>sm esomeprazole magnesium</i>	1	C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
<i>sm lansoprazole</i>	1	QL 60 / 30 days AL1 At least 6 yrs old C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
<i>sm omeprazole</i>	2	QL 60 / 30 days
ZEGERID	2	
ZEGERID OTC	2	
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
ADAKVEO	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
AGAMREE	2	
BUPHENYL (BUPHENYL 3 GM/TSP POWDER, BUPHENYL 500 MG TAB)	1	
CERDELGA	1	PA
CEREZYME	1	PA
CHOLBAM	1	PA
CREON	1	
<i>dairy relief 3000 unit tab</i>	1	
ELELYSO	1	PA
ENDARI	2	QL 180 / 30 days
I-glutamine 5 gm packet	2	
<i>miglustat</i>	1	PA
OLPRUVA (2 GM DOSE)	2	
OLPRUVA (3 GM DOSE)	2	
OLPRUVA (4 GM DOSE)	2	
OLPRUVA (5 GM DOSE)	2	
OLPRUVA (6 GM DOSE)	2	
OLPRUVA (6.67 GM DOSE)	2	
OXBRYTA (OXBRYTA 300 MG TAB, OXBRYTA 500 MG TAB)	2	QL 90 / 30 days
OXBRYTA 300 MG TAB SOL	2	QL 150 / 30 days
PANCREAZE	2	
PERTZYE (PERTZYE 4000 UNIT CP DR PART, PERTZYE 8000 UNIT CP DR PART, PERTZYE 16000 UNIT CP DR PART, PERTZYE 24000-86250 UNIT CP DR PART)	2	
PHEBURANE	2	
RAVICTI	2	
<i>sodium phenylbutyrate (sodium phenylbutyrate 3 gm/tsp powder, sodium phenylbutyrate 500 mg tab)</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VIOKACE	2	
VPRIV	1	PA
XROMI	2	
<i>yargesa</i>	1	PA
ZAVESCA	1	PA
ZENPEP	1	
GENITOURINARY AGENTS		
ANTISPASMODICS, URINARY		
<i>darifenacin hydrobromide er</i>	2	
DETROL	2	QL 60 / 30 days
DETROL LA	2	QL 30 / 30 days
DITROPAN XL	2	QL 30 / 30 days
<i>fesoterodine fumarate er</i>	2	
<i>flavoxate hcl</i>	2	
GELNIQUE	2	
GEMTESA	2	QL 30 / 30 days
<i>mirabegron er</i>	2	
MYRBETRIQ (MYRBETRIQ 25 MG TAB ER 24H, MYRBETRIQ 50 MG TAB ER 24H)	1	
MYRBETRIQ 8 MG/ML SRER	2	
OXYBUTYNIN CHLORIDE 2.5 MG TAB	2	
<i>oxybutynin chloride 5 mg tab</i>	1	QL 4 / 1 days
<i>oxybutynin chloride 5 mg/5ml solution</i>	1	QL 600 / 30 days
<i>oxybutynin chloride er (oxybutynin chloride er 5 mg tab er 24h, oxybutynin chloride er 10 mg tab er 24h, oxybutynin chloride er 15 mg tab er 24h)</i>	1	QL 30 / 30 days
OXYTROL	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
OXYTROL FOR WOMEN	1	
<i>solifenacin succinate</i>	1	
<i>tolterodine tartrate</i>	1	QL 60 / 30 days
<i>tolterodine tartrate er</i>	1	QL 30 / 30 days
TOVIAZ	2	
<i>trospium chloride</i>	1	QL 60 / 30 days
<i>trospium chloride er</i>	2	QL 30 / 30 days
VESICARE	2	
VESICARE LS	2	
BENIGN PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin hcl er</i>	1	QL 30 / 30 days
AVODART	2	QL 30 / 30 days
CARDURA XL	2	
CIALIS (CIALIS 10 MG TAB, CIALIS 20 MG TAB)	2	
CIALIS (CIALIS 2.5 MG TAB, CIALIS 5 MG TAB)	2	QL 30 / 30 days
<i>dutasteride 0.5 mg cap</i>	1	QL 30 / 30 days
<i>dutasteride-tamsulosin hcl</i>	2	
ENTADFI	2	
<i>finasteride 5 mg tab</i>	1	QL 30 / 30 days
FLOMAX	2	QL 60 / 30 days
JALYN	2	
PROSCAR	2	
RAPAFLO	2	
<i>silodosin</i>	2	
<i>tadalafil (tadalafil 2.5 mg tab, tadalafil 5 mg tab)</i>	2	QL 30 / 30 days
<i>tadalafil 10 mg tab</i>	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>tadalafil 20 mg tab</i>	1	
<i>tamsulosin hcl</i>	1	QL 60 / 30 days
TEZRULY	2	
GENITOURINARY AGENTS, OTHER		
<i>argyle sterile saline</i>	1	
<i>bethanechol chloride (bethanechol chloride 5 mg tab, bethanechol chloride 10 mg tab, bethanechol chloride 25 mg tab, bethanechol chloride 50 mg tab)</i>	1	QL 4 / 1 days
<i>curity sterile saline</i>	1	
<i>cytra-2</i>	1	QL 120 / 1 days
ELMIRON	1	QL 90 / 30 days
ORACIT	1	QL 120 / 1 days
ORAL CITRATE	1	QL 120 / 1 days
<i>phospha 250 neutral</i>	1	
<i>phospho-trin 250 neutral</i>	1	
<i>phosphorous</i>	1	
<i>sod citrate-citric acid</i>	1	QL 120 / 1 days
<i>sodium chloride 0.9 % solution</i>	1	
<i>virt-phos 250 neutral</i>	1	
<i>wes-phos 250 neutral</i>	1	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
CORTISONE ACETATE 25 MG TAB	2	
<i>decadron</i>	2	
<i>deflazacort (deflazacort 6 mg tab, deflazacort 18 mg tab, deflazacort 22.75 mg/ml suspension, deflazacort 30 mg tab, deflazacort 36 mg tab)</i>	2	
DEPO-MEDROL 20 MG/ML SUSPENSION	1	QL 8 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DEXABLISS	2	
<i>dexamethasone (dexamethasone 0.5 mg tab, dexamethasone 0.5 mg/5ml elixir, dexamethasone 0.5 mg/5ml solution, dexamethasone 0.75 mg tab, dexamethasone 1 mg tab, dexamethasone 1.5 mg tab, dexamethasone 2 mg tab, dexamethasone 4 mg tab, dexamethasone 6 mg tab)</i>	1	
<i>dexamethasone (dexamethasone 1.5 mg (21) tab thpk, dexamethasone 1.5 mg (35) tab thpk, dexamethasone 1.5 mg (51) tab thpk)</i>	2	
DEXAMETHASONE INTENSOL	1	
DXEVO 11-DAY	2	
EMFLAZA (EMFLAZA 6 MG TAB, EMFLAZA 18 MG TAB, EMFLAZA 22.75 MG/ML SUSPENSION, EMFLAZA 30 MG TAB, EMFLAZA 36 MG TAB)	2	
<i>fludrocortisone acetate 0.1 mg tab</i>	1	QL 2 / 1 days
HEMADY	2	
<i>hydrocortisone sod suc (pf)</i>	1	
<i>jaythari</i>	2	
KENALOG-10	1	
KENALOG-40	1	
MEDROL (MEDROL 4 MG TAB, MEDROL 4 MG TAB THPK, MEDROL 8 MG TAB, MEDROL 16 MG TAB)	2	
MEDROL 2 MG TAB	2	QL 4 / 1 days
MEDROL 32 MG TAB	2	QL 2 / 1 days
<i>methylprednisolone (methylprednisolone 4 mg tab, methylprednisolone 8 mg tab, methylprednisolone 16 mg tab)</i>	1	QL 4 / 1 days
<i>methylprednisolone 32 mg tab</i>	1	QL 2 / 1 days
<i>methylprednisolone 4 mg tab thpk</i>	1	
<i>methylprednisolone acetate 40 mg/ml suspension</i>	1	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>methylprednisolone acetate 80 mg/ml suspension</i>	1	QL 2 / 1 days
<i>methylprednisolone sodium succ (methylprednisolone sodium succ 40 mg recon soln, methylprednisolone sodium succ 500 mg recon soln, methylprednisolone sodium succ 1000 mg recon soln)</i>	1	
MILLIPRED	2	QL 12 / 1 days
<i>millipred</i>	2	
ORAPRED ODT	2	
PEDIAPRED	2	
<i>prednisolone 15 mg/5ml solution</i>	1	QL 20 / 1 days
<i>prednisolone 5 mg tab</i>	2	
<i>prednisolone sodium phosphate (prednisolone sodium phosphate 10 mg tab disp, prednisolone sodium phosphate 15 mg tab disp, prednisolone sodium phosphate 30 mg tab disp)</i>	2	
<i>prednisolone sodium phosphate (prednisolone sodium phosphate 6.7 (5 base) mg/5ml solution, prednisolone sodium phosphate 10 mg/5ml solution, prednisolone sodium phosphate 20 mg/5ml solution, prednisolone sodium phosphate 25 mg/5ml solution)</i>	1	
<i>prednisolone sodium phosphate 15 mg/5ml solution</i>	1	QL 20 / 1 days
<i>prednisone (prednisone 1 mg tab, prednisone 2.5 mg tab, prednisone 5 mg (21) tab thpk, prednisone 5 mg (48) tab thpk, prednisone 5 mg tab)</i>	1	QL 8 / 1 days
<i>prednisone (prednisone 10 mg (21) tab thpk, prednisone 10 mg (48) tab thpk)</i>	1	
<i>prednisone 10 mg tab</i>	1	QL 6 / 1 days
<i>prednisone 20 mg tab</i>	1	QL 3 / 1 days
<i>prednisone 5 mg/5ml solution</i>	1	QL 60 / 1 day(s)
<i>prednisone 50 mg tab</i>	1	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PREDNISONE INTENSOL	1	QL 12 / 1 days
<i>pyqui</i>	2	
RAYOS	2	
SOLU-CORTEF 100 MG RECON SOLN	1	
TAPERDEX 12-DAY	2	
<i>taperdex 6-day</i>	2	
TAPERDEX 7-DAY	2	
TARPEYO	2	QL 120 / 30 days
<i>triamcinolone acetonide 40 mg/ml suspension</i>	1	
ZCORT 7-DAY	2	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
<i>desmopressin ace spray refrig</i>	1	QL 15 / 26 days
<i>desmopressin acetate (desmopressin acetate 0.1 mg tab, desmopressin acetate 0.2 mg tab)</i>	1	QL 180 / 30 days
<i>desmopressin acetate spray</i>	1	QL 15 / 26 days
GENOTROPIN	1	PA
GENOTROPIN MINIQUEEK	1	PA
HUMATROPE	2	
MYFEMBREE	1	QL 30 / 30 days PA
NGENLA	2	
NORDITROPIN FLEXPPO	1	PA
NUTROPIN AQ NUSPIN 10	2	
NUTROPIN AQ NUSPIN 20	2	
NUTROPIN AQ NUSPIN 5	2	
OMNITROPE (OMNITROPE 5 MG/1.5ML SOLN CART, OMNITROPE 5.8 MG RECON SOLN, OMNITROPE 10 MG/1.5ML SOLN CART)	2	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SAIZEN	2	
SAIZENPREP	2	
SEROSTIM	2	
SKYTROFA (SKYTROFA 3 MG CARTRIDGE, SKYTROFA 3.6 MG CARTRIDGE, SKYTROFA 4.3 MG CARTRIDGE, SKYTROFA 5.2 MG CARTRIDGE, SKYTROFA 6.3 MG CARTRIDGE, SKYTROFA 7.6 MG CARTRIDGE, SKYTROFA 9.1 MG CARTRIDGE, SKYTROFA 11 MG CARTRIDGE, SKYTROFA 13.3 MG CARTRIDGE)	1	PA
SOGROYA	2	
ZOMACTON	2	
ZOMACTON (FOR ZOMA-JET 10)	2	
ZORBTIVE	2	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
ANABOLIC STEROIDS		
<i>oxandrolone 10 mg tab</i>	2	QL 60 / 30 days
<i>oxandrolone 2.5 mg tab</i>	2	QL 240 / 30 days
ANDROGENS		
ANDRODERM	2	
ANDROGEL (ANDROGEL 20.25 MG/1.25GM (1.62%) GEL, ANDROGEL 40.5 MG/2.5GM (1.62%) GEL)	2	QL 150 / 30 days
ANDROGEL (ANDROGEL 25 MG/2.5GM (1%) GEL, ANDROGEL 50 MG/5GM (1%) GEL)	2	QL 300 / 30 days
ANDROGEL PUMP	2	QL 150 / 30 days
AVEED	2	
AZMIRO	2	
<i>depo-testosterone</i>	1	QL 10 / 30 days PA
FORTESTA	2	QLC 3.51 grams/day

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
JATENZO	2	
KYZATREX	2	
METHITEST	2	
<i>methyltestosterone 10 mg cap</i>	2	QL 150 / 30 days
NATESTO	2	
TESTIM	2	QL 300 / 30 days
TESTOPEL	1	QL 6 / 180 day(s) PA
<i>testosterone (testosterone 1.62 % gel, testosterone 20.25 mg/act (1.62%) gel)</i>	1	QL 150 / 30 days PA
TESTOSTERONE (TESTOSTERONE 100 MG PELLET, TESTOSTERONE 200 MG PELLET)	2	
<i>testosterone (testosterone 12.5 mg/act (1%) gel, testosterone 20.25 mg/1.25gm (1.62%) gel, testosterone 40.5 mg/2.5gm (1.62%) gel)</i>	2	QL 150 / 30 days
<i>testosterone (testosterone 25 mg/2.5gm (1%) gel, testosterone 50 mg/5gm (1%) gel)</i>	2	QL 300 / 30 days
TESTOSTERONE 10 MG/ACT (2%) GEL	2	QLC 3.51 grams/day
<i>testosterone 30 mg/act solution</i>	2	QLC 6 mL/day
<i>testosterone cypionate (testosterone cypionate 100 mg/ml solution, testosterone cypionate 200 mg/ml solution)</i>	1	QL 10 / 30 days PA
TESTOSTERONE CYPIONATE 200 MG/ML SOLUTION	1	PA
<i>testosterone enanthate 200 mg/ml solution</i>	2	QL 5 / 30 days
TLANDO	2	
UNDECATREX	2	
VOGELXO	2	QL 300 / 30 days
VOGELXO PUMP	2	QL 150 / 30 days
XYOSTED	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ESTROGENS		
<i>abigale</i>	2	
<i>abigale lo</i>	2	
ACTIVELLA	2	
<i>afirmelle</i>	1	QL 1 / 1 days
ALORA (ALORA 0.025 MG/24HR PATCH TW, ALORA 0.05 MG/24HR PATCH TW)	1	
<i>altavera</i>	1	QL 1 / 1 days
<i>alyacen 1/35</i>	1	QL 1 / 1 days
<i>alyacen 7/7/7</i>	1	QL 28 / 28 days
<i>amabelz</i>	2	
<i>amethia</i>	1	
<i>amethyst</i>	1	QL 1 / 1 days
ANGELIQ	1	
ANNOVERA	2	
<i>apri</i>	1	QL 1 / 1 days
<i>aranelle</i>	1	QL 1 / 1 days
<i>ashlyna</i>	1	
<i>aubra</i>	1	QL 1 / 1 days
<i>aubra eq</i>	1	QL 1 / 1 days
<i>aurovela 1.5/30</i>	1	QL 1 / 1 days
<i>aurovela 1/20</i>	1	QL 1 / 1 days
<i>aurovela 24 fe</i>	1	
<i>aurovela fe 1.5/30</i>	1	QL 1 / 1 days
<i>aurovela fe 1/20</i>	1	QL 1 / 1 days
AVERI	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>aviane</i>	1	QL 1 / 1 days
<i>ayuna</i>	1	QL 1 / 1 days
<i>azurette</i>	1	QL 1 / 1 days
BALCOLTRA	2	
<i>balziva</i>	1	QL 1 / 1 days
BEYAZ	2	
BIJUVA 1-100 MG CAP	2	
<i>blisovi 24 fe</i>	1	
<i>blisovi fe 1.5/30</i>	1	QL 1 / 1 days
<i>blisovi fe 1/20</i>	1	QL 1 / 1 days
<i>brielllyn</i>	1	QL 1 / 1 days
<i>camrese</i>	1	
<i>camrese lo</i>	1	
<i>caziant</i>	1	QL 1 / 1 days
<i>charlotte 24 fe</i>	1	
<i>chateal</i>	1	QL 1 / 1 days
<i>chateal eq</i>	1	QL 1 / 1 days
CLIMARA	2	
CLIMARA PRO	1	
COMBIPATCH	1	
<i>covaryx</i>	2	
<i>covaryx hs</i>	2	
<i>cryselle-28</i>	1	QL 1 / 1 days
<i>cyclafem 1/35</i>	1	QL 1 / 1 days
<i>cyclafem 7/7/7</i>	1	QL 28 / 28 days
<i>cyred</i>	1	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>cyred eq</i>	1	QL 1 / 1 days
<i>dasetta 1/35</i>	1	QL 1 / 1 days
<i>dasetta 7/7/7</i>	1	QL 28 / 28 days
<i>daysee</i>	1	
DELESTROGEN	1	
DEPO-ESTRADIOL	1	
<i>desogestrel-ethinyl estradiol (desogestrel-ethinyl estradiol 0.15-0.02/0.01 mg (21/5) tab, desogestrel-ethinyl estradiol 0.15-30 mg-mcg tab)</i>	1	QL 1 / 1 days
DIVIGEL (DIVIGEL 0.25 MG/0.25GM GEL, DIVIGEL 0.5 MG/0.5GM GEL, DIVIGEL 0.75 MG/0.75GM GEL, DIVIGEL 1 MG/GM GEL, DIVIGEL 1.25 MG/1.25GM GEL)	2	
<i>dolishale</i>	1	QL 1 / 1 days
<i>dotti</i>	2	QL 8 / 28 days
<i>drospiren-eth estrad-levomefol</i>	2	
<i>drospirenone-ethinyl estradiol</i>	1	QL 1 / 1 days
<i>eemt</i>	2	
<i>eemt hs</i>	2	
ELESTRIN	1	
<i>elinest</i>	1	QL 1 / 1 days
<i>eluryng</i>	1	QL 1 / 28 days
<i>enilloring</i>	1	QL 1 / 28 days
<i>enpresse-28</i>	1	QL 1 / 1 days
<i>enskyce</i>	1	QL 1 / 1 days
<i>est estrogens-methyltest</i>	2	
<i>est estrogens-methyltest ds</i>	2	
<i>est estrogens-methyltest hs</i>	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>estarylla</i>	1	QL 1 / 1 days
ESTRACE (ESTRACE 1 MG TAB, ESTRACE 2 MG TAB)	2	QL 90 / 30 days
ESTRACE 0.01 % CREAM	2	QLC 42.5 grams/30 days
ESTRACE 0.5 MG TAB	2	
<i>estradiol (estradiol 0.025 mg/24hr patch tw, estradiol 0.0375 mg/24hr patch tw, estradiol 0.05 mg/24hr patch tw, estradiol 0.075 mg/24hr patch tw, estradiol 0.1 mg/24hr patch tw)</i>	1	QL 8 / 28 days
<i>estradiol (estradiol 0.025 mg/24hr patch wk, estradiol 0.0375 mg/24hr patch wk, estradiol 0.05 mg/24hr patch wk, estradiol 0.06 mg/24hr patch wk, estradiol 0.075 mg/24hr patch wk, estradiol 0.1 mg/24hr patch wk)</i>	1	QL 4 / 28 days
<i>estradiol (estradiol 0.25 mg/0.25gm gel, estradiol 0.5 mg/0.5gm gel, estradiol 0.75 mg/0.75gm gel, estradiol 0.75 mg/1.25 gm (0.06%) gel, estradiol 1 mg/gm gel, estradiol 1.25 mg/1.25gm gel)</i>	2	
<i>estradiol (estradiol 0.5 mg tab, estradiol 10 mcg tab)</i>	1	
<i>estradiol (estradiol 1 mg tab, estradiol 2 mg tab)</i>	1	QL 90 / 30 days
<i>estradiol 0.01 % cream</i>	1	QLC 42.5 grams/30 days
<i>estradiol valerate (estradiol valerate 10 mg/ml oil, estradiol valerate 20 mg/ml oil, estradiol valerate 40 mg/ml oil)</i>	1	
<i>estradiol-norethindrone acet</i>	2	
<i>estratest f.s.</i>	2	
<i>estratest h.s.</i>	2	
ESTRING	1	
ESTROGEL	2	
ESTROSTEP FE	2	QL 1 / 1 days
<i>ethynodiol diac-eth estradiol</i>	1	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>etonogestrel-ethinyl estradiol</i>	1	QL 1 / 28 days
EVAMIST	2	
<i>falmina</i>	1	QL 1 / 1 days
<i>fayosim</i>	2	
<i>feirza 1.5/30</i>	1	QL 1 / 1 days
<i>feirza 1/20</i>	1	QL 1 / 1 days
FEMHRT	2	
FEMLYV	2	
FEMRING	1	
<i>femynor</i>	1	QL 1 / 1 days
<i>finzala</i>	1	
<i>fyavolv</i>	1	
<i>galbriela</i>	2	
<i>gemmily</i>	2	
GENERESS FE	2	
<i>hailey 1.5/30</i>	1	QL 1 / 1 days
<i>hailey 24 fe</i>	1	
<i>hailey fe 1.5/30</i>	1	QL 1 / 1 days
<i>hailey fe 1/20</i>	1	QL 1 / 1 days
<i>haloette</i>	1	QL 1 / 28 days
<i>iclevia</i>	1	
<i>introvale</i>	1	
<i>isibloom</i>	1	QL 1 / 1 days
<i>jaimiess</i>	1	
<i>jasmiel</i>	1	QL 1 / 1 days
<i>jinteli</i>	1	
<i>jolessa</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>joyeaux</i>	2	
<i>juleber</i>	1	QL 1 / 1 days
<i>junel 1.5/30</i>	1	QL 1 / 1 days
<i>junel 1/20</i>	1	QL 1 / 1 days
<i>junel fe 1.5/30</i>	1	QL 1 / 1 days
<i>junel fe 1/20</i>	1	QL 1 / 1 days
<i>junel fe 24</i>	1	
<i>kaitlib fe</i>	2	
<i>kalliga</i>	1	QL 1 / 1 days
<i>kariva</i>	1	QL 1 / 1 days
<i>kelnor 1/35</i>	1	QL 1 / 1 days
<i>kelnor 1/50</i>	1	QL 1 / 1 days
<i>kurvelo</i>	1	QL 1 / 1 days
<i>larin 1.5/30</i>	1	QL 1 / 1 days
<i>larin 1/20</i>	1	QL 1 / 1 days
<i>larin 24 fe</i>	1	
<i>larin fe 1.5/30</i>	1	QL 1 / 1 days
<i>larin fe 1/20</i>	1	QL 1 / 1 days
<i>larissia</i>	1	QL 1 / 1 days
<i>layolis fe</i>	2	
<i>leena</i>	1	QL 1 / 1 days
<i>lessina</i>	1	QL 1 / 1 days
<i>levonest</i>	1	QL 1 / 1 days
<i>levonorg-eth estrad triphasic</i>	1	QL 1 / 1 days
<i>levonorgest-eth est & eth est</i>	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>levonorgest-eth estrad 91-day</i>	1	
<i>levonorgest-eth estradiol-iron</i>	2	
<i>levonorgestrel-ethinyl estrad (levonorgestrel-ethinyl estrad 0.1-20 mg-mcg tab, levonorgestrel-ethinyl estrad 0.15-30 mg-mcg tab, levonorgestrel-ethinyl estrad 90-20 mcg tab)</i>	1	QL 1 / 1 days
<i>levora 0.15/30 (28)</i>	1	QL 1 / 1 days
<i>lillow</i>	1	QL 1 / 1 days
LO LOESTRIN FE	1	
<i>lo-zumandimine</i>	1	QL 1 / 1 days
<i>loestrin 1.5/30 (21)</i>	2	QL 1 / 1 days
<i>loestrin 1/20 (21)</i>	2	QL 1 / 1 days
<i>loestrin fe 1.5/30</i>	2	QL 1 / 1 days
<i>loestrin fe 1/20</i>	2	QL 1 / 1 days
<i>lojaimiess</i>	1	
<i>loryna</i>	1	QL 1 / 1 days
LOSEASONIQUE	2	
<i>low-ogestrel</i>	1	QL 1 / 1 days
<i>luizza 1.5/30</i>	1	QL 1 / 1 days
<i>luizza 1/20</i>	1	QL 1 / 1 days
<i>lutra</i>	1	QL 1 / 1 days
<i>lyllana</i>	2	QL 8 / 28 days
<i>marlissa</i>	1	QL 1 / 1 days
MENEST (MENEST 0.3 MG TAB, MENEST 0.625 MG TAB, MENEST 1.25 MG TAB)	2	QL 30 / 30 days
MENEST 2.5 MG TAB	2	
MENOSTAR	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>merzee</i>	2	
<i>mibelas 24 fe</i>	1	
<i>microgestin 1.5/30</i>	1	QL 1 / 1 days
<i>microgestin 1/20</i>	1	QL 1 / 1 days
<i>microgestin 24 fe</i>	1	
<i>microgestin fe 1.5/30</i>	1	QL 1 / 1 days
<i>microgestin fe 1/20</i>	1	QL 1 / 1 days
<i>mili</i>	1	QL 1 / 1 days
<i>mimvey</i>	2	
MINASTRIN 24 FE	2	
MINIVELLE	2	QL 8 / 28 days
<i>minzoya</i>	2	
MIRCETTE	2	QL 1 / 1 days
<i>mono-linyah</i>	1	QL 1 / 1 days
NATAZIA	2	
<i>necon 0.5/35 (28)</i>	1	QL 1 / 1 days
NEXTSTELLIS	2	
<i>nikki</i>	1	QL 1 / 1 days
<i>norelgestromin-eth estradiol</i>	2	QL 3 / 28 days
<i>norethin ace-eth estrad-fe (norethin ace-eth estrad-fe 1-20 mg-mcg tab, norethin ace-eth estrad-fe 1.5-30 mg-mcg tab)</i>	1	QL 1 / 1 days
<i>norethin ace-eth estrad-fe 1-20 mg-mcg(24) cap</i>	2	
<i>norethin ace-eth estrad-fe 1-20 mg-mcg(24) chew tab</i>	1	
<i>norethin-eth estradiol-fe 0.4-35 mg-mcg chew tab</i>	1	QL 1 / 1 days
<i>norethin-eth estradiol-fe 0.8-25 mg-mcg chew tab</i>	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>norethindron-ethinyl estrad-fe</i>	2	QL 1 / 1 days
<i>norethindrone acet-ethinyl est</i>	1	QL 1 / 1 days
<i>norethindrone-eth estradiol</i>	1	
<i>norgestim-eth estrad triphasic</i>	1	QL 1 / 1 days
<i>norgestimate-eth estradiol</i>	1	QL 1 / 1 days
<i>nortrel 0.5/35 (28)</i>	1	QL 1 / 1 days
<i>nortrel 1/35 (21)</i>	1	QL 1 / 1 days
<i>nortrel 1/35 (28)</i>	1	QL 1 / 1 days
<i>nortrel 7/7/7</i>	1	QL 28 / 28 days
NUVARING	1	QL 1 / 28 days
<i>nylia 1/35</i>	1	QL 1 / 1 days
<i>nylia 7/7/7</i>	1	QL 28 / 28 days
<i>nymyo</i>	1	QL 1 / 1 days
<i>ocella</i>	1	QL 1 / 1 days
<i>orsythia</i>	1	QL 1 / 1 days
<i>philith</i>	1	QL 1 / 1 days
<i>pimtrea</i>	1	QL 1 / 1 days
<i>pirmella 1/35</i>	1	QL 1 / 1 days
<i>pirmella 7/7/7</i>	1	QL 28 / 28 days
<i>portia-28</i>	1	QL 1 / 1 days
PREFEST	2	
PREMARIN (PREMARIN 0.3 MG TAB, PREMARIN 0.45 MG TAB, PREMARIN 0.625 MG TAB, PREMARIN 0.9 MG TAB)	1	QL 30 / 30 days
PREMARIN (PREMARIN 0.625 MG/GM CREAM, PREMARIN 1.25 MG TAB)	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PREMARIN 25 MG RECON SOLN	2	
PREMPHASE	1	QL 1 / 1 days
PREMPRO	1	QL 1 / 1 days
<i>previfem</i>	1	QL 1 / 1 days
QUARTETTE	2	
<i>reclipsen</i>	1	QL 1 / 1 days
<i>rivelsa</i>	2	
<i>rosyrah</i>	2	
SAFYRAL	2	
SEASONIQUE	2	
<i>setlakin</i>	1	
<i>simliya</i>	1	QL 1 / 1 days
<i>simpesse</i>	1	
<i>sprintec 28</i>	1	QL 1 / 1 days
<i>sronyx</i>	1	QL 1 / 1 days
<i>syeda</i>	1	QL 1 / 1 days
<i>tarina 24 fe</i>	1	
<i>tarina fe 1/20</i>	1	QL 1 / 1 days
<i>tarina fe 1/20 eq</i>	1	QL 1 / 1 days
<i>taysofy</i>	2	
TAYTULLA	2	
<i>tilia fe</i>	2	QL 1 / 1 days
<i>tri femynor</i>	1	QL 1 / 1 days
<i>tri-estarylla</i>	1	QL 1 / 1 days
<i>tri-legest fe</i>	2	QL 1 / 1 days
<i>tri-linyah</i>	1	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>tri-lo-estarylla</i>	1	QL 1 / 1 days
<i>tri-lo-marzia</i>	1	QL 1 / 1 days
<i>tri-lo-mili</i>	1	QL 1 / 1 days
<i>tri-lo-sprintec</i>	1	QL 1 / 1 days
<i>tri-mili</i>	1	QL 1 / 1 days
<i>tri-nymyo</i>	1	QL 1 / 1 days
<i>tri-previfem</i>	1	QL 1 / 1 days
<i>tri-sprintec</i>	1	QL 1 / 1 days
<i>tri-vylibra</i>	1	QL 1 / 1 days
<i>tri-vylibra lo</i>	1	QL 1 / 1 days
<i>trivora (28)</i>	1	QL 1 / 1 days
<i>turqoz</i>	1	QL 1 / 1 days
TWIRLA	2	
TYBLUME	1	
<i>tydemy</i>	2	
VAGIFEM	1	
<i>valtya 1/50</i>	1	QL 1 / 1 days
<i>velivet</i>	1	QL 1 / 1 days
<i>vestura</i>	1	QL 1 / 1 days
<i>vienva</i>	1	QL 1 / 1 days
<i>viorele</i>	1	QL 1 / 1 days
VIVELLE-DOT	2	QL 8 / 28 days
<i>volnea</i>	1	QL 1 / 1 days
<i>vyfemla</i>	1	QL 1 / 1 days
<i>vylibra</i>	1	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>wera</i>	1	QL 1 / 1 days
<i>wymzya fe</i>	2	QL 1 / 1 days
<i>xarah fe</i>	2	QL 1 / 1 days
<i>xelria fe</i>	1	QL 1 / 1 days
<i>xulane</i>	1	QL 3 / 28 days
YASMIN 28	1	QL 1 / 1 days
YAZ	2	QL 1 / 1 days
<i>yuvafem</i>	1	
<i>zafemy</i>	2	QL 3 / 28 days
<i>zovia 1/35 (28)</i>	1	QL 1 / 1 days
<i>zovia 1/35e (28)</i>	1	QL 1 / 1 days
<i>zumandimine</i>	1	QL 1 / 1 days
PROGESTINS		
<i>aftera</i>	1	QL 1 / 1 fill
<i>afterpill</i>	1	QL 1 / 1 fill
AYGESTIN	2	QL 90 / 30 days
<i>camila</i>	1	QL 1 / 1 days
CRINONE	2	
<i>curae</i>	1	QL 1 / 1 fill
<i>deblitane</i>	1	QL 1 / 1 days
DEPO-PROVERA 150 MG/ML SUSP PRSYR	2	
DEPO-PROVERA 150 MG/ML SUSPENSION	1	
DEPO-SUBQ PROVERA 104	1	QL 1 / 84 days
<i>econtra ez</i>	1	QL 1 / 1 fill
<i>econtra one-step</i>	1	QL 1 / 1 fill

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ELLA	1	QL 1 / 1 fill
emzahh	1	QL 1 / 1 days
errin	1	QL 1 / 1 days
gallifrey	1	QL 90 / 30 days
heather	1	QL 1 / 1 days
her style	1	QL 1 / 1 fill
hydroxyprogesterone caproate 250 mg/ml oil	1	
incassia	1	QL 1 / 1 days
jencycla	1	QL 1 / 1 days
KYLEENA	1	
levonorgestrel	1	QL 1 / 1 fill
LILETTA (52 MG)	1	
lyleq	1	QL 1 / 1 days
lyza	1	QL 1 / 1 days
medroxyprogesterone acetate (medroxyprogesterone acetate 150 mg/ml susp prsyr, medroxyprogesterone acetate 150 mg/ml suspension)	1	QL 1 / 84 days
medroxyprogesterone acetate (medroxyprogesterone acetate 5 mg tab, medroxyprogesterone acetate 10 mg tab)	1	QL 90 / 30 days
medroxyprogesterone acetate 2.5 mg tab	1	QL 1 / 1 days
megestrol acetate (megestrol acetate 20 mg tab, megestrol acetate 40 mg tab)	1	QL 240 / 30 days
megestrol acetate (megestrol acetate 40 mg/ml suspension, megestrol acetate 400 mg/10ml suspension, megestrol acetate 800 mg/20ml suspension)	1	
meleya	1	QL 1 / 1 days
MIRENA (52 MG)	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>my choice</i>	1	QL 1 / 1 fill
<i>my way</i>	1	QL 1 / 1 fill
<i>new day</i>	1	QL 1 / 1 fill
NEXPLANON	1	
<i>nora-be</i>	1	QL 1 / 1 days
<i>norethindrone 0.35 mg tab</i>	1	QL 1 / 1 days
<i>norethindrone acetate 5 mg tab</i>	1	QL 90 / 30 days
<i>norlyda</i>	1	QL 1 / 1 days
<i>opcicon one-step</i>	1	QL 1 / 1 fill
OPILL	1	
<i>option 2</i>	1	QL 1 / 1 fill
<i>orquidea</i>	1	QL 1 / 1 days
ORTHO MICRONOR	1	QL 1 / 1 days
<i>progesterone (progesterone 100 mg cap, progesterone 200 mg cap)</i>	1	QL 60 / 30 days
<i>progesterone 50 mg/ml oil</i>	1	
PROMETRIUM	2	QL 60 / 30 days
PROVERA (PROVERA 5 MG TAB, PROVERA 10 MG TAB)	2	QL 90 / 30 days
PROVERA 2.5 MG TAB	2	
<i>react</i>	1	QL 1 / 1 fill
<i>sharobel</i>	1	QL 1 / 1 days
SKYLA	1	
SLYND	2	
<i>take action</i>	1	QL 1 / 1 fill
<i>tulana</i>	1	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS		
DUAVEE	2	
EVISTA	2	
<i>raloxifene hcl</i>	2	QL 30 / 30 days
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
ADTHYZA	2	
ARMOUR THYROID	1	
CYTOMEL 25 MCG TAB	1	QL 90 / 30 days
CYTOMEL 5 MCG TAB	1	QL 4 / 1 days
CYTOMEL 50 MCG TAB	1	QL 60 / 30 days
ERMEZA	1	
<i>euthyrox</i>	2	
<i>levo-t</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LEVOTHYROXINE SODIUM (LEVOTHYROXINE SODIUM 13 MCG CAP, LEVOTHYROXINE SODIUM 25 MCG CAP, LEVOTHYROXINE SODIUM 50 MCG CAP, LEVOTHYROXINE SODIUM 75 MCG CAP, LEVOTHYROXINE SODIUM 88 MCG CAP, LEVOTHYROXINE SODIUM 100 MCG CAP, LEVOTHYROXINE SODIUM 100 MCG RECON SOLN, LEVOTHYROXINE SODIUM 100 MCG/5ML SOLUTION, LEVOTHYROXINE SODIUM 100 MCG/ML SOLUTION, LEVOTHYROXINE SODIUM 112 MCG CAP, LEVOTHYROXINE SODIUM 125 MCG CAP, LEVOTHYROXINE SODIUM 137 MCG CAP, LEVOTHYROXINE SODIUM 150 MCG CAP, LEVOTHYROXINE SODIUM 175 MCG CAP, LEVOTHYROXINE SODIUM 200 MCG CAP, LEVOTHYROXINE SODIUM 200 MCG RECON SOLN, LEVOTHYROXINE SODIUM 500 MCG RECON SOLN)	2	
<i>levothyroxine sodium (levothyroxine sodium 25 mcg tab, levothyroxine sodium 50 mcg tab, levothyroxine sodium 75 mcg tab, levothyroxine sodium 88 mcg tab, levothyroxine sodium 100 mcg tab, levothyroxine sodium 112 mcg tab, levothyroxine sodium 125 mcg tab, levothyroxine sodium 137 mcg tab, levothyroxine sodium 150 mcg tab, levothyroxine sodium 175 mcg tab, levothyroxine sodium 200 mcg tab, levothyroxine sodium 300 mcg tab)</i>	1	
<i>levoxyl</i>	1	
<i>liomny 25 mcg tab</i>	1	QL 90 / 30 days
<i>liomny 5 mcg tab</i>	1	QL 4 / 1 days
<i>liomny 50 mcg tab</i>	1	QL 60 / 30 days
LIOETHYRONINE SODIUM 10 MCG/ML SOLUTION	2	
<i>liothyronine sodium 25 mcg tab</i>	1	QL 90 / 30 days
<i>liothyronine sodium 5 mcg tab</i>	1	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>liothyronine sodium 50 mcg tab</i>	1	QL 60 / 30 days
NIVA THYROID	1	
NP THYROID	1	
RENTHYROID	1	
SYNTHROID	2	
THYQUIDITY	2	
THYROID (THYROID 15 MG TAB, THYROID 30 MG TAB, THYROID 60 MG TAB, THYROID 90 MG TAB, THYROID 120 MG TAB)	1	
TIROSINT	2	
TIROSINT-SOL	2	
TRIOSTAT	2	
<i>unithroid</i>	2	
HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
<i>cabergoline</i>	1	QL 16 / 30 days
CAMCEVI	2	
ELIGARD 22.5 MG KIT	1	QL 1 / 90 days PA
ELIGARD 30 MG KIT	1	QL 1 / 120 days PA
ELIGARD 45 MG KIT	1	QL 1 / 180 days PA
ELIGARD 7.5 MG KIT	1	QL 1 / 30 days PA
FENSOLVI (6 MONTH)	1	QL 1 / 180 days PA
FIRMAGON	1	PA
FIRMAGON (240 MG DOSE)	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>leuprolide acetate (3 month)</i>	1	PA
<i>leuprolide acetate 1 mg/0.2ml kit</i>	1	QL 2 / 28 days PA
LUPRON DEPOT (1-MONTH)	1	QL 1 / 30 days PA
LUPRON DEPOT (3-MONTH)	1	QL 1 / 90 days PA
LUPRON DEPOT (4-MONTH)	1	QL 1 / 120 days PA
LUPRON DEPOT (6-MONTH)	1	QL 1 / 180 days PA
LUPRON DEPOT-PED (1-MONTH)	1	QL 1 / 30 days PA
LUPRON DEPOT-PED (3-MONTH)	1	QL 1 / 90 days PA
LUPRON DEPOT-PED (6-MONTH)	1	PA
LUTRATE DEPOT	1	PA
ORIAHNN	2	QL 56 / 28 days PA
ORILISSA 150 MG TAB	1	QL 30 / 30 days PA
ORILISSA 200 MG TAB	1	QL 60 / 30 days PA
SUPPRELIN LA	2	
SYNAREL	2	PA
TRELSTAR MIXJECT 11.25 MG RECON SUSP	2	QL 1 / 84 days
TRELSTAR MIXJECT 22.5 MG RECON SUSP	2	QL 1 / 168 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TRELSTAR MIXJECT 3.75 MG RECON SUSP	2	QL 1 / 28 days
TRIPTODUR	1	QL 1 / 168 days PA
VABRINTY 22.5 MG KIT	2	QL 1 / 90 days PA
VABRINTY 45 MG KIT	2	QL 1 / 180 days PA
ZOLADEX 10.8 MG IMPLANT	1	QL 1 / 84 days PA
ZOLADEX 3.6 MG IMPLANT	1	QL 1 / 28 days PA
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
ANTITHYROID AGENTS		
<i>methimazole 10 mg tab</i>	1	QL 180 / 30 days
<i>methimazole 5 mg tab</i>	1	QL 270 / 30 days
<i>propylthiouracil 50 mg tab</i>	1	QL 270 / 30 days
IMMUNOLOGICAL AGENTS		
ANGIOEDEMA AGENTS		
ANDEMBRY	2	
BERINERT	1	PA
CINRYZE	1	PA
DAWNZERA	2	
EKTERLY	2	
FIRAZYR	2	
HAEGARDA	1	PA
<i>icatibant acetate</i>	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
KALBITOR	1	PA
ORLADEYO	1	PA
RUCONEST	1	PA
<i>sajazir</i>	1	PA
TAKHZYRO	1	PA
IMMUNOGLOBULINS		
HYPERRHO S/D 1500 UNIT SOLN PRSYR	1	
RHOGAM ULTRA-FILTERED PLUS	1	
IMMUNOLOGICAL AGENTS, OTHER		
ACTEMRA	2	
ACTEMRA ACTPEN	2	
ARCALYST	2	QLC 8 vials/28 days
BIMZELX	2	
COSENTYX (300 MG DOSE)	2	
COSENTYX (COSENTYX 125 MG/5ML SOLUTION, COSENTYX 150 MG/ML SOLN PRSYR)	2	
COSENTYX 75 MG/0.5ML SOLN PRSYR	2	QLC 2 mL/28 days
COSENTYX SENSOREADY (300 MG)	2	
COSENTYX SENSOREADY PEN	2	
COSENTYX UNOREADY	2	
DUPIXENT (DUPIXENT 200 MG/1.14ML SOLN A-INJ, DUPIXENT 200 MG/1.14ML SOLN PRSYR)	1	QL 4.56 / 28 days PA
DUPIXENT (DUPIXENT 300 MG/2ML SOLN A-INJ, DUPIXENT 300 MG/2ML SOLN PRSYR)	1	QL 8 / 28 days PA
DUPIXENT 100 MG/0.67ML SOLN PRSYR	1	QL 1.34 / 28 days PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ENTYVIO	2	
ENTYVIO PEN	2	
ILARIS	2	
ILUMYA	2	
IMULDOSA (IMULDOSA 45 MG/0.5ML SOLN PRSYR, IMULDOSA 90 MG/ML SOLN PRSYR, IMULDOSA 130 MG/26ML SOLUTION)	2	
KEVZARA	2	
KINERET	1	PA
NEMLUVIO	2	
OLUMIANT	2	
ORENCIA 125 MG/ML SOLN PRSYR	2	QL 4 / 28 days
ORENCIA 50 MG/0.4ML SOLN PRSYR	2	QL 1.6 / 28 days
ORENCIA 87.5 MG/0.7ML SOLN PRSYR	2	QL 2.8 / 28 days
ORENCIA CLICKJECT	1	QL 4 / 28 days PA
OTULFI 130 MG/26ML SOLUTION	1	QL 104 mL / 56 day(s) PA
OTULFI 45 MG/0.5ML SOLN PRSYR	1	QL 0.5 mL / 28 day(s) PA
OTULFI 90 MG/ML SOLN PRSYR	1	QL 1 mL / 28 day(s) PA
PYZCHIVA (PYZCHIVA 45 MG/0.5ML SOLN A-INJ, PYZCHIVA 90 MG/ML SOLN A-INJ)	2	
PYZCHIVA (PYZCHIVA 45 MG/0.5ML SOLN PRSYR, PYZCHIVA 45 MG/0.5ML SOLUTION)	1	QL 0.5 mL / 28 day(s) PA
PYZCHIVA 130 MG/26ML SOLUTION	1	QL 104 mL / 56 day(s) PA
PYZCHIVA 90 MG/ML SOLN PRSYR	1	QL 1 mL / 28 day(s) PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
RINVOQ (RINVOQ 30 MG TAB ER 24H, RINVOQ 45 MG TAB ER 24H)	2	
RINVOQ 15 MG TAB ER 24H	2	QL 30 / 30 days
RINVOQ LQ	2	
SELARSDI 130 MG/26ML SOLUTION	1	QL 104 mL / 56 day(s) PA
SELARSDI 45 MG/0.5ML SOLN PRSYR	1	QL 0.5 mL / 28 day(s) PA
SELARSDI 90 MG/ML SOLN PRSYR	1	QL 1 mL / 28 day(s) PA
SILIQ	2	
SKYRIZI (150 MG DOSE)	1	QL 1 mL / 28 day(s) PA
SKYRIZI 150 MG/ML SOLN PRSYR	1	QL 1 mL / 28 day(s) PA
SKYRIZI 180 MG/1.2ML SOLN CART	1	QL 1.2 mL / 56 day(s) PA
SKYRIZI 360 MG/2.4ML SOLN CART	1	QL 2.4 mL / 56 day(s) PA
SKYRIZI 600 MG/10ML SOLUTION	1	PA
SKYRIZI PEN	1	QL 1 mL / 28 day(s) PA
SOTYKTU	2	
STELARA (STELARA 45 MG/0.5ML SOLN PRSYR, STELARA 45 MG/0.5ML SOLUTION)	2	QL 0.5 mL / 28 day(s)
STELARA 130 MG/26ML SOLUTION	2	QL 104 MI / 56 day(s)
STELARA 90 MG/ML SOLN PRSYR	2	QL 1 mL / 28 day(s)
STEQEYMA 130 MG/26ML SOLUTION	1	QL 104 mL / 56 day(s) PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
STEQEYMA 45 MG/0.5ML SOLN PRSYR	1	QL 0.5 mL / 28 day(s) PA
STEQEYMA 90 MG/ML SOLN PRSYR	1	QL 1 mL / 28 day(s) PA
TALTZ (TALTZ 80 MG/ML SOLN A-INJ, TALTZ 80 MG/ML SOLN PRSYR)	1	QL 4 / 28 day(s) PA
TALTZ 20 MG/0.25ML SOLN PRSYR	1	QL 0.25 / 28 day(s) PA
TALTZ 40 MG/0.5ML SOLN PRSYR	1	QL 0.5 / 28 day(s) PA
TOFIDENCE	2	
TREMFYA	2	
TREMFYA ONE-PRESS	2	
TREMFYA PEN (TREMFYA PEN 100 MG/ML SOLN A-INJ, TREMFYA PEN 200 MG/2ML SOLN A-INJ)	2	
TREMFYA-CD/UC INDUCTION	2	
TYENNE (TYENNE 162 MG/0.9ML SOLN A-INJ, TYENNE 162 MG/0.9ML SOLN PRSYR)	1	QL 3.6 mL / 28 day(s) PA
TYENNE (TYENNE 80 MG/4ML SOLUTION, TYENNE 200 MG/10ML SOLUTION, TYENNE 400 MG/20ML SOLUTION)	1	PA
USTEKINUMAB (USTEKINUMAB 45 MG/0.5ML SOLN PRSYR, USTEKINUMAB 45 MG/0.5ML SOLUTION)	2	QL 0.5 mL / 28 day(s)
USTEKINUMAB 130 MG/26ML SOLUTION	2	QL 104 ML / 56 day(s)
USTEKINUMAB 90 MG/ML SOLN PRSYR	2	QL 1 mL / 28 day(s)
USTEKINUMAB-AEKN 45 MG/0.5ML SOLN PRSYR	2	QL 0.5 mL / 28 day(s)
USTEKINUMAB-AEKN 90 MG/ML SOLN PRSYR	2	QL 1 mL / 28 day(s)
VELSIPITY	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
WAYRILZ	2	
WEZLANA (WEZLANA 45 MG/0.5ML SOLN PRSYR, WEZLANA 45 MG/0.5ML SOLUTION, WEZLANA 90 MG/ML SOLN PRSYR, WEZLANA 130 MG/26ML SOLUTION)	2	
XELJANZ (XELJANZ 5 MG TAB, XELJANZ 10 MG TAB)	1	QL 60 / 30 days PA
XELJANZ 1 MG/ML SOLUTION	1	PA QLC 10 mL/day
XELJANZ XR	1	QL 30 / 30 days PA
XOLAIR (XOLAIR 75 MG/0.5ML SOLN A-INJ, XOLAIR 75 MG/0.5ML SOLN PRSYR, XOLAIR 150 MG RECON SOLN, XOLAIR 150 MG/ML SOLN A-INJ, XOLAIR 150 MG/ML SOLN PRSYR, XOLAIR 300 MG/2ML SOLN A-INJ, XOLAIR 300 MG/2ML SOLN PRSYR)	1	PA
YESINTEK (YESINTEK 45 MG/0.5ML SOLN PRSYR, YESINTEK 45 MG/0.5ML SOLUTION)	1	QL 0.5 mL / 28 day(s) PA
YESINTEK 130 MG/26ML SOLUTION	1	QL 104 mL / 56 day(s) PA
YESINTEK 90 MG/ML SOLN PRSYR	1	QL 1 mL / 28 day(s) PA
IMMUNOSTIMULANTS		
PEGASYS	2	
IMMUNOSUPPRESSANTS		
ABRILADA (1 PEN)	2	
ABRILADA (2 PEN)	2	
ABRILADA (2 SYRINGE)	2	
ADALIMUMAB-AACF (2 PEN)	1	QL 6 / 28 day(s) PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ADALIMUMAB-AACF (2 SYRINGE)	1	QL 3 / 28 day(s) PA
ADALIMUMAB-AACF(CD/UC/HS STRT)	1	QL 6 / 28 day(s) PA
ADALIMUMAB-AACF(PS/UV STARTER)	1	QL 6 / 28 day(s) PA
ADALIMUMAB-AATY (1 PEN)	2	
ADALIMUMAB-AATY (2 PEN)	2	
ADALIMUMAB-AATY (2 SYRINGE)	2	
ADALIMUMAB-AATY CD/UC/HS START	2	
ADALIMUMAB-ADAZ (ADALIMUMAB-ADAZ 40 MG/0.4ML SOLN A-INJ, ADALIMUMAB-ADAZ 40 MG/0.4ML SOLN PRSYR, ADALIMUMAB-ADAZ 80 MG/0.8ML SOLN A-INJ)	1	QL 6 / 28 day(s) PA
ADALIMUMAB-ADAZ 10 MG/0.1ML SOLN PRSYR	1	PA
ADALIMUMAB-ADAZ 20 MG/0.2ML SOLN PRSYR	1	QL 3 / 28 day(s) PA
ADALIMUMAB-ADBM (2 PEN)	1	QL 6 / 28 day(s) PA
ADALIMUMAB-ADBM (2 SYRINGE) (ADALIMUMAB-ADBM (2 SYRINGE) 20 MG/0.4ML PREF SY KT, ADALIMUMAB-ADBM (2 SYRINGE) 40 MG/0.4ML PREF SY KT)	1	QL 6 / 28 day(s) PA
ADALIMUMAB-ADBM (2 SYRINGE) 10 MG/0.2ML PREF SY KT	1	QL 12 / 28 day(s) PA
ADALIMUMAB-ADBM (2 SYRINGE) 40 MG/0.8ML PREF SY KT	2	QL 6 / 28 day(s) PA
ADALIMUMAB-ADBM(CD/UC/HS STRT)	1	QL 6 / 28 day(s) PA
ADALIMUMAB-ADBM(PS/UV STARTER)	1	QL 6 / 28 day(s) PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ADALIMUMAB-FKJP (2 PEN)	1	QL 6 / 28 day(s) PA
ADALIMUMAB-FKJP (2 SYRINGE) 20 MG/0.4ML PREF SY KT	1	QL 2 / 28 day(s) PA
ADALIMUMAB-FKJP (2 SYRINGE) 40 MG/0.8ML PREF SY KT	1	QL 6 / 28 day(s) PA
ADALIMUMAB-RYVK (1 PEN)	2	PA
ADALIMUMAB-RYVK (2 PEN)	2	PA
ADALIMUMAB-RYVK (2 SYRINGE)	2	QL 6 / 28 day(s)
AMJEVITA (AMJEVITA 10 MG/0.2ML SOLN PRSYR, AMJEVITA 20 MG/0.4ML SOLN PRSYR, AMJEVITA 40 MG/0.8ML SOLN A-INJ, AMJEVITA 40 MG/0.8ML SOLN PRSYR)	2	
AMJEVITA (AMJEVITA 20 MG/0.2ML SOLN PRSYR, AMJEVITA 80 MG/0.8ML SOLN A-INJ)	1	QL 3 / 28 day(s) PA
AMJEVITA (AMJEVITA 40 MG/0.4ML SOLN A-INJ, AMJEVITA 40 MG/0.4ML SOLN PRSYR)	1	QL 6 / 28 day(s) PA
AMJEVITA-PED 15KG TO <30KG	1	QL 3 / 28 day(s)
ASTAGRAF XL	2	
AVSOLA	1	PA
<i>azasan</i>	2	
<i>azathioprine (azathioprine 75 mg tab, azathioprine 100 mg tab)</i>	2	
<i>azathioprine 50 mg tab</i>	1	
CELLCEPT (CELLCEPT 200 MG/ML RECON SUSP, CELLCEPT 250 MG CAP, CELLCEPT 500 MG TAB)	2	
CIMZIA	2	
CIMZIA (2 SYRINGE)	2	
CIMZIA-STARTER	2	QLC 1 starter pack/lifetime

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>cyclosporine (cyclosporine 25 mg cap, cyclosporine 100 mg cap)</i>	1	
<i>cyclosporine modified (cyclosporine modified 25 mg cap, cyclosporine modified 50 mg cap, cyclosporine modified 100 mg cap, cyclosporine modified 100 mg/ml solution)</i>	1	
CYLTEZO	2	
CYLTEZO (2 PEN)	2	
CYLTEZO (2 SYRINGE)	2	
CYLTEZO-CD/UC/HS STARTER	2	
CYLTEZO-PSORIASIS STARTER	2	
CYLTEZO-PSORIASIS/UV STARTER	2	
ENBREL	1	PA
ENBREL MINI	1	QL 8 / 28 days PA
ENBREL SURECLICK	1	PA
ENVARUSUS XR	2	
<i>everolimus (everolimus 0.25 mg tab, everolimus 0.5 mg tab, everolimus 0.75 mg tab, everolimus 1 mg tab)</i>	2	
<i>engraf (engraf 25 mg cap, engraf 100 mg cap, engraf 100 mg/ml solution)</i>	2	
HADLIMA	1	QL 6 / 28 day(s) PA
HADLIMA PUSHTOUCH	1	QL 6 / 28 day(s) PA
HULIO (2 PEN)	2	
HULIO (2 SYRINGE)	2	
HUMIRA	1	QL 2 / 28 days PA
HUMIRA (2 PEN) (HUMIRA (2 PEN) 40 MG/0.4ML AUT-IJ KIT, HUMIRA (2 PEN) 40 MG/0.8ML AUT-IJ KIT)	1	QL 6 / 28 day(s) PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
HUMIRA (2 PEN) 80 MG/0.8ML AUT-IJ KIT	1	QL 3 / 28 days PA
HUMIRA (2 SYRINGE) (HUMIRA (2 SYRINGE) 10 MG/0.1ML PREF SY KT, HUMIRA (2 SYRINGE) 20 MG/0.2ML PREF SY KT, HUMIRA (2 SYRINGE) 40 MG/0.4ML PREF SY KT)	2	QL 2 / 28 days PA
HUMIRA (2 SYRINGE) 40 MG/0.8ML PREF SY KT	1	QL 2 / 28 days PA
HUMIRA-CD/UC/HS STARTER 40 MG/0.8ML AUT-IJ KIT	1	QL 6 / 28 day(s) PA
HUMIRA-CD/UC/HS STARTER 80 MG/0.8ML AUT-IJ KIT	1	QL 3 / 28 days PA
HUMIRA-PED<40KG CROHNS STARTER	1	QL 2 / 28 days PA
HUMIRA-PED>=40KG CROHNS START	1	QL 3 / 28 days PA
HUMIRA-PS/UV/ADOL HS STARTER	1	QL 6 / 28 day(s) PA
HUMIRA-PSORIASIS/UVEIT STARTER	1	QL 3 / 28 days PA
HYRIMOZ	2	
HYRIMOZ-CROHNS/UC STARTER	2	
HYRIMOZ-CROHNS/UC STARTER PACK	2	
HYRIMOZ-PED CROHNS STARTER	2	
HYRIMOZ-PLAQ PSOR/UVEIT START	2	
HYRIMOZ-PLAQUE PSORIASIS START	2	
IDACIO (2 PEN)	2	
IDACIO (2 SYRINGE)	2	QL 3 / 28 day(s)
IDACIO-CROHNS/UC STARTER	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
IDACIO-PSORIASIS STARTER	2	
IMURAN	2	
INFLECTRA	2	
INFLIXIMAB	1	PA
JYLAMVO	2	
<i>leflunomide 10 mg tab</i>	1	QL 30 / 30 days
<i>leflunomide 20 mg tab</i>	1	QL 150 / 30 days
LUPKYNIS	2	QL 180 / 30 days
METHOTREXATE 1000 MG/40ML SOLUTION	1	
<i>methotrexate sodium (methotrexate sodium 1 gm recon soln, methotrexate sodium 2.5 mg tab, methotrexate sodium 50 mg/2ml solution, methotrexate sodium 250 mg/10ml solution)</i>	1	
<i>methotrexate sodium (pf) (methotrexate sodium (pf) 1 gm/40ml solution, methotrexate sodium (pf) 50 mg/2ml solution, methotrexate sodium (pf) 250 mg/10ml solution, methotrexate sodium (pf) 1000 mg/40ml solution)</i>	1	
<i>mycophenolate mofetil (mycophenolate mofetil 200 mg/ml recon susp, mycophenolate mofetil 250 mg cap, mycophenolate mofetil 500 mg tab)</i>	1	
<i>mycophenolate sodium 180 mg tab dr</i>	1	QL 240 / 30 days
<i>mycophenolate sodium 360 mg tab dr</i>	1	QL 120 / 30 days
<i>mycophenolic acid 180 mg tab dr</i>	1	QL 240 / 30 days
<i>mycophenolic acid 360 mg tab dr</i>	1	QL 120 / 30 days
MYFORTIC 180 MG TAB DR	2	QL 240 / 30 days
MYFORTIC 360 MG TAB DR	2	QL 120 / 30 days
MYHIBBIN	2	
NEORAL (NEORAL 25 MG CAP, NEORAL 100 MG CAP, NEORAL 100 MG/ML SOLUTION)	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ORENCIA 250 MG RECON SOLN	1	PA
OTREXUP	2	QLC 1.6 mL/28 days
PROGRAF (PROGRAF 0.2 MG PACKET, PROGRAF 0.5 MG CAP, PROGRAF 1 MG CAP, PROGRAF 1 MG PACKET, PROGRAF 5 MG CAP)	2	
RAPAMUNE (RAPAMUNE 0.5 MG TAB, RAPAMUNE 1 MG TAB, RAPAMUNE 1 MG/ML SOLUTION, RAPAMUNE 2 MG TAB)	1	
RASUVO 10 MG/0.2ML SOLN A-INJ	2	QLC 0.8 mL/28 days
RASUVO 12.5 MG/0.25ML SOLN A-INJ	2	QLC 1 mL/28 days
RASUVO 15 MG/0.3ML SOLN A-INJ	2	QLC 1.2 mL/28 days
RASUVO 17.5 MG/0.35ML SOLN A-INJ	2	QLC 1.4 mL/28 days
RASUVO 20 MG/0.4ML SOLN A-INJ	2	QLC 1.6 mL/28 days
RASUVO 22.5 MG/0.45ML SOLN A-INJ	2	QLC 1.8 mL/28 days
RASUVO 25 MG/0.5ML SOLN A-INJ	2	QLC 2 mL/28 days
RASUVO 30 MG/0.6ML SOLN A-INJ	2	QLC 2.4 mL/28 days
RASUVO 7.5 MG/0.15ML SOLN A-INJ	2	QLC 0.6 mL/28 days
REDITREX	2	
REMICADE	2	PA
RENFLEXIS	2	
REZUROCK	2	QL 30 / 30 days
SANDIMMUNE (SANDIMMUNE 25 MG CAP, SANDIMMUNE 100 MG CAP)	2	
SANDIMMUNE 100 MG/ML SOLUTION	1	
SIMLANDI (1 PEN) 40 MG/0.4ML AUT-IJ KIT	1	QL 6 / 28 day(s) PA
SIMLANDI (1 PEN) 80 MG/0.8ML AUT-IJ KIT	1	PA
SIMLANDI (1 SYRINGE)	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SIMLANDI (2 PEN)	1	QL 6 / 28 day(s) PA
SIMLANDI (2 SYRINGE) 20 MG/0.2ML PREF SY KT	1	PA
SIMLANDI (2 SYRINGE) 40 MG/0.4ML PREF SY KT	1	QL 6 / 28 day(s) PA
SIMPONI	1	PA
SIMPONI ARIA	2	
<i>sirolimus (sirolimus 0.5 mg tab, sirolimus 1 mg tab, sirolimus 1 mg/ml solution, sirolimus 2 mg tab)</i>	1	
SPEVIGO	2	
<i>tacrolimus (tacrolimus 0.5 mg cap, tacrolimus 1 mg cap, tacrolimus 5 mg cap)</i>	1	
TREXALL	2	
XATMEP	2	
YUFLYMA (1 PEN)	2	
YUFLYMA (2 PEN)	2	
YUFLYMA (2 SYRINGE)	2	
YUFLYMA 2-SYRINGE KIT	2	
YUFLYMA-CD/UC/HS STARTER	2	
YUSIMRY	1	QL 6 / 28 day(s) PA
ZORTRESS	2	
VACCINES		
ADACEL	1	
AFLURIA QUADRIVALENT	1	
BOOSTRIX	1	
ENGRIX-B	1	
FLUAD	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FLUARIX QUADRIVALENT	1	
FLUBLOK QUADRIVALENT	1	
FLUCELVAX QUADRIVALENT	1	
FLULAVAL QUADRIVALENT	1	
FLUZONE HIGH-DOSE	1	
FLUZONE QUADRIVALENT	1	
HAVRIX	1	
PNEUMOVAX 23	1	
PREVNAR 13	1	QL 1 / lifetime
RECOMBIVAX HB	1	
SHINGRIX	1	QL 2 / lifetime
TWINRIX	1	
VAQTA	1	
INFLAMMATORY BOWEL DISEASE AGENTS		
AMINOSALICYLATES		
APRISO	1	QL 120 / 30 days
ASACOL HD	2	QL 180 / 30 days
AZULFIDINE	2	
AZULFIDINE EN-TABS	2	
<i>balsalazide disodium</i>	1	QL 270 / 30 days
CANASA	2	QL 30 / 30 days
COLAZAL	2	
DELZICOL	1	QL 180 / 30 days
DIPENTUM	2	
LIALDA	2	QL 4 / 1 days
<i>mesalamine 1.2 gm tab dr</i>	1	QL 4 / 1 days
<i>mesalamine 1000 mg suppos</i>	1	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>mesalamine 4 gm enema</i>	1	QL 1800 / 30 day(s)
<i>mesalamine 400 mg cap dr</i>	1	QL 180 / 30 days
<i>mesalamine 800 mg tab dr</i>	2	QL 180 / 30 days
<i>mesalamine er 0.375 gm cap er 24h</i>	1	QL 120 / 30 days
<i>mesalamine er 500 mg cap er</i>	2	
<i>mesalamine-cleanser</i>	2	
PENTASA	1	QL 240 / 30 days
ROWASA	2	
SFROWASA	2	
<i>sulfasalazine (sulfasalazine 500 mg tab, sulfasalazine 500 mg tab dr)</i>	1	QL 360 / 30 days
GLUCOCORTICOIDS		
ALKINDI SPRINKLE	2	
<i>budesonide (budesonide 2 mg foam, budesonide 2 mg/act foam)</i>	2	
<i>budesonide 3 mg cp dr part</i>	1	QL 90 / 30 day(s)
<i>budesonide er</i>	1	QL 30 / 30 day(s)
CORTEF	2	
ENTOCORT EC	2	QL 90 / 30 day(s)
EOHILIA	2	
<i>hydrocortisone (hydrocortisone 5 mg tab, hydrocortisone 10 mg tab, hydrocortisone 20 mg tab)</i>	1	QL 12 / 1 days
<i>hydrocortisone 100 mg/60ml enema</i>	1	QL 240 / 1 days
KHINDIVI	2	
ORTIKOS	2	
UCERIS 2 MG/ACT FOAM	2	
UCERIS 9 MG TAB ER 24H	2	QL 30 / 30 day(s)

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
METABOLIC BONE DISEASE AGENTS		
ACTONEL 150 MG TAB	2	QL 1 / 28 days
ACTONEL 35 MG TAB	2	QL 4 / 28 days
<i>alendronate sodium (alendronate sodium 35 mg tab, alendronate sodium 70 mg tab)</i>	1	QL 4 / 28 days
<i>alendronate sodium 10 mg tab</i>	1	QL 30 / 30 days
<i>alendronate sodium 70 mg/75ml solution</i>	2	QL 10.7 / 1 days
<i>aqueous vitamin d</i>	1	QL 150 / 30 days
ATELVIA	2	
BILDYOS	2	
BINOSTO	2	
BOMYNTRA	2	
BONIVA (BONIVA 3 MG/3ML SOLUTION, BONIVA 150 MG TAB)	2	
BONSITY	2	
<i>bprotected pedia d-vite</i>	1	QL 150 / 30 days
<i>calcitonin (salmon)</i>	2	
<i>calcitriol (calcitriol 0.25 mcg cap, calcitriol 0.5 mcg cap)</i>	1	
<i>calcitriol 1 mcg/ml solution</i>	2	QL 60 / 30 days
CALCITRIOL INJ 1 MCG/ML	2	
<i>calcitriol oral soln 1 mcg/ml</i>	2	QL 60 / 30 days
<i>cinacalcet hcl</i>	1	QL 60 / 30 days
CONEXXENCE	2	
d-1000	1	
d-1000 extra strength	1	
D-VI-SOL	1	QL 150 / 30 days
d-vite pediatric	1	QL 150 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
d3-1000 25 mcg (1000 ut) tab	1	
dialyvite vitamin d 5000	1	
doxercalciferol (doxercalciferol 0.5 mcg cap, doxercalciferol 1 mcg cap, doxercalciferol 2.5 mcg cap)	2	
doxercalciferol 4 mcg/2ml solution	1	
ergocalciferol 1.25 mg (50000 ut) cap	1	QL 8 / 30 days
EVENITY	2	
FORTEO	2	
FOSAMAX	2	
FOSAMAX PLUS D	2	
ft vitamin d3 25 mcg (1000 ut) tab	1	
gnp vitamin d 25 mcg (1000 ut) tab	1	
gnp vitamin d3 extra strength	1	
HECTOROL	1	
hm vitamin d3	1	
ibandronate sodium 150 mg tab	1	QL 1 / 30 days
ibandronate sodium 3 mg/3ml solution	2	
JUBBONTI	2	
MIACALCIN	2	
nat-rul vitamin d 25 mcg (1000 ut) tab	1	
OSENVELT	2	
PAMIDRONATE DISODIUM (PAMIDRONATE DISODIUM 6 MG/ML SOLUTION, PAMIDRONATE DISODIUM 90 MG/10ML SOLUTION)	1	QLC 10 mL/fill
pamidronate disodium 30 mg/10ml solution	1	QLC 30 mL/fill
paricalcitol (paricalcitol 1 mcg cap, paricalcitol 2 mcg cap, paricalcitol 4 mcg cap)	2	
paricalcitol (paricalcitol 2 mcg/ml solution, paricalcitol 5 mcg/ml solution)	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>pharmacist choice d-vitamin</i>	1	QL 150 / 30 days
PROLIA	2	QL 1 / 180 days
<i>qc vitamin d3 25 mcg (1000 ut) tab</i>	1	
<i>ra vitamin d-3 25 mcg (1000 ut) tab</i>	1	
RAYALDEE	2	
RECLAST	2	QL 100 mL / 365 day(s)
<i>risedronate sodium (risedronate sodium 5 mg tab, risedronate sodium 30 mg tab)</i>	2	QL 30 / 30 days
<i>risedronate sodium 150 mg tab</i>	2	QL 1 / 28 days
<i>risedronate sodium 35 mg tab</i>	2	QL 4 / 28 days
<i>risedronate sodium 35 mg tab dr</i>	2	
ROCALTROL (ROCALTROL 0.25 MCG CAP, ROCALTROL 0.5 MCG CAP)	2	
ROCALTROL 1 MCG/ML SOLUTION	2	QL 60 / 30 days
<i>sm vitamin d3 25 mcg (1000 ut) tab</i>	1	
STOBOCLO	2	
<i>teriparatide</i>	2	
<i>true vitamin d3 (true vitamin d3 125 mcg (5000 ut) cap, true vitamin d3 25 mcg (1000 ut) tab)</i>	1	
TYMLOS	2	
<i>vitamin d (cholecalciferol) 25 mcg (1000 ut) tab</i>	1	
<i>vitamin d (ergocalciferol) (vitamin d (ergocalciferol) 1.25 mg (50000 ut) cap, vitamin d (ergocalciferol) 50000 unit cap)</i>	1	QL 8 / 30 days
<i>vitamin d 10 mcg/ml liquid</i>	1	QL 150 / 30 days
<i>vitamin d 25 mcg (1000 ut) tab</i>	1	
<i>vitamin d infant</i>	1	QL 150 / 30 days
<i>vitamin d-1000 max st</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>vitamin d3 (vitamin d3 125 mcg (5000 ut) cap, vitamin d3 25 mcg tab)</i>	1	
<i>vitamin d3 10 mcg/ml liquid</i>	1	QL 150 / 30 days
<i>well vitamin d3 125 mcg (5000 ut) cap</i>	1	
WYOST	2	
XGEVA	2	QLC 5.1 mL/28 days
ZEMPLAR (ZEMPLAR 1 MCG CAP, ZEMPLAR 2 MCG CAP, ZEMPLAR 2 MCG/ML SOLUTION, ZEMPLAR 5 MCG/ML SOLUTION)	2	
ZOLEDRONIC ACID 4 MG/100ML SOLUTION	1	QL 400 ML / 28 day(s)
<i>zoledronic acid 4 mg/5ml conc</i>	1	QL 20 mL / 28 day(s)
<i>zoledronic acid 5 mg/100ml solution</i>	1	QL 100 mL / 365 day(s)
MISCELLANEOUS THERAPEUTIC AGENTS		
1ST TIER UNILET COMFORTOUCH	1	QL 200 / 30 days
ACCU-CHEK AVIVA PLUS STRIP	2	
ACCU-CHEK AVIVA PLUS W/DEVICE KIT	2	QL 1 / 365 days
ACCU-CHEK FASTCLIX LANCETS	1	QL 200 / 30 days
ACCU-CHEK GUIDE	1	QL 1 / 365 days
ACCU-CHEK GUIDE ME	1	QL 1 / 365 days
ACCU-CHEK GUIDE TEST	1	QL 150 / 30 DAYS
ACCU-CHEK SAFE-T PRO LANCETS	1	QL 200 / 30 days
ACCU-CHEK SMARTVIEW	2	
ACCU-CHEK SOFTCLIX LANCETS	1	QL 200 / 30 days
ACCUTREND GLUCOSE	2	
ACTI-LANCE 28G	1	QL 200 / 30 days
ACTI-LANCE LITE LANCETS 28G	1	QL 200 / 30 days
ACTI-LANCE SPECIAL LANCETS 17G	1	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ACTI-LANCE UNIVERSAL 23G	1	QL 200 / 30 days
ADVANCED MOBILE LANCET	1	QL 200 / 30 days
ADVOCATE ALCOHOL PREP PADS	1	
ADVOCATE BLOOD GLUCOSE MONITOR	2	QL 1 / 365 days
ADVOCATE BLOOD GLUCOSE SYSTEM	2	QL 1 / 365 days
ADVOCATE INSULIN SYRINGE (ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, ADVOCATE INSULIN SYRINGE 29G X 1/2" 1 ML MISC, ADVOCATE INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, ADVOCATE INSULIN SYRINGE 30G X 5/16" 1 ML MISC, ADVOCATE INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	1	
ADVOCATE LANCETS	1	QL 200 / 30 days
ADVOCATE LANCETS 30G	1	QL 200 / 30 days
ADVOCATE REDI-CODE STRIP	2	
ADVOCATE REDI-CODE (ADVOCATE REDI-CODE DEVICE, ADVOCATE REDI-CODE W/DEVICE KIT)	2	QL 1 / 365 days
ADVOCATE REDI-CODE+	2	QL 1 / 365 days
ADVOCATE REDI-CODE+ TEST	2	
ADVOCATE SAFETY LANCETS	1	QL 200 / 30 days
ADVOCATE SAFETY LANCETS 21G	1	QL 200 / 30 days
ADVOCATE SAFETY LANCETS 23G	1	QL 200 / 30 days
ADVOCATE SAFETY LANCETS 26G	1	QL 200 / 30 days
ADVOCATE SAFETY LANCETS 28G	1	QL 200 / 30 days
ADVOCATE TEST	2	
AEROCHAMBER MV	1	
AEROCHAMBER PLUS FLO-VU	1	
AEROCHAMBER PLUS FLO-VU INTERM	1	
AEROCHAMBER PLUS FLO-VU LARGE	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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 CHAMBR	1	
AEROCHAMBER Z-STAT PLUS/LARGE	1	
AEROCHAMBER Z-STAT PLUS/MEDIUM	1	
AEROCHAMBER2GO ANTI-STATIC	1	
AEROECLIPSE II NEBULIZER	1	
AGAMATRIX AMP	2	QL 1 / 365 days
AGAMATRIX AMP TEST	2	
AGAMATRIX JAZZ TEST	2	
AGAMATRIX JAZZ WIRELESS 2	2	QL 1 / 365 days
AGAMATRIX PRESTO	2	QL 1 / 365 days
AGAMATRIX PRESTO PRO METER	2	QL 1 / 365 days
AGAMATRIX PRESTO TEST	2	
AGAMATRIX ULTRA-THIN LANCETS	1	QL 200 / 30 days
AIMSCO TWIST LANCETS 32G	1	QL 200 / 30 days
AIMSCO TWIST LANCETS 33G	1	QL 200 / 30 days
ALCOH-GLOVE CONTOURED WIPE	1	
ALCOHOL PADS	1	
ALCOHOL PREP	1	
ALCOHOL PREP PADS	1	
ALCOHOL SWABS	1	
ALCOHOL SWABSTICK	1	
<i>alcohol wipes</i>	1	
AQ INSULIN SYRINGE	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
AQUALANCE LANCETS 30G	1	QL 200 / 30 days
<i>argyle sterile water</i>	1	
ASSURE 4 TEST	2	
ASSURE COMFORT LANCETS 28G	1	QL 200 / 30 days
ASSURE HAEMOLANCE PLUS HIGH	1	QL 200 / 30 days
ASSURE HAEMOLANCE PLUS LOW	1	QL 200 / 30 days
ASSURE HAEMOLANCE PLUS MICRO	1	QL 200 / 30 days
ASSURE HAEMOLANCE PLUS NORMAL	1	QL 200 / 30 days
ASSURE HAEMOLANCE PLUS PED	1	QL 200 / 30 days
ASSURE LANCE LANCETS	1	QL 200 / 30 days
ASSURE LANCE LANCETS 21G	1	QL 200 / 30 days
ASSURE LANCE PLUS SAFETY 25G	1	QL 200 / 30 days
ASSURE LANCE PLUS SAFETY 30G	1	QL 200 / 30 days
ASSURE LANCE SAFETY LANCET 28G	1	QL 200 / 30 days
ASSURE PLATINUM	2	
ASSURE PLATINUM METER	2	QL 1 / 365 days
ASSURE PRISM MULTI METER	2	QL 1 / 365 days
ASSURE PRISM MULTI TEST	2	
AUM ALCOHOL PREP PADS	1	
AURORA LANCET SUPER THIN 30G	1	QL 200 / 30 days
AURORA LANCET THIN 23G	1	QL 200 / 30 days
BD ECLIPSE SYRINGE/NEEDLE 23G X 1" 3 ML MISC	1	
BD HYPODERMIC NEEDLE 18G X 1" MISC	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
BD INSULIN SYRINGE (BD INSULIN SYRINGE 25G X 5/8" 1 ML MISC, BD INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, BD INSULIN SYRINGE 29G X 1/2" 1 ML MISC)	1	
BD INSULIN SYRINGE ULTRAFINE (BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.5 ML MISC, BD INSULIN SYRINGE ULTRAFINE 31G X 5/16" 1 ML MISC)	1	
BD INTEGRA SYRINGE 23G X 1" 3 ML MISC	1	
BD LUER-LOK SYRINGE 23G X 1" 3 ML MISC	1	
BD MICROTAINER LANCETS	1	QL 200 / 30 days
BD SAFETYGLIDE INSULIN SYRINGE (BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, BD SAFETYGLIDE INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC)	1	
BD SWAB SINGLE USE REGULAR	1	
BD SWABS SINGLE USE BUTTERFLY	1	
BD SYRINGE/NEEDLE 23G X 1" 3 ML MISC	1	
BIOTEL CARE BLOOD GLUCOSE	2	QL 1 / 365 days
BIOTEL CARE TEST STRIPS	2	
BLOOD GLUCOSE MONITOR SYSTEM	2	QL 1 / 365 days
BLOOD GLUCOSE MONITORING 333	2	QL 1 / 365 days
BLOOD GLUCOSE TEST	2	
BLOOD GLUCOSE TEST STRIPS 333	2	
BLULINK GLUCOSE MONITORING SYS	2	QL 1 / 365 days
BLULINK GLUCOSE TEST	2	
CAREONE BLOOD GLUCOSE SYSTEM	2	QL 1 / 365 days
CAREONE BLOOD GLUCOSE TEST	2	
CAREONE INSULIN SYRINGE 31G X 5/16" 1 ML MISC	1	
CAREONE LANCET SUPER THIN 30G	1	QL 200 / 30 days
CAREONE LANCET THIN 23G	1	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CAREPOINT POLY HUB NEEDLE 18G X 1" MISC	1	
CAREPOINT SAFETY1ST SYR/NEEDLE 23G X 1" 3 ML MISC	1	
CAREPOINT SYRINGE LUER LOCK 23G X 1" 3 ML MISC	1	
CARESENS LANCETS	1	QL 200 / 30 days
CARESENS LANCETS 30G	1	QL 200 / 30 days
CARESENS N FELIZ	2	QL 1 / 365 days
CARESENS N FELIZ BT	2	QL 1 / 365 days
CARESENS N GLUCOSE SYSTEM	2	QL 1 / 365 days
CARESENS N GLUCOSE TEST	2	
CARESENS S FIT BLOOD GLUC MON	2	QL 1 / 365 days
CARESENS S FIT BT BLOOD GLUC	2	QL 1 / 365 days
CARESENS S GLUCOSE TEST	2	
CARETOUCH ALCOHOL PREP	1	
CARETOUCH INSULIN SYRINGE (CARETOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, CARETOUCH INSULIN SYRINGE 30G X 5/16" 1 ML MISC, CARETOUCH INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	1	
CARETOUCH LUER LOCK 23G X 1" 3 ML MISC	1	
CARETOUCH MONITOR SYSTEM	2	QL 1 / 365 days
CARETOUCH SAFETY LANCETS	1	QL 200 / 30 days
CARETOUCH SAFETY LANCETS 26G	1	QL 200 / 30 days
CARETOUCH TEST	2	
CARETOUCH TWIST LANCETS 28G	1	QL 200 / 30 days
CARETOUCH TWIST LANCETS 30G	1	QL 200 / 30 days
CARETOUCH TWIST LANCETS 33G	1	QL 200 / 30 days
CARETOUCH TWIST MC LANCETS 30G	1	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CEQUR SIMPLICITY 2U	1	
CEQUR SIMPLICITY INSERTER	1	
CHOSEN LANCETS 30G	1	QL 200 / 30 days
CHOSEN SAFETY LANCETS 28G	1	QL 200 / 30 days
CLEANLET LANCETS 28G	1	QL 200 / 30 days
CLEVER CHEK AUTO-CODE	2	
CLEVER CHEK AUTO-CODE SYSTEM	2	QL 1 / 365 days
CLEVER CHEK AUTO-CODE TEST	2	
CLEVER CHEK AUTO-CODE VOICE DEVICE	2	QL 1 / 365 days
CLEVER CHEK AUTO-CODE VOICE STRIP	2	
CLEVER CHEK LANCETS	1	QL 200 / 30 days
CLEVER CHEK SYSTEM	2	QL 1 / 365 days
CLEVER CHEK TEST	2	
CLEVER CHOICE AUTO-CODE SYSTEM	2	QL 1 / 365 days
CLEVER CHOICE AUTO-CODE TEST	2	
CLEVER CHOICE COMFORT EZ MISC	1	QL 200 / 30 days
CLEVER CHOICE LANCETS 21G	1	QL 200 / 30 days
CLEVER CHOICE LANCETS 23G	1	QL 200 / 30 days
CLEVER CHOICE LANCETS 28G	1	QL 200 / 30 days
CLEVER CHOICE MICRO SYSTEM	2	QL 1 / 365 days
CLEVER CHOICE MICRO TEST	2	
CLEVER CHOICE MINI SYSTEM	2	QL 1 / 365 days
CLEVER CHOICE NO CODING	2	
CLEVER CHOICE TALK SYSTEM DEVICE	2	QL 1 / 365 days
CLEVER CHOICE TALK SYSTEM STRIP	2	
COAGUCHEK LANCETS	1	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
COMFORT ASSURED LANCETS 28G	1	QL 200 / 30 days
COMFORT ASSURED LANCETS 33G	1	QL 200 / 30 days
COMFORT EZ INSULIN SYRINGE (COMFORT EZ INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, COMFORT EZ INSULIN SYRINGE 29G X 1/2" 1 ML MISC, COMFORT EZ INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, COMFORT EZ INSULIN SYRINGE 30G X 5/16" 1 ML MISC, COMFORT EZ INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	1	
COMFORT LANCETS	1	QL 200 / 30 days
COMFORT TOUCH ALCOHOL PREP	1	
COMFORT TOUCH LANCETS 31G	1	QL 200 / 30 days
COMFORT TOUCH PLUS LANCETS 28G	1	QL 200 / 30 days
COMFORT TOUCH PLUS LANCETS 30G	1	QL 200 / 30 days
COMFORT TOUCH TWIST LANCET 30G	1	QL 200 / 30 days
COMP AIR COMPRESSOR NEBULIZER	1	
COMPACT SPACE CHAMBER	1	
COMPACT SPACE CHAMBER/LG MASK	1	
COMPACT SPACE CHAMBER/MED MASK	1	
COMPACT SPACE CHAMBER/SM MASK	1	
CONTOUR BLOOD GLUCOSE SYSTEM	1	QL 1 / 365 days
CONTOUR MONITOR	1	QL 1 / 365 days
CONTOUR NEXT EZ	1	QL 1 / 365 days
CONTOUR NEXT GEN MONITOR	1	QL 1 / 365 days
CONTOUR NEXT LINK	2	QL 1 / 365 days
CONTOUR NEXT MONITOR	1	QL 1 / 365 days
CONTOUR NEXT ONE	1	QL 1 / 365 days
CONTOUR NEXT TEST	1	QL 150 / 30 DAYS

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CONTOUR PLUS BLUE	1	QL 1 / 365 days
CONTOUR PLUS TEST	1	
CONTOUR TEST	1	QL 150 / 30 DAYS
COOL BLOOD GLUCOSE TEST STRIPS	2	
COOL MIST HUMIDIFIER 1 GALLON	1	
COOL MIST HUMIDIFIER 1.2 GAL	1	
COOL MONITOR	2	QL 1 / 365 days
COOL MONITOR KIT	2	QL 1 / 365 days
CURITY ALCOHOL PREPS	1	
CVS ADVANCED GLUCOSE TEST	2	
CVS ALCOHOL PREP PADS	1	
CVS BLOOD GLUCOSE METER	2	QL 1 / 365 days
CVS GLUCOSE METER TEST STRIPS	2	
<i>cv's isopropyl alcohol wipes</i>	1	
CVS LANCETS 21G	1	QL 200 / 30 days
CVS LANCETS MICRO THIN 33G	1	QL 200 / 30 days
CVS LANCETS ORIGINAL	1	QL 200 / 30 days
CVS LANCETS THIN 26G	1	QL 200 / 30 days
CVS LANCETS ULTRA THIN 30G	1	QL 200 / 30 days
CVS LANCETS ULTRA-THIN 30G	1	QL 200 / 30 days
CVS PREP	1	
CVS TRUE METRIX GLUCOSE TEST	2	
CVS ULTRA THIN LANCETS	1	QL 200 / 30 days
DEXCOM G4 PLAT PED RCV/SHARE	1	PA
DEXCOM G4 PLAT PED RECEIVER	1	PA
DEXCOM G4 PLATINUM RCV/SHARE	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DEXCOM G4 PLATINUM RECEIVER	1	PA
DEXCOM G5 MOBILE RECEIVER	1	PA
DEXCOM G5 RECEIVER KIT	1	PA
DEXCOM G6 RECEIVER	1	QL 1 / 365 day(s) PA
DEXCOM G6 TRANSMITTER	1	QL 1 / 90 day(s) PA
DEXCOM G7 RECEIVER	1	QL 1 / 365 day(s) PA
DIATHRIVE LANCET ULTRA THIN 30	1	QL 200 / 30 days
DIATHRIVE LANCETS	1	QL 200 / 30 days
DIATRUE PLUS BLOOD GLUCOSE	2	QL 1 / 365 days
DIATRUE PLUS TEST	2	
DROPLET INSULIN SYRINGE (DROPLET INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, DROPLET INSULIN SYRINGE 29G X 1/2" 1 ML MISC, DROPLET INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, DROPLET INSULIN SYRINGE 30G X 5/16" 1 ML MISC, DROPLET INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	1	
DROPLET LANCETS ULTRA THIN 30G	1	QL 200 / 30 days
DROPLET PERSONAL LANCETS 30G	1	QL 200 / 30 days
DROPSAFE ACTI-LANCE 23G	1	QL 200 / 30 days
DROPSAFE ALCOHOL PREP	1	
DROPSAFE SAFETY SYRINGE/NEEDLE (DROPSAFE SAFETY SYRINGE/NEEDLE 29G X 1/2" 1 ML MISC, DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 1 ML MISC)	1	
DRUG MART LANCETS THIN 26G	1	QL 200 / 30 days
DRUG MART ON-THE-GO LANCET 30G	1	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DRUG MART UNILET LANCETS 28G	1	QL 200 / 30 days
DRUG MART UNILET LANCETS 30G	1	QL 200 / 30 days
DRUG MART UNILET LANCETS 33G	1	QL 200 / 30 days
DUROLANE	1	QL 6 / 180 days PA
E-Z JECT LANCET MICRO-THIN 33G	1	QL 200 / 30 days
E-Z JECT LANCET SUPER THIN 30G	1	QL 200 / 30 days
E-Z JECT LANCETS	1	QL 200 / 30 days
E-Z JECT LANCETS 21G	1	QL 200 / 30 days
E-Z JECT LANCETS THIN 26G	1	QL 200 / 30 days
EASIVENT	1	
EASIVENT MASK LARGE	1	
EASIVENT MASK MEDIUM	1	
EASIVENT MASK SMALL	1	
EASY COMFORT ALCOHOL PADS	1	
EASY COMFORT INSULIN SYRINGE (EASY COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, EASY COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML MISC, EASY COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	1	
EASY COMFORT LANCETS	1	QL 200 / 30 days
EASY COMFORT LANCETS TWIST TOP	1	QL 200 / 30 days
EASY PLUS II GLUCOSE SYSTEM	2	QL 1 / 365 days
EASY PLUS II GLUCOSE TEST	2	
EASY STEP GLUCOSE MONITOR	2	QL 1 / 365 days
EASY STEP TEST	2	
EASY TALK BLOOD GLUCOSE SYSTEM	2	QL 1 / 365 days
EASY TALK BLOOD GLUCOSE TEST	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EASY TALK PLUS II TEST STRIPS	2	
EASY TOUCH ALCOHOL PREP MEDIUM	1	
EASY TOUCH FLIPLOCK INSULIN SY (EASY TOUCH FLIPLOCK INSULIN SY 29G X 1/2" 1 ML MISC, EASY TOUCH FLIPLOCK INSULIN SY 30G X 5/16" 1 ML MISC, EASY TOUCH FLIPLOCK INSULIN SY 31G X 5/16" 1 ML MISC)	1	
EASY TOUCH FLIPLOCK NEEDLES 18G X 1" MISC	1	
EASY TOUCH FLIPLOCK SAFETY SYR 23G X 1" 3 ML MISC	1	
EASY TOUCH GLUCOSE SYSTEM	2	QL 1 / 365 days
EASY TOUCH HYPODERMIC NEEDLE 18G X 1" MISC	1	
EASY TOUCH INSULIN SAFETY SYR (EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 0.5 ML MISC, EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 1 ML MISC, EASY TOUCH INSULIN SAFETY SYR 30G X 5/16" 0.5 ML MISC)	1	
EASY TOUCH INSULIN SYRINGE (EASY TOUCH INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, EASY TOUCH INSULIN SYRINGE 29G X 1/2" 1 ML MISC, EASY TOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, EASY TOUCH INSULIN SYRINGE 30G X 5/16" 1 ML MISC, EASY TOUCH INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	1	
EASY TOUCH LANCETS 21G	1	QL 200 / 30 days
EASY TOUCH LANCETS 23G	1	QL 200 / 30 days
EASY TOUCH LANCETS 26G	1	QL 200 / 30 days
EASY TOUCH LANCETS 28G	1	QL 200 / 30 days
EASY TOUCH LANCETS 28G/TWIST	1	QL 200 / 30 days
EASY TOUCH LANCETS 30G	1	QL 200 / 30 days
EASY TOUCH LANCETS 30G/TWIST	1	QL 200 / 30 days
EASY TOUCH LANCETS 32G	1	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EASY TOUCH LANCETS 32G/TWIST	1	QL 200 / 30 days
EASY TOUCH LANCETS 33G/TWIST	1	QL 200 / 30 days
EASY TOUCH SAFETY LANCETS 21G	1	QL 200 / 30 days
EASY TOUCH SAFETY LANCETS 23G	1	QL 200 / 30 days
EASY TOUCH SAFETY LANCETS 26G	1	QL 200 / 30 days
EASY TOUCH SAFETY LANCETS 28G	1	QL 200 / 30 days
EASY TOUCH SAFETY SYRINGE 23G X 1" 3 ML MISC	1	
EASY TOUCH SHEATHLOCK SYRINGE (EASY TOUCH SHEATHLOCK SYRINGE 23G X 1" 3 ML MISC, EASY TOUCH SHEATHLOCK SYRINGE 29G 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	
EASY TOUCH TEST	2	
EASY TRAK BLOOD GLUCOSE SYSTEM	2	QL 1 / 365 days
EASY TRAK BLOOD GLUCOSE TEST	2	
EASY TRAK II BLOOD GLUCOSE SYS	2	QL 1 / 365 days
EASY TRAK II GLUCOSE TEST	2	
EASYGLUCO KIT	2	QL 1 / 365 days
EASYGLUCO STRIP	2	
EASYMAX 15 TEST	2	
EASYMAX NG BLOOD GLUCOSE	2	QL 1 / 365 days
EASYMAX TEST	2	
EASYMAX V BLOOD GLUCOSE	2	QL 1 / 365 days
EASYPOINT NEEDLE 18G X 1" MISC	1	
EASYPOINT NEEDLE/SYRINGE 23G X 1" 3 ML MISC	1	
ELEMENT COMPACT GLUCOSE SYSTEM	2	QL 1 / 365 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ELEMENT COMPACT TEST	2	
ELEMENT COMPACT V GLUCOSE SYS	2	QL 1 / 365 days
ELEMENT PLUS	2	QL 1 / 365 days
ELEMENT TEST	2	
EMBECTA AUTOSHIELD DUO	1	
EMBECTA INS SYR U/F 1/2 UNIT 31G X 15/64" 0.3 ML MISC	1	
EMBECTA INSULIN SYRINGE U/F (EMBECTA INSULIN SYRINGE U/F 31G X 15/64" 0.3 ML MISC, EMBECTA INSULIN SYRINGE U/F 31G X 15/64" 0.5 ML MISC, EMBECTA INSULIN SYRINGE U/F 31G X 15/64" 1 ML MISC, EMBECTA INSULIN SYRINGE U/F 31G X 5/16" 1 ML MISC)	1	
EMBECTA PEN NEEDLE NANO	1	
EMBECTA PEN NEEDLE NANO 2 GEN	1	
EMBECTA PEN NEEDLE U/F	1	
EMBRACE BLOOD GLUCOSE MONITOR	2	QL 1 / 365 days
EMBRACE BLOOD GLUCOSE TEST	2	
EMBRACE EVO BLOOD GLUCOSE TEST	2	
EMBRACE EVO GLUCOSE MONITOR	2	QL 1 / 365 days
EMBRACE EVO GLUCOSE MONITORING	2	QL 1 / 365 days
EMBRACE LANCETS ULTRA THIN 30G	1	QL 200 / 30 days
EMBRACE PRESSURE ACTIVATED 21G	1	QL 200 / 30 days
EMBRACE PRESSURE ACTIVATED 28G	1	QL 200 / 30 days
EMBRACE PRO GLUCOSE METER	2	QL 1 / 365 days
EMBRACE PRO GLUCOSE TEST	2	
EMBRACE TALK BLOOD GLUCOSE	2	QL 1 / 365 days
EMBRACE TALK GLUCOSE TEST	2	
EMBRACE TALK MONITORING SYSTEM	2	QL 1 / 365 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EMBRACE WAVE GLUCOSE METER	2	QL 1 / 365 days
EQ BLOOD GLUCOSE TEST	2	
EQL ALCOHOL SWABS	1	
EQL COLOR LANCETS 21G	1	QL 200 / 30 days
EQL COLOR LANCETS MICRO 33G	1	QL 200 / 30 days
EQL INSULIN SYRINGE (EQL INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, EQL INSULIN SYRINGE 29G X 1/2" 1 ML MISC, EQL INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, EQL INSULIN SYRINGE 30G X 5/16" 1 ML MISC, EQL INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	1	
EQL SUPER THIN LANCETS 30G	1	QL 200 / 30 days
EQL THIN LANCETS 26G	1	QL 200 / 30 days
EUFLEXXA	1	QL 12 / 180 days PA
EVERSENSE 365 SMART TRANSMIT	2	
EVERSENSE E3 SMART TRANSMITTER	2	
EVERSENSE SMART TRANSMITTER	2	
EVOLUTION AUTOCODE DEVICE	2	QL 1 / 365 days
EVOLUTION AUTOCODE STRIP	2	
EXEL COMFORT POINT INSULIN SYR (EXEL COMFORT POINT INSULIN SYR 29G X 1/2" 0.5 ML MISC, EXEL COMFORT POINT INSULIN SYR 29G X 1/2" 1 ML MISC, EXEL COMFORT POINT INSULIN SYR 30G X 5/16" 0.5 ML MISC, EXEL COMFORT POINT INSULIN SYR 30G X 5/16" 1 ML MISC)	1	
EZ-LETS LANCETS 21G	1	QL 200 / 30 days
EZ-LETS LANCETS 26G	1	QL 200 / 30 days
EZ-LETS LANCETS 28G	1	QL 200 / 30 days
EZ-LETS LANCETS 30G	1	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FIFTY50 ALCOHOL PREP	1	
FIFTY50 GLUCOSE METER 2.0	2	QL 1 / 365 days
FIFTY50 GLUCOSE TEST 2.0	2	
FIFTY50 SAFETY SEAL LANCETS	1	QL 200 / 30 days
FIFTY50 SUPERIOR COMFORT SYR 31G X 5/16" 1 ML MISC	1	
FIFTY50 UNILET LANCETS 33G	1	QL 200 / 30 days
FINE 30	1	QL 200 / 30 days
FINGERSTIX LANCETS	1	QL 200 / 30 days
FLAVOR PLUS	1	
FLAVOR SWEET	1	
FLAVOR SWEET-SF	1	
FORA 6 CONNECT	2	
FORA 6 CONNECT/GTEL TEST	2	
FORA BLOOD GLUCOSE TEST	2	
FORA D15G BLOOD GLUCOSE TEST	2	
FORA D20 2-IN-1 MONITOR	2	
FORA D20 BLOOD GLUCOSE TEST	2	
FORA D40/G31 BLOOD GLUCOSE	2	
FORA G20 BLOOD GLUCOSE SYSTEM	2	QL 1 / 365 days
FORA G20 BLOOD GLUCOSE TEST	2	
FORA G30/PREM V10 GLUCOSE TEST	2	
FORA G30A BLOOD GLUCOSE SYSTEM	2	QL 1 / 365 days
FORA GD20 BLOOD GLUCOSE SYSTEM	2	QL 1 / 365 days
FORA GD20 TEST	2	
FORA GD50 BLOOD GLUCOSE SYSTEM	2	QL 1 / 365 days
FORA GD50 BLOOD GLUCOSE TEST	2	
FORA GTEL BLOOD GLUCOSE TEST	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FORA LANCETS	1	QL 200 / 30 days
FORA PREMIUM V10 BLE SYSTEM	2	QL 1 / 365 days
FORA TEST N' GO MONITOR	2	QL 1 / 365 days
FORA TN'G ADVANCE PRO STRIP	2	
FORA TN'G VOICE	2	QL 1 / 365 days
FORA TN'G/TN'G VOICE	2	
FORA V10 BLOOD GLUCOSE SYSTEM	2	QL 1 / 365 days
FORA V10 BLOOD GLUCOSE TEST	2	
FORA V12 BLOOD GLUCOSE SYSTEM	2	QL 1 / 365 days
FORA V12 BLOOD GLUCOSE TEST	2	
FORA V20 BLOOD GLUCOSE SYSTEM	2	QL 1 / 365 days
FORA V20 BLOOD GLUCOSE TEST	2	
FORA V30A BLOOD GLUCOSE SYSTEM	2	QL 1 / 365 days
FORA V30A BLOOD GLUCOSE TEST	2	
FORACARE GD40 MONITOR	2	QL 1 / 365 days
FORACARE GD40 TEST	2	
FORACARE PREMIUM V10	2	QL 1 / 365 days
FORACARE PREMIUM V10 TEST	2	
FORACARE TEST N GO MONITOR	2	QL 1 / 365 days
FORACARE TEST N GO TEST	2	
FORTISCARE G1 TEST STRIP	2	
FORTISCARE T1 GLUCOSE SYSTEM	2	QL 1 / 365 days
FORTISCARE TEST	2	
FREDS PHARMACY UNILET LANC 28G	1	QL 200 / 30 days
FREDS PHARMACY UNILET LANC 30G	1	QL 200 / 30 days
FREESTYLE FREEDOM	2	QL 1 / 365 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FREESTYLE FREEDOM LITE	2	QL 1 / 365 days
FREESTYLE INSULINX SYSTEM	2	QL 1 / 365 days
FREESTYLE INSULINX TEST	2	
FREESTYLE LANCETS	1	QL 200 / 30 days
FREESTYLE LIBRE 14 DAY READER	1	PA
FREESTYLE LIBRE 2 READER	1	PA
FREESTYLE LIBRE 3 READER	1	PA
FREESTYLE LIBRE READER	1	PA
FREESTYLE LITE	2	QL 1 / 365 days
FREESTYLE LITE TEST	2	
FREESTYLE PRECISION INS SYR (FREESTYLE PRECISION INS SYR 30G X 5/16" 0.5 ML MISC, FREESTYLE PRECISION INS SYR 30G X 5/16" 1 ML MISC, FREESTYLE PRECISION INS SYR 31G X 5/16" 1 ML MISC)	1	
FREESTYLE PRECISION NEO SYSTEM	2	QL 1 / 365 days
FREESTYLE PRECISION NEO TEST	2	
FREESTYLE SIDEKICK II	2	QL 1 / 365 days
FREESTYLE TEST	2	
FREESTYLE UNISTICK II LANCETS	1	QL 200 / 30 days
GE100 BLOOD GLUCOSE SYSTEM	2	QL 1 / 365 days
GE100 BLOOD GLUCOSE TEST	2	
GEL-ONE	2	
GELSYN-3	1	QL 12 / 180 days PA
GENTEEL BUTTERFLY TOUCH LANCET	1	QL 200 / 30 days
GENTLE-LET GP LANCETS	1	QL 200 / 30 days
GENTLE-LET LANCETS	1	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GENVISC 850	2	QL 15 / 180 days PA
GHT BLOOD GLUCOSE MONITOR	2	QL 1 / 365 days
GHT TEST	2	
GLOBAL ALCOHOL PREP EASE	1	
GLOBAL INJECT EASE INSULIN SYR (GLOBAL INJECT EASE INSULIN SYR 29G X 1/2" 0.5 ML MISC, GLOBAL INJECT EASE INSULIN SYR 29G X 1/2" 1 ML MISC, GLOBAL INJECT EASE INSULIN SYR 30G X 5/16" 0.5 ML MISC, GLOBAL INJECT EASE INSULIN SYR 30G X 5/16" 1 ML MISC, GLOBAL INJECT EASE INSULIN SYR 31G X 5/16" 1 ML MISC)	1	
GLOBAL INJECT EASE LANCETS 28G	1	QL 200 / 30 days
GLOBAL INJECT EASE LANCETS 30G	1	QL 200 / 30 days
GLUCOCARD 01 BLOOD GLUCOSE W/DEVICE KIT	2	QL 1 / 365 days
GLUCOCARD 01 SENSOR PLUS	2	
GLUCOCARD EXPRESSION MONITOR	2	QL 1 / 365 days
GLUCOCARD EXPRESSION TEST	2	
GLUCOCARD SHINE	2	QL 1 / 365 days
GLUCOCARD SHINE CONNEX	2	QL 1 / 365 days
GLUCOCARD SHINE EXPRESS	2	QL 1 / 365 days
GLUCOCARD SHINE TEST	2	
GLUCOCARD SHINE XL	2	QL 1 / 365 days
GLUCOCARD VITAL MONITOR	2	QL 1 / 365 days
GLUCOCARD VITAL TEST	2	
GLUCOCOM BLOOD GLUCOSE MONITOR	2	QL 1 / 365 days
GLUCOCOM LANCETS 28G	1	QL 200 / 30 days
GLUCOCOM LANCETS 30G	1	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GLUCOCOM LANCETS 33G	1	QL 200 / 30 days
GLUCOCOM MONITOR	2	QL 1 / 365 days
GLUCOCOM TEST	2	
GLUCONAVII BLOOD GLUCOSE TEST	2	
GLUCOPRO INSULIN SYRINGE (GLUCOPRO INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, GLUCOPRO INSULIN SYRINGE 30G X 5/16" 1 ML MISC, GLUCOPRO INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	1	
GLUCOSE METER TEST	2	
GNP ALCOHOL SWABS	1	
GNP EASY TOUCH GLUCOSE METER	2	QL 1 / 365 days
GNP EASY TOUCH GLUCOSE TEST	2	
GNP INSULIN SYRINGE (GNP INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, GNP INSULIN SYRINGE 29G X 1/2" 1 ML MISC, GNP INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, GNP INSULIN SYRINGE 30G X 5/16" 1 ML MISC, GNP INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	1	
GNP INSULIN SYRINGES	1	
GNP INSULIN SYRINGES 29GX1/2"	1	
GNP LANCETS 21G	1	QL 200 / 30 days
GNP LANCETS THIN 26G	1	QL 200 / 30 days
GNP STERILE LANCETS 28G	1	QL 200 / 30 days
GNP STERILE LANCETS 30G	1	QL 200 / 30 days
GNP STERILE LANCETS 33G	1	QL 200 / 30 days
GNP TRUE METRIX AIR METER	2	QL 1 / 365 days
GNP TRUE METRIX GLUCOSE METER	2	QL 1 / 365 days
GNP TRUETRACK TEST STRIPS	2	
GOJJI BLOOD GLUCOSE TEST	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GOJJI BLOOD TEST STRIP/LANCETS	2	
GOJJI STERILE LANCETS	1	QL 200 / 30 days
GOODSENSE ALCOHOL SWABS	1	
GOODSENSE BLOOD GLUCOSE STRIP	2	
GOODSENSE BLOOD GLUCOSE W/DEVICE KIT	2	QL 1 / 365 days
GOODSENSE COLOR LANCETS 33G	1	QL 200 / 30 days
GOODSENSE LANCETS 26G UNIV	1	QL 200 / 30 days
GOODSENSE LANCETS 30G	1	QL 200 / 30 days
GOODSENSE LANCETS 30G UNIV	1	QL 200 / 30 days
GOODSENSE LANCETS 33G	1	QL 200 / 30 days
GOODSENSE LANCETS 33G UNIV	1	QL 200 / 30 days
GRAPE SYRUP	1	
GUARDIAN 4 TRANSMITTER	2	
GUARDIAN CONNECT TRANSMITTER	2	
GUARDIAN LINK 3 TRANSMITTER	2	
GUARDIAN REAL-TIME REPLACE PED	1	PA
H-E-B INCONTROL ALCOHOL	1	
H-E-B INCONTROL LANCETS 28G	1	QL 200 / 30 days
H-E-B INCONTROL LANCETS 30G	1	QL 200 / 30 days
H-E-B INCONTROL LANCETS 33G	1	QL 200 / 30 days
HAEMOLANCE	1	QL 200 / 30 days
HAEMOLANCE LOW FLOW LANCETS	1	QL 200 / 30 days
HAEMOLANCE PLUS	1	QL 200 / 30 days
HAEMOLANCE PLUS HIGH FLOW	1	QL 200 / 30 days
HAEMOLANCE PLUS LOW FLOW	1	QL 200 / 30 days
HAEMOLANCE PLUS MAX FLOW	1	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
HAEMOLANCE PLUS PEDIATRIC FLOW	1	QL 200 / 30 days
HEALTHPRO BLOOD GLUCOSE MONITO	2	QL 1 / 365 days
HEALTHWISE INSULIN SYR/NEEDLE (HEALTHWISE INSULIN SYR/NEEDLE 30G X 5/16" 0.5 ML MISC, HEALTHWISE INSULIN SYR/NEEDLE 30G X 5/16" 1 ML MISC, HEALTHWISE INSULIN SYR/NEEDLE 31G X 5/16" 1 ML MISC)	1	
HEALTHY ACCENTS UNILET LANCETS	1	QL 200 / 30 days
HM EMBRACE TALK SYSTEM	2	QL 1 / 365 days
HM STERILE ALCOHOL PREP	1	
HOMENEB WITH SIDESTREAM	1	
HUMIDIFIER	1	
HW EMBRACE PRO GLUCOSE METER	2	QL 1 / 365 days
HW EMBRACE PRO GLUCOSE TEST	2	
HW EMBRACE TALK BLOOD GLUCOSE	2	QL 1 / 365 days
HW EMBRACE TALK GLUCOSE TEST	2	
HY-VEE LANCETS	1	QL 200 / 30 days
HY-VEE THIN LANCETS	1	QL 200 / 30 days
HYALGAN 20 MG/2ML SOLN PRSYR	1	QL 12 / 180 days PA
HYDROCORTISONE COMPLETE KIT	2	
HYMOVIS	2	
HYPODERMIC NEEDLE 18G X 1" MISC	1	
IGLUCOSE MONITORING SYSTEM	2	QL 1 / 365 days
IGLUCOSE TEST STRIPS	2	
IHEALTH BLOOD GLUCOSE TEST STR	2	
IHEALTH GLUCO+ KIT 10	2	
IN TOUCH STERILE LANCETS 30G	1	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
INFINITY BLOOD GLUCOSE SYSTEM	2	QL 1 / 365 days
INFINITY BLOOD GLUCOSE TEST	2	
INFINITY VOICE STRIP	2	
INFINITY VOICE W/DEVICE KIT	2	QL 1 / 365 days
INNOSPIRE ESSENCE NEBULIZER	1	
INSULIN SYRINGE (INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, INSULIN SYRINGE 29G X 1/2" 1 ML MISC, INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, INSULIN SYRINGE 30G X 5/16" 1 ML MISC, INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	1	
INSULIN SYRINGE-NEEDLE U-100 (INSULIN SYRINGE-NEEDLE U-100 29G X 1/2" 0.5 ML MISC, INSULIN SYRINGE-NEEDLE U-100 29G X 1/2" 1 ML MISC, INSULIN SYRINGE-NEEDLE U-100 30G X 5/16" 0.5 ML MISC, INSULIN SYRINGE-NEEDLE U-100 30G X 5/16" 1 ML MISC, INSULIN SYRINGE-NEEDLE U-100 31G X 5/16" 1 ML MISC)	1	
IQIRVO	2	
<i>isopropyl alcohol 70 % misc</i>	1	
<i>isopropyl alcohol wipes</i>	1	
KAZ HEALTHMIST HUMIDIFIER	1	
KETO-DIASTIX	1	
KINNEY LANCETS	1	QL 200 / 30 days
KINNEY THIN LANCETS	1	QL 200 / 30 days
KINRAY INSULIN SYRINGE (KINRAY INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, KINRAY INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	1	
KROGER BLOOD GLUCOSE TEST	2	
KROGER HEALTHPRO GLUCOSE TEST	2	
KROGER HEALTHPRO LANCET 26G	1	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
KROGER INSULIN SYRINGE (KROGER INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, KROGER INSULIN SYRINGE 29G X 1/2" 1 ML MISC, KROGER INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, KROGER INSULIN SYRINGE 30G X 5/16" 1 ML MISC, KROGER INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	1	
KROGER LANCETS	1	QL 200 / 30 days
KROGER LANCETS 21G	1	QL 200 / 30 days
KROGER LANCETS MICRO THIN 33G	1	QL 200 / 30 days
KROGER LANCETS SUPER THIN	1	QL 200 / 30 days
KROGER LANCETS THIN	1	QL 200 / 30 days
KROGER LANCETS THIN 26G	1	QL 200 / 30 days
KROGER LANCETS ULTRATHIN 30G	1	QL 200 / 30 days
KROGER PREMIUM BLOOD GLUCOSE	2	QL 1 / 365 days
KROGER PREMIUM GLUCOSE TEST	2	
KROGER TEST	2	
LANCETS	1	QL 200 / 30 days
LANCETS 28G THIN	1	QL 200 / 30 days
LANCETS 30G	1	QL 200 / 30 days
LANCETS 33G	1	QL 200 / 30 days
LANCETS MICRO THIN 33G	1	QL 200 / 30 days
LANCETS SUPER THIN	1	QL 200 / 30 days
LANCETS SUPER THIN 28G	1	QL 200 / 30 days
LANCETS THIN	1	QL 200 / 30 days
LANCETS ULTRA THIN	1	QL 200 / 30 days
LANCETS ULTRA THIN 30G	1	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LEADER INSULIN SYRINGE (LEADER INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, LEADER INSULIN SYRINGE 29G X 1/2" 1 ML MISC, LEADER INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, LEADER INSULIN SYRINGE 30G X 5/16" 1 ML MISC, LEADER INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	1	
LEQSELVI	2	
LIBERTY MEDICAL LANCETS	1	QL 200 / 30 days
LITE TOUCH LANCETS	1	QL 200 / 30 days
LITETOUCH INSULIN SYRINGE (LITETOUCH INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, LITETOUCH INSULIN SYRINGE 29G X 1/2" 1 ML MISC, LITETOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, LITETOUCH INSULIN SYRINGE 30G X 5/16" 1 ML MISC, LITETOUCH INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	1	
LITETOUCH LANCETS	1	QL 200 / 30 days
LIVDELZI	2	
LIVE BETTER LANCET SUPER THIN	1	QL 200 / 30 days
LIVE BETTER LANCET ULTRA THIN	1	QL 200 / 30 days
LONGS LANCETS STANDARD	1	QL 200 / 30 days
LONGS LANCETS THIN	1	QL 200 / 30 days
LONGS LANCETS ULTRA THIN	1	QL 200 / 30 days
LUER LOCK SAFETY SYRINGES 23G X 1" 3 ML MISC	1	
MAGELLAN INSULIN SAFETY SYR (MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.5 ML MISC, MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 1 ML MISC, MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 0.5 ML MISC, MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 1 ML MISC)	1	
MEDIC INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	1	
MEDICHOICE SAFETY LANCET	1	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MEDICHOICE SAFETY LANCET EXTRA	1	QL 200 / 30 days
MEDICHOICE SAFETY LANCET NORM	1	QL 200 / 30 days
MEDISENSE THIN LANCETS	1	QL 200 / 30 days
MEDLANCE EXTRA 21G	1	QL 200 / 30 days
MEDLANCE LITE 25G	1	QL 200 / 30 days
MEDLANCE PLUS EXTRA 21G	1	QL 200 / 30 days
MEDLANCE PLUS LANCETS	1	QL 200 / 30 days
MEDLANCE PLUS LITE 25G	1	QL 200 / 30 days
MEDLANCE PLUS SPECIAL 0.8MM	1	QL 200 / 30 days
MEDLANCE PLUS SUPERLITE 30G	1	QL 200 / 30 days
MEDLANCE PLUS UNIVERSAL 21G	1	QL 200 / 30 days
MEDLANCE UNIVERSAL 21G	1	QL 200 / 30 days
<i>medpura alcohol pads</i>	1	
MEIJER ALCOHOL SWABS	1	
MEIJER BLOOD GLUCOSE	2	QL 1 / 365 days
MEIJER BLOOD GLUCOSE TEST	2	
MEIJER LANCETS	1	QL 200 / 30 days
MEIJER LANCETS THIN	1	QL 200 / 30 days
MEIJER LANCETS UNIVERSAL 21G	1	QL 200 / 30 days
MEIJER LANCETS UNIVERSAL 30G	1	QL 200 / 30 days
MEIJER LANCETS UNIVERSAL 33G	1	QL 200 / 30 days
MEIJER PREMIUM BLOOD GLUCOSE	2	QL 1 / 365 days
MEIJER SUPER THIN LANCETS	1	QL 200 / 30 days
MICRODOT BLOOD GLUCOSE SYSTEM	2	QL 1 / 365 days
MICRODOT TEST	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MICROLET LANCETS	1	QL 200 / 30 days
MIUDELLA INTRAUTERINE COPPER	2	
MM BLOOD GLUCOSE SYSTEM	2	QL 1 / 365 days
MM BLOOD GLUCOSE SYSTEM REFILL	2	QL 1 / 365 days
MM BLULINK GLUCOSE MONIT SYS	2	QL 1 / 365 days
MM BLULINK GLUCOSE TEST	2	
MM EASY TOUCH GLUCOSE	2	
MM EASY TOUCH GLUCOSE METER	2	QL 1 / 365 days
MM INSULIN SYRINGE/NEEDLE (MM INSULIN SYRINGE/NEEDLE 30G X 5/16" 0.5 ML MISC, MM INSULIN SYRINGE/NEEDLE 30G X 5/16" 1 ML MISC, MM INSULIN SYRINGE/NEEDLE 31G X 5/16" 1 ML MISC)	1	
MM TWIST LANCETS	1	QL 200 / 30 days
MOBILE LANCETS 30G	1	QL 200 / 30 days
MOMETACURE	2	
MONOJECT HYPODERMIC NEEDLE 18G X 1" MISC	1	
MONOJECT INSULIN SYRINGE (MONOJECT INSULIN SYRINGE 25G X 5/8" 1 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" 0.5 ML MISC, MONOJECT INSULIN SYRINGE 30G X 5/16" 1 ML MISC, MONOJECT INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	1	
MONOJECT MAGELLAN SAFETY NDL 18G X 1" MISC	1	
MONOJECT MAGELLAN SYRINGE 23G X 1" 3 ML MISC	1	
MONOJECT SYRINGE 23G X 1" 3 ML MISC	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MONOJECT ULTRA COMFORT SYRINGE (MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2" 0.5 ML MISC, MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2" 1 ML MISC, MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.5 ML MISC)	1	
MONOLET LANCETS	1	QL 200 / 30 days
MONOLET OPD LANCETS	1	QL 200 / 30 days
MONOLETTOR SAFETY LANCETS	1	QL 200 / 30 days
MONOVISC	2	
MPD SAFETY LANCET 21G	1	QL 200 / 30 days
MPD SAFETY LANCET 23G	1	QL 200 / 30 days
MPD SAFETY LANCET 28G	1	QL 200 / 30 days
MPD SAFETY LANCET 30G	1	QL 200 / 30 days
MS INSULIN SYRINGE 31G X 5/16" 1 ML MISC	1	
MX-SOL	1	
MX-SOL SF	1	
MYGLUCOHEALTH BLOOD GLUCOSE	2	QL 1 / 365 days
MYGLUCOHEALTH LANCETS 30G	1	QL 200 / 30 days
MYGLUCOHEALTH TEST	2	
NEB 200 COMPRESSOR NEBULIZER	1	
NEUTEK 2TEK TEST	2	
NOKOR VENTED NEEDLE	1	
NOVA MAX BLOOD GLUCOSE SYSTEM	2	QL 1 / 365 days
NOVA MAX GLUCOSE TEST	2	
NOVA SAFETY LANCETS 23G	1	QL 200 / 30 days
NOVA SAFETY LANCETS 28G	1	QL 200 / 30 days
NOVA SUREFLEX LANCETS	1	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
OMNIPOD 5 DEXG7G6 PODS GEN 5	2	
OMNIPOD 5 G6 INTRO (GEN 5)	1	
OMNIPOD 5 G6 PODS (GEN 5)	1	
OMNIPOD CLASSIC PODS (GEN 3)	1	
OMNIPOD DASH INTRO (GEN 4)	1	
OMNIPOD DASH PDM (GEN 4)	1	
OMNIPOD DASH PODS (GEN 4)	1	
OMNIPOD GO	1	
ON CALL EXPRESS BLOOD GLUCOSE	2	
ON CALL EXPRESS MONITORING SYS	2	QL 1 / 365 days
ONETOUCH DELICA PLUS LANCET30G	1	QL 200 / 30 days
ONETOUCH DELICA PLUS LANCET33G	1	QL 200 / 30 days
ONETOUCH DELICA SAFETY LANCING	1	QL 200 / 30 days
ONETOUCH SOLUTIONS STARTER KIT	2	
ONETOUCH ULTRA	1	QL 150 / 30 DAYS
ONETOUCH ULTRA 2	1	QL 1 / 365 days
ONETOUCH ULTRA BLUE TEST	1	QL 150 / 30 DAYS
ONETOUCH ULTRA TEST	1	QL 150 / 30 DAYS
ONETOUCH ULTRASOFT 2 LANCETS	1	QL 200 / 30 days
ONETOUCH ULTRASOFT LANCETS	1	QL 200 / 30 days
ONETOUCH VERIO STRIP	1	QL 150 / 30 DAYS
ONETOUCH VERIO FLEX METER	1	QL 1 / 365 days
ONETOUCH VERIO FLEX STARTR KIT	2	QL 1 / 365 days
ONETOUCH VERIO REFLECT METER	1	QL 1 / 365 days
ONETOUCH VERIO REFLECT STR KIT	2	QL 1 / 365 days
OPTICHAMBER DIAMOND MISC	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
OPTICHAMBER DIAMOND-LG MASK	1	
OPTICHAMBER DIAMOND-MD MASK	1	
OPTICHAMBER DIAMOND-SM MASK	1	
OPTIUM TEST	2	
OPTIUMEZ TEST	2	
ORA-PLUS	1	
ORA-SWEET	1	
ORA-SWEET SF	1	
ORAL SUSPEND	1	
ORAL SYRUP	1	
ORAL SYRUP SF	1	
ORAPENN SD ANHYD SWEETENED	1	
ORAPENN SD ANYHYD UNSWEETEN	1	
ORTHOVISC	2	
PARAGARD INTRAUTERINE COPPER	1	
PARI LC PLUS NEBULIZER	1	
PC LANCETS SUPER THIN 30G	1	QL 200 / 30 days
PCCA SWEET-SF	1	
PCCA SYRUP VEHICLE	1	
PERFECT LANCETS 28G	1	QL 200 / 30 days
PERFECT LANCETS 30G	1	QL 200 / 30 days
PERFECT POINT SAFETY LANCETS	1	QL 200 / 30 days
PHARMACIST CHOICE ALCOHOL	1	
PHARMACIST CHOICE AUTOCODE	2	
PHARMACIST CHOICE AUTOCODE SYS	2	QL 1 / 365 days
PHARMACIST CHOICE LANCETS	1	QL 200 / 30 days
PHARMACIST CHOICE MINI SYSTEM	2	QL 1 / 365 days
PHARMACIST CHOICE NO CODING	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PHARMACY COUNTER LANCETS	1	QL 200 / 30 days
PIP BLOOD GLUCOSE MONITORING	2	QL 1 / 365 days
PIP BLOOD GLUCOSE TEST STRIP	2	
PIP LANCETS 28G	1	QL 200 / 30 days
PIP LANCETS 30G	1	QL 200 / 30 days
POGO AUTOMATIC BLOOD GLUCOSE	2	QL 1 / 365 days
POGO AUTOMATIC TEST CARTRIDGES	2	
POLY HUB NEEDLE 18G X 1" MISC	1	
PRECISION PCX	2	
PRECISION PCX PLUS TEST	2	
PRECISION POINT OF CARE TEST	2	
PRECISION QID TEST	2	
PRECISION SURE-DOSE SYRINGE 29G X 1/2" 0.5 ML MISC	1	
PRECISION SUREDOSE PLUS SYR 29G X 1/2" 1 ML MISC	1	
PRECISION THINS GP LANCETS	1	QL 200 / 30 days
PRECISION XTRA DEVICE	2	QL 1 / 365 days
PRECISION XTRA BLOOD GLUCOSE	2	
PRECISION XTRA-GLUCOSE/KETONE	2	QL 1 / 365 days
PREFERRED PLUS INSULIN SYRINGE (PREFERRED PLUS INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, PREFERRED PLUS INSULIN SYRINGE 29G X 1/2" 1 ML MISC, PREFERRED PLUS INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, PREFERRED PLUS INSULIN SYRINGE 30G X 5/16" 1 ML MISC)	1	
PREFERRED PLUS LANCETS COLORED	1	QL 200 / 30 days
PREFERRED PLUS LANCETS THIN	1	QL 200 / 30 days
PREMIUM BLOOD GLUCOSE TEST	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PRO COMFORT ALCOHOL	1	
PRO COMFORT INSULIN SYRINGE (PRO COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, PRO COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML MISC, PRO COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	1	
PRO COMFORT LANCETS 30G	1	QL 200 / 30 days
PRO COMFORT LANCETS 31G	1	QL 200 / 30 days
PRO COMFORT SAFETY LANCETS 30G	1	QL 200 / 30 days
PRO VOICE V8 GLUCOSE SYSTEM	2	QL 1 / 365 days
PRO VOICE V8/V9 GLUCOSE	2	
PRO VOICE V9 GLUCOSE SYSTEM	2	QL 1 / 365 days
PROCHAMBER VHC	1	
PRODIGY AUTOCODE BLOOD GLUCOSE	2	QL 1 / 365 days
PRODIGY LANCETS 28G	1	QL 200 / 30 days
PRODIGY NO CODING BLOOD GLUC STRIP	2	
PRODIGY POCKET BLOOD GLUCOSE	2	QL 1 / 365 days
PRODIGY SAFETY LANCETS 26G	1	QL 200 / 30 days
PRODIGY TWIST TOP LANCETS 28G	1	QL 200 / 30 days
PRODIGY VOICE BLOOD GLUCOSE	2	QL 1 / 365 days
PSS SELECT GP LANCETS	1	QL 200 / 30 days
PSS SELECT SAFETY LANCETS	1	QL 200 / 30 days
PULMONEB LT	1	
PURE COMFORT ALCOHOL PREP	1	
PURE COMFORT LANCETS 30G	1	QL 200 / 30 days
PX LANCETS MICROTHIN 33G	1	QL 200 / 30 days
PX LANCETS ULTRA THIN	1	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PX LANCETS ULTRA THIN 28G	1	QL 200 / 30 days
<i>qc alcohol</i>	1	
QC ALCOHOL SWABS	1	
QC LANCETS SUPER THIN 30G	1	QL 200 / 30 days
QC LANCETS ULTRA THIN	1	QL 200 / 30 days
QC UNILET LANCETS 28G	1	QL 200 / 30 days
QC UNILET LANCETS MICRO THIN	1	QL 200 / 30 days
QUINTET AC BLOOD GLUCOSE	2	QL 1 / 365 days
QUINTET AC BLOOD GLUCOSE TEST	2	
QUINTET BLOOD GLUCOSE SYSTEM	2	QL 1 / 365 days
QUINTET BLOOD GLUCOSE TEST	2	
RA ALCOHOL SWABS	1	
RA E-ZJECT LANCETS 28G	1	QL 200 / 30 days
RA E-ZJECT LANCETS THIN 26G	1	QL 200 / 30 days
RA E-ZJECT LANCETS THIN 28G	1	QL 200 / 30 days
RA E-ZJECT LANCETS ULTRA THIN	1	QL 200 / 30 days
RA INSULIN SYRINGE	1	
<i>ra isopropyl alcohol wipes</i>	1	
READYLANCE SAFETY LANCETS	1	QL 200 / 30 days
REALITY INSULIN SYRINGE (REALITY INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, REALITY INSULIN SYRINGE 29G X 1/2" 1 ML MISC)	1	
REALITY LANCETS	1	QL 200 / 30 days
REALITY SWABS	1	
REALITY TRIGGER LANCETS	1	QL 200 / 30 days
REFUAH PLUS BLOOD GLUCOSE TEST	2	
REFUAH PLUS MONITORING SYSTEM	2	QL 1 / 365 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
RELION ALCOHOL SWABS	1	
RELION ALL-IN-ONE	2	
RELION BLOOD GLUCOSE TEST	2	
RELION CONFIRM GLUCOSE MONITOR	2	QL 1 / 365 days
RELION CONFIRM/MICRO TEST	2	
RELION INSULIN SYRINGE (RELION INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, RELION INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	1	
RELION LANCET DEVICES 30G	1	QL 200 / 30 days
RELION LANCETS	1	QL 200 / 30 days
RELION LANCETS MICRO-THIN 33G	1	QL 200 / 30 days
RELION LANCETS THIN 26G	1	QL 200 / 30 days
RELION LANCETS ULTRA-THIN 30G	1	QL 200 / 30 days
RELION MICRO	2	QL 1 / 365 days
RELION PREMIER BLU MONITOR	2	QL 1 / 365 days
RELION PREMIER CLASSIC	2	QL 1 / 365 days
RELION PREMIER TEST	2	
RELION PREMIER VOICE MONITOR	2	QL 1 / 365 days
RELION PRIME MONITOR	2	QL 1 / 365 days
RELION PRIME TEST	2	
RELION TRUE MET AIR GLUC METER	1	QL 1 / 365 days
RELION TRUE METRIX TEST STRIPS	1	QL 150 / 30 DAYS
RELION ULTIMA GLUCOSE SYSTEM	2	QL 1 / 365 days
RELION ULTIMA TEST	2	
RELION ULTRA THIN LANCETS 30G	1	QL 200 / 30 days
RELION ULTRA THIN PLUS LANCETS	1	QL 200 / 30 days
REXALL BLOOD GLUCOSE SYSTEM	2	QL 1 / 365 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
REXALL BLOOD GLUCOSE TEST	2	
REXALL LANCETS ULTRA THIN 30G	1	QL 200 / 30 days
RIGHTEST GL300 LANCETS	1	QL 200 / 30 days
RIGHTEST GM100 BLOOD GLUCOSE	2	QL 1 / 365 days
RIGHTEST GM300 BLOOD GLUCOSE	2	QL 1 / 365 days
RIGHTEST GM550 BLOOD GLUCOSE	2	QL 1 / 365 days
RIGHTEST GS100 BLOOD GLUCOSE	2	
RIGHTEST GS300 BLOOD GLUCOSE	2	
RIGHTEST GS550 BLOOD GLUCOSE	2	
RIGHTEST GT333 BLOOD GLUCOSE DEVICE	2	QL 1 / 365 days
RIGHTEST GT333 BLOOD GLUCOSE STRIP	2	
RIGHTEST GT333 GLUCOSE TEST	2	
SAFE-T-LANCE	1	QL 200 / 30 days
SAFE-T-LANCE PLUS	1	QL 200 / 30 days
SAFETY INSULIN SYRINGES (SAFETY INSULIN SYRINGES 29G X 1/2" 0.5 ML MISC, SAFETY INSULIN SYRINGES 29G X 1/2" 1 ML MISC, SAFETY INSULIN SYRINGES 30G X 5/16" 0.5 ML MISC)	1	
SAFETY LANCET 30G/PRESSURE ACT	1	QL 200 / 30 days
SAFETY LANCETS	1	QL 200 / 30 days
SAFETY LANCETS 21G	1	QL 200 / 30 days
SAFETY LANCETS 23G	1	QL 200 / 30 days
SAFETY LANCETS 28G	1	QL 200 / 30 days
SAFETY SYRINGE/NEEDLE 23G X 1" 3 ML MISC	1	
SAPS CARE ALCOHOL PREP	1	
SAPS HEALTH ALCOHOL PREP (SAPS HEALTH ALCOHOL PREP PAD, SAPS HEALTH ALCOHOL PREP 70 % PAD)	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SAPS HEALTH CARE ALCOHOL PREP	1	
SAPS HEALTH PLUS LANCETS	1	QL 200 / 30 days
SAPS HEALTH TWIST TOP LANCETS	1	QL 200 / 30 days
SAPS TWIST TOP LANCETS	1	QL 200 / 30 days
SAPSCARE TWIST TOP LANCETS	1	QL 200 / 30 days
SB ALCOHOL PREP	1	
SB INSULIN SYRINGE	1	
SB LANCETS THIN	1	QL 200 / 30 days
SB LANCETS ULTRA THIN	1	QL 200 / 30 days
SECURESAFE HYPODERMIC NEEDLE 18G X 1" MISC	1	
SECURESAFE INSULIN SYRINGE	1	
SECURESAFE SYRINGE/NEEDLE 23G X 1" 3 ML MISC	1	
SHOPKO ON-THE-GO LANCETS 30G	1	QL 200 / 30 days
SHOPKO UNILET LANCETS 28G	1	QL 200 / 30 days
SHOPKO UNILET LANCETS 30G	1	QL 200 / 30 days
SILA III	2	
SINGLE-LET	1	QL 200 / 30 days
SM ALCOHOL PREP (SM ALCOHOL PREP PAD, SM ALCOHOL PREP 70 % PAD)	1	
SM LANCETS 33G	1	QL 200 / 30 days
SMART SENSE COLOR LANCETS 33G	1	QL 200 / 30 days
SMART SENSE PREMIUM SYSTEM	2	QL 1 / 365 days
SMART SENSE PREMIUM TEST	2	
SMART SENSE STANDARD LANCETS	1	QL 200 / 30 days
SMART SENSE SUPER THIN LANCETS	1	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SMART SENSE THIN LANCETS 26G	1	QL 200 / 30 days
SMART SENSE VALUE GLUCOSE SYS	2	QL 1 / 365 days
SMART SENSE VALUE TEST	2	
SMARTEST BLOOD GLUCOSE TEST	2	
SMARTEST EJECT	2	QL 1 / 365 days
SMARTEST EJECT STARTER	2	QL 1 / 365 days
SMARTEST LANCETS 28G	1	QL 200 / 30 days
SMARTEST PERSONA STARTER	2	QL 1 / 365 days
SMARTEST PRONTO STARTER	2	QL 1 / 365 days
SMARTEST PROTEGE	2	QL 1 / 365 days
SMARTEST PROTEGE STARTER	2	QL 1 / 365 days
<i>sodium bicarbonate 8.4 % solution</i>	1	
SOLUS V2 BLOOD GLUCOSE SYSTEM	2	QL 1 / 365 days
SOLUS V2 LANCETS 28G	1	QL 200 / 30 days
SOLUS V2 TEST	2	
SOLUS V2 TWIST LANCETS 30G	1	QL 200 / 30 days
SORBITOL (SORBITOL SOLUTION, SORBITOL 70 % SOLUTION)	1	QL 480 / 30 days
SOSWEET	1	
STERILANCE TL	1	QL 200 / 30 days
<i>sterile water for irrigation</i>	1	
SUPARTZ FX	2	QL 15 / 180 days PA
SUPER THIN LANCETS	1	QL 200 / 30 days
SURE COMFORT ALCOHOL PREP	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SURE COMFORT INSULIN SYRINGE (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 5/16" 0.5 ML MISC, SURE COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML MISC, SURE COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	1	
SURE COMFORT LANCETS 18G	1	QL 200 / 30 days
SURE COMFORT LANCETS 21G	1	QL 200 / 30 days
SURE COMFORT LANCETS 23G	1	QL 200 / 30 days
SURE COMFORT LANCETS 28G	1	QL 200 / 30 days
SURE COMFORT LANCETS 30G	1	QL 200 / 30 days
SURE-JECT INSULIN SYRINGE (SURE-JECT INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, SURE-JECT INSULIN SYRINGE 29G X 1/2" 1 ML MISC, SURE-JECT INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, SURE-JECT INSULIN SYRINGE 30G X 5/16" 1 ML MISC, SURE-JECT INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	1	
SURE-LANCE FLAT LANCETS	1	QL 200 / 30 days
SURE-LANCE LANCETS 26G	1	QL 200 / 30 days
SURE-LANCE THIN LANCETS 28G	1	QL 200 / 30 days
SURE-LANCE ULTRA THIN LANCETS	1	QL 200 / 30 days
SURE-PREP ALCOHOL PREP	1	
SURE-TEST EASYPLUS MINI METER	2	QL 1 / 365 days
SURE-TEST EASYPLUS MINI TEST	2	
SURE-TOUCH LANCETS UNIVERSAL	1	QL 200 / 30 days
SURELITE LANCETS	1	QL 200 / 30 days
SYNOJOYNT	2	QL 12 / 180 days PA
SYNVISC	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SYNVISC ONE	2	
SYRINGE 23G X 1" 3 ML MISC	1	
SYRINGE LUER LOCK 23G X 1" 3 ML MISC	1	
SYRPALTA SYRUP	1	
SYRPALTA (RED)	1	
SYRSPEND SF LIQUID	1	
SYRUP VEHICLE	1	
SYRUP VEHICLE SF	1	
TECHLITE AST LANCETS	1	QL 200 / 30 days
TECHLITE INSULIN SYRINGE (TECHLITE INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, TECHLITE INSULIN SYRINGE 29G X 1/2" 1 ML MISC, TECHLITE INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, TECHLITE INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	1	
TECHLITE LANCETS	1	QL 200 / 30 days
TECHLITE LANCETS 26G	1	QL 200 / 30 days
TECHLITE LANCETS 30G	1	QL 200 / 30 days
TGT BLOOD GLUCOSE MONITORING	2	QL 1 / 365 days
TGT BLOOD GLUCOSE TEST	2	
TGT LANCET MICRO THIN 33G	1	QL 200 / 30 days
TGT LANCET THIN 26G	1	QL 200 / 30 days
TGT LANCET ULTRA THIN 30G	1	QL 200 / 30 days
THINLETS GP LANCETS	1	QL 200 / 30 days
TODAYS HEALTH THIN LANCETS 28G	1	QL 200 / 30 days
TODAYS HEALTH THIN LANCETS 30G	1	QL 200 / 30 days
TOPCARE LANCETS MICRO-THIN 33G	1	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TOPCARE ULTRA COMFORT INS SYR (TOPCARE ULTRA COMFORT INS SYR 29G X 1/2" 0.5 ML MISC, TOPCARE ULTRA COMFORT INS SYR 29G X 1/2" 1 ML MISC, TOPCARE ULTRA COMFORT INS SYR 30G X 5/16" 0.5 ML MISC, TOPCARE ULTRA COMFORT INS SYR 30G X 5/16" 1 ML MISC, TOPCARE ULTRA COMFORT INS SYR 31G X 5/16" 1 ML MISC)	1	
TRAVEL LANCETS	1	QL 200 / 30 days
TRAVEL LANCETS ADVANCED 28G	1	QL 200 / 30 days
TRIAMVEX (CREAM)	2	
TRIASIL	2	
TRILURON	2	QL 12 / 180 days PA
TRIVISC	2	QL 15 / 180 days PA
TRUE COMFORT ALCOHOL PREP PADS	1	
TRUE COMFORT INSULIN SYRINGE (TRUE COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, TRUE COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML MISC, TRUE COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	1	
TRUE COMFORT PRO ALCOHOL PREP	1	
TRUE COMFORT PRO INSULIN SYR (TRUE COMFORT PRO INSULIN SYR 30G X 5/16" 0.5 ML MISC, TRUE COMFORT PRO INSULIN SYR 30G X 5/16" 1 ML MISC, TRUE COMFORT PRO INSULIN SYR 31G X 5/16" 1 ML MISC)	1	
TRUE COMFORT SAFETY LANCETS	1	QL 200 / 30 days
TRUE COMFORT TWIST TOP LANCETS	1	QL 200 / 30 days
TRUE METRIX AIR GLUCOSE METER DEVICE(NDC: 56151-1494-01)	2	QL 1 / 365 days
TRUE METRIX AIR GLUCOSE METER W/DEVICE KIT(NDC: 11917-0173-89)	2	QL 1 / 365 days
TRUE METRIX AIR GLUCOSE METER W/DEVICE KIT(NDC: 56151-1490-02)	1	QL 1 / 365 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TRUE METRIX BLOOD GLUCOSE TEST STRIP (NDC: 08528-1464-04, 11917-0166-90, 56151-1460-03, 56151-1463-04, 56151-1464-01, 96295-0142-04)	2	
TRUE METRIX BLOOD GLUCOSE TEST STRIP (NDC: 56151-1460-01, 56151-1460-04)	1	QL 150 / 30 DAYS
TRUE METRIX GO GLUCOSE METER	2	QL 1 / 365 days
TRUE METRIX METER DEVICE	2	QL 1 / 365 days
TRUE METRIX METER W/DEVICE KIT	1	QL 1 / 365 days
TRUE METRIX PRO BLOOD GLUCOSE	2	
TRUEPLUS INSULIN SYRINGE (TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, TRUEPLUS INSULIN SYRINGE 29G X 1/2" 1 ML MISC, TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, TRUEPLUS INSULIN SYRINGE 30G X 5/16" 1 ML MISC, TRUEPLUS INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	1	
TRUEPLUS LANCETS 26G	1	QL 200 / 30 days
TRUEPLUS LANCETS 28G	1	QL 200 / 30 days
TRUEPLUS LANCETS 30G	1	QL 200 / 30 days
TRUEPLUS LANCETS 33G	1	QL 200 / 30 days
TRUEPLUS SAFETY LANCETS 28G	1	QL 200 / 30 days
TRUERESULT BLOOD GLUCOSE	2	QL 1 / 365 days
TRUETEST TEST	2	
TRUETRACK BLOOD GLUCOSE W/DEVICE KIT	2	QL 1 / 365 days
TRUETRACK SMART SYSTEM	2	QL 1 / 365 days
TRUETRACK TEST	2	
TWIST TOP LANCETS 30G	1	QL 200 / 30 days
ULTICARE ALCOHOL SWABS	1	
ULTICARE INSULIN SAFETY SYR	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ULTICARE INSULIN SYRINGE (ULTICARE INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, ULTICARE INSULIN SYRINGE 29G X 1/2" 1 ML MISC, ULTICARE INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, ULTICARE INSULIN SYRINGE 30G X 5/16" 1 ML MISC, ULTICARE INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	1	
ULTIGUARD SAFEPAK SYR/NEEDLE 31G X 5/16" 1 ML MISC	1	
ULTILET ALCOHOL SWABS	1	
ULTILET CLASSIC LANCETS	1	QL 200 / 30 days
ULTILET LANCETS	1	QL 200 / 30 days
ULTILET SAFETY LANCETS	1	QL 200 / 30 days
ULTILET SAFETY LANCETS 23G	1	QL 200 / 30 days
ULTRA FLO INSULIN SYRINGE (ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, ULTRA FLO INSULIN SYRINGE 29G X 1/2" 1 ML MISC, ULTRA FLO INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, ULTRA FLO INSULIN SYRINGE 30G X 5/16" 1 ML MISC, ULTRA FLO INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	1	
ULTRA THIN LANCETS 31G	1	QL 200 / 30 days
ULTRA-CARE ALCOHOL PREP PADS	1	
ULTRA-CARE LANCETS 30G	1	QL 200 / 30 days
ULTRA-THIN II AUTO LANCET	1	QL 200 / 30 days
ULTRA-THIN II INS SYR SHORT (ULTRA-THIN II INS SYR SHORT 30G X 5/16" 0.5 ML MISC, ULTRA-THIN II INS SYR SHORT 30G X 5/16" 1 ML MISC, ULTRA-THIN II INS SYR SHORT 31G X 5/16" 1 ML MISC)	1	
ULTRA-THIN II INSULIN SYRINGE	1	
ULTRA-THIN II LANCETS	1	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ULTRACARE INSULIN SYRINGE (ULTRACARE INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, ULTRACARE INSULIN SYRINGE 30G X 5/16" 1 ML MISC, ULTRACARE INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	1	
UNILET COMFORTOUCH LANCET	1	QL 200 / 30 days
UNILET EXCELITE	1	QL 200 / 30 days
UNILET EXCELITE II	1	QL 200 / 30 days
UNILET G.P. LANCET	1	QL 200 / 30 days
UNILET G.P. SUPERLITE LANCET	1	QL 200 / 30 days
UNILET GP 28 ULTRA THIN	1	QL 200 / 30 days
UNILET LANCET	1	QL 200 / 30 days
UNILET MICRO-THIN 33G	1	QL 200 / 30 days
UNILET SUPER-THIN 30G	1	QL 200 / 30 days
UNILET SUPERLITE LANCET	1	QL 200 / 30 days
UNILET ULTRA-THIN 28G	1	QL 200 / 30 days
UNISTIK 1	1	QL 200 / 30 days
UNISTIK 2	1	QL 200 / 30 days
UNISTIK 2 COMFORT	1	QL 200 / 30 days
UNISTIK 2 EXTRA	1	QL 200 / 30 days
UNISTIK 2 NEONATAL	1	QL 200 / 30 days
UNISTIK 2 NORMAL	1	QL 200 / 30 days
UNISTIK 2 SUPER	1	QL 200 / 30 days
UNISTIK 3	1	QL 200 / 30 days
UNISTIK 3 COMFORT	1	QL 200 / 30 days
UNISTIK 3 EXTRA	1	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
UNISTIK 3 GENTLE	1	QL 200 / 30 days
UNISTIK 3 NEONATAL	1	QL 200 / 30 days
UNISTIK 3 NORMAL	1	QL 200 / 30 days
UNISTIK CZT COMFORT	1	QL 200 / 30 days
UNISTIK CZT NORMAL	1	QL 200 / 30 days
UNISTIK NORMAL	1	QL 200 / 30 days
UNISTIK PRO SAFETY LANCET	1	QL 200 / 30 days
UNISTIK SAFETY LANCETS 28G	1	QL 200 / 30 days
UNISTIK SAFETY LANCETS 30G	1	QL 200 / 30 days
UNISTIK TOUCH SAFETY LANC 21G	1	QL 200 / 30 days
UNISTIK TOUCH SAFETY LANC 23G	1	QL 200 / 30 days
UNISTIK TOUCH SAFETY LANC 28G	1	QL 200 / 30 days
UNISTIK TOUCH SAFETY LANC 30G	1	QL 200 / 30 days
UNISTRIIP1 GENERIC	2	
UNIVERSAL 1 LANCETS THIN 26G	1	QL 200 / 30 days
UNIVERSAL 1 LANCETS THIN 33G	1	QL 200 / 30 days
UNIVERSAL 1 LANCETS ULTRA THIN	1	QL 200 / 30 days
V-GO 20	1	
V-GO 30	1	
V-GO 40	1	
VALUE HEALTH INSULIN SYRINGE	1	
VALUE PLUS LANCET STANDARD 21G	1	QL 200 / 30 days
VALUE PLUS LANCETS SUPER THIN	1	QL 200 / 30 days
VALUE PLUS LANCETS THIN 26G	1	QL 200 / 30 days
VALUMARK LANCET SUPER THIN 30G	1	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VALUMARK LANCET ULTRA THIN 28G	1	QL 200 / 30 days
VANISHPOINT INSULIN SYRINGE (VANISHPOINT INSULIN SYRINGE 29G X 1/2" 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	
VANISHPOINT SAFETY SYRINGE 23G X 1" 3 ML MISC	1	
VANISHPOINT SYRINGE 23G X 1" 3 ML MISC	1	
VERASENS BLOOD GLUCOSE METER	2	QL 1 / 365 days
VERASENS BLOOD GLUCOSE SYSTEM	2	QL 1 / 365 days
VERASENS BLOOD GLUCOSE TEST	2	
VERIFINE INSULIN SYRINGE (VERIFINE INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, VERIFINE INSULIN SYRINGE 29G X 1/2" 1 ML MISC, VERIFINE INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, VERIFINE INSULIN SYRINGE 30G X 5/16" 1 ML MISC, VERIFINE INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	1	
VERIFINE SAFE LANCET MINI 21G	1	QL 200 / 30 days
VERIFINE SAFE LANCET MINI 23G	1	QL 200 / 30 days
VERIFINE SAFE LANCET MINI 28G	1	QL 200 / 30 days
VERIFINE SAFE LANCET MINI 30G	1	QL 200 / 30 days
VERIFINE UNIVERSAL LANCETS 28G	1	QL 200 / 30 days
VERIFINE UNIVERSAL LANCETS 30G	1	QL 200 / 30 days
VERIFINE UNIVERSAL LANCETS 33G	1	QL 200 / 30 days
VERSAFREE	1	
VERSAPLUS	1	
VIDA MIA UNILET LANCETS 28G	1	QL 200 / 30 days
VIDA MIA UNILET LANCETS 30G	1	QL 200 / 30 days
VIOS AEROSOL DELIVERY SYSTEM	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VIOS LC PLUS	1	
VIOS LC SPRINT	1	
VISCO-3	1	QL 15 / 180 days PA
VIVAGUARD INO GLUCOSE METER	2	QL 1 / 365 days
VIVAGUARD INO SMART GLUC METER	2	QL 1 / 365 days
VIVAGUARD INO TEST STRIPS	2	
VIVAGUARD LANCETS	1	QL 200 / 30 days
VIVAGUARD LANCETS 30G	1	QL 200 / 30 days
VIVAGUARD SAFETY LANCETS 28G	1	QL 200 / 30 days
VORTEX VALVE CHAMBER-PEDI MASK	1	
VORTEX VALVED HOLDING CHAMBER	1	
WALGREENS ADV TRAVEL LANCETS	1	QL 200 / 30 days
WALGREENS LANCETS	1	QL 200 / 30 days
WALGREENS LANCETS MICRO THIN	1	QL 200 / 30 days
WALGREENS LANCETS SUPER THIN	1	QL 200 / 30 days
WALGREENS THIN LANCETS	1	QL 200 / 30 days
WALGREENS ULTRA THIN LANCETS	1	QL 200 / 30 days
<i>water for irrigation, sterile</i>	1	
WAVESENSE AMP	2	QL 1 / 365 days
WEBCOL ALCOHOL PREP LARGE	1	
WEBCOL ALCOHOL PREP MEDIUM	1	
XPHOZAH	2	
ZEVRX INSULIN SYRINGE (ZEVRX INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, ZEVRX INSULIN SYRINGE 30G X 5/16" 1 ML MISC)	1	
ZEVRX STERILE ALCOHOL PREP PAD	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ZEVRX TWIST TOP LANCETS 30G	1	QL 200 / 30 days
OPHTHALMIC AGENTS		
OPHTHALMIC AGENTS, OTHER		
<i>ak-poly-bac</i>	1	QL 7 / 18 days
<i>altafrin 2.5 % solution</i>	1	
<i>artificial tears 0.1-0.3 % solution</i>	1	QL 15 / 15 days
<i>artificial tears pf</i>	1	
ATROPINE SULFATE 1 % SOLUTION	1	QL 5 / 18 days
<i>bacitra-neomycin-polymyxin-hc</i>	1	
<i>bacitracin-polymyxin b</i>	1	QL 7 / 18 days
BEOVU	2	
BLEPHAMIDE	2	QL 30 / 30 days
BLEPHAMIDE S.O.P.	2	QL 7 / 18 days
<i>brimonidine tartrate-timolol</i>	2	
BYOOVIZ	2	PA
CEQUA	2	
CIMERLI	1	PA
COMBIGAN	1	
COSOPT	2	
COSOPT PF	2	
<i>cyclopentolate hcl (cyclopentolate hcl 0.5 % solution, cyclopentolate hcl 2 % solution)</i>	1	QL 15 / 30 days
<i>cyclopentolate hcl 1 % solution</i>	1	QL 5 / 25 days
<i>cyclosporine 0.05 % emulsion</i>	2	QL 60 / 30 days
<i>dorzolamide hcl-timolol mal</i>	1	QL 10 / 18 days
<i>dorzolamide hcl-timolol mal pf</i>	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EYLEA	1	PA
EYLEA HD	2	
ISOPTO ATROPINE	1	QL 5 / 18 days
IZERVAY	2	
LACRISERT	2	
<i>lubricating tears eye drops 0.1-0.3 % solution</i>	1	QL 15 / 15 days
LUCENTIS	1	PA
MAXITROL (MAXITROL 0.1 % SUSPENSION, MAXITROL 3.5-10000-0.1 OINTMENT, MAXITROL 3.5-10000-0.1 SUSPENSION)	2	
MIEBO	2	QL 3 / 30 day(s)
NAPHCN-A	1	QL 15 / 18 days
<i>neo-polycin</i>	2	
<i>neo-polycin hc</i>	1	
<i>neomycin-bacitracin zn-polymyx</i>	2	
<i>neomycin-polymyxin-dexameth (neomycin- polymyxin-dexameth 0.1 % suspension, neomycin-polymyxin-dexameth 3.5-10000-0.1 suspension)</i>	1	QL 5 / 18 days
<i>neomycin-polymyxin-dexameth 3.5-10000-0.1 ointment</i>	1	
<i>neomycin-polymyxin-gramicidin</i>	2	QL 10 / 15 days
<i>neomycin-polymyxin-hc 3.5-10000-1 ophth suspension</i>	2	QL 10 / 15 days
PAVBLU	2	
<i>phenylephrine hcl 2.5 % solution</i>	1	
<i>polycin</i>	1	QL 7 / 18 days
<i>polyvinyl alcohol 1.4 % solution</i>	1	
PRED-G	1	
PRED-G S.O.P.	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
RESTASIS	1	QL 60 / 30 days
RESTASIS MULTIDOSE	2	QL 5.5 / 28 days
ROCKLATAN	2	
<i>sulfacetamide-prednisolone</i>	1	QL 30 / 30 days
SUSVIMO (IMPLANT 1ST FILL)	2	
SUSVIMO (IMPLANT REFILL)	2	
SYFOVRE	1	PA
TOBRADEX 0.3-0.1 % OINTMENT	1	QL 3.5 / 18 days
TOBRADEX 0.3-0.1 % SUSPENSION	1	QL 5 / 18 days
TOBRADEX ST	2	
<i>tobramycin-dexamethasone</i>	2	QL 5 / 18 days
<i>tropicamide (tropicamide 0.5 % solution, tropicamide 1 % solution)</i>	1	QL 15 / 18 days
TRYPTYR	2	
TYRVAYA	2	
VABYSMO	1	PA
VISUDYNE	1	PA
XIIDRA	1	QL 60 / 30 day(s)
ZYLET	2	
OPHTHALMIC ANTI-ALLERGY AGENTS		
<i>alaway</i>	1	QL 10 / 18 days
<i>alaway childrens allergy</i>	1	QL 10 / 18 days
ALOCRIL	2	QL 5 / 18 days
ALOMIDE	2	QL 10 / 18 days
<i>azelastine hcl 0.05 % solution</i>	1	
<i>bepotastine besilate</i>	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
BEPREVE	2	
<i>cromolyn sodium 4 % solution</i>	1	QL 10 / 18 days
<i>cvs eye itch relief</i>	1	QL 10 / 18 days
<i>cvs olopatadine hcl</i>	1	
<i>epinastine hcl</i>	2	
<i>eye allergy itch relief</i>	1	
<i>eye allergy itch/redness rel</i>	1	
<i>eye itch relief</i>	1	QL 10 / 18 days
<i>ft eye allergy itch & redness</i>	1	
<i>ft eye allergy itch relief</i>	1	
<i>gnp olopatadine hcl</i>	1	
<i>goodsense eye itch relief</i>	1	QL 10 / 18 days
<i>hm eye allergy itch relief</i>	1	
<i>hm eye allergy itch/red relief</i>	1	
<i>ketotifen fumarate 0.035 % solution</i>	1	QL 10 / 18 days
LASTACAPT	2	
<i>olopatadine hcl 0.1 % solution</i>	1	QL 5 / 25 days
<i>olopatadine hcl 0.2 % solution</i>	1	QL 2.5 / 30 days
PATADAY	2	
<i>qc olopatadine hcl</i>	1	
<i>retaine allergy</i>	1	
<i>sm eye itch relief</i>	1	QL 10 / 18 days
<i>sm olopatadine hcl</i>	1	
ZADITOR	1	
ZERViate	2	
OPHTHALMIC ANTI-INFECTIVES		
AZASITE	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
BLEPH-10	2	QL 15 / 18 days
<i>erythromycin 5 mg/gm ointment</i>	1	QL 7 / 18 days
ERYTHROMYCIN 5 MG/GM OINTMENT	1	
<i>gatifloxacin 0.5 % solution</i>	1	
<i>gentak</i>	1	QL 7 / 18 days
<i>gentamicin sulfate 0.3 % solution</i>	1	QL 15 / 18 days
<i>levofloxacin (levofloxacin 0.5 % solution, levofloxacin 1.5 % solution)</i>	2	
MOXEZA	2	
<i>moxifloxacin hcl (2x day)</i>	2	
<i>moxifloxacin hcl 0.5 % solution</i>	1	
OCUFLOX	2	
<i>ofloxacin 0.3 % solution</i>	1	QL 10 / 7 days
<i>polymyxin b-trimethoprim</i>	1	QL 10 / 15 days
POLYTRIM	2	
<i>sulfacetamide sodium 10 % ointment</i>	2	
SULFACETAMIDE SODIUM 10 % SOLUTION	2	QL 15 / 18 days
<i>tobramycin 0.3 % solution</i>	1	QL 5 / 18 days
TOBREX 0.3 % OINTMENT	2	QL 3.5 / 18 days
TOBREX 0.3 % SOLUTION	2	
<i>trifluridine</i>	1	QL 7.5 / 18 days
VIGAMOX	2	
ZYMAXID	2	
OPHTHALMIC ANTI-INFLAMMATORIES		
ACULAR	2	
ACULAR LS	2	
ACUVAIL	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ALREX	2	QL 5 / 18 days
<i>bromfenac sodium (bromfenac sodium 0.07 % solution, bromfenac sodium 0.075 % solution)</i>	2	
<i>bromfenac sodium (once-daily)</i>	2	
BROMSITE	2	
CLOBETASOL PROPIONATE 0.05 % SUSPENSION	2	
<i>dexamethasone sodium phosphate 0.1 % solution</i>	1	QL 5 / 10 days
DEXTENZA	2	
DEXYCU	2	
<i>diclofenac sodium 0.1 % solution</i>	2	
<i>difluprednate</i>	1	
DUREZOL	1	
EYSUVIS	1	
FLAREX	1	QL 5 / 18 days
<i>fluorometholone</i>	1	QL 5 / 18 days
<i>flurbiprofen sodium</i>	1	QL 5 / 10 days
FML	1	QL 3.5 / 18 days
FML FORTE	1	QL 10 / 30 days
FML LIQUIFILM	2	
ILEVRO	1	
ILUVIEN	2	
INVELTYS	2	
<i>ketorolac tromethamine 0.4 % solution</i>	1	
<i>ketorolac tromethamine 0.5 % solution</i>	1	QL 5 / 18 days
LOTEMAX (LOTEMAX 0.5 % GEL, LOTEMAX 0.5 % SUSPENSION)	2	
LOTEMAX 0.5 % OINTMENT	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LOTEMAX SM	2	
<i>loteprednol etabonate (loteprednol etabonate 0.2 % suspension, loteprednol etabonate 0.5 % gel, loteprednol etabonate 0.5 % suspension)</i>	2	
MAXIDEX	1	
NEVANAC	1	
OZURDEX	2	
PRED FORTE	2	
PRED MILD	1	QL 5 / 18 days
<i>prednisolone acetate 1 % suspension</i>	1	QL 10 / 18 days
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	1	QL 10 / 18 days
PROLENSA	2	
RETISERT	2	
TRIESENCE	2	
XIPERE	2	
YUTIQ	2	
OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS		
<i>betaxolol hcl 0.5 % solution</i>	2	
BETIMOL	2	
BETOPTIC-S	2	
<i>carteolol hcl</i>	1	
ISTALOL	2	
<i>levobunolol hcl</i>	1	QL 5 / 18 days
<i>timolol hemihydrate</i>	2	
<i>timolol maleate (once-daily)</i>	2	QL 5 / 18 days
<i>timolol maleate (timolol maleate 0.25 % gel f soln, timolol maleate 0.5 % gel f soln)</i>	2	QL 5 / 18 days
<i>timolol maleate (timolol maleate 0.25 % solution, timolol maleate 0.5 % solution)</i>	1	QL 5 / 18 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>timolol maleate ocudose</i>	2	
<i>timolol maleate pf</i>	2	
TIMOPTIC	2	
TIMOPTIC OCUDOSE	2	
TIMOPTIC-XE	2	
OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER		
<i>acetazolamide er</i>	1	QL 60 / 30 days
ALPHAGAN P 0.1 % SOLUTION	1	QL 15 / 26 days
ALPHAGAN P 0.15 % SOLUTION	1	
<i>apraclonidine hcl</i>	2	
AZOPT	2	QL 10 / 24 days
<i>brimonidine tartrate 0.1 % solution</i>	2	
<i>brimonidine tartrate 0.15 % solution</i>	2	QL 15 / 26 days
<i>brimonidine tartrate 0.2 % solution</i>	1	QL 5 / 18 days
<i>brinzolamide</i>	2	
<i>dorzolamide hcl 2 % solution</i>	1	QL 10 / 18 days
IDOSE TR	2	
IOPIDINE	2	
ISOPTO CARPINE	2	
<i>methazolamide (methazolamide 25 mg tab, methazolamide 50 mg tab)</i>	1	QL 4 / 1 days
PHOSPHOLINE IODIDE	2	
<i>pilocarpine hcl (pilocarpine hcl 1 % solution, pilocarpine hcl 2 % solution, pilocarpine hcl 4 % solution)</i>	2	QL 15 / 18 days
RHOPRESSA	2	
SIMBRINZA	1	QL 8 / 25 days
TRUSOPT	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS		
<i>bimatoprost 0.03 % solution</i>	2	
DURYSTA	2	
IYUZEH	2	
<i>latanoprost 0.005 % solution</i>	1	QL 2.5 / 18 days
LUMIGAN	2	
<i>tafluprost (pf)</i>	2	
TRAVATAN Z	2	QL 5 / 18 days
<i>travoprost (bak free)</i>	2	
VYZULTA	2	
XALATAN	2	
XELPROS	2	
ZIOPTAN	2	
OTIC AGENTS		
<i>acetic acid 2 % solution</i>	1	
CIPRO HC	1	
CIPRODEX	1	
<i>ciprofloxacin hcl 0.2 % solution</i>	2	
<i>ciprofloxacin-dexamethasone</i>	2	
<i>ciprofloxacin-fluocinolone pf</i>	2	
CORTISPORIN-TC	2	
<i>earwax removal</i>	1	
<i>goodsense ear wax kit</i>	1	
<i>hydrocortisone-acetic acid</i>	1	
<i>neomycin-polymyxin-hc (neomycin-polymyxin-hc 1 % solution, neomycin-polymyxin-hc 3.5-10000-1 solution)</i>	1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
OTIPRIO	2	
OTOVEL	2	
RESPIRATORY TRACT/PULMONARY AGENTS		
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
ALVESCO	2	
ARMONAIR DIGIHALER	2	
ARNUITY ELLIPTA	1	QL 30 / 30 days
ASMANEX (120 METERED DOSES)	1	
ASMANEX (14 METERED DOSES)	1	
ASMANEX (30 METERED DOSES)	1	
ASMANEX (60 METERED DOSES)	1	
ASMANEX HFA	1	
BECONASE AQ	2	
<i>budesonide 0.25 mg/2ml suspension</i>	1	QL 240 / 30 days
<i>budesonide 0.5 mg/2ml suspension</i>	1	QL 4 / 1 days
<i>budesonide 1 mg/2ml suspension</i>	2	QL 60 / 30 days
<i>budesonide 32 mcg/act suspension</i>	2	QL 8.43 / 30 days
<i>eq budesonide nasal</i>	2	QL 8.43 / 30 days
FLONASE ALLERGY RELIEF	2	
FLONASE SENSIMIST	2	
FLONASE SENSIMIST CHILDRENS	2	
FLOVENT DISKUS	2	QL 60 / 30 days
FLOVENT HFA (FLOVENT HFA 44 MCG/ACT AEROSOL, FLOVENT HFA 110 MCG/ACT AEROSOL)	2	
FLOVENT HFA 220 MCG/ACT AEROSOL	2	QL 24 / 30 day(s)
<i>flunisolide 25 mcg/act (0.025%) solution</i>	2	QL 0.84 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>fluticasone furoate ellipta</i>	2	
<i>fluticasone propionate 50 mcg/act suspension</i>	1	QL 16 / 20 days
<i>fluticasone propionate 50 mcg/act suspension (rx)</i>	1	QL 16 / 20 days
<i>fluticasone propionate diskus</i>	1	QL 60 / 30 day(s)
<i>fluticasone propionate hfa 110 mcg/act aerosol</i>	1	QL 12 / 30 day(s)
<i>fluticasone propionate hfa 220 mcg/act aerosol</i>	1	QL 24 / 30 day(s)
<i>fluticasone propionate hfa 44 mcg/act aerosol</i>	1	QL 10.6 / 30 day(s)
<i>ft 24 hour nasal allergy</i>	2	QL 16.9 / 16 days C No PA required for children under 4 years old
<i>gnp 24 hour nasal allergy</i>	2	QL 16.9 / 16 days C No PA required for children under 4 years old
<i>gnp budesonide nasal spray</i>	2	QL 8.43 / 30 days
<i>goodsense nasal allergy spray</i>	2	QL 16.9 / 16 days C No PA required for children under 4 years old
<i>hm 24 hour nasal allergy</i>	2	QL 16.9 / 16 days C No PA required for children under 4 years old
<i>kls aller-cort</i>	2	QL 16.9 / 16 days C No PA required for children under 4 years old
<i>mometasone furoate 50 mcg/act suspension</i>	2	
<i>nasal allergy 24 hour</i>	2	QL 16.9 / 16 days C No PA required for children under 4 years old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NASONEX 24HR	2	
OMNARIS	2	
PULMICORT (PULMICORT 0.25 MG/2ML SUSPENSION, PULMICORT 0.5 MG/2ML SUSPENSION)	2	
PULMICORT 1 MG/2ML SUSPENSION	2	QL 60 / 30 days
PULMICORT FLEXHALER	1	QL 1 / 30 days
QNASL	2	
QNASL CHILDRENS	2	
QVAR REDIHALER 40 MCG/ACT AERO BA	1	QL 10.6 / 30 days
QVAR REDIHALER 80 MCG/ACT AERO BA	1	QL 2 inhalers / 30 day(s)
		QL 16.9 / 16 days
<i>triamcinolone acetonide 55 mcg/act aerosol</i>	2	C No PA required for children under 4 years old
XHANCE	2	
ZETONNA	2	
ANTIHISTAMINES		
12hr allergy relief	1	QL 60 / 30 days
24hr allergy relief	1	QL 30 / 30 days
<i>alavert</i>	2	
<i>aler-cap</i>	1	QL 6 / 1 days
<i>alertab</i>	1	QL 6 / 1 days
<i>alka-seltzer plus allergy</i>	1	QL 6 / 1 days
<i>all day allergy</i>	1	QL 120 / 30 days
<i>all day allergy childrens</i>	1	QL 300 / 30 days
<i>all-day allergy childrens</i>	1	QL 300 / 30 days
ALLEGRA ALLERGY 180 MG TAB	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ALLEGRA ALLERGY CHILDRENS 30 MG/5ML SUSPENSION	2	
<i>allegra hives 24hr</i>	2	QL 30 / 30 days
<i>aller-ease</i>	1	QL 60 / 30 days
<i>allergy (cetirizine)</i>	1	QL 120 / 30 days
<i>allergy 24-hr</i>	1	QL 30 / 30 days
<i>allergy 25 mg cap</i>	1	QL 6 / 1 days
<i>allergy childrens 12.5 mg/5ml liquid</i>	1	QL 30 / 1 days
<i>allergy childrens 30 mg/5ml suspension</i>	1	
<i>allergy childrens 5 mg/5ml solution</i>	1	QL 300 / 30 days
<i>allergy rel child (loratadine)</i>	1	QL 300 / 30 days
<i>allergy relief (allergy relief 25 mg cap, allergy relief 25 mg tab)</i>	1	QL 6 / 1 days
<i>allergy relief (allergy relief 5 mg tab, allergy relief 10 mg tab, allergy relief 180 mg tab)</i>	1	QL 30 / 30 days
<i>allergy relief (cetirizine) 10 mg cap</i>	1	
<i>allergy relief (cetirizine) 10 mg tab</i>	1	QL 120 / 30 days
<i>allergy relief (loratadine) 10 mg tab</i>	1	QL 30 / 30 days
<i>allergy relief 25 mg/10ml liquid</i>	1	QL 30 / 1 days
<i>allergy relief 60 mg tab</i>	1	QL 60 / 30 days
<i>allergy relief ceterizine</i>	1	QL 30 / 30 days
<i>allergy relief cetirizine</i>	1	QL 120 / 30 days
<i>allergy relief childrens 1 mg/ml solution</i>	1	QL 300 / 30 days
<i>allergy relief childrens 12.5 mg/5ml liquid</i>	1	QL 30 / 1 days
<i>anti-hist allergy</i>	1	QL 6 / 1 days
<i>aurodryl allergy childrens</i>	1	QL 30 / 1 days
<i>azelastine hcl (azelastine hcl 0.1 % solution, azelastine hcl 137 mcg/spray solution)</i>	1	QL 30 / 24 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>azelastine hcl 0.15 % solution</i>	2	
<i>banophen (banophen 25 mg cap, banophen 25 mg tab, banophen 50 mg cap)</i>	1	QL 6 / 1 days
<i>cetirizine hcl (cetirizine hcl 1 mg/ml solution, cetirizine hcl 5 mg/5ml solution)</i>	1	QL 300 / 30 days
<i>cetirizine hcl (cetirizine hcl 5 mg chew tab, cetirizine hcl 10 mg chew tab)</i>	2	QL 30 / 30 days
<i>cetirizine hcl 10 mg tab</i>	1	QL 120 / 30 days
<i>cetirizine hcl 5 mg tab</i>	1	QL 30 / 30 days
<i>cetirizine hcl allergy child</i>	1	QL 300 / 30 days
<i>cetirizine hcl childrens alrgy</i>	1	QL 300 / 30 days
<i>childrens 24 hour allergy</i>	1	QL 300 / 30 days
<i>childrens loratadine</i>	1	QL 300 / 30 days
CLARINEX	2	
CLARITIN (CLARITIN 10 MG CHEW TAB, CLARITIN 10 MG TAB)	2	
CLARITIN ALLERGY CHILDRENS	2	
CLARITIN CHILDRENS	2	
CLARITIN REDITABS 10 MG TAB DISP	2	
<i>complete allergy medicine</i>	1	QL 6 / 1 days
<i>complete allergy relief</i>	1	QL 6 / 1 days
<i>curelief</i>	1	QL 30 / 1 days
<i>cvs allergy</i>	1	QL 6 / 1 days
<i>cvs allergy & hives relief</i>	1	QL 30 / 30 days
<i>cvs allergy childrens</i>	1	QL 300 / 30 days
<i>cvs allergy relief (cvs allergy relief 25 mg cap, cvs allergy relief 25 mg tab)</i>	1	QL 6 / 1 days
<i>cvs allergy relief 10 mg tab disp</i>	1	
<i>cvs allergy relief 180 mg tab</i>	1	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>cvs allergy relief 25 mg/10ml liquid</i>	1	QL 30 / 1 days
<i>cvs allergy relief 60 mg tab</i>	1	QL 60 / 30 days
<i>cvs allergy relief adult</i>	1	QL 30 / 1 days
<i>cvs allergy relief childrens (cvs allergy relief childrens 5 mg chew tab, cvs allergy relief childrens 30 mg/5ml suspension)</i>	1	
<i>cvs allergy relief childrens 12.5 mg/5ml liquid</i>	1	QL 30 / 1 days
<i>cvs allergy relief childrens 5 mg/5ml solution</i>	1	QL 300 / 30 days
<i>cvs allergy relief(cetirizine)</i>	1	QL 120 / 30 days
<i>cvs childrens allergy</i>	1	QL 30 / 1 days
<i>cyproheptadine hcl 2 mg/5ml syrup</i>	1	QL 30 / 1 days
<i>cyproheptadine hcl 4 mg tab</i>	1	QL 240 / 30 days
<i>desloratadine (desloratadine 2.5 mg tab disp, desloratadine 5 mg tab disp)</i>	2	
<i>desloratadine 5 mg tab</i>	1	
<i>di-phen</i>	1	QL 30 / 1 days
<i>diphen 12.5 mg/5ml elixir</i>	1	QL 30 / 1 days
<i>diphen 25 mg tab</i>	1	QL 6 / 1 days
<i>diphenhist</i>	1	QL 6 / 1 days
<i>diphenhydramine hcl (diphenhydramine hcl 12.5 mg/5ml elixir, diphenhydramine hcl 12.5 mg/5ml liquid, diphenhydramine hcl 25 mg/10ml liquid)</i>	1	QL 30 / 1 days
<i>diphenhydramine hcl (diphenhydramine hcl 25 mg cap, diphenhydramine hcl 25 mg tab, diphenhydramine hcl 50 mg cap)</i>	1	QL 6 / 1 days
<i>diphenhydramine hcl 50 mg/ml solution</i>	1	
<i>diphenhydramine hcl childrens</i>	1	QL 30 / 1 days
<i>eq allergy relief (cetirizine) 10 mg tab</i>	1	QL 120 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>eq allergy relief (eq allergy relief 25 mg cap, eq allergy relief 25 mg tab)</i>	1	QL 6 / 1 days
<i>eq allergy relief childrens 12.5 mg/5ml liquid</i>	1	QL 30 / 1 days
<i>eq loratadine childrens 10 mg tab disp</i>	1	
<i>eq allergy 25 mg tab</i>	1	QL 6 / 1 days
<i>eq allergy relief 180 mg tab</i>	1	QL 30 / 30 days
<i>eq allergy relief 25 mg tab</i>	1	QL 6 / 1 days
<i>eq childrens allergy</i>	1	QL 30 / 1 days
<i>fexofenadine hcl 180 mg tab</i>	1	QL 30 / 30 days
<i>fexofenadine hcl 60 mg tab</i>	1	QL 60 / 30 days
<i>ft all day allergy 10 mg tab</i>	1	QL 120 / 30 days
<i>ft all day allergy 24 hour</i>	1	QL 120 / 30 days
<i>ft all day allergy relief</i>	1	QL 30 / 30 days
<i>ft allergy childrens</i>	1	QL 300 / 30 days
<i>ft allergy relief (ft allergy relief 25 mg cap, ft allergy relief 25 mg tab)</i>	1	QL 6 / 1 days
<i>ft allergy relief 12 hour</i>	1	QL 60 / 30 days
<i>ft allergy relief 180 mg tab</i>	1	QL 30 / 30 days
<i>ft allergy relief 24 hour</i>	1	QL 30 / 30 days
<i>ft allergy relief cetirizine</i>	1	QL 120 / 30 days
<i>ft allergy relief childrens 12.5 mg/5ml liquid</i>	1	QL 30 / 1 days
<i>ft allergy relief childrens 5 mg chew tab</i>	1	
<i>ft allergy relief childrens 5 mg/5ml solution</i>	1	QL 300 / 30 days
<i>ft allergy relief loratadine</i>	1	QL 30 / 30 days
<i>geri-dryl 12.5 mg/5ml liquid</i>	1	QL 30 / 1 days
<i>geri-dryl 25 mg tab</i>	1	QL 6 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>gnp all day allergy</i>	1	QL 120 / 30 days
<i>gnp all day allergy childrens</i>	1	QL 300 / 30 days
<i>gnp all day allergy relief</i>	1	
<i>gnp allergy</i>	1	QL 6 / 1 days
<i>gnp allergy childrens</i>	1	QL 30 / 1 days
<i>gnp allergy relief (gnp allergy relief 25 mg cap, gnp allergy relief 25 mg tab)</i>	1	QL 6 / 1 days
<i>gnp allergy relief 180 mg tab</i>	1	QL 30 / 30 days
<i>gnp allergy relief 24 hr</i>	1	QL 30 / 30 days
<i>gnp allergy relief max st</i>	1	QL 30 / 1 days
<i>gnp childrens allergy</i>	1	QL 30 / 1 days
<i>gnp loratadine 10 mg tab</i>	1	QL 30 / 30 days
<i>gnp loratadine 10 mg tab disp</i>	1	
<i>gnp loratadine 5 mg/5ml solution</i>	1	QL 300 / 30 days
<i>gnp loratadine childrens</i>	1	QL 300 / 30 days
<i>goodsense all day allergy 10 mg tab</i>	1	QL 120 / 30 days
<i>goodsense all day allergy 5 mg/5ml solution</i>	1	QL 300 / 30 days
<i>goodsense aller-ease</i>	1	QL 30 / 30 days
<i>goodsense allergy relief (goodsense allergy relief 25 mg cap, goodsense allergy relief 25 mg tab)</i>	1	QL 6 / 1 days
<i>goodsense allergy relief 10 mg cap</i>	2	
<i>goodsense allergy relief 10 mg tab</i>	1	QL 30 / 30 days
<i>goodsense allergy relief child</i>	1	QL 300 / 30 days
<i>h-e-b childrens allergy</i>	1	QL 30 / 1 days
<i>hm all day allergy 5 mg/5ml solution</i>	1	QL 300 / 30 days
<i>hm all day allergy childrens</i>	1	QL 300 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>hm allergy relief (cetirizine)</i>	1	QL 120 / 30 days
<i>hm allergy relief (hm allergy relief 25 mg cap, hm allergy relief 25 mg tab)</i>	1	QL 6 / 1 days
<i>hm allergy relief 180 mg tab</i>	1	QL 30 / 30 days
<i>hm allergy relief 60 mg tab</i>	1	QL 60 / 30 days
<i>hm allergy relief childrens</i>	1	QL 30 / 1 days
<i>hm cetirizine hcl</i>	1	QL 120 / 30 days
<i>hm fexofenadine hcl 180 mg tab</i>	1	QL 30 / 30 days
<i>hm fexofenadine hcl 60 mg tab</i>	1	QL 60 / 30 days
<i>hm loratadine</i>	1	QL 30 / 30 days
<i>hm loratadine childrens</i>	1	QL 300 / 30 days
<i>hydroxyzine hcl (hydroxyzine hcl 10 mg tab, hydroxyzine hcl 25 mg tab, hydroxyzine hcl 50 mg tab)</i>	1	QL 180 / 30 days
<i>hydroxyzine hcl 10 mg/5ml syrup</i>	1	QL 30 / 1 days
<i>kindermid kids allergy</i>	1	QL 30 / 1 days
<i>kls aller-fex</i>	1	QL 30 / 30 days
<i>kls aller-tec childrens</i>	1	QL 300 / 30 days
<i>kls allergy medicine</i>	1	QL 6 / 1 days
<i>kp diphenhydramine hcl</i>	1	QL 6 / 1 days
<i>levocetirizine dihydrochloride 2.5 mg/5ml solution</i>	1	
<i>levocetirizine dihydrochloride 5 mg tab</i>	1	QL 30 / 30 days
<i>liquid allergy relief</i>	1	QL 30 / 1 days
<i>loratadine 10 mg tab</i>	1	QL 30 / 30 days
<i>loratadine 10 mg tab disp</i>	1	
<i>loratadine 5 mg/5ml solution</i>	1	QL 300 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>loratadine childrens 5 mg chew tab</i>	1	
<i>loratadine childrens 5 mg/5ml solution</i>	1	QL 300 / 30 days
<i>m-dryl</i>	1	QL 30 / 1 days
<i>maxallergy kids</i>	1	QL 30 / 1 days
<i>medi-phedryl</i>	1	QL 6 / 1 days
<i>meijer antihistamine allergy</i>	1	QL 6 / 1 days
<i>mm aller-ben</i>	1	QL 6 / 1 days
<i>mm fexofenadine hcl</i>	1	QL 30 / 30 days
<i>naramin</i>	1	QL 30 / 1 days
<i>olopatadine hcl 0.6 % solution</i>	2	
PATANASE	2	
<i>pediacare childrens allergy</i>	1	QL 30 / 1 days
<i>pharbedryl</i>	1	QL 6 / 1 days
<i>promethazine hcl (promethazine hcl 6.25 mg/5ml solution, promethazine hcl 12.5 mg/10ml solution)</i>	1	QL 30 mL / 1 day(s) AL1 At least 6 yrs old c Age restriction, clinical PA required
<i>px allergy (px allergy 25 mg cap, px allergy 25 mg tab)</i>	1	QL 6 / 1 days
<i>px allergy 12.5 mg/5ml liquid</i>	1	QL 30 / 1 days
<i>qc all day allergy</i>	1	QL 120 / 30 days
<i>qc allergy childrens</i>	1	QL 30 / 1 days
<i>qc allergy relief (qc allergy relief 25 mg cap, qc allergy relief 25 mg tab)</i>	1	QL 6 / 1 days
<i>qc allergy relief 180 mg tab</i>	1	QL 30 / 30 days
<i>qc childrens allergy</i>	1	QL 300 / 30 days
<i>qc complete allergy medicine</i>	1	QL 6 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>qc fexofenadine hydrochloride</i>	1	QL 30 / 30 days
<i>qc loratadine allergy relief</i>	1	QL 30 / 30 days
<i>ra allergy 12.5 mg/5ml liquid</i>	1	QL 30 / 1 days
<i>ra allergy 25 mg tab</i>	1	QL 6 / 1 days
<i>ra allergy medication (ra allergy medication 25 mg cap, ra allergy medication 25 mg tab)</i>	1	QL 6 / 1 days
<i>ra allergy medication 12.5 mg/5ml liquid</i>	1	QL 30 / 1 days
<i>ra allergy relief 10 mg cap</i>	1	
<i>ra allergy relief 25 mg cap</i>	1	QL 6 / 1 days
<i>ra allergy relief childrens 12.5 mg/5ml liquid</i>	1	QL 30 / 1 days
<i>ra allergy relief childrens 5 mg chew tab</i>	1	
<i>ra complete allergy</i>	1	QL 6 / 1 days
<i>ra diphedryl allergy</i>	1	QL 30 / 1 days
<i>sb allergy 25 mg cap</i>	1	QL 6 / 1 days
<i>sb allergy medicine 12.5 mg/5ml liquid</i>	1	QL 30 / 1 days
<i>sb allergy medicine 25 mg tab</i>	1	QL 6 / 1 days
<i>siladryl allergy</i>	1	QL 30 / 1 days
<i>sm all day allergy</i>	1	QL 120 / 30 days
<i>sm all day allergy childrens</i>	1	QL 300 / 30 days
<i>sm all day allergy relief</i>	1	QL 30 / 30 days
<i>sm allergy childrens</i>	1	QL 300 / 30 days
<i>sm allergy relief (sm allergy relief 25 mg cap, sm allergy relief 25 mg tab)</i>	1	QL 6 / 1 days
<i>sm allergy relief 12.5 mg/5ml liquid</i>	1	QL 30 / 1 days
<i>sm allergy relief 60 mg tab</i>	1	QL 60 / 30 days
<i>sm allergy relief childrens</i>	1	QL 30 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>sm childrens loratadine</i>	1	QL 300 / 30 days
<i>sm fexofenadine hcl 180 mg tab</i>	1	QL 30 / 30 days
<i>sm fexofenadine hcl 60 mg tab</i>	1	QL 60 / 30 days
<i>sm loratadine 10 mg tab</i>	1	QL 30 / 30 days
<i>sm loratadine 5 mg/5ml solution</i>	1	QL 300 / 30 days
<i>total allergy</i>	1	QL 6 / 1 days
<i>total allergy medicine</i>	1	QL 30 / 1 days
<i>wal-dryl allergy (wal-dryl allergy 25 mg cap, wal-dryl allergy 25 mg tab)</i>	1	QL 6 / 1 days
<i>wal-dryl allergy 12.5 mg/5ml liquid</i>	1	QL 30 / 1 days
<i>wal-dryl allergy childrens</i>	1	QL 30 / 1 days
<i>wal-zyr 10 mg cap</i>	1	
ZYRTEC ALLERGY (ZYRTEC ALLERGY 10 MG CAP, ZYRTEC ALLERGY 10 MG TAB)	2	
ANTILEUKOTRIENES		
ACCOLATE	2	
<i>montelukast sodium (montelukast sodium 4 mg chew tab, montelukast sodium 5 mg chew tab, montelukast sodium 10 mg tab)</i>	1	QL 30 / 30 days
<i>montelukast sodium 4 mg packet</i>	2	QL 30 / 30 days
SINGULAIR	2	QL 30 / 30 days
<i>zafirlukast 10 mg tab</i>	2	QL 4 / 1 days
<i>zafirlukast 20 mg tab</i>	2	QL 60 / 30 days
<i>zileuton er</i>	2	
ZYFLO	2	
BRONCHODILATORS, ANTICHOLINERGIC		
ATROVENT HFA	1	QL 12.9 / 26 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
INCRUSE ELLIPTA	1	QL 30 / 30 days
<i>ipratropium bromide (ipratropium bromide 0.02 % solution, ipratropium bromide 0.03 % solution, ipratropium bromide 0.06 % solution)</i>	1	
LONHALA MAGNAIR REFILL KIT	2	QL 60 / 30 days
LONHALA MAGNAIR STARTER KIT	2	QL 60 / 30 days
SPIRIVA HANDIHALER	1	QL 30 / 30 days
SPIRIVA RESPIMAT	1	QL 4 / 30 days
<i>tiotropium bromide</i>	2	
TUDORZA PRESSAIR	2	
YUPELRI	2	
BRONCHODILATORS, SYMPATHOMIMETIC		
<i>albuterol sulfate (albuterol sulfate 0.63 mg/3ml nebu soln, albuterol sulfate 1.25 mg/3ml nebu soln, albuterol sulfate 2.5 mg/0.5ml nebu soln, albuterol sulfate (2.5 mg/3ml) 0.083% nebu soln, albuterol sulfate (5 mg/ml) 0.5% nebu soln)</i>	1	
<i>albuterol sulfate (albuterol sulfate 2 mg tab, albuterol sulfate 4 mg tab)</i>	2	QL 4 / 1 days
<i>albuterol sulfate (albuterol sulfate 2 mg/5ml syrup, albuterol sulfate 8 mg/20ml syrup)</i>	1	QL 40 / 1 days
<i>albuterol sulfate er</i>	2	QL 4 / 1 days
<i>albuterol sulfate hfa</i>	1	QLC 2 inhalers/month
<i>arformoterol tartrate</i>	2	QL 120 / 30 days
AUVI-Q	2	
BROVANA	2	QL 120 / 30 days
<i>epinephrine (epinephrine 0.15 mg/0.15ml soln a-inj, epinephrine 0.15 mg/0.3ml soln a-inj, epinephrine 0.3 mg/0.3ml soln a-inj, epinephrine 0.3 mg/0.3ml soln prsyr)</i>	2	
<i>epinephrine 0.15 mg/0.3ml soln a-inj (only mylan preferred)</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>epinephrine 0.3 mg/0.3ml soln a-inj (only mylan preferred)</i>	1	
EPIPEN 2-PAK	2	
EPIPEN JR 2-PAK	2	
<i>eq sinus & congestion max str</i>	1	
<i>formoterol fumarate 20 mcg/2ml nebu soln</i>	2	QL 120 / 30 days
<i>gnp nasal decongestant 30 mg tab</i>	1	
<i>levalbuterol hcl (levalbuterol hcl 0.31 mg/3ml nebu soln, levalbuterol hcl 0.63 mg/3ml nebu soln, levalbuterol hcl 1.25 mg/3ml nebu soln)</i>	1	
<i>levalbuterol hcl 1.25 mg/0.5ml nebu soln</i>	2	
<i>levalbuterol tartrate</i>	1	QL 30 / 30 days
NEFFY 2 MG/0.1ML SOLUTION	2	
PERFOROMIST	2	QL 120 / 30 days
PROAIR DIGIHALER	2	
PROAIR HFA	1	QLC 2 inhalers/month
PROAIR RESPICLICK	1	
PROVENTIL HFA	1	QLC 2 inhalers/month
SEREVENT DISKUS	1	QL 60 / 30 days
STRIVERDI RESPIMAT	1	QL 4 / 30 days
SYMJEPI	2	
<i>terbutaline sulfate (terbutaline sulfate 2.5 mg tab, terbutaline sulfate 5 mg tab)</i>	2	QL 90 / 30 days
VENTOLIN HFA	1	QLC 2 inhalers/month
XOPENEX	2	
XOPENEX CONCENTRATE	2	
XOPENEX HFA	1	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CYSTIC FIBROSIS AGENTS		
BETHKIS	2	
CAYSTON	2	
KITABIS PAK	2	
TOBI	2	
TOBI PODHALER	2	
<i>tobramycin 300 mg/4ml nebu soln</i>	2	
<i>tobramycin 300 mg/5ml nebu soln</i>	1	
MAST CELL STABILIZERS		
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	1	QL 240 / 30 days
<i>cromolyn sodium 5.2 mg/act aero soln</i>	1	QL 30 / 30 days
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE		
<i>caffeine citrate 20 mg/ml solution</i>	1	
DALIRESP	2	
<i>elixophyllin</i>	1	QL 2250 / 30 days
OHTUVAYRE	2	
<i>roflumilast</i>	2	
THEO-24 (THEO-24 200 MG CAP ER 24H, THEO-24 300 MG CAP ER 24H, THEO-24 400 MG CAP ER 24H)	1	
<i>theophylline (theophylline 80 mg/15ml elixir, theophylline 80 mg/15ml solution)</i>	1	QL 2250 / 30 days
<i>theophylline er (theophylline er 400 mg tab er 24h, theophylline er 450 mg tab er 12h, theophylline er 600 mg tab er 24h)</i>	1	QL 30 / 30 days
<i>theophylline er 300 mg tab er 12h</i>	1	QL 60 / 30 days
PULMONARY ANTIHYPERTENSIVES		
ADCIRCA	2	QL 60 / 30 days PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ADEMPAS	2	
<i>alyq</i>	2	QL 60 / 30 days PA
<i>ambrisentan</i>	1	PA
<i>bosentan (bosentan 62.5 mg tab, bosentan 125 mg tab)</i>	1	PA
LETAIRIS	2	
LIQREV	2	
OPSUMIT	2	
OPSYNVI	2	
ORENITRAM	2	
ORENITRAM MONTH 1	2	
ORENITRAM MONTH 2	2	
ORENITRAM MONTH 3	2	
REVATIO 10 MG/ML RECON SUSP	1	PA
REVATIO 20 MG TAB	2	QL 90 / 30 days
<i>sildenafil citrate 10 mg/ml recon susp</i>	1	
<i>sildenafil citrate 20 mg tab</i>	1	QL 90 / 30 days PA
<i>tadalafil (pah)</i>	1	QL 60 / 30 days PA
TADLIQ	2	
TRACLEER	2	
TYVASO	1	PA
TYVASO DPI MAINTENANCE KIT	2	
TYVASO DPI TITRATION KIT	2	
TYVASO REFILL	1	PA
TYVASO STARTER	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
UPTRAVI (UPTRAVI 200 & 800 MCG TAB THPK, UPTRAVI 200 MCG TAB, UPTRAVI 400 MCG TAB, UPTRAVI 600 MCG TAB, UPTRAVI 800 MCG TAB, UPTRAVI 1000 MCG TAB, UPTRAVI 1200 MCG TAB, UPTRAVI 1400 MCG TAB, UPTRAVI 1600 MCG TAB)	2	
VENTAVIS	1	PA
YUTREPIA	2	
PULMONARY FIBROSIS AGENTS		
ESBRIET	2	PA
OFEV	1	PA
<i>pirfenidone (pirfenidone 267 mg tab, pirfenidone 534 mg tab, pirfenidone 801 mg tab)</i>	2	PA
<i>pirfenidone 267 mg cap</i>	2	
RESPIRATORY TRACT AGENTS, OTHER		
12 hour allergy-d	1	
12hr allergy & congestion	1	
24hr allergy & congestion reli	1	
<i>acetylcysteine (acetylcysteine 10 % solution, acetylcysteine 20 % solution)</i>	1	
ADVAIR DISKUS	1	QL 60 / 30 days
ADVAIR HFA	1	QL 12 / 30 days
AIRDUO DIGIHALER	2	
AIRDUO RESPICLICK 113/14	2	
AIRDUO RESPICLICK 232/14	2	
AIRDUO RESPICLICK 55/14	2	
AIRSUPRA	2	
<i>alavert d-12 hour allergy/cong</i>	2	
<i>all day allergy d</i>	1	
<i>all day allergy-d</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>allergy nasal spray (momet)</i>	2	
<i>allergy relief 50 mcg/act suspension</i>	2	QL 16 / 20 days
<i>allergy relief d 5-120 mg tab er 12h</i>	1	
<i>allergy relief d-12</i>	1	
<i>allergy relief d-24</i>	1	
<i>allergy relief d12 5-120 mg tab er 12h</i>	1	
<i>allergy relief-d 10-240 mg tab er 24h</i>	1	
<i>allergy relief/nasal decongest (allergy relief/nasal decongest 5-120 mg tab er 12h, allergy relief/nasal decongest 10-240 mg tab er 24h)</i>	1	
<i>allergy/congestion relief</i>	1	
<i>altarussin dm</i>	1	QL 240 / 14 days
<i>altituss</i>	1	QL 240 / 14 days
ANORO ELLIPTA	1	QL 60 / 30 days
<i>antihistamine & nasal deconges</i>	1	
<i>azelastine-fluticasone</i>	2	
<i>benzonatate 100 mg cap</i>	1	
<i>benzonatate 200 mg cap</i>	1	QL 90 / 30 days
BEVESPI AEROSPHERE	1	
<i>biocotron</i>	1	QL 240 / 14 days
BREO ELLIPTA (BREO ELLIPTA 100-25 MCG/ACT AER POW BA, BREO ELLIPTA 200-25 MCG/ACT AER POW BA)	2	QL 60 / 30 days
BREO ELLIPTA 50-25 MCG/INH AER POW BA	2	
<i>breynd</i>	2	QLC 4 inhalers/90 days
BREZTRI AEROSPHERE	2	QL 10.7 / 30 days
<i>bromfed dm</i>	1	
<i>budesonide-formoterol fumarate</i>	2	QLC 4 inhalers/90 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>cetirizine-pseudoephedrine er</i>	1	
<i>chest congestion relief dm 10-100 mg/5ml syrup</i>	1	QL 240 / 14 days
CINQAIR	2	
CLARINEX-D 12 HOUR	2	
CLARITIN-D 24 HOUR	2	
COMBIVENT RESPIMAT	1	QL 4 / 20 days
<i>cough/chest congestion dm</i>	1	QL 240 / 14 days
<i>cvs allergy relief d (cvs allergy relief d 5-120 mg tab er 12h, cvs allergy relief d 60-120 mg tab er 12h)</i>	1	
<i>cvs allergy relief d24</i>	1	
<i>cvs allergy relief-d 5-120 mg tab er 12h</i>	1	
<i>cvs allergy relief-d12</i>	1	
<i>cvs fluticasone propionate</i>	2	QL 16 / 20 days
<i>cvs mucus extended release 600 mg tab er 12h</i>	1	QL 120 / 30 day(s)
<i>cvs tussin dm (cvs tussin dm 10-100 mg/5ml liquid, cvs tussin dm 20-200 mg/10ml liquid, cvs tussin dm 200-20 mg/10ml liquid)</i>	1	QL 240 / 14 days
<i>dextromethorphan-guaifenesin (dextromethorphan-guaifenesin 10-100 mg/5ml liquid, dextromethorphan-guaifenesin 10-100 mg/5ml syrup, dextromethorphan-guaifenesin 20-200 mg/10ml liquid, dextromethorphan-guaifenesin 20-200 mg/10ml syrup)</i>	1	QL 240 / 14 days
<i>diabetic tussin dm</i>	1	QL 240 / 14 days
DUAKLIR PRESSAIR	2	
DULERA	1	QLC 4 inhalers/90 days
DYMISTA	2	
<i>eq 12 hour mucus relief</i>	1	QL 120 / 30 day(s)
<i>eq mucus er 600 mg tab er 12h</i>	1	QL 120 / 30 day(s)

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>eq mucus relief</i>	1	QL 120 / 30 day(s)
<i>eq tussin dm cough/chest</i>	1	QL 240 / 14 days
<i>eq tussin dm cough/chest cong</i>	1	QL 240 / 14 days
FASENRA	1	PA
FASENRA PEN	1	PA
<i>fexofenadine-pseudoephed er</i>	1	
FLONASE ALLERGY REL CHILDRENS	2	
<i>fluticasone furoate-vilanterol</i>	2	
<i>fluticasone-salmeterol (fluticasone-salmeterol 100-50 mcg/act aer pow ba, fluticasone-salmeterol 250-50 mcg/act aer pow ba, fluticasone-salmeterol 500-50 mcg/act aer pow ba)</i>	1	QL 60 / 30 days
<i>fluticasone-salmeterol (fluticasone-salmeterol 45-21 mcg/act aerosol, fluticasone-salmeterol 115-21 mcg/act aerosol, fluticasone-salmeterol 230-21 mcg/act aerosol)</i>	2	
<i>fluticasone-salmeterol (fluticasone-salmeterol 55-14 mcg/act aer pow ba, fluticasone-salmeterol 113-14 mcg/act aer pow ba, fluticasone-salmeterol 232-14 mcg/act aer pow ba)</i>	1	QL 1 / 30 days
<i>ft all day allergy-d</i>	1	
<i>ft allergy & congestion-d 12hr</i>	1	
<i>ft allergy d-12 hour</i>	1	
<i>ft allergy relief 24 hr</i>	2	QL 16 / 20 days
<i>ft allergy relief-d</i>	1	
<i>ft mucus relief 12hr</i>	1	QL 120 / 30 day(s)
<i>ft mucus relief 12hr max str</i>	1	
<i>ft mucus relief dm 30-600 mg tab er 12h</i>	1	QL 120 / 30 days
<i>ft nasal spray</i>	1	
<i>geri-tussin 100 mg/5ml liquid</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>geri-tussin dm</i>	1	QL 240 / 14 days
<i>giltuss cough & chest</i>	1	QL 240 / 14 days
<i>giltuss cough & chest children</i>	1	QL 240 / 14 days
<i>giltuss diabetic cough & cold</i>	1	QL 240 / 14 days
<i>giltuss honey cgh/chest conges</i>	1	QL 240 / 14 days
<i>giltuss honey cgh/chst child</i>	1	QL 240 / 14 days
<i>gnp all day allergy-d</i>	1	
<i>gnp allergy & congestion</i>	1	
<i>gnp allergy/congestion relief</i>	1	
<i>gnp fexofenadine/pse er</i>	1	
<i>gnp fluticasone propionate</i>	2	QL 16 / 20 days
<i>gnp loratadine-d 12hr</i>	1	
<i>gnp mucus er 1200 mg tab er 12h</i>	1	
<i>gnp mucus er 600 mg tab er 12h</i>	1	QL 120 / 30 day(s)
<i>gnp tussin adult</i>	1	
<i>gnp tussin dm 20-200 mg/10ml liquid</i>	1	QL 240 / 14 days
<i>gnp tussin dm cough</i>	1	QL 240 / 14 days
<i>goodsense 24-hr allergy nasal</i>	2	QL 16 / 20 days
<i>goodsense all day allergy-d</i>	1	
<i>goodsense mucus er</i>	1	QL 120 / 30 day(s)
<i>goodsense mucus er maximum str</i>	1	
<i>guaiasorb dm</i>	1	QL 240 / 14 days
<i>guaicon dms</i>	1	QL 240 / 14 days
<i>guaifed</i>	1	
<i>guaifed-dm</i>	1	QL 240 / 14 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>guaifenesin (guaifenesin 100 mg/5ml liquid, guaifenesin 200 mg/10ml liquid, guaifenesin 300 mg/15ml liquid)</i>	1	
<i>guaifenesin dm</i>	1	QL 240 / 14 days
<i>guaifenesin er 1200 mg tab er 12h</i>	1	
<i>guaifenesin er 600 mg tab er 12h</i>	1	QL 120 / 30 day(s)
<i>guaifenesin-dm 100-10 mg/5ml syrup</i>	1	QL 240 / 14 days
<i>hm allergy & congestion</i>	1	
<i>hm allergy complete-d</i>	1	
<i>hm allergy relief 50 mcg/act suspension</i>	2	QL 16 / 20 days
<i>hm allergy relief/nasal decong</i>	1	
<i>hm mucus relief</i>	1	QL 120 / 30 day(s)
<i>hm mucus relief er max st</i>	1	
<i>hm tussin adult dm 100-10 mg/5ml liquid</i>	1	QL 240 / 14 days
<i>ipratropium-albuterol</i>	1	
<i>kls aller-flo</i>	2	QL 16 / 20 days
<i>kls aller-tec d</i>	1	
<i>kls allerclear d-12hr</i>	1	
<i>loratadine-d 12hr</i>	1	
<i>loratadine-d 24hr</i>	1	
<i>max tussin dm cough&chest cong</i>	1	QL 240 / 14 days
<i>maxi-tuss g</i>	1	QL 240 / 14 days
<i>medi-tussin dm</i>	1	QL 240 / 14 days
<i>meijer allergy relief-d</i>	1	
MUCINEX DM	1	QL 120 / 30 days
<i>mucus & chest congestion 200 mg/10ml liquid</i>	1	
<i>mucus dm</i>	1	QL 120 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>mucus relief 600 mg tab er 12h</i>	1	QL 120 / 30 day(s)
<i>mucus relief dm 30-600 mg tab er 12h</i>	1	QL 120 / 30 days
<i>mucus relief er 1200 mg tab er 12h</i>	1	
<i>mucus relief er 600 mg tab er 12h</i>	1	QL 120 / 30 day(s)
<i>mucus relief max st</i>	1	
<i>mucus-dm</i>	1	QL 120 / 30 days
<i>nasal decongestant spray</i>	1	
<i>nasal moisturizing spray</i>	1	
NASONEX	2	
<i>nebusal 3 % nebu soln</i>	1	
NUCALA (NUCALA 40 MG/0.4ML SOLN PRSYR, NUCALA 100 MG RECON SOLN, NUCALA 100 MG/ML SOLN A-INJ, NUCALA 100 MG/ML SOLN PRSYR)	1	PA
PROMETHAZINE VC	1	QL 6 / 1 days
<i>promethazine-dm</i>	1	
PROMETHAZINE-PHENYLEPHRINE	1	QL 6 / 1 days
<i>pseudoeph-bromphen-dm</i>	1	
<i>pulmosal</i>	1	QL 480 / 30 days
<i>px allergy relief d (loratid)</i>	1	
<i>px tussin dm</i>	1	QL 240 / 14 days
<i>qc allergy relief 50 mcg/act suspension</i>	2	QL 16 / 20 days
<i>qc loratadine-d</i>	1	
<i>qc mucus relief</i>	1	QL 120 / 30 day(s)
<i>qc mucus relief max st</i>	1	
<i>qc tussin dm cough/congestion</i>	1	QL 240 / 14 days
<i>ra allergy/congestion</i>	1	
<i>ra allergy/congestion relief</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ra mucus relief</i>	1	QL 120 / 30 day(s)
<i>ra tussin cgh/chest congest dm</i>	1	QL 240 / 14 days
<i>ra tussin cough</i>	1	QL 240 / 14 days
<i>ra tussin cough dm sugar free</i>	1	QL 240 / 14 days
<i>ra tussin dm</i>	1	QL 240 / 14 days
<i>robafen dm cgh/chest congest</i>	1	QL 240 / 14 days
<i>robafen dm cough 10-100 mg/5ml liquid</i>	1	QL 240 / 14 days
RYALTRIS	2	
<i>safe tussin dm</i>	1	QL 240 / 14 days
<i>safetussin dm cough/chest cong</i>	1	QL 240 / 14 days
<i>siltussin dm das</i>	1	QL 240 / 14 days
<i>siltussin-dm alcohol free</i>	1	QL 240 / 14 days
SINUVA	2	
<i>sm all day allergy-d</i>	1	
<i>sm allergy relief 50 mcg/act suspension</i>	2	QL 16 / 20 days
<i>sm lorata-dine d</i>	1	
<i>sm loratadine d 12hr</i>	1	
<i>sm mucus relief</i>	1	QL 120 / 30 day(s)
<i>sm tussin cough/chest congest (sm tussin cough/chest congest 20-200 mg/10ml liquid, sm tussin cough/chest congest 100-10 mg/5ml syrup)</i>	1	QL 240 / 14 days
<i>sm tussin dm</i>	1	QL 240 / 14 days
<i>sodium chloride 3 % nebu soln</i>	1	
<i>sodium chloride 7 % nebu soln</i>	1	QL 480 / 30 days
<i>sorbugen nr</i>	1	QL 240 / 14 days
<i>sorbutuss nr</i>	1	QL 240 / 14 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
STIOLTO RESPIMAT	1	QL 4 / 30 days
SYMBICORT	1	QLC 4 inhalers/90 days
TEZSPIRE	1	QL 1.91 mL / 28 day(s) PA
TRELEGY ELLIPTA	1	QL 60 / 30 days
<i>true nasal moisturizing</i>	1	
<i>tusnel diabetic</i>	1	QL 240 / 14 days
<i>tussin cough+chest cong dm sf</i>	1	QL 240 / 14 days
<i>tussin cough+chest congest dm</i>	1	QL 240 / 14 days
<i>tussin dm</i>	1	QL 240 / 14 days
<i>tussin dm cough & chest conges</i>	1	QL 240 / 14 days
<i>tussin dm cough + chest 200-20 mg/10ml liquid</i>	1	QL 240 / 14 days
<i>tussin mucus+chest congest sf</i>	1	
<i>tussin mucus+chest congestion</i>	1	
<i>umeclidinium-vilanterol</i>	2	
<i>wal-fex d allergy & congestion 180-240 mg tab er 24h</i>	1	
<i>wal-itin d</i>	1	
<i>wal-tussin cough/chest dm</i>	1	QL 240 / 14 days
<i>wal-tussin dm cgh/chest cong</i>	1	QL 240 / 14 days
<i>wixela inhub</i>	2	QL 60 / 30 days
ZYRTEC-D ALLERGY & SINUS	2	
SKELETAL MUSCLE RELAXANTS		
AMRIX	2	
BOTOX	1	PA
<i>carisoprodol 250 mg tab</i>	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>carisoprodol 350 mg tab</i>	2	QL 4 / 1 days
<i>chlorzoxazone (chlorzoxazone 250 mg tab, chlorzoxazone 375 mg tab, chlorzoxazone 750 mg tab)</i>	2	
<i>chlorzoxazone 500 mg tab</i>	2	QL 180 / 30 days
<i>cyclobenzaprine hcl 10 mg tab</i>	1	QL 90 / 30 days
<i>cyclobenzaprine hcl 5 mg tab</i>	1	QL 180 / 30 days
<i>cyclobenzaprine hcl 7.5 mg tab</i>	1	
<i>cyclobenzaprine hcl er</i>	2	
DYSPO	1	PA
<i>fexmid</i>	2	
<i>lorzone</i>	2	
METAXALONE (METAXALONE 400 MG TAB, METAXALONE 640 MG TAB, METAXALONE 800 MG TAB)	2	
METHOCARBAMOL 1000 MG TAB	1	
<i>methocarbamol 500 mg tab</i>	1	QL 480 / 30 day(s)
<i>methocarbamol 750 mg tab</i>	1	QL 300 / 30 days
MYOBLOC	2	
NORGESIC	2	
NORGESIC FORTE	2	
<i>orphenadrine citrate er</i>	2	QL 60 / 30 days
<i>orphenadrine-asa-caffeine</i>	2	
ORPHENADRINE-ASPIRIN-CAFFEINE	2	
ORPHENGESIC FORTE	2	
SKELAXIN	2	
SOMA	2	
<i>tanlor</i>	2	
<i>vanadom</i>	2	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
XEOMIN	2	
SLEEP DISORDER AGENTS		
SLEEP PROMOTING AGENTS		
AMBIEN	2	QL 30 / 30 days
AMBIEN CR	2	QL 30 / 30 days
BELSOMRA	2	QL 30 / 30 days
<i>cvs sleep aid</i>	1	QL 4 / 1 days
<i>cvs sleep aid nighttime 25 mg tab</i>	1	QL 4 / 1 days
<i>cvs sleep-aid (doxylamine)</i>	1	QL 4 / 1 days
<i>cvs sleepaid (diphenhydramine)</i>	1	QL 4 / 1 days
<i>cvs ultra sleep</i>	1	QL 4 / 1 days
DAYVIGO	2	
DORAL	2	
<i>doxepin hcl (doxepin hcl 3 mg tab, doxepin hcl 6 mg tab)</i>	2	
EDLUAR	2	QL 30 / 30 days
<i>eq sleep-aid</i>	1	QL 4 / 1 days
<i>eql nighttime sleep aid 25 mg tab</i>	1	QL 4 / 1 days
<i>eql sleep aid 25 mg tab</i>	1	QL 4 / 1 days
<i>estazolam</i>	2	QL 30 / 30 days
<i>eszopiclone</i>	1	QL 30 / 30 days
FLURAZEPAM HCL	2	QL 30 / 30 days
<i>ft nighttime sleep aid</i>	1	QL 4 / 1 days
<i>ft sleep aid (doxylamine)</i>	1	QL 4 / 1 days
<i>gnp nighttime sleep (doxylam)</i>	1	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>gnp sleep aid 25 mg tab</i>	1	QL 4 / 1 days
<i>gnp sleep aid nighttime</i>	1	QL 4 / 1 days
<i>goodsense sleep aid ultra</i>	1	QL 4 / 1 days
HALCION	2	
HETLIOZ	2	QL 30 / 30 days
HETLIOZ LQ	2	QL 158 mL / 30 day(s)
<i>hm nighttime sleep aid</i>	1	QL 4 / 1 days
<i>hm sleep aid</i>	1	QL 4 / 1 days
<i>kls sleep aid</i>	1	QL 4 / 1 days
LUNESTA	2	QL 30 / 30 days
<i>night time sleep aid</i>	1	QL 4 / 1 days
<i>nighttime sleep aid</i>	1	QL 4 / 1 days
<i>nytol quickcaps</i>	1	QL 4 / 1 days
<i>qc rest simply</i>	1	QL 4 / 1 days
QUAZEPAM	2	
QUVIVIQ	2	
<i>ra night sleep aid</i>	1	QL 4 / 1 days
<i>ra nighttime sleep aid</i>	1	QL 4 / 1 days
<i>ra sleep aid (diphenhydramine)</i>	1	QL 4 / 1 days
<i>ra sleep aid 25 mg tab</i>	1	QL 4 / 1 days
<i>ramelteon</i>	2	
RESTORIL	2	QL 30 / 30 days
ROZEREM	2	
<i>sb sleep</i>	1	QL 4 / 1 days
SILENOR	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>simply sleep</i>	1	QL 4 / 1 days
<i>sleep aid (diphenhydramine)</i>	1	QL 4 / 1 days
<i>sleep aid (doxylamine)</i>	1	QL 4 / 1 days
<i>sleep aid 25 mg tab</i>	1	QL 4 / 1 days
<i>sleep ii</i>	1	QL 4 / 1 days
<i>sleep tabs</i>	1	QL 4 / 1 days
<i>sleep-aid 25 mg tab</i>	1	QL 4 / 1 days
<i>sleep-tabs</i>	1	QL 4 / 1 days
<i>sm nighttime sleep aid</i>	1	QL 4 / 1 days
<i>sm sleep aid</i>	1	QL 4 / 1 days
<i>sominex nighttime sleep-aid</i>	1	QL 4 / 1 days
<i>tasimelteon</i>	2	QL 30 / 30 day(s)
<i>temazepam (temazepam 15 mg cap, temazepam 30 mg cap)</i>	1	QL 30 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
<i>temazepam (temazepam 7.5 mg cap, temazepam 22.5 mg cap)</i>	2	QL 30 / 30 days
<i>triazolam 0.125 mg tab</i>	2	QL 60 / 30 days
<i>triazolam 0.25 mg tab</i>	2	QL 30 / 30 days
<i>wal-som 25 mg tab</i>	1	QL 4 / 1 days
<i>zaleplon</i>	1	QL 60 / 30 days
ZOLPIDEM TARTRATE (ZOLPIDEM TARTRATE 1.75 MG SL TAB, ZOLPIDEM TARTRATE 3.5 MG SL TAB)	2	QL 30 / 30 days
<i>zolpidem tartrate (zolpidem tartrate 5 mg tab, zolpidem tartrate 10 mg tab)</i>	1	QL 30 / 30 days
ZOLPIDEM TARTRATE 7.5 MG CAP	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>zolpidem tartrate er</i>	2	QL 30 / 30 days
ZOLPIMIST	2	
WAKEFULNESS PROMOTING AGENTS		
<i>armodafinil</i>	1	PA
<i>modafinil (modafinil 100 mg tab, modafinil 200 mg tab)</i>	1	PA
NUVIGIL	2	
PROVIGIL	2	
SUNOSI	2	
WAKIX	2	

Appendix

1

12 hour allergy-d	355
12hr allergy & congestion	355
12hr allergy relief	341
1ST TIER UNILET COMFORTOUCH	284

2

24hr allergy & congestion reli	355
24hr allergy relief	341

3

3 day vaginal	57
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7

7 day vaginal	57
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8

8 hr arthritis pain relief	157
8hr muscle aches & pain relief	157

A

a thru z advanced	202
a thru z advanced adult	202
a thru z high potency	202
a thru z select	202
a thru z select 50+ advanced	202
a thru z select 50+ mens	202
a thru z select advanced	202
a thru z select ultimate women	202
a thru z ultimate mens	202
a&d	180
a+d prevent	180
abacavir sulfate	101
abacavir sulfate-lamivudine	101
abigale	248
abigale lo	248
ABILIFY	85
ABILIFY ASIMTUFII	85
ABILIFY MAINTENA	85
ABILIFY MYCITE	86

ABILIFY MYCITE MAINTENANCE KIT	86
ABILIFY MYCITE STARTER KIT	86
abiraterone acetate	69
abirtega	69
ABREVA	105
ABRILADA (1 PEN)	271
ABRILADA (2 PEN)	271
ABRILADA (2 SYRINGE)	271
ABSORICA	168
ABSORICA LD	168
acamprosate calcium	25
ACANYA	168
acarbose	111
ACCOLATE	350
ACCU-CHEK AVIVA PLUS	284
ACCU-CHEK FASTCLIX LANCETS	284
ACCU-CHEK GUIDE	284
ACCU-CHEK GUIDE ME	284
ACCU-CHEK GUIDE TEST	284
ACCU-CHEK SAFE-T PRO LANCETS	284
ACCU-CHEK SMARTVIEW	284
ACCU-CHEK SOFTCLIX LANCETS	284
ACCUPRIL	130
ACCURETIC	137
acutane	168
ACCUTREND GLUCOSE	284
acebutolol hcl	132
acetaminophen	157
acetaminophen childrens	157
acetaminophen extra strength	157
acetaminophen infants	157
acetaminophen-codeine	16
acetazolamide	137
acetazolamide er	337
acetic acid	338
acetylcysteine	355
acid controller complete	231
acid reducer	231,233
acid reducer complete	231
acid reducer maximum strength	231
ACIPHEX	233

ACIPHEX SPRINKLE	233	ADALIMUMAB-RYVK (2 PEN)	273
acitretin	168	ADALIMUMAB-RYVK (2 SYRINGE)	273
acne medication 10	168	adapalene	168
acne medication 2.5	168	ADAPALENE	168
acne medication 5	168	adapalene 0.3 % gel pump	168
ACTEMRA	267	adapalene 0.3 % gel tube	168
ACTEMRA ACTPEN	267	adapalene treatment	168
ACTI-LANCE 28G	284	adapalene-benzoyl peroxide	169
ACTI-LANCE LITE LANCETS 28G	284	ADASUVE	83
ACTI-LANCE SPECIAL LANCETS 17G	284	ADBRY	172
ACTI-LANCE UNIVERSAL 23G	285	ADCIRCA	353
ACTIQ	16	ADDERALL	147
ACTIVE FE	191	ADDERALL XR	148
ACTIVELLA	248	adefovir dipivoxil	98
active	202	ADEK GUMMIES PLUS ZN	202
ACTONEL	281	ADEMPAS	354
ACTOPLUS MET	112	ADHANSIA XR	151
ACTOS	112	ADLARITY	46
ACULAR	334	ADLYXIN	112
ACULAR LS	334	ADLYXIN STARTER PACK	112
ACUVAIL	334	ADMELOG	118
acyclovir	105,188	ADMELOG SOLOSTAR	118
ACZONE	188	ADTHYZA	262
ADACEL	278	ADULT ONE DAILY GUMMIES	202
ADAKVEO	238	ADVAIR DISKUS	355
ADALIMUMAB-AACF (2 PEN)	271	ADVAIR HFA	355
ADALIMUMAB-AACF (2 SYRINGE)	272	ADVANCED MOBILE LANCET	285
ADALIMUMAB-AACF(CD/UC/HS STRT)	272	advanced multi ea	202
ADALIMUMAB-AACF(PS/UV STARTER)	272	advantage care electrolyte ped	191
ADALIMUMAB-AATY (1 PEN)	272	ADVATE	125
ADALIMUMAB-AATY (2 PEN)	272	ADVIL	6
ADALIMUMAB-AATY (2 SYRINGE)	272	advil liqui-gels minis	6
ADALIMUMAB-AATY CD/UC/HS START	272	ADVOCATE ALCOHOL PREP PADS	285
ADALIMUMAB-ADAZ	272	ADVOCATE BLOOD GLUCOSE MONITOR	285
ADALIMUMAB-ADBM (2 PEN)	272	ADVOCATE BLOOD GLUCOSE SYSTEM	285
ADALIMUMAB-ADBM (2 SYRINGE)	272	ADVOCATE INSULIN SYRINGE	285
ADALIMUMAB-ADBM(CD/UC/HS STRT)	272	ADVOCATE LANCETS	285
ADALIMUMAB-ADBM(PS/UV STARTER)	272	ADVOCATE LANCETS 30G	285
ADALIMUMAB-FKJP (2 PEN)	273	ADVOCATE REDI-CODE	285
ADALIMUMAB-FKJP (2 SYRINGE)	273	ADVOCATE REDI-CODE+	285
ADALIMUMAB-RYVK (1 PEN)	273	ADVOCATE REDI-CODE+ TEST	285

ADVOCATE SAFETY LANCETS	285	AIMOVIG	66
ADVOCATE SAFETY LANCETS 21G	285	AIMSCO TWIST LANCETS 32G	286
ADVOCATE SAFETY LANCETS 23G	285	AIMSCO TWIST LANCETS 33G	286
ADVOCATE SAFETY LANCETS 26G	285	AIRBORNE	191
ADVOCATE SAFETY LANCETS 28G	285	AIRBORNE ELDERBERRY	191
ADVOCATE TEST	285	airborne gummies	203
ADYNOVATE	125	airborne kids	203
ADZENYS XR-ODT	148	AIRBORNE+GOOD REST	203
AEMCOLO	229	AIRBORNE+PROBIOTIC	203
AEROCHAMBER MV	285	AIRDUO DIGIHALER	355
AEROCHAMBER PLUS FLO-VU	285	AIRDUO RESPICLICK 113/14	355
AEROCHAMBER PLUS FLO-VU INTERM	285	AIRDUO RESPICLICK 232/14	355
AEROCHAMBER PLUS FLO-VU LARGE	285	AIRDUO RESPICLICK 55/14	355
AEROCHAMBER PLUS FLO-VU MEDIUM	286	AIRSUPRA	355
AEROCHAMBER PLUS FLO-VU SMALL	286	AJOVY	66
AEROCHAMBER PLUS FLO-VU W/MASK	286	ak-poly-bac	330
AEROCHAMBER PLUS FLOW VU	286	AKEEGA	70
AEROCHAMBER W/FLOWSIGNAL	286	AKLIEF	169
AEROCHAMBER Z-STAT PLUS CHAMBR	286	AKYNZEO	55
AEROCHAMBER Z-STAT PLUS/LARGE	286	AKYNZEO (READY-TO-USE)	55
AEROCHAMBER Z-STAT PLUS/MEDIUM	286	al12	172
AEROCHAMBER2GO ANTI-STATIC	286	ALA SCALP	172
AEROECLIPSE II NEBULIZER	286	ala-cort	172
AFINITOR	72	alavert	341
AFINITOR DISPERZ	72	alavert d-12 hour allergy/cong	355
afirmelle	248	alaway	332
AFLURIA QUADRIVALENT	278	alaway childrens allergy	332
AFREZZA	118	albuterol sulfate	351
AFSTYLA	125	albuterol sulfate er	351
aftera	259	albuterol sulfate hfa	351
afterpill	259	alclometasone dipropionate	173
AGAMATRIX AMP	286	ALCOH-GLOVE CONTOURED WIPE	286
AGAMATRIX AMP TEST	286	ALCOHOL PADS	286
AGAMATRIX JAZZ TEST	286	ALCOHOL PREP	286
AGAMATRIX JAZZ WIRELESS 2	286	ALCOHOL PREP PADS	286
AGAMATRIX PRESTO	286	ALCOHOL SWABS	286
AGAMATRIX PRESTO PRO METER	286	ALCOHOL SWABSTICK	286
AGAMATRIX PRESTO TEST	286	alcohol wipes	286
AGAMATRIX ULTRA-THIN LANCETS	286	ALDACTAZIDE	137
AGAMREE	239	ALDARA	180
agoneaze	21	ALECENSA	72

alendronate sodium	281	allergy relief cetirizine	342
aler-cap	341	allergy relief childrens	342
alertab	341	allergy relief d	356
ALEVAZOL	57	allergy relief d-12	356
ALEVE	6	allergy relief d-24	356
aleve arthritis pain	6	allergy relief d12	356
alfuzosin hcl er	241	allergy relief-d	356
ALHEMO	125	allergy relief/nasal decongest	356
aliskiren fumarate	137	allergy/congestion relief	356
ALIVE DAILY ENERGY	191	allopurinol	65
ALIVE GUMMIES FOR CHILDREN	203	ALLZITAL	157
ALIVE HAIR, SKIN & NAILS	203	almotriptan malate	67
ALIVE MULTI-VITAMIN	203	ALOCIL	332
ALIVE MULTI-VITAMIN CHILDRENS	203	ALOE VESTA CLEAR ANTIFUNGAL	57
ALIVE PRENATAL	203	alogliptin benzoate	112
ALIVE WOMENS 50+	203	alogliptin-metformin hcl	112
ALIVE WOMENS 50+ GUMMY	203	alogliptin-pioglitazone	112
ALIVE WOMENS GUMMY	203	ALOMIDE	332
alka-seltzer plus allergy	341	ALORA	248
ALKINDI SPRINKLE	280	alosetron hcl	229
all day allergy	341	ALPHA BETIC	191
all day allergy childrens	341	ALPHAGAN P	337
all day allergy d	355	ALPHANATE	125
all day allergy-d	355	ALPHANINE SD	125
all day pain relief	6	alprazolam	106,107
all day relief	6	alprazolam er	107
all-day allergy childrens	341	ALPRAZOLAM INTENSOL	107
ALLEGRA ALLERGY	341	alprazolam xr	107
ALLEGRA ALLERGY CHILDRENS	342	ALPROLIX	125
allegra hives 24hr	342	ALREX	335
aller-ease	342	ALTACE	130
allergy	342	altafrin	330
allergy (cetirizine)	342	altarussin dm	356
allergy 24-hr	342	altavera	248
allergy childrens	342	altituss	356
allergy nasal spray (momet)	356	ALTOPREV	143
allergy rel child (loratadine)	342	ALTRENO	169
allergy relief	342,356	ALTRIXA OB	203
allergy relief (cetirizine)	342	ALTUVIIIIO	125
allergy relief (loratadine)	342	ALUNBRIG	72
allergy relief ceterizine	342	ALVESCO	339

alyacen 1/35	248	amphetamine-dextroamphetamine	148
alyacen 7/7/7	248	ampicillin	33
alyq	354	AMPYRA	165
amabelz	248	AMRIX	363
amantadine hcl	81	AMZEEQ	169
AMARYL	112	ANAFRANIL	52
AMBIEN	365	anastrozole	71
AMBIEN CR	365	ANCOBON	57
ambrisentan	354	ANDEMBRY	266
amcinonide	173	ANDRODERM	246
AMERGE	67	ANDROGEL	246
amethia	248	ANDROGEL PUMP	246
amethyst	248	anecream	21
amiloride hcl	142	ANGELIQ	248
amiloride-hydrochlorothiazide	137	ANNOVERA	248
aminocaproic acid	126	anodyne lpt	21
aminofen	157	ANORO ELLIPTA	356
amiodarone hcl	131	ANTARA	142
AMITIZA	223	anti-hist allergy	342
amitriptyline hcl	52	anti-itch	173
AMJEVITA	273	anti-itch extra strength	173
AMJEVITA-PED 15KG TO <30KG	273	anti-itch maximum strength	173
amlactin daily	173	anti-nausea	53
amlactin daily nourish	173	anti-oxidant	203
amlodipine besy-benazepril hcl	138	antifungal	57
amlodipine besylate	134	antifungal (clotrimazole)	57
amlodipine besylate-valsartan	138	antifungal (tolnaftate)	57
amlodipine-atorvastatin	138	antifungal clotrimazole	57
amlodipine-olmesartan	138	antihistamine & nasal deconges	356
amlodipine-valsartan-hctz	138	antioxidant a/c/e/selenium	203
ammonium lactate	173	antioxidant protection formula	203
amnesteam	169	antioxidant vitamins	203
amoxapine	52	ANTIVERT	53
amoxicill-clarithro-lansopraz	230	ANZEMET	56
amoxicillin	33	ANZUPGO	181
amoxicillin-pot clavulanate	33	APADAZ	16
amoxicillin-pot clavulanate er	33	apap-caff-dihydrocodeine	16
amphet-dextroamphet 3-bead er	148	APEXICON E	173
AMPHETAMINE ER	148	aphen	158
amphetamine sulfate	148	APIDRA	118
amphetamine-dextroamphet er	148	APIDRA SOLOSTAR	118

APLENZIN	47	artificial tears pf	330
apraclonidine hcl	337	ASACOL HD	279
aprepitant	56	ascomp-codeine	16
APRETUDE	100	asenapine maleate	87
apri	248	ashlyna	248
APRISO	279	ASMANEX (120 METERED DOSES)	339
APRIZIO PAK	21	ASMANEX (14 METERED DOSES)	339
APRIZIO PAK II	21	ASMANEX (30 METERED DOSES)	339
APTENSIO XR	151	ASMANEX (60 METERED DOSES)	339
APTIOM	43	ASMANEX HFA	339
APTIVUS	104	aspercreme lidocaine	21
AQ INSULIN SYRINGE	286	aspercreme lidocaine essential	21
AQUALANCE LANCETS 30G	287	aspercreme w/lidocaine	21
aquanil hc	173	asperflex lidocaine	21
aquaphor itch relief children	173	ASPERFLEX LIDOCAINE	21
aquaphor itch relief max str	173	asperflex max st	21
aqueous vitamin d	281	asperflex pain relieving	21
ARAKODA	79	aspirin 81 mg tab dr	6
aranelle	248	aspirin-dipyridamole er	127
ARANESP (ALBUMIN FREE)	124	ASPIRIN-OMEPRAZOLE	127
ARAZLO	169	ASPRUZYO SPRINKLE	138
ARCALYST	267	ASSURE 4 TEST	287
arformoterol tartrate	351	ASSURE COMFORT LANCETS 28G	287
argyle sterile saline	242	ASSURE HAEMOLANCE PLUS HIGH	287
argyle sterile water	287	ASSURE HAEMOLANCE PLUS LOW	287
ARICEPT	46	ASSURE HAEMOLANCE PLUS MICRO	287
ARIKAYCE	29	ASSURE HAEMOLANCE PLUS NORMAL	287
ARIMIDEX	71	ASSURE HAEMOLANCE PLUS PED	287
aripiprazole	86	ASSURE LANCE LANCETS	287
ARISTADA	86,87	ASSURE LANCE LANCETS 21G	287
ARISTADA INITIO	87	ASSURE LANCE PLUS SAFETY 25G	287
ARIXTRA	121	ASSURE LANCE PLUS SAFETY 30G	287
armodafinil	368	ASSURE LANCE SAFETY LANCET 28G	287
ARMONAIR DIGIHALER	339	ASSURE PLATINUM	287
ARMOUR THYROID	262	ASSURE PLATINUM METER	287
ARNUITY ELLIPTA	339	ASSURE PRISM MULTI METER	287
AROMASIN	71	ASSURE PRISM MULTI TEST	287
arthritis pain reliever	6	ASTAGRAF XL	273
arthritis pain relieving	181	ATACAND	129
ARTHROTEC	6	ATACAND HCT	138
artificial tears	330	atazanavir sulfate	104

ATELVIA	281	avar-e green	181
atenolol	132	avedana glycerin (adult)	223
atenolol-chlorthalidone	138	avedana hemorrhoid pain relief	181
athletes foot	57	AVEED	246
athletes foot (clotrimazole)	57	AVERI	248
athletes foot (terbinafine)	57	aviane	249
athletes foot powder spray	58	avita	169
athletes foot spray	58	AVMAPKI FAKZYNJA CO-PACK	72
ATIVAN	107	AVODART	241
atomoxetine hcl	151	AVONEX PEN	165
ATORVALIQ	143	AVONEX PREFILLED	165
atorvastatin calcium	143	AVSOLA	273
atovaquone-proguanil hcl	79	AYGESTIN	259
ATRALIN	169	ayuna	249
ATROPINE SULFATE	330	AYVAKIT	72
ATROVENT HFA	350	azasan	273
AUBAGIO	165	AZASITE	333
aubra	248	azathioprine	273
aubra eq	248	azelastine hcl	332,342,343
AUGMENTIN	33	azelastine-fluticasone	356
AUGTYRO	70	AZELEX	169
AUM ALCOHOL PREP PADS	287	AZILECT	82
auroderyl allergy childrens	342	azithromycin	34
aurophen childrens	158	AZMIRO	246
AURORA LANCET SUPER THIN 30G	287	AZOLEN ANTI-FUNGAL WASH	58
AURORA LANCET THIN 23G	287	AZOPT	337
aurovela 1.5/30	248	AZOR	138
aurovela 1/20	248	AZSTARYS	148
aurovela 24 fe	248	AZULFIDINE	279
aurovela fe 1.5/30	248	AZULFIDINE EN-TABS	279
aurovela fe 1/20	248	azurette	249
AURYXIA	201		
AUSTEDO	158	B	
AUSTEDO XR	158	b complex	203
AUSTEDO XR PATIENT TITRATION	158	b complex (folic acid)	203
AUVELITY	47	b complex (lipotropics)	203
AUVI-Q	351	b complex formula 1 (lipotrop)	203
AVALIDE	138	b complex formula 1 (w/ fa)	203
AVAPRO	129	b complex vitamins	203
avar cleanser	181	b complex-b12	203
avar-e emollient	181	b-12	203

b-12 slow release	203	BD MICROTAINER LANCETS	288
b-12 tr	204	BD SAFETYGLIDE INSULIN SYRINGE	288
b-complex (folic acid)	204	BD SWAB SINGLE USE REGULAR	288
b-complex plus b-12	204	BD SWABS SINGLE USE BUTTERFLY	288
b-complex/b-12	204	BD SYRINGE/NEEDLE	288
b-complex/electrolytes	204	beauty lotion	181
b-plex plus	204	BECONASE AQ	339
baby vitamin a & d	181	BELBUCA	25
bac (butalbital-acetamin-caff)	158	BELSOMRA	365
bacitra-neomycin-polymyxin-hc	330	benazepril hcl	130
bacitracin	29	benazepril-hydrochlorothiazide	138
bacitracin zinc	29	BENEFIX	126
bacitracin zinc-aloe	29	BENICAR	129
bacitracin-polymyxin b	330	BENICAR HCT	138
baclofen	97	BENSAL HP	181
BAFIERTAM	165	BENTIVITE	191
balance b-100	204	BENZACLIN	169
balanced b-50 complex	204	BENZACLIN WITH PUMP	169
BALCOLTRA	249	BENZAMYCIN	169
balsalazide disodium	279	benzefoam	188
BALVERSA	72	BENZEPRO	181,188
balziva	249	BENZHYDROCODONE-ACETAMINOPHEN	16
banophen	173,343	benzonatate	356
BANZEL	43	BENZOYL PEROXIDE	170,188
BAQSIMI ONE PACK	116	benzoyl peroxide	181
BAQSIMI TWO PACK	116	BENZOYL PEROXIDE CLEANSER	181
BARACLUDE	98	benzoyl peroxide wash	181
BARIATRIC FUSION	204	benzoyl peroxide-erythromycin	170
BARIATRIC MULTIVITAMIN/IRON	191	benztropine mesylate	80
BARIATRIC MULTIVITAMINS	191	BEOVU	330
BARIATRIC MULTIVITAMINS/IRON	191	bepotastine besilate	332
BASAGLAR KWIKPEN	118	BEPREVE	333
BASAGLAR TEMPO PEN	118	BERINERT	266
BAXDELA	35	beser	173
BD ECLIPSE SYRINGE/NEEDLE	287	BESER	181
bd heparin posiflush	121	BESIVANCE	35
BD HYPODERMIC NEEDLE	287	betamethasone dipropionate	173
BD INSULIN SYRINGE	288	betamethasone dipropionate aug	173
BD INSULIN SYRINGE ULTRAFINE	288	betamethasone valerate	173,174
BD INTEGRA SYRINGE	288	BETAMETHASONE VALERATE	174
BD LUER-LOK SYRINGE	288	BETAPACE	131

BETAPACE AF	131	blue tube/ aloe	21
BETASERON	165	blue-emu pain relief dry	21
betatemp childrens	158	BLUJEPA	29
betaxolol hcl	132,336	BLULINK GLUCOSE MONITORING SYS	288
bethanechol chloride	242	BLULINK GLUCOSE TEST	288
BETHKIS	353	BOMYNTRA	281
BETIMOL	336	bonine	53
BETOPTIC-S	336	BONIVA	281
BEVESPI AEROSPHERE	356	BONJESTA	53
BEXAGLIFLOZIN	112	BONSITY	281
BEYAZ	249	BOOSTRIX	278
bicalutamide	69	bosentan	354
BICILLIN L-A	34	BOSULIF	72
BIDIL	138	BOTOX	363
big 100	204	bp 10-1	181
BIJUVA	249	BP CLEANSING WASH	181
BIKTARVY	100	BPO	170
BILDYOS	281	bpo foaming cloths	181
BILPREVDA	79	bprotected pedia d-vite	281
bimatoprost	338	bprotected pedia iron	191
BIMZELX	267	BRAFTOVI	72
BINOSTO	281	BREKIYA	66
biocel	204	BRENZAVVY	112
biocotron	356	BREO ELLIPTA	356
BIOTEL CARE BLOOD GLUCOSE	288	BREXAFEMME	58
BIOTEL CARE TEST STRIPS	288	breyana	356
bis subcit-metronid-tetracyc	230	BREZTRI AEROSPHERE	356
bismuth/metronidaz/tetracyclin	230	briellyn	249
bisoprolol fumarate	132	BRILINTA	127
BISOPROLOL FUMARATE	132	brimonidine tartrate	337
bisoprolol-hydrochlorothiazide	139	brimonidine tartrate-timolol	330
BLEPH-10	334	brinzolamide	337
BLEPHAMIDE	330	BRISDELLE	48
BLEPHAMIDE S.O.P.	330	BRIUMVI	165
blisovi 24 fe	249	BRIVIACT	38
blisovi fe 1.5/30	249	BRIXADI	25
blisovi fe 1/20	249	BRIXADI (WEEKLY)	25
BLOOD GLUCOSE MONITOR SYSTEM	288	bromfed dm	356
BLOOD GLUCOSE MONITORING 333	288	bromfenac sodium	335
BLOOD GLUCOSE TEST	288	bromfenac sodium (once-daily)	335
BLOOD GLUCOSE TEST STRIPS 333	288	bromocriptine mesylate	81

BROMSITE	335
BROVANA	351
BRUKINSA	72
BRYHALI	174
BUCAPSOL	106
budesonide	280,339
budesonide er	280
budesonide-formoterol fumarate	356
bumetanide	141
BUNAVAIL	25
bupap	158
BUPHENYL	239
buprenorphine	13
buprenorphine hcl	25
buprenorphine hcl-naloxone hcl	25,26
bupropion hcl	47
bupropion hcl er (smoking det)	27
bupropion hcl er (sr)	47
bupropion hcl er (xl)	47
BUPROPION HCL ER (XL)	47
buspirone hcl	106
butalbital-acetaminophen	158
butalbital-apap-caff-cod	16
butalbital-apap-caffeine	158
BUTALBITAL-APAP-CAFFEINE	159
butalbital-asa-caff-codeine	17
butalbital-aspirin-caffeine	6
butenafine hcl	58
butorphanol tartrate	17
BUTRANS	13
BYDUREON BCISE	112
BYETTA 10 MCG PEN	112
BYETTA 5 MCG PEN	112
BYOOVIZ	330
BYSTOLIC	132

C

C-NATE DHA	204
CABENUVA	103
cabergoline	264
CABOMETYX	72

CABTREO	170
CADUET	139
CAFERGOT	66
caffeine citrate	204,353
CALAN SR	135
calcipotriene	181
CALCIPOTRIENE	181
calcipotriene-betameth diprop	181
calcitonin (salmon)	281
calcitrene	181
CALCITRIOL	181
calcitriol	281
CALCITRIOL INJ 1 MCG/ML	281
calcitriol oral soln 1 mcg/ml	281
calcium acetate	201
calcium acetate (phos binder)	201
calphron	201
CALQUENCE	72
CALSODORE	181
CAMBIA	6
CAMCEVI	264
camila	259
camrese	249
camrese lo	249
CANASA	279
candesartan cilexetil	129
candesartan cilexetil-hctz	139
capecitabine	70
CAPEX	174
CAPLYTA	87
CAPRELSA	72
capsaicin	181,182
capsaicin hp	182
capsaicin pain relief	182
captopril	130
CAPTOPRIL-HYDROCHLOROTHIAZIDE	139
CAPZASIN-HP	182
capzix	182
carbamazepine	43
carbamazepine er	44
CARBATROL	44

carbidopa	82	carvedilol	132
carbidopa-levodopa	82	carvedilol phosphate er	133
carbidopa-levodopa er	82	CASODEX	69
carbidopa-levodopa-entacapone	81	CATAPRES-TTS-1	128
CARDIZEM	135	CATAPRES-TTS-2	128
CARDIZEM CD	135	CATAPRES-TTS-3	128
CARDIZEM LA	135	CAYSTON	353
CARDURA	129	caziant	249
CARDURA XL	241	cefaclor	32
CAREONE BLOOD GLUCOSE SYSTEM	288	CEFACLOR ER	32
CAREONE BLOOD GLUCOSE TEST	288	cefadroxil	32
CAREONE INSULIN SYRINGE	288	cefdinir	32
CAREONE LANCET SUPER THIN 30G	288	cefixime	32
CAREONE LANCET THIN 23G	288	cefpodoxime proxetil	32
CAREPOINT POLY HUB NEEDLE	289	cefprozil	32
CAREPOINT SAFETY1ST SYR/NEEDLE	289	ceftriaxone sodium	32
CAREPOINT SYRINGE LUER LOCK	289	cefuroxime axetil	32
CARESENS LANCETS	289	CELEBRATE MULTI-COMPLETE 18	204
CARESENS LANCETS 30G	289	CELEBRATE MULTI-COMPLETE 36	204
CARESENS N FELIZ	289	CELEBRATE MULTI-COMPLETE 45	204
CARESENS N FELIZ BT	289	CELEBRATE MULTI-COMPLETE 60	204
CARESENS N GLUCOSE SYSTEM	289	CELEBREX	6
CARESENS N GLUCOSE TEST	289	celecoxib	6
CARESENS S FIT BLOOD GLUC MON	289	CELEXA	49
CARESENS S FIT BT BLOOD GLUC	289	CELLCEPT	273
CARESENS S GLUCOSE TEST	289	CELONTIN	41
CARETOUCH ALCOHOL PREP	289	CENTANY	188
CARETOUCH INSULIN SYRINGE	289	CENTANY AT	188
CARETOUCH LUER LOCK	289	centavite a-z complete-mineral	204
CARETOUCH MONITOR SYSTEM	289	CENTRATEX	192
CARETOUCH SAFETY LANCETS	289	centravites	204
CARETOUCH SAFETY LANCETS 26G	289	centravites 50 plus	204
CARETOUCH TEST	289	CENTRUM ADULT 50+ MULTIGUMMIES	192
CARETOUCH TWIST LANCETS 28G	289	CENTRUM ADULTS MULTIGUMMIES	192
CARETOUCH TWIST LANCETS 30G	289	CENTRUM DUAL ACT MULTI+ BEAUTY	192
CARETOUCH TWIST LANCETS 33G	289	CENTRUM DUAL ACT MULTI+OMEGA-3	192
CARETOUCH TWIST MC LANCETS 30G	289	CENTRUM FLAVOR BURST	204
carisoprodol	363,364	CENTRUM FLAVOR BURST ADULT	204
carisoprodol-aspirin-codeine	17	CENTRUM FRESH/FRUITY 50+	204
carteolol hcl	336	CENTRUM FRESH/FRUITY ADULT	204
cartia xt	135	CENTRUM MEN 50+ MULTIGUMMIES	192

CENTRUM MEN MULTIGUMMIES	192	childrens silapap	159
CENTRUM MULTI + OMEGA 3	204	chlordiazepoxide hcl	107,108
CENTRUM MULTI+ MENTAL FOCUS	192	chlordiazepoxide-amitriptyline	47
CENTRUM POSTNATAL GUMMIES	192	chlorhexidine gluconate	167
CENTRUM SILVER	204	chloroquine phosphate	80
CENTRUM VITAMINTS	205	chlorpromazine hcl	83
CENTRUM WOMEN 50+ MULTIGUMMIES	192	CHLORPROMAZINE HCL	83
CENTRUM WOMEN MULTIGUMMIES	192	chlorthalidone	142
century	205	chlorzoxazone	364
century mature	205	CHOICEFUL MULTIVITAMIN	205
cephalexin	33	CHOLBAM	239
CEQUA	330	cholestyramine	144
CEQUR SIMPLICITY 2U	290	cholestyramine light	144
CEQUR SIMPLICITY INSERTER	290	CHOSEN LANCETS 30G	290
ceralyte 70	192	CHOSEN SAFETY LANCETS 28G	290
cerave acne foaming cream	182	chromagen	192
CERDELGA	239	CIALIS	241
CEREZYME	239	CIBINQO	182
cerovite jr	205	ciclodan	189
cerovite senior	205	ciclopirox	189
certa plus	205	ciclopirox olamine	189
certavite/antioxidants	205	CICLOPIROX TREATMENT	189
cetirizine hcl	343	cilostazol	127
cetirizine hcl allergy child	343	CILOXAN	35
cetirizine hcl childrens alrgy	343	CIMDUO	101
cetirizine-pseudoephedrine er	357	CIMERLI	330
CHANTIX	27	cimetidine	231
charlotte 24 fe	249	cimetidine hcl	232
chateal	249	CIMZIA	273
chateal eq	249	CIMZIA (2 SYRINGE)	273
CHEMET	201	CIMZIA-STARTER	273
CHENODAL	230	cinacalcet hcl	281
chest congestion relief dm	357	CINQAIR	357
childrens 24 hour allergy	343	CINRYZE	266
childrens acetaminophen	159	cinthera	21
CHILDRENS ADVIL	6	CINVANTI	56
childrens animal shapes	205	CIPRO	35
CHILDRENS GUMMIES	205	CIPRO HC	338
childrens ibuprofen	6	CIPRODEX	338
childrens loratadine	343	ciprofloxacin	35,36
childrens non-aspirin	159	ciprofloxacin hcl	36,338

ciprofloxacin-dexamethasone	338	CLEVER CHOICE NO CODING	290
ciprofloxacin-fluocinolone pf	338	CLEVER CHOICE TALK SYSTEM	290
citalopram hydrobromide	49	CLIMARA	249
CITALOPRAM HYDROBROMIDE	49	CLIMARA PRO	249
CITRANATAL 90 DHA	205	clindacin	189
CITRANATAL ASSURE	192	CLINDACIN ETZ	170
CITRANATAL B-CALM	205	clindacin etz	189
CITRANATAL BLOOM	205	CLINDACIN PAC	170
CITRANATAL DHA	192	clindacin-p	189
CITRANATAL HARMONY	205	CLINDAGEL	189
claravis	170	clindamycin hcl	29
CLARINEX	343	clindamycin palmitate hcl	29
CLARINEX-D 12 HOUR	357	clindamycin phos (once-daily)	189
clarithromycin	34	clindamycin phos (twice-daily)	189
clarithromycin er	34	clindamycin phos-benzoyl perox	170
CLARITIN	343	clindamycin phos-benzoyl perox 1-5 % gel pump	170
CLARITIN ALLERGY CHILDRENS	343	clindamycin phosphate	29,189
CLARITIN CHILDRENS	343	clindamycin-tretinoin	170
CLARITIN REDITABS	343	CLINDAVIX	170
CLARITIN-D 24 HOUR	357	CLINDESSE	29
CLEANLET LANCETS 28G	290	clobazam	41
clearlax	223	clobetasol prop emollient base	174
CLENIA PLUS	182	clobetasol prop emollient base 0.05 % cream	174
CLEOCIN	29	clobetasol propionate	174
CLEOCIN-T	189	CLOBETASOL PROPIONATE	335
CLEVER CHEK AUTO-CODE	290	clobetasol propionate e	174
CLEVER CHEK AUTO-CODE SYSTEM	290	clobetasol propionate emulsion	174
CLEVER CHEK AUTO-CODE TEST	290	CLOBETEX	180
CLEVER CHEK AUTO-CODE VOICE	290	CLOBEX	174
CLEVER CHEK LANCETS	290	CLOBEX SPRAY	174
CLEVER CHEK SYSTEM	290	clocortolone pivalate	174
CLEVER CHEK TEST	290	clodan	174
CLEVER CHOICE AUTO-CODE SYSTEM	290	CLODAN	182
CLEVER CHOICE AUTO-CODE TEST	290	CLODERM	174
CLEVER CHOICE COMFORT EZ	290	clomipramine hcl	52
CLEVER CHOICE LANCETS 21G	290	clonazepam	108
CLEVER CHOICE LANCETS 23G	290	clonidine	128
CLEVER CHOICE LANCETS 28G	290	CLONIDINE ER	128
CLEVER CHOICE MICRO SYSTEM	290	clonidine hcl	128
CLEVER CHOICE MICRO TEST	290	clonidine hcl er	151
CLEVER CHOICE MINI SYSTEM	290	clopidogrel bisulfate	128

clorazepate dipotassium	108	COMPACT SPACE CHAMBER	291
clotrimazole	58	COMPACT SPACE CHAMBER/LG MASK	291
clotrimazole 1% cream (rx)	58	COMPACT SPACE CHAMBER/MED MASK	291
clotrimazole 3	58	COMPACT SPACE CHAMBER/SM MASK	291
clotrimazole anti-fungal	58	companion	205
clotrimazole athletes foot	58	compete	205
clotrimazole-7	58	COMPLERA	100
clotrimazole-betamethasone	182	complete allergy medicine	343
clozapine	96	complete allergy relief	343
CLOZARIL	97	complete moisture	182
COAGUCHEK LANCETS	290	COMPLETE NATAL DHA	192
COARTEM	80	COMPLETENATE	205
COBENFY	87	compro	53
COBENFY STARTER PACK	87	COMTAN	81
codeine sulfate	17	CONCEPT DHA	205
colace 2-in-1	223	CONCEPT OB	205
COLAZAL	279	CONCERTA	152
colchicine	65	CONEXXENCE	281
colchicine-probenecid	65	CONJUPRI	134
COLCRYS	65	constulose	224
colesevelam hcl	144	CONTOUR BLOOD GLUCOSE SYSTEM	291
COLESTID	144	CONTOUR MONITOR	291
COLESTID FLAVORED	144	CONTOUR NEXT EZ	291
colestipol hcl	144	CONTOUR NEXT GEN MONITOR	291
COMBIGAN	330	CONTOUR NEXT LINK	291
COMBIPATCH	249	CONTOUR NEXT MONITOR	291
COMBIVENT RESPIMAT	357	CONTOUR NEXT ONE	291
COMBIVIR	102	CONTOUR NEXT TEST	291
COMETRIQ (100 MG DAILY DOSE)	72	CONTOUR PLUS BLUE	292
COMETRIQ (140 MG DAILY DOSE)	72	CONTOUR PLUS TEST	292
COMETRIQ (60 MG DAILY DOSE)	73	CONTOUR TEST	292
COMFORT ASSURED LANCETS 28G	291	CONZIP	13
COMFORT ASSURED LANCETS 33G	291	COOL BLOOD GLUCOSE TEST STRIPS	292
COMFORT EZ INSULIN SYRINGE	291	COOL MIST HUMIDIFIER 1 GALLON	292
COMFORT LANCETS	291	COOL MIST HUMIDIFIER 1.2 GAL	292
COMFORT TOUCH ALCOHOL PREP	291	COOL MONITOR	292
COMFORT TOUCH LANCETS 31G	291	COOL MONITOR KIT	292
COMFORT TOUCH PLUS LANCETS 28G	291	COPAXONE	165
COMFORT TOUCH PLUS LANCETS 30G	291	COPIKTRA	73
COMFORT TOUCH TWIST LANCET 30G	291	CORDRAN	174
COMP AIR COMPRESSOR NEBULIZER	291	COREG	133

COREG CR	133	CTEXLI	230
CORGARD	133	CULTURELLE PROBIOTICS + MULTIV	205
CORTEF	280	curae	259
corti-sav	182	curanol	159
CORTISONE ACETATE	242	curelief	343
CORTISPORIN-TC	338	CURITY ALCOHOL PREPS	292
cortizone-10 feminine itch	174	curity sterile saline	242
cortizone-10 intensive moisture	174	CUTIVATE	175
CORTIZONE-10 MAXIMUM STRENGTH	174	cvs acetaminophen	159
cortizone-10 overnight itch	174	cvs acetaminophen ex st	159
cortizone-10 psoriasis	174	cvs acid controller	232
cortizone-10 sensitive skin	175	cvs adapalene	170
cortizone-10 soothing aloe	175	CVS ADULT MULTIVITAMIN	192
cortizone-10 ultra soothing	175	CVS ADVANCED GLUCOSE TEST	292
cortizone-10 water resistant	175	cvs airshield	205
CORTIZONE-10/ALOE	175	CVS AIRSHIELD IMMUNITY SUPPORT	205
corvita 150	192	CVS ALCOHOL PREP PADS	292
CORVITE 150	192	cvs allergy	343
CORVITE FE	192	cvs allergy & hives relief	343
COSENTYX	267	cvs allergy childrens	343
COSENTYX (300 MG DOSE)	267	cvs allergy relief	343,344
COSENTYX SENSOREADY (300 MG)	267	cvs allergy relief adult	344
COSENTYX SENSOREADY PEN	267	cvs allergy relief childrens	344
COSENTYX UNOREADY	267	cvs allergy relief d	357
COSOPT	330	cvs allergy relief d24	357
COSOPT PF	330	cvs allergy relief(cetirizine)	344
COTELLIC	73	cvs allergy relief-d	357
COTEMPLA XR-ODT	152	cvs allergy relief-d12	357
cough/chest congestion dm	357	cvs antibiotic	189
covaryx	249	cvs antibiotic/pain relief	189
covaryx hs	249	cvs athletes foot	58
COZAAR	129	cvs athletes foot (tolnaftate)	58
CREON	239	cvs athletes foot spray	58
CRESEMBA	58	cvs bacitracin	29
CRESTOR	143	cvs balanced b50	205
CREXONT	82	CVS BLOOD GLUCOSE METER	292
CRINONE	259	cvs butenafine hcl	58
CRIXIVAN	104	cvs capsaicin hp	182
cromolyn sodium	333,353	cvs chewable childrens vitamin	205
crotan	187	cvs childrens allergy	344
cryselle-28	249	cvs childrens complete	205

cvs cortisone maximum strength	175	cvs lice killing	187
cvs daily gummies	205	cvs lice solution 3-step	187
cvs daily gummies adult	206	cvs lidocaine maximum strength	21
cvs daily multiple for men	206	cvs lidocaine pain relief	21
cvs daily multiple women 50+	206	cvs lidocaine pain relief maxs	21
cvs diclofenac sodium	6	cvs lidocaine pain-relieving	21
cvs dry skin therapy	182	cvs mens daily gummies	206
cvs dual action complete	232	cvs miconazole 1 combo pack	58
cvs electrolyte solution	192	CVS MICONAZOLE 1 COMBO-WIPES	58
cvs esomeprazole magnesium	233	cvs miconazole 3 combo pack	58
cvs extra moisturizing	182	cvs miconazole 3 combo-suppl	58
cvs eye health & lutein	206	cvs miconazole 7	58
cvs eye itch relief	333	cvs mineral oil	224
cvs fever reducing childrens	159	cvs moisturizing	182
cvs fluticasone propionate	357	cvs motion sickness less drows	53
cvs gentle skin cleanser	182	cvs motion sickness relief	53
CVS GLUCOSE	116	cvs mucus extended release	357
CVS GLUCOSE METER TEST STRIPS	292	cvs muscle rub ultra strength	182
cvs glycerin adult	224	cvs naproxen sodium	7
CVS GUMMY DINOS	206	cvs natural daily fiber	224
CVS GUMMY MULTIVITAMIN KIDS	206	cvs nausea relief	53
cvs heartburn relief	232	cvs nicotine	27
cvs hemorrhoidal	182	cvs nicotine polacrilex	27
cvs hydrating skin treatment	175	cvs non-aspirin extra strength	159
cvs hydrocortisone anti-itch	175	cvs olopatadine hcl	333
cvs ibuprofen	7	cvs omeprazole	234
cvs ibuprofen childrens	7	cvs omeprazole magnesium	234
cvs infants pain relief drops	159	cvs one daily essential	206
cvs inner ear plus	206	cvs one daily mens formula	206
cvs intense dry skin therapy	182	cvs one daily womens formula	206
cvs iron	192	cvs pain & fever childrens	159
cvs isopropyl alcohol wipes	292	cvs pain & fever infants	159
cvs itch relief extra strength	175	cvs pain relief	21,159
cvs ivermectin lice treatment	187	cvs pain relief extra strength	159
CVS LANCETS 21G	292	cvs pain relief regular st	159
CVS LANCETS MICRO THIN 33G	292	cvs ped electrolyte freeze pop	192
CVS LANCETS ORIGINAL	292	cvs pediatric electrolyte	192
CVS LANCETS THIN 26G	292	CVS PRENATAL GUMMY	206
CVS LANCETS ULTRA THIN 30G	292	CVS PRENATAL MULTIVITAMIN	192
CVS LANCETS ULTRA-THIN 30G	292	CVS PREP	292
cvs lansoprazole	234	cvs purelax	224

cvs ringworm	58
cvs senna plus	224
cvs skin treatment	175
cvs sleep aid	365
cvs sleep aid nighttime	365
cvs sleep-aid (doxylamine)	365
cvs sleepaid (diphenhydramine)	365
cvs slow release iron	193
CVS SOFT GLUCOSE	116
cvs special care	182
CVS SPECTRAVITE ADULT 50+	206
cvs spectravite advanced	206
cvs spectravite men	206
cvs spectravite men 50+	206
cvs spectravite senior	206
cvs spectravite ultra mens	206
CVS SPECTRAVITE WOMEN	206
cvs spectravite women	206
cvs spectravite women 50+	206
cvs spectravite womens senior	206
cvs stool softener	224
cvs stool softener/laxative	224
cvs tioconazole 1	59
cvs toe area treatment max str	59
CVS TRUE METRIX GLUCOSE TEST	292
cvs tussin dm	357
cvs ultra sleep	365
CVS ULTRA THIN LANCETS	292
cvs vitamin a&d	182
cvs vitamin b12	206
cvs wart remover pen	182
cvs womens active daily	206
cvs womens daily gummies	206
cyanocobalamin	207
cyclafem 1/35	249
cyclafem 7/7/7	249
cyclobenzaprine hcl	364
cyclobenzaprine hcl er	364
cyclopentolate hcl	330
cyclophosphamide	69
cyclosporine	274,330

cyclosporine modified	274
CYLTEZO	274
CYLTEZO (2 PEN)	274
CYLTEZO (2 SYRINGE)	274
CYLTEZO-CD/UC/HS STARTER	274
CYLTEZO-PSORIASIS STARTER	274
CYLTEZO-PSORIASIS/UV STARTER	274
CYMBALTA	164
cyproheptadine hcl	344
cyred	249
cyred eq	250
CYTOMEL	262
cytra-2	242

D

d-1000	281
d-1000 extra strength	281
D-VI-SOL	281
d-vite pediatric	281
D.H.E. 45	66
d3-1000	282
dabigatran etexilate mesylate	121
daily betic	207
daily combo multi vitamins	207
daily mens health formula	207
daily multiple vitamins	207
daily multiple vitamins/min	207
daily value multivitamin	207
daily vitamin	207
daily vitamin formula+minerals	207
daily vitamins	207
daily vite	207
daily vites	207
daily womens health formula	207
daily-vitamin	207
daily-vitamin maximum formula	207
daily-vite	207
daily-vite multivitamin	207
dairy relief	239
dalfampridine er	165
DALIRESP	353

DANTRIUM	97	dermacinrx lidocaine	21
dantrolene sodium	97	dermacinrx lidogel	21
DANZITEN	73	dermacinrx penetral	182
dapagliflozin pro-metformin er	112	DERMACINRX PRETRATE	207
dapagliflozin propanediol	146	DERMACINRX RIBOTIN-E	207
dapsone	68,189	DERMACINRX ZINTREXYL-C	207
darifenacin hydrobromide er	240	DERMALID	22
darunavir	104	DESCOVY	102
dasatinib	73	desenex	59
dasetta 1/35	250	desipramine hcl	52
dasetta 7/7/7	250	desloratadine	344
DAURISMO	73	desmopressin ace spray refrig	245
DAWNZERA	266	desmopressin acetate	245
DAYPRO	7	desmopressin acetate spray	245
daysee	250	desogestrel-ethinyl estradiol	250
DAYTRANA	152	desonide	175
DAYVIGO	365	DESONIDE	175
deblitane	259	DESOWEN	175
decadron	242	desoximetasone	175
deferasirox	201	DESOXYN	149
deferasirox granules	201	desrx	175
deferiprone	201	DESVENLAFAXINE ER	49
deflazacort	242	desvenlafaxine succinate er	49
DEKAS BARIATRIC	207	DETROL	240
DEKAS PLUS	207	DETROL LA	240
DELESTROGEN	250	DEX4	116
DELSTRIGO	100	DEX4 GLUCOSE	116
DELZICOL	279	DEX4 NATURALS	116
demeclocycline hcl	36	DEX4 POUCH PACK	116
DENAVIR	189	DEX4 QUICK DISSOLVE GLUCOSE	116
dentagel	167	DEXABLISS	243
DEPAKOTE	39	dexamethasone	243
DEPAKOTE ER	39	DEXAMETHASONE INTENSOL	243
DEPAKOTE SPRINKLES	39	dexamethasone sodium phosphate	335
DEPO-ESTRADIOL	250	DEXCOM G4 PLAT PED RCV/SHARE	292
DEPO-MEDROL	242	DEXCOM G4 PLAT PED RECEIVER	292
DEPO-PROVERA	259	DEXCOM G4 PLATINUM RCV/SHARE	292
DEPO-SUBQ PROVERA 104	259	DEXCOM G4 PLATINUM RECEIVER	293
depo-testosterone	246	DEXCOM G5 MOBILE RECEIVER	293
DERMA-SMOOTH/FS BODY	175	DEXCOM G5 RECEIVER KIT	293
DERMA-SMOOTH/FS SCALP	175	DEXCOM G6 RECEIVER	293

DEXCOM G6 TRANSMITTER	293	diflorasone diacetate	175
DEXCOM G7 RECEIVER	293	DIFLUCAN	59
DEXEDRINE	149	diflunisal	7
DEXILANT	234	difluprednate	335
dexlansoprazole	234	digitek	131
dexmethylphenidate hcl	152	digoxin	131
dexmethylphenidate hcl er	152	dihydroergotamine mesylate	66
DEXTENZA	335	DILANTIN	44
dextroamphetamine sulfate	149	DILANTIN INFATABS	44
dextroamphetamine sulfate er	149	DILANTIN-125	44
dextromethorphan-guaifenesin	357	DILAUDID	17
DEXYCU	335	dilt-xr	135
DHIVY	82	diltiazem hcl	136
di-phen	344	diltiazem hcl er	136
diabetes health formula	207	diltiazem hcl er beads	136
diabetic tussin dm	357	diltiazem hcl er coated beads	136
DIACOMIT	39	DIMENHYDRINATE	53
dialyvite	207	dimethyl fumarate	165
dialyvite 800/ultra d	207	dimethyl fumarate starter pack	165
dialyvite vitamin d 5000	282	DIOVAN	129
DIASTAT ACUDIAL	41	DIOVAN HCT	139
DIASTAT PEDIATRIC	41	DIPENTUM	279
DIATHRIVE LANCET ULTRA THIN 30	293	diphen	344
DIATHRIVE LANCETS	293	diphenhist	344
DIATRUE PLUS BLOOD GLUCOSE	293	diphenhydramine hcl	344
DIATRUE PLUS TEST	293	diphenhydramine hcl childrens	344
diazepam	41,108,109	diphenhydramine-zinc acetate	175
DIAZEPAM	108	diphenoxylate-atropine	229
diazepam intensol	109	DIPROLENE	175
DICLEGIS	53	dipyridamole	128
DICLOFENAC	7	disopyramide phosphate	131,132
diclofenac epolamine	7	disulfiram	25
diclofenac potassium	7	DITROPAN XL	240
diclofenac potassium(migraine)	7	DIURIL	142
diclofenac sodium	7,335	divalproex sodium	39
diclofenac sodium er	7	divalproex sodium er	39
diclofenac-misoprostol	7	DIVIGEL	250
dicloxacillin sodium	34	dml	182
dicyclomine hcl	230	docosanol	105
DIFFERIN	170,171	docusate sodium	224
DIFICID	34	docuzen	224

dodex	208	DRUG MART UNILET LANCETS 28G	294
dolishale	250	DRUG MART UNILET LANCETS 30G	294
DOLOBID	7	DRUG MART UNILET LANCETS 33G	294
dologesic pain relief roll-on	22	DRYSOL	182
donepezil hcl	46	dss	224
DOPTELET	128	DSUVIA	13
DORAL	365	DUAKLIR PRESSAIR	357
DORYX	36	DUAVEE	262
DORYX MPC	36	DUETACT	112
dorzolamide hcl	337	DUEXIS	7
dorzolamide hcl-timolol mal	330	dulcolax pink stool softener	224
dorzolamide hcl-timolol mal pf	330	dulcolax stool softener	224
dotti	250	DULERA	357
double antibiotic	189	duloxetine hcl	164
DOVATO	100	DUOBRII	183
DOVONEX	182	DUOPA	82
doxazosin mesylate	129	DUPIXENT	267
doxepin hcl	52,365	DUREZOL	335
doxercalciferol	282	DUROLANE	294
doxycycline	36	DURYSTA	338
doxycycline hyclate	36,37	dutasteride	241
DOXYCYCLINE HYCLATE	37	dutasteride-tamsulosin hcl	241
doxycycline monohydrate	37	DXEVO 11-DAY	243
doxylamine-pyridoxine	53	DYANAVEL XR	149
dramamine	53	DYMISTA	357
DRAMAMINE	53	DYSPORT	364
DRAMAMINE MOTION SICKNESS KIDS	53		
driminate	53	E	
DRIZALMA SPRINKLE	164	E-Z JECT LANCET MICRO-THIN 33G	294
dronabinol	56	E-Z JECT LANCET SUPER THIN 30G	294
DROPLET INSULIN SYRINGE	293	E-Z JECT LANCETS	294
DROPLET LANCETS ULTRA THIN 30G	293	E-Z JECT LANCETS 21G	294
DROPLET PERSONAL LANCETS 30G	293	E-Z JECT LANCETS THIN 26G	294
DROPSAFE ACTI-LANCE 23G	293	e.e.s. 400	34
DROPSAFE ALCOHOL PREP	293	E.E.S. GRANULES	34
DROPSAFE SAFETY SYRINGE/NEEDLE	293	ear health formula	208
drospiren-eth estrad-levomefol	250	ear health plus	208
drospirenone-ethinyl estradiol	250	earwax removal	338
DROXIA	71	EASIVENT	294
DRUG MART LANCETS THIN 26G	293	EASIVENT MASK LARGE	294
DRUG MART ON-THE-GO LANCET 30G	293	EASIVENT MASK MEDIUM	294

EASIVENT MASK SMALL	294	easy-lax	224
EASY COMFORT ALCOHOL PADS	294	easy-lax plus	224
EASY COMFORT INSULIN SYRINGE	294	EASYGLUCO	296
EASY COMFORT LANCETS	294	EASYMAX 15 TEST	296
EASY COMFORT LANCETS TWIST TOP	294	EASYMAX NG BLOOD GLUCOSE	296
EASY PLUS II GLUCOSE SYSTEM	294	EASYMAX TEST	296
EASY PLUS II GLUCOSE TEST	294	EASYMAX V BLOOD GLUCOSE	296
EASY STEP GLUCOSE MONITOR	294	EASYPOINT NEEDLE	296
EASY STEP TEST	294	EASYPOINT NEEDLE/SYRINGE	296
EASY TALK BLOOD GLUCOSE SYSTEM	294	EBGLYSS	176
EASY TALK BLOOD GLUCOSE TEST	294	ec-naproxen	7
EASY TALK PLUS II TEST STRIPS	295	econazole nitrate	59
EASY TOUCH ALCOHOL PREP MEDIUM	295	econtra ez	259
EASY TOUCH FLIPLOCK INSULIN SY	295	econtra one-step	259
EASY TOUCH FLIPLOCK NEEDLES	295	ECOZA	59
EASY TOUCH FLIPLOCK SAFETY SYR	295	ed-apap	159
EASY TOUCH GLUCOSE SYSTEM	295	EDARBI	129
EASY TOUCH HYPODERMIC NEEDLE	295	EDARBYCLOR	139
EASY TOUCH INSULIN SAFETY SYR	295	EDLUAR	365
EASY TOUCH INSULIN SYRINGE	295	EDURANT	100
EASY TOUCH LANCETS 21G	295	EDURANT PED	100
EASY TOUCH LANCETS 23G	295	eemt	250
EASY TOUCH LANCETS 26G	295	eemt hs	250
EASY TOUCH LANCETS 28G	295	efavirenz	100,101
EASY TOUCH LANCETS 28G/TWIST	295	efavirenz-emtricitab-tenofo df	101
EASY TOUCH LANCETS 30G	295	efavirenz-lamivudine-tenofovir	101
EASY TOUCH LANCETS 30G/TWIST	295	effer-k	193
EASY TOUCH LANCETS 32G	295	EFFEXOR XR	49
EASY TOUCH LANCETS 32G/TWIST	296	EFFIENT	128
EASY TOUCH LANCETS 33G/TWIST	296	EKTERLY	266
EASY TOUCH SAFETY LANCETS 21G	296	ELELYSO	239
EASY TOUCH SAFETY LANCETS 23G	296	ELEMENT COMPACT GLUCOSE SYSTEM	296
EASY TOUCH SAFETY LANCETS 26G	296	ELEMENT COMPACT TEST	297
EASY TOUCH SAFETY LANCETS 28G	296	ELEMENT COMPACT V GLUCOSE SYS	297
EASY TOUCH SAFETY SYRINGE	296	ELEMENT PLUS	297
EASY TOUCH SHEATHLOCK SYRINGE	296	ELEMENT TEST	297
EASY TOUCH TEST	296	ELEPSIA XR	39
EASY TRAK BLOOD GLUCOSE SYSTEM	296	ELESTRIN	250
EASY TRAK BLOOD GLUCOSE TEST	296	eletriptan hydrobromide	67
EASY TRAK II BLOOD GLUCOSE SYS	296	ELIDEL	176
EASY TRAK II GLUCOSE TEST	296	ELIGARD	264

ELIMITE	187	EMERGEN-C IMMUNE+	193
elinest	250	EMERGEN-C IMMUNE+ ELDERBERRY	193
ELIQUIS	121,122	EMERGEN-C TURMERIC & GINGER	193
ELIQUIS (1.5 MG PACK)	121	EMERGEN-C VITAMIN C	208
ELIQUIS (2 MG PACK)	121	EMFLAZA	243
ELIQUIS DVT/PE STARTER PACK	122	EMGALITY	66
elite-ob	208	EMGALITY (300 MG DOSE)	66
elixophyllin	353	EMPRICAINE-II	22
ELLA	260	EMREAL	22
ELMIRON	242	EMROSI	37
ELOCTATE	126	EMSAM	48
eltrombopag olamine	124	emtricitab-rilpivir-tenofov df	101
eluryng	250	emtricitabine	102
ELYXYB	7	emtricitabine-tenofovir df	102
EMBECTA AUTOSHIELD DUO	297	EMTRIVA	102
EMBECTA INS SYR U/F 1/2 UNIT	297	emzahn	260
EMBECTA INSULIN SYRINGE U/F	297	enalapril maleate	130
EMBECTA PEN NEEDLE NANO	297	enalapril-hydrochlorothiazide	139
EMBECTA PEN NEEDLE NANO 2 GEN	297	ENBRACE HR	208
EMBECTA PEN NEEDLE U/F	297	ENBREL	274
EMBRACE BLOOD GLUCOSE MONITOR	297	ENBREL MINI	274
EMBRACE BLOOD GLUCOSE TEST	297	ENBREL SURECLICK	274
EMBRACE EVO BLOOD GLUCOSE TEST	297	ENDARI	239
EMBRACE EVO GLUCOSE MONITOR	297	endocet	17
EMBRACE EVO GLUCOSE MONITORING	297	enemeez mini	224
EMBRACE LANCETS ULTRA THIN 30G	297	ENGERIX-B	278
EMBRACE PRESSURE ACTIVATED 21G	297	enilloring	250
EMBRACE PRESSURE ACTIVATED 28G	297	enoxaparin sodium	122
EMBRACE PRO GLUCOSE METER	297	ENOXILUV KIT	122
EMBRACE PRO GLUCOSE TEST	297	enpresse-28	250
EMBRACE TALK BLOOD GLUCOSE	297	ENSACOVE	72
EMBRACE TALK GLUCOSE TEST	297	enskyce	250
EMBRACE TALK MONITORING SYSTEM	297	ENSTILAR	183
EMBRACE WAVE GLUCOSE METER	298	entacapone	81
EMCYT	70	ENTADFI	241
EMEND	56	entecavir	98
EMEND BIPACK	56	ENTOCORT EC	280
EMEND TRI-PACK	56	ENTRESTO	139
EMERGEN-C APPLE CIDER VINEGAR	193	ENTYVIO	268
EMERGEN-C ASHWAGANDHA	193	ENTYVIO PEN	268
EMERGEN-C IMMUNE PLUS/VIT D	208	enulose	224

ENVARSUS XR	274	eq miconazole 1	59
EOHILIA	280	eq miconazole 7 day treatment	59
EPANED	131	eq mineral oil	224
EPCLUSA	99	eq mucus er	357
EPIDIOLEX	39	eq mucus relief	358
EPIDUO	171	EQ MULTIVITAMIN GUMMIES	208
EPIDUO FORTE	171	EQ MULTIVITAMINS ADULT GUMMY	208
epinastine hcl	333	EQ MULTIVITAMINS GUMMY CHILD	208
epinephrine	351	eq nicotine	27
epinephrine 0.15 mg/0.3ml soln a-inj (only mylan preferred)	351	eq nicotine polacrilex	27
epinephrine 0.3 mg/0.3ml soln a-inj (only mylan preferred)	352	eq omeprazole	234
EPIPEN 2-PAK	352	eq one daily womens health	208
EPIPEN JR 2-PAK	352	eq pain & fever childrens	159
epitol	44	eq pain & fever infants	159
EPIVIR	102	eq pain reliever	159
EPIVIR HBV	98	eq pain reliever ex st	159
EPOGEN	124	eq pain relieving	183
EPRONTIA	39	eq senna-s	224
EPZICOM	102	eq sinus & congestion max str	352
eq 12 hour mucus relief	357	eq sleep-aid	365
eq 8hr arthritis pain relief	159	eq stomach relief	230
eq acetaminophen	159	eq stool softener	224
eq acid reducer complete	232	eq stool softener/laxative	224
eq allergy relief	345	eq tussin dm cough/chest	358
eq allergy relief (cetirizine)	344	eq vitamins a & d	183
eq allergy relief childrens	345	eq absolute moisture dry skin	183
eq arthritis pain	7	eq acetaminophen	159
eq arthritis pain reliever	8	eq acetaminophen childrens	159
eq athletes foot (terbinafine)	59	eq acetaminophen ex st	160
EQ BLOOD GLUCOSE TEST	298	eq acetaminophen infants	160
eq budesonide nasal	339	eq advanced recovery	183
eq complete multivit adult 50+	208	eq advanced skin therapy	183
eq complete multivitamin child	208	EQL ALCOHOL SWABS	298
eq famotidine max st	232	eq allergy	345
eq hydrocortisone max st	176	eq allergy relief	345
eq ibuprofen childrens	8	eq aloe after sun	183
eq laxative	224	eq century	208
eq lidocaine pain relieving	22	eq century mature	208
eq loratadine childrens	345	eq century mature men 50+	208
		eq century mature women 50+	208
		eq child multivit/minerals	208

eql childrens allergy	345	ERYTHROCIN STEARATE	35
EQL COLOR LANCETS 21G	298	erythromycin	35,189,334
EQL COLOR LANCETS MICRO 33G	298	ERYTHROMYCIN	334
eql dual action complete	232	erythromycin base	35
eql fiber therapy	224	erythromycin ethylsuccinate	35
EQL GUMMIES CHILDRENS	208	ERZOFRI	87,88
eql hemorrhoidal	183	ESBRIET	355
EQL INSULIN SYRINGE	298	escitalopram oxalate	49
eql iron supplement therapy	193	esgic	160
eql lansoprazole	234	eslicarbazepine acetate	44
eql miconazole 7	59	esomeprazole magnesium	234
eql natural fiber	224	ESOMEPRAZOLE STRONTIUM	234
eql nighttime sleep aid	365	ESPEROCT	126
EQL ONE DAILY ADULT GUMMIES	208	essentia	208
eql one daily mens 50+ advance	208	essential balance	209
eql one daily mens health	208	est estrogens-methyltest	250
eql one daily womens 50+ adv	208	est estrogens-methyltest ds	250
eql senna-s	225	est estrogens-methyltest hs	250
eql sleep aid	365	estarylla	251
eql stool softener	225	estazolam	365
eql stool softener/stimulant	225	ESTRACE	251
EQL SUPER THIN LANCETS 30G	298	estradiol	251
EQL THIN LANCETS 26G	298	estradiol valerate	251
eql tussin dm cough/chest cong	358	estradiol-norethindrone acet	251
eql vision formula	208	estratest f.s	251
eql vitamin b-12 tr	208	estratest h.s	251
EQUETRO	111	ESTRING	251
ergocalciferol	282	ESTROGEL	251
ERGOMAR	66	ESTROSTEP FE	251
ergotamine-caffeine	66	eszopiclone	365
ERIVEDGE	73	ethambutol hcl	68
ERLEADA	69	ethosuximide	41
erlotinib hcl	73	ethynodiol diac-eth estradiol	251
ERMEZA	262	etodolac	8
errin	260	etodolac er	8
ERTACZO	59	etonogestrel-ethinyl estradiol	252
ery	189	etoposide	72
ery-tab	34	etravirine	101
ERYGEL	189	EUCRISA	176
ERYPED 200	35	EUFLEXXA	298
ERYPED 400	35	euthyrox	262

EVAMIST	252
EVEKEO	150
EVEKEO ODT	150
EVENITY	282
everolimus	73,274
EVERSENSE 365 SMART TRANSMIT	298
EVERSENSE E3 SMART TRANSMITTER	298
EVERSENSE SMART TRANSMITTER	298
EVISTA	262
EVKEEZA	144
EVOCLIN	189
EVOLUTION AUTOCODE	298
EVOTAZ	104
EXEL COMFORT POINT INSULIN SYR	298
EXELON	46
exemestane	71
EXFORGE	139
EXFORGE HCT	139
EXJADE	201
EXKIVITY	73
EXTAVIA	165
EXTINA	59
eye allergy itch relief	333
eye allergy itch/redness rel	333
EYE HEALTH GUMMIES	193
eye itch relief	333
eye-vites	209
eyeprotect	209
EYLEA	331
EYLEA HD	331
EYSUVIS	335
EZ-LETS LANCETS 21G	298
EZ-LETS LANCETS 26G	298
EZ-LETS LANCETS 28G	298
EZ-LETS LANCETS 30G	298
EZALLOR SPRINKLE	143
ezetimibe	144
EZETIMIBE-ROSUVASTATIN	144
ezetimibe-simvastatin	144

F

fa-vitamin b-6-vitamin b-12	209
fabb	209
FABIOR	171
falmina	252
famciclovir	106
famotidine	232
famotidine (pf)	232
famotidine maximum strength	232
famotidine orig st	232
famotidine premixed	232
FANAPT	88
FANAPT TITRATION PACK A	88
FANAPT TITRATION PACK B	88
FANAPT TITRATION PACK C	88
FARESTON	70
FARXIGA	146
FARYDAK	73
FASENRA	358
FASENRA PEN	358
fayosim	252
fe c tab	193
fe tabs	193
fe-vite iron	193
febuxostat	65
FEIBA	126
feirza 1.5/30	252
feirza 1/20	252
felbamate	39
FELBATOL	39
FELDENE	8
felodipine er	134
FEMARA	71
FEMHRT	252
FEMLYV	252
FEMRING	252
femynor	252
fenofibrate	142
FENOFIBRATE MICRONIZED	142
fenofibrate micronized	142

FENOFIBRIC ACID	142	fexofenadine hcl	345
fenofibric acid	143	fexofenadine-pseudoephed er	358
FENOGLIDE	143	FIASP	118
FENOPROFEN CALCIUM	8	FIASP FLEXTOUCH	118
fenoprofen calcium	8	FIASP PENFILL	118
FENOPRON	8	FIASP PUMPCART	118
FENSOLVI (6 MONTH)	264	fiber	225
fentanyl	13	fiber laxative	225
FENTANYL CITRATE	17	fidaxomicin	35
FENTORA	17	FIFTY50 ALCOHOL PREP	299
FEOSOL BIFERA	193	FIFTY50 GLUCOSE METER 2.0	299
FERAHEME	193	FIFTY50 GLUCOSE TEST 2.0	299
ferate	193	FIFTY50 SAFETY SEAL LANCETS	299
fergon	193	FIFTY50 SUPERIOR COMFORT SYR	299
FERIVA 21/7	193	FIFTY50 UNILET LANCETS 33G	299
FERIVA 21/7 (WITH DOCUSATE)	193	finasteride	241
FERIVAFA	193	FINE 30	299
ferocon	193	FINGERSTIX LANCETS	299
ferosul	193	fingolimod hcl	165
FERRALET 90	193	FINTEPLA	39
FERRAPLUS 90	193	finzala	252
ferrex 150 forte	193	FIORICET	160
FERRIC CITRATE	201	FIRAZYR	266
FERRIPROX	201	FIRMAGON	264
FERRIPROX TWICE-A-DAY	201	FIRMAGON (240 MG DOSE)	264
FERRLECIT	193	first care pain relief	22
FERRO-SEQUELS	193	FIRVANQ	29
ferrocite plus	194	FLAGYL	29
ferrotabs	194	flanax	8
ferrous gluconate	194	FLAREX	335
FERROUS GLUCONATE	194	FLAVOR PLUS	299
ferrous sulfate	194	FLAVOR SWEET	299
ferumoxytol	194	FLAVOR SWEET-SF	299
fesoterodine fumarate er	240	flavovit ear health	209
FETZIMA	49	flavoxate hcl	240
FETZIMA TITRATION	49	flecainide acetate	132
feverall adults	160	FLECTOR	8
feverall childrens	160	fleet laxative mineral oil	225
FEVERALL INFANTS	160	fleet stimulant	225
FEVERALL JUNIOR STRENGTH	160	fleet stool softener	225
fexmid	364	FLEQSUVY	97

flintstones complete	209	fluticasone propionate 50 mcg/act suspension (rx)	340
flintstones gummies bone build	209	fluticasone propionate diskus	340
flintstones plus extra iron	209	fluticasone propionate hfa	340
flintstones w/iron	209	fluticasone-salmeterol	358
FLOMAX	241	fluvastatin sodium	143
FLONASE ALLERGY REL CHILDRENS	358	fluvastatin sodium er	143
FLONASE ALLERGY RELIEF	339	fluvoxamine maleate	50
FLONASE SENSIMIST	339	fluvoxamine maleate er	50
FLONASE SENSIMIST CHILDRENS	339	FLUZONE HIGH-DOSE	279
FLOVENT DISKUS	339	FLUZONE QUADRIVALENT	279
FLOVENT HFA	339	FML	335
FLUAD	278	FML FORTE	335
FLUARIX QUADRIVALENT	279	FML LIQUIFILM	335
FLUBLOK QUADRIVALENT	279	FOCALIN	152
FLUCELVAX QUADRIVALENT	279	FOCALIN XR	152,153
fluconazole	59	FOCINVEZ	56
flucytosine	59	FOLBIC	209
fludrocortisone acetate	243	folic acid	209
FLULAVAL QUADRIVALENT	279	FOLIFLEX	209
flunisolide	339	folika-bc	209
fluocinolone acetonide	176	FOLITAB 500	194
fluocinolone acetonide body	176	FOLITIN-Z	209
fluocinolone acetonide scalp	176	FOLIVANE-F	194
fluocinonide	176	FOLIVANE-OB	209
fluocinonide emulsified base	176	FOLIVANE-PLUS	194
fluorometholone	335	FOLPLEX 2.2	209
fluorouracil	183	fondaparinux sodium	122
fluoxetine hcl	49,50	FORA 6 CONNECT	299
FLUOXETINE HCL	50	FORA 6 CONNECT/GTEL TEST	299
fluoxetine hcl (pmdd)	49	FORA BLOOD GLUCOSE TEST	299
fluphenazine decanoate	83	FORA D15G BLOOD GLUCOSE TEST	299
fluphenazine hcl	83,84	FORA D20 2-IN-1 MONITOR	299
flurandrenolide	176	FORA D20 BLOOD GLUCOSE TEST	299
FLURAZEPAM HCL	365	FORA D40/G31 BLOOD GLUCOSE	299
flurbiprofen	8	FORA G20 BLOOD GLUCOSE SYSTEM	299
flurbiprofen sodium	335	FORA G20 BLOOD GLUCOSE TEST	299
flutamide	69	FORA G30/PREM V10 GLUCOSE TEST	299
fluticasone furoate ellipta	340	FORA G30A BLOOD GLUCOSE SYSTEM	299
fluticasone furoate-vilanterol	358	FORA GD20 BLOOD GLUCOSE SYSTEM	299
fluticasone propionate	176,340	FORA GD20 TEST	299
FLUTICASONE PROPIONATE	176	FORA GD50 BLOOD GLUCOSE SYSTEM	299

FORA GD50 BLOOD GLUCOSE TEST	299	FREDS PHARMACY UNILET LANC 30G	300
FORA GTEL BLOOD GLUCOSE TEST	299	FREESTYLE FREEDOM	300
FORA LANCETS	300	FREESTYLE FREEDOM LITE	301
FORA PREMIUM V10 BLE SYSTEM	300	FREESTYLE INSULINX SYSTEM	301
FORA TEST N' GO MONITOR	300	FREESTYLE INSULINX TEST	301
FORA TN'G ADVANCE PRO	300	FREESTYLE LANCETS	301
FORA TN'G VOICE	300	FREESTYLE LIBRE 14 DAY READER	301
FORA TN'G/TN'G VOICE	300	FREESTYLE LIBRE 2 READER	301
FORA V10 BLOOD GLUCOSE SYSTEM	300	FREESTYLE LIBRE 3 READER	301
FORA V10 BLOOD GLUCOSE TEST	300	FREESTYLE LIBRE READER	301
FORA V12 BLOOD GLUCOSE SYSTEM	300	FREESTYLE LITE	301
FORA V12 BLOOD GLUCOSE TEST	300	FREESTYLE LITE TEST	301
FORA V20 BLOOD GLUCOSE SYSTEM	300	FREESTYLE PRECISION INS SYR	301
FORA V20 BLOOD GLUCOSE TEST	300	FREESTYLE PRECISION NEO SYSTEM	301
FORA V30A BLOOD GLUCOSE SYSTEM	300	FREESTYLE PRECISION NEO TEST	301
FORA V30A BLOOD GLUCOSE TEST	300	FREESTYLE SIDEKICK II	301
FORACARE GD40 MONITOR	300	FREESTYLE TEST	301
FORACARE GD40 TEST	300	FREESTYLE UNISTICK II LANCETS	301
FORACARE PREMIUM V10	300	freskaro magnesium citrate	225
FORACARE PREMIUM V10 TEST	300	FROVA	67
FORACARE TEST N GO MONITOR	300	frovatriptan succinate	67
FORACARE TEST N GO TEST	300	FRUZAQLA	71
FORFIVO XL	47	ft 24 hour nasal allergy	340
formoterol fumarate	352	ft acid reducer	232,234,235
FORTEO	282	ft acid reducer + antacid	232
FORTESTA	246	ft acid reducer max strength	232
FORTISCARE G1 TEST STRIP	300	FT ADULT MULTI GUMMIES	194
FORTISCARE T1 GLUCOSE SYSTEM	300	ft all day allergy	345
FORTISCARE TEST	300	ft all day allergy 24 hour	345
FOSAMAX	282	ft all day allergy relief	345
FOSAMAX PLUS D	282	ft all day allergy-d	358
fosamprenavir calcium	104	ft all day pain relief	8
FOSAPREPITANT DIMEGLUMINE	56	ft allergy & congestion-d 12hr	358
fosfomycin tromethamine	29	ft allergy childrens	345
fosinopril sodium	131	ft allergy d-12 hour	358
fosinopril sodium-hctz	139	ft allergy relief	345
FOSRENOL	201	ft allergy relief 12 hour	345
FOTIVDA	73	ft allergy relief 24 hour	345
FRAGMIN	122	ft allergy relief 24 hr	358
fraiche 5000 dental	167	ft allergy relief cetirizine	345
FREDS PHARMACY UNILET LANC 28G	300	ft allergy relief childrens	345

gavilax	225	giltuss honey cgh/chst child	359
gavilyte-c	230	GIMOTI	54
gavilyte-g	230	glatiramer acetate	166
gavilyte-n with flavor pack	230	glatopa	166
GAVRETO	73	GLEEVEC	73
GE100 BLOOD GLUCOSE SYSTEM	301	glimepiride	112
GE100 BLOOD GLUCOSE TEST	301	GLIMEPIRIDE	112
gefitinib	73	glipizide	112
GEL-ONE	301	glipizide er	112
GELNIQUE	240	glipizide xl	113
GELSYN-3	301	glipizide-metformin hcl	113
gemfibrozil	143	GLOBAL ALCOHOL PREP EASE	302
gemmily	252	GLOBAL INJECT EASE INSULIN SYR	302
GEMTESA	240	GLOBAL INJECT EASE LANCETS 28G	302
GEN7T PLUS	22	GLOBAL INJECT EASE LANCETS 30G	302
GENERESS FE	252	GLOPERBA	65
generlac	225	GLUCAGEN DIAGNOSTIC	117
engraf	274	GLUCAGEN HYPOKIT	117
genicin vita-s	209	glucagon emergency	117
GENOTROPIN	245	GLUCAGON EMERGENCY	117
GENOTROPIN MINIQUICK	245	GLUCO TO GO	117
gentak	334	GLUCOCARD 01 BLOOD GLUCOSE	302
gentamicin sulfate	29,334	GLUCOCARD 01 SENSOR PLUS	302
GENTEEL BUTTERFLY TOUCH LANCET	301	GLUCOCARD EXPRESSION MONITOR	302
GENTLE-LET GP LANCETS	301	GLUCOCARD EXPRESSION TEST	302
GENTLE-LET LANCETS	301	GLUCOCARD SHINE	302
GENVISC 850	302	GLUCOCARD SHINE CONNEX	302
GENVOYA	100	GLUCOCARD SHINE EXPRESS	302
GEODON	88	GLUCOCARD SHINE TEST	302
geri-dryl	345	GLUCOCARD SHINE XL	302
geri-tussin	358	GLUCOCARD VITAL MONITOR	302
geri-tussin dm	359	GLUCOCARD VITAL TEST	302
gerivite complete	209	GLUCOCOM BLOOD GLUCOSE MONITOR	302
GHT BLOOD GLUCOSE MONITOR	302	GLUCOCOM LANCETS 28G	302
GHT TEST	302	GLUCOCOM LANCETS 30G	302
GILENYA	165,166	GLUCOCOM LANCETS 33G	303
GILOTTRIF	73	GLUCOCOM MONITOR	303
giltuss cough & chest	359	GLUCOCOM TEST	303
giltuss cough & chest children	359	GLUCONAVII BLOOD GLUCOSE TEST	303
giltuss diabetic cough & cold	359	GLUCOPRO INSULIN SYRINGE	303
giltuss honey cgh/chest conges	359	GLUCOSE	117

GLUCOSE INSTANT ENERGY	117	gnp century mature men's 50+	194
GLUCOSE METER TEST	303	gnp century mature women's 50+	209
GLUCOTROL XL	113	gnp children's pain & fever	160
GLUMETZA	113	gnp childrens allergy	346
glyburide	113	gnp childrens ibuprofen	8
glyburide micronized	113	gnp clearlax	225
glyburide-metformin	113	gnp clotrimazole 3	60
glycerin (adult)	225	gnp diclofenac sodium	9
glycerin adult	225	gnp docosanol	106
glycolax	225	GNP EASY TOUCH GLUCOSE METER	303
glycopyrrolate	230	GNP EASY TOUCH GLUCOSE TEST	303
glydo	22	GNP ELECTROLYTE SOLUTION	194
GLYNASE	113	gnp esomeprazole magnesium	235
GLYXAMBI	113	gnp essential one daily	209
gnp 24 hour nasal allergy	340	gnp fexofenadine/pse er	359
gnp 8 hour pain relief	160	gnp fluticasone propionate	359
gnp acetaminophen	160	gnp gas relief extra strength	230
gnp acid reducer	232	GNP GLUCOSE	117
gnp acid reducer max st	232	gnp hair/skin/nails	209
GNP ADULT MINI	194	gnp healthy eyes	194
GNP ALCOHOL SWABS	303	gnp hemorrhoidal	183
gnp all day allergy	346	gnp hydrocortisone	177
gnp all day allergy childrens	346	gnp hydrocortisone max st	177
gnp all day allergy relief	346	gnp hydrocortisone plus	177
gnp all day allergy-d	359	gnp hydrocortisone/aloe	177
gnp allergy	346	gnp ibuprofen	9
gnp allergy & congestion	359	gnp ibuprofen childrens	9
gnp allergy childrens	346	gnp ibuprofen infants	9
gnp allergy relief	346	GNP IMMUNE SUPPORT	194
gnp allergy relief 24 hr	346	gnp infants pain/fever	160
gnp allergy relief max st	346	GNP INSULIN SYRINGE	303
gnp allergy/congestion relief	359	GNP INSULIN SYRINGES	303
gnp anti-itch	176	GNP INSULIN SYRINGES 29GX1/2"	303
gnp anti-nausea relief	54	gnp iron	195
gnp antibiotic/pain relief	190	GNP LANCETS 21G	303
gnp arthritis pain	8	GNP LANCETS THIN 26G	303
gnp athletes foot	60	gnp lansoprazole	235
gnp bacitracin zinc	29	gnp lice treatment	187
gnp budesonide nasal spray	340	gnp lidocaine pain relief	22
GNP CENTURY ADULT	194	gnp lidocaine pain relieving	22
gnp century adult formula	194	gnp loratadine	346

gnp loratadine childrens	346	gnp terbinafine hydrochloride	60
gnp loratadine-d 12hr	359	gnp therapeutic-m	210
gnp mega multi for men	195	gnp tolnaftate	60
gnp mega multi for women	209	gnp triple antibiotic	190
gnp miconazole 1	60	gnp triple antibiotic plus	190
gnp miconazole 3	60	GNP TRUE METRIX AIR METER	303
gnp miconazole 7	60	GNP TRUE METRIX GLUCOSE METER	303
gnp miconazorb af	60	GNP TRUETRACK TEST STRIPS	303
gnp mineral oil	225	gnp tussin adult	359
gnp motion sickness relief	54	gnp tussin dm	359
gnp mucus er	359	gnp tussin dm cough	359
gnp muscle rub ultra strength	183	gnp vitamin b-12	210
gnp naproxen sodium	9	gnp vitamin d	282
gnp nasal decongestant	352	gnp vitamin d3 extra strength	282
gnp natural fiber	225	GOCOVRI	81
gnp nausea relief	54	GOJJI BLOOD GLUCOSE TEST	303
gnp nicotine	27	GOJJI BLOOD TEST STRIP/LANCETS	304
gnp nicotine mini	27	GOJJI STERILE LANCETS	304
gnp nicotine polacrilex	27	gold bond multi-symptom	22
gnp nighttime sleep (doxylam)	365	gold bond pain & itch relief	22
gnp olopatadine hcl	333	GOMEKLI	73
gnp omeprazole	235	GONITRO	146
gnp one daily maximum	195	GOOD START PRENATAL NOURISH	210
gnp one daily mens health 50+	209	goodsense 24-hr allergy nasal	359
gnp one daily mens/lycopene	209	GOODSENSE ALCOHOL SWABS	304
gnp one daily womens	210	goodsense all day allergy	346
gnp one daily womens 50+	210	goodsense all day allergy-d	359
gnp pain & fever childrens	160	goodsense aller-ease	346
gnp pain & fever infants	161	goodsense allergy relief	346
gnp pain relief	161	goodsense allergy relief child	346
gnp pain relief extra strength	161	goodsense antibiotic/pain	190
GNP PRENATAL/FOLIC ACID	195	goodsense arthritis pain	9
GNP QUICK DISSOLVE GLUCOSE	117	goodsense athletes foot	60
gnp senna plus	225	GOODSENSE BLOOD GLUCOSE	304
gnp sleep aid	366	goodsense clearlax	226
gnp sleep aid nighttime	366	GOODSENSE COLOR LANCETS 33G	304
GNP STERILE LANCETS 28G	303	goodsense ear wax kit	338
GNP STERILE LANCETS 30G	303	goodsense electrolyte	195
GNP STERILE LANCETS 33G	303	goodsense esomeprazole	235
gnp stool softener	225	goodsense eye itch relief	333
gnp stool softener/laxative	225	goodsense fiber laxative	226

goodsense first aid antibiotic	190
GOODSENSE GLUCOSE	117
goodsense hemorrhoidal	183
goodsense ibuprofen	9
goodsense ibuprofen childrens	9
goodsense ibuprofen infants	9
goodsense iron	195
GOODSENSE LANCETS 26G UNIV	304
GOODSENSE LANCETS 30G	304
GOODSENSE LANCETS 30G UNIV	304
GOODSENSE LANCETS 33G	304
GOODSENSE LANCETS 33G UNIV	304
goodsense lansoprazole	235
goodsense lice killing	187
goodsense lice killing max str	187
goodsense mineral oil	226
goodsense motion sickness	54
goodsense mucus er	359
goodsense mucus er maximum str	359
goodsense muscle rub	183
goodsense naproxen sodium	9
goodsense nasal allergy spray	340
goodsense nausea relief	54
goodsense nicotine	27
goodsense omeprazole/bicarb	235
goodsense pain & fever child	161
goodsense pain & fever infants	161
goodsense pain relief	161
goodsense pain relief extra st	161
goodsense sleep aid ultra	366
goodsense stimulant lax plus	226
goodsense stimulant laxative	226
goodsense stool softener	226
gordomatic	183
GRALISE	161
granisetron hcl	56
GRANIX	124
GRAPE SYRUP	304
griseofulvin microsize	60
griseofulvin ultramicrosize	60
GRISEOFULVIN ULTRAMICROSIZE	60

guaiaisorb dm	359
guaicon dms	359
guaifed	359
guaifed-dm	359
guaifenesin	360
guaifenesin dm	360
guaifenesin er	360
guaifenesin-dm	360
guanfacine hcl	128
guanfacine hcl er	153
GUARDIAN 4 TRANSMITTER	304
GUARDIAN CONNECT TRANSMITTER	304
GUARDIAN LINK 3 TRANSMITTER	304
GUARDIAN REAL-TIME REPLACE PED	304
GUMMI BEAR MULTIVITAMIN/MIN	210
GVOKE HYOPEN 1-PACK	117
GVOKE HYOPEN 2-PACK	117
GVOKE KIT	117
GVOKE PFS	117
GYNAZOLE-1	60

H

h-e-b childrens allergy	346
H-E-B INCONTROL ALCOHOL	304
H-E-B INCONTROL LANCETS 28G	304
H-E-B INCONTROL LANCETS 30G	304
H-E-B INCONTROL LANCETS 33G	304
h-e-b oral electrolyte	195
HADLIMA	274
HADLIMA PUSHTOUCH	274
HAEGARDA	266
HAEMOLANCE	304
HAEMOLANCE LOW FLOW LANCETS	304
HAEMOLANCE PLUS	304
HAEMOLANCE PLUS HIGH FLOW	304
HAEMOLANCE PLUS LOW FLOW	304
HAEMOLANCE PLUS MAX FLOW	304
HAEMOLANCE PLUS PEDIATRIC FLOW	305
hailey 1.5/30	252
hailey 24 fe	252
hailey fe 1.5/30	252

hailey fe 1/20	252	heparin na (pork) lock flsh pf	122
hair formula extra strength	210	heparin sod (pork) lock flush	122
hair skin and nails formula	210	heparin sodium (porcine)	122
hair/skin/nails	210	HEPSERA	98
HALCINONIDE	177	her style	260
HALCION	366	HERNEXEOS	73
HALDOL DECANOATE	84	HETLIOZ	366
halobetasol propionate	177	HETLIOZ LQ	366
haloette	252	hi-kovite 2-part formula	210
HALOG	177	hi-potency multi-vitamin	210
haloperidol	84	HIPREX	30
haloperidol decanoate	84	hm 24 hour nasal allergy	340
haloperidol lactate	84	hm all day allergy	346
HARVONI	99	hm all day allergy childrens	346
HAVRIX	279	hm allergy & congestion	360
HEALTHPRO BLOOD GLUCOSE MONITO	305	hm allergy complete-d	360
HEALTHWISE INSULIN SYR/NEEDLE	305	hm allergy relief	347,360
HEALTHY ACCENTS UNILET LANCETS	305	hm allergy relief (cetirizine)	347
healthy eyes	210	hm allergy relief childrens	347
healthy hair/skin/nails	210	hm allergy relief/nasal decong	360
healthy kids overall health	210	hm bacitracin zinc	30
healthy mama shake that ache	161	hm cetirizine hcl	347
healthylax	226	hm clearlax	226
heartburn relief	232	hm complete women	210
heartburn relief max st	232	hm docosanol	106
heather	260	hm double antibiotic	190
HECTOROL	282	hm dual action complete	232
HELIDAC THERAPY	230	HM EMBRACE TALK SYSTEM	305
HEMADY	243	hm esomeprazole magnesium dr	235
HEMANGEOL	133	hm eye allergy itch relief	333
HEMATINIC PLUS VIT/MINERALS	195	hm eye allergy itch/red relief	333
HEMATINIC/FOLIC ACID	195	hm famotidine	232
hematogen	195	hm fexofenadine hcl	347
HEMATOGEN FA	195	hm hemorrhoidal	183
hematogen forte	195	hm hydrocortisone plus	177
HEMAX EZY-DOSE	195	hm hydrocortisone-aloe max st	177
HEMLIBRA	126	hm ibuprofen	9
HEMOCYTE PLUS	195	hm ibuprofen childrens	9
hemocyte-f	195	hm ibuprofen ib	9
HEMOFIL M	126	hm ibuprofen infants	9
hemorrhoidal	183	hm lansoprazole	235

hm lice killing max st	187	HUMALOG MIX 50/50 KWIKPEN	119
hm lice treatment	188	HUMALOG MIX 75/25	119
hm lidocaine patch	22	HUMALOG MIX 75/25 KWIKPEN	119
hm loratadine	347	HUMALOG TEMPO PEN	119
hm loratadine childrens	347	HUMATE-P	126
hm mineral oil	226	HUMATIN	29
hm motion sickness	54	HUMATROPE	245
hm motion sickness relief	54	HUMIDIFIER	305
hm mucus relief	360	HUMIRA	274
hm mucus relief er max st	360	HUMIRA (2 PEN)	274,275
hm naproxen sodium	9	HUMIRA (2 SYRINGE)	275
hm nicotine	27	HUMIRA-CD/UC/HS STARTER	275
hm nicotine polacrilex	27	HUMIRA-PED<40KG CROHNS STARTER	275
hm nightttime sleep aid	366	HUMIRA-PED>/=40KG CROHNS START	275
hm omeprazole	236	HUMIRA-PS/UV/ADOL HS STARTER	275
hm pain & fever childrens	161	HUMIRA-PSORIASIS/UEIT STARTER	275
hm pain & fever infants	161	HUMULIN 70/30	119
hm pain relief extra strength	161	HUMULIN 70/30 KWIKPEN	119
hm pain relieve child dye-free	161	HUMULIN N	119
hm pain reliever	161	HUMULIN N KWIKPEN	119
hm pain reliever childrens	161	HUMULIN R	119
hm pain reliever infants	161	HUMULIN R U-500 (CONCENTRATED)	119
hm pediatric electrolyte	195	HUMULIN R U-500 KWIKPEN	119
hm senna-s	226	HW EMBRACE PRO GLUCOSE METER	305
hm sleep aid	366	HW EMBRACE PRO GLUCOSE TEST	305
HM STERILE ALCOHOL PREP	305	HW EMBRACE TALK BLOOD GLUCOSE	305
hm stool softener	226	HW EMBRACE TALK GLUCOSE TEST	305
hm stool softener/laxative	226	HY-VEE GLUCOSE	117
hm triple antibiotic	190	HY-VEE LANCETS	305
hm triple antibiotic max st	190	HY-VEE THIN LANCETS	305
hm tussin adult dm	360	HYALGAN	6,305
hm vitamin d3	282	hydralazine hcl	146
hm womens 50+ advanced daily	210	HYDREA	71
HOMENEB WITH SIDESTREAM	305	hydrochlorothiazide	142
HORIZANT	161	HYDROCODONE BITARTRATE ER	14
HULIO (2 PEN)	274	hydrocodone-acetaminophen	18
HULIO (2 SYRINGE)	274	HYDROCODONE-ACETAMINOPHEN	18
HUMALOG	118	hydrocodone-ibuprofen	18
HUMALOG JUNIOR KWIKPEN	118	HYDROCORT LOTION COMPLETE KIT	177
HUMALOG KWIKPEN	118	hydrocortisone	177,280
HUMALOG MIX 50/50	118	HYDROCORTISONE	177

hydrocortisone (perianal)	177	ibu	9
HYDROCORTISONE ACETATE	177	ibuprofen	9,10
hydrocortisone anti-itch	177	IBUPROFEN	10
HYDROCORTISONE BUTYR LIPO BASE	177	ibuprofen childrens	10
HYDROCORTISONE BUTYRATE	178	ibuprofen infants	10
HYDROCORTISONE COMPLETE KIT	305	ibuprofen junior strength	10
hydrocortisone max st.	178	ibuprofen-famotidine	10
hydrocortisone max st/12 moist	178	icaps mv	210
hydrocortisone sod suc (pf)	243	ICAR-C	195
hydrocortisone valerate	178	icatibant acetate	266
hydrocortisone-acetic acid	338	iclevia	252
hydrocortisone-iodoquinol	183	iclofenac cp	10
hydrocortisone/aloe max str	178	ICLUSIG	74
HYDROMORPHONE HCL	18	icosapent ethyl	144
hydromorphone hcl er	14	IDACIO (2 PEN)	275
hydroxychloroquine sulfate	80	IDACIO (2 SYRINGE)	275
HYDROXYM	178	IDACIO-CROHNS/UC STARTER	275
hydroxyprogesterone caproate	260	IDACIO-PSORIASIS STARTER	276
hydroxyurea	71	IDELVION	126
hydroxyzine hcl	347	IDHIFA	74
hydroxyzine pamoate	106	IDOSE TR	337
HYMOVIS	305	iferex 150 forte	195
HYMPAVZI	126	IGALMI	97
HYOPHEN	30	IGLUCOSE MONITORING SYSTEM	305
HYPERRHO S/D	267	IGLUCOSE TEST STRIPS	305
HYPODERMIC NEEDLE	305	IHEALTH BLOOD GLUCOSE TEST STR	305
HYRIMOZ	275	IHEALTH GLUCO+ KIT 10	305
HYRIMOZ-CROHNS/UC STARTER	275	ILARIS	268
HYRIMOZ-CROHNS/UC STARTER PACK	275	ILEVRO	335
HYRIMOZ-PED CROHNS STARTER	275	ILUMYA	268
HYRIMOZ-PLAQ PSOR/UEIT START	275	ILUVIEN	335
HYRIMOZ-PLAQUE PSORIASIS START	275	imatinib mesylate	74
HYSINGLA ER	14	IMBRUVICA	74
HYZAAR	139	imipramine hcl	52
I		imipramine pamoate	52
i-vite	210	imiquimod	183
ibandronate sodium	282	imiquimod pump	183
IBRANCE	73	IMITREX	67
IBSRELA	226	IMITREX STATDOSE REFILL	67
IBTROZI	74	IMITREX STATDOSE SYSTEM	67
		IMKELDI	74

IMMUNE SUPPORT	210	INSULIN LISPRO	119
IMPEKLO	178	INSULIN LISPRO (1 UNIT DIAL)	120
IMPOYZ	178	INSULIN LISPRO JUNIOR KWIKPEN	120
IMULDOSA	268	INSULIN LISPRO PROT & LISPRO	120
IMURAN	276	INSULIN SYRINGE	306
IN TOUCH STERILE LANCETS 30G	305	INSULIN SYRINGE-NEEDLE U-100	306
INBRIJA	82	INTEGRA	195
incassia	260	INTEGRA F	195
INCRUSE ELLIPTA	351	INTEGRA PLUS	195
indapamide	142	INTELENCE	101
INDERAL LA	133	introvale	252
INDERAL XL	133	INTUNIV	153
indocin	10	INVEGA	89
indomethacin	10	INVEGA HAFYERA	89
indomethacin er	10	INVEGA SUSTENNA	89
infants ibuprofen	10	INVEGA TRINZA	90
infants pain & fever	161	INVELTYS	335
INFED	195	INVIRASE	104
INFINITY BLOOD GLUCOSE SYSTEM	306	INVOKAMET	113
INFINITY BLOOD GLUCOSE TEST	306	INVOKAMET XR	113
INFINITY VOICE	306	INVOKANA	146
INFLECTRA	276	iodoquinol-hc-aloe polysacch	183
INFLIXIMAB	276	IOPIDINE	337
INGREZZA	161	ipratropium bromide	351
INJECTAFER	195	ipratropium-albuterol	360
INLYTA	74	IQIRVO	306
INNOPRAN XL	133	irbesartan	129
INNOSPIRE ESSENCE NEBULIZER	306	irbesartan-hydrochlorothiazide	139
INPEFA	146	IRESSA	74
INREBIC	74	iron	195,196
INSULIN ASP PROT & ASP FLEXPEN	119	iron (ferrous sulfate)	195
INSULIN ASPART	119	iron 100/c	195
INSULIN ASPART FLEXPEN	119	iron 27	196
INSULIN ASPART PENFILL	119	IRON FOLATE PLUS	196
INSULIN ASPART PROT & ASPART	119	IRON FOLATE-F	196
INSULIN DEGLUDEC	119	iron high-potency	196
INSULIN DEGLUDEC FLEXTOUCH	119	iron infant & toddler	196
INSULIN GLARGINE	119	iron infant/toddler	196
INSULIN GLARGINE MAX SOLOSTAR	119	iron sucrose	196
INSULIN GLARGINE SOLOSTAR	119	iron supplement	196
INSULIN GLARGINE-YFGN	119	iron supplement childrens	196

iron-vitamin c	196
IROSPAN 24/6	196
ISENTRESS	100
ISENTRESS HD	100
isibloom	252
isoniazid	69
isopropyl alcohol	306
isopropyl alcohol wipes	306
ISOPTO ATROPINE	331
ISOPTO CARPINE	337
ISORDIL TITRADOSE	146
isosorb dinitrate-hydralazine	139
isosorbide dinitrate	146
isosorbide mononitrate	146
isosorbide mononitrate er	147
isotretinoin	171
isradipine	134
ISTALOL	336
itch relief extra strength	178
ITOVEBI	74
itraconazole	60
ivermectin	79,188
IWILFIN	71
IXINITY	126
IYUZEH	338
IZERVAY	331

J

JADENU	201
JADENU SPRINKLE	201
jaimiess	252
JAKAFI	74
JALYN	241
jantoven	123
JANUMET	113
JANUMET XR	113
JANUVIA	113
JARDIANCE	146
jasmiel	252
JATENZO	247
JAYPIRCA	74

jaythari	243
jelcaine sterile	22
jencycla	260
JENTADUETO	113
JENTADUETO XR	113,114
jinteli	252
JIVI	126
jolessa	252
JORNAY PM	153
JOURNAVX	161
joyeaux	253
JUBBONTI	282
JUBLIA	60
juleber	253
JULUCA	100
junel 1.5/30	253
junel 1/20	253
junel fe 1.5/30	253
junel fe 1/20	253
junel fe 24	253
just right 5000	167
JUXTAPID	144
JYLAMVO	276

K

k-prime	196
kaitlib fe	253
KALBITOR	267
KALETRA	104
kalliga	253
kapectate	230
KAPSPARGO SPRINKLE	133
KAPVAY	153
kariva	253
KATERZIA	134
KAZ HEALTHMIST HUMIDIFIER	306
KAZANO	114
KEFLEX	33
kelnor 1/35	253
kelnor 1/50	253
KENALOG	178

KENALOG-10	243	kl5 aller-flo	360
KENALOG-40	243	kl5 aller-tec childrens	347
KEPPRA	39	kl5 aller-tec d	360
KEPPRA XR	39	kl5 allerclear d-12hr	360
KERYDIN	60	kl5 allergy medicine	347
KESIMPTA	166	kl5 arthritis pain relief	10
KETO-DIASTIX	306	kl5 diclofenac sodium	11
ketoconazole	60	kl5 lansoprazole	236
KETOPROFEN	10	kl5 quit2	27
ketoprofen er	10	kl5 quit4	27
ketorolac tromethamine	10,335	kl5 sleep aid	366
KETOROLAC TROMETHAMINE	10	kl5 stool softener	226
ketotifen fumarate	333	KOATE	126
KEVZARA	268	KOATE-DVI	126
KHINDIVI	280	kobee	210
kindermid kids allergy	347	KOGENATE FS	126
KINERET	268	KOMBIGLYZE XR	114
KINNEY LANCETS	306	konsyl daily fiber	226
KINNEY THIN LANCETS	306	KONVOMEF	236
KINRAY INSULIN SYRINGE	306	KOSELUGO	74
kionex	202	kourzeq	167
KIPROFEN	10	KOVALTRY	126
KIRSTY	120	kp adults 50+ daily formula	210
KISQALI (200 MG DOSE)	74	kp adults daily formula	210
KISQALI (400 MG DOSE)	74	kp diphenhydramine hcl	347
KISQALI (600 MG DOSE)	74	kp ferrous sulfate	196
KISQALI FEMARA (200 MG DOSE)	74	kp folic acid	210
KISQALI FEMARA (400 MG DOSE)	74	kp hydrocortisone-aloe	178
KISQALI FEMARA (600 MG DOSE)	74	kp mens 50+ daily formula	210
KITABIS PAK	353	kp mens daily formula	210
KLARON	171	KP PRENATAL MULTIVITAMINS	196
KLONOPIN	109	kp vision formula	211
klor-con	196	kp vision formula/lutein	211
klor-con 10	196	kp womens 50+ daily formula	211
klor-con m10	196	kp womens daily formula	211
klor-con m20	196	KRAZATI	74
klor-con/ef	196	KRINTAFEL	80
KLOXXADO	26	KROGER BLOOD GLUCOSE TEST	306
kl5 acetaminophen ex st	162	KROGER GLUCOSE	117
kl5 aller-cort	340	KROGER HEALTHPRO GLUCOSE TEST	306
kl5 aller-fex	347	KROGER HEALTHPRO LANCET 26G	306

KROGER INSULIN SYRINGE	307
KROGER LANCETS	307
KROGER LANCETS 21G	307
KROGER LANCETS MICRO THIN 33G	307
KROGER LANCETS SUPER THIN	307
KROGER LANCETS THIN	307
KROGER LANCETS THIN 26G	307
KROGER LANCETS ULTRATHIN 30G	307
KROGER PREMIUM BLOOD GLUCOSE	307
KROGER PREMIUM GLUCOSE TEST	307
KROGER TEST	307
KRYSTEXXA	65
kurvelo	253
KYLEENA	260
KYNMOBI	81
KYZATREX	247

L

l-glutamine	239
labetalol hcl	133
LABETALOL HCL	133
lacosamide	44
LACRISERT	331
lactulose	226
lactulose encephalopathy	226
LAMICTAL	39,111
LAMICTAL ODT	39
LAMICTAL STARTER	111
LAMICTAL XR	40
LAMISIL AT	60
LAMISIL AT ATHLETES FOOT	61
LAMISIL AT JOCK ITCH	61
lamivudine	98,102
lamivudine-zidovudine	102
lamotrigine	40,111
lamotrigine er	40
lamotrigine starter kit-blue	111
lamotrigine starter kit-green	111
lamotrigine starter kit-orange	111
LANCETS	307
LANCETS 28G THIN	307
LANCETS 30G	307
LANCETS 33G	307
LANCETS MICRO THIN 33G	307
LANCETS SUPER THIN	307
LANCETS SUPER THIN 28G	307
LANCETS THIN	307
LANCETS ULTRA THIN	307
LANCETS ULTRA THIN 30G	307
lansoprazole	236
lanthanum carbonate	201
LANTUS	120
LANTUS SOLOSTAR	120
lapatinib ditosylate	75
larin 1.5/30	253
larin 1/20	253
larin 24 fe	253
larin fe 1.5/30	253
larin fe 1/20	253
larissia	253
LASTACAPT	333
latanoprost	338
LATUDA	90
laxacin	226
layolis fe	253
LAZCLUZE	75
LEADER GLUCOSE	117
LEADER INSULIN SYRINGE	308
LEADER QUICK DISSOLVE GLUCOSE	117
LEDIPASVIR-SOFOSBUVIR	99
leena	253
leflunomide	276
LEMTRADA	166
lenalidomide	70
LENVIMA (10 MG DAILY DOSE)	75
LENVIMA (12 MG DAILY DOSE)	75
LENVIMA (14 MG DAILY DOSE)	75
LENVIMA (18 MG DAILY DOSE)	75
LENVIMA (20 MG DAILY DOSE)	75
LENVIMA (24 MG DAILY DOSE)	75
LENVIMA (4 MG DAILY DOSE)	75
LENVIMA (8 MG DAILY DOSE)	75

LEQSELVI	308	LIALDA	279
LEQVIO	144	LIBERTY MEDICAL LANCETS	308
LESCOL XL	143	LIBERVANT	42
lessina	253	LICART	11
LETAIRIS	354	lice killing	188
letrozole	71	lice killing maximum strength	188
leucovorin calcium	71	lice killing shampoo max str	188
LEUKERAN	69	lice treatment	188
LEUKINE	124	lice treatment creme rinse	188
leuprolide acetate	265	LIDAFLEX	22
leuprolide acetate (3 month)	265	lido king	22
levalbuterol hcl	352	LIDOCAINE	22
levalbuterol tartrate	352	lidocaine	22
LEVAMLODIPINE MALEATE	134	lidocaine hcl	22
LEVEMIR	120	lidocaine hcl (pf)	22
LEVEMIR FLEXPEN	120	lidocaine hcl urethral/mucosal	22
LEVEMIR FLEXTOUCH	120	LIDOCAINE HCL URETHRAL/MUCOSAL	22
levetiracetam	40	lidocaine max st 24 hours	22
LEVETIRACETAM	40	lidocaine pain relief	22
levetiracetam er	40	lidocaine pain relief max st	23
levo-t	262	lidocaine pain relieving	23
levobunolol hcl	336	lidocaine plus	23
levocarnitine	211	lidocaine viscous hcl	23
levocarnitine sf	211	lidocaine-prilocaine	23
levocetirizine dihydrochloride	347	LIDOCAINE-TETRACAINE	23
levofloxacin	36,334	lidocaine-transparent dressing	23
levonest	253	lidocan	23
levonorg-eth estrad triphasic	253	LIDOCARE ARM/NECK/LEG	23
levonorgest-eth est & eth est	253	LIDOCARE BACK/SHOULDER	23
levonorgest-eth estrad 91-day	254	lidocore	23
levonorgest-eth estradiol-iron	254	LIDODERM	23
levonorgestrel	260	lidofore flexipatch	23
levonorgestrel-ethinyl estrad	254	lidoguard	23
levora 0.15/30 (28)	254	lidoheal-90	23
levorphanol tartrate	14	LIDOLITE	23
LEVOTHYROXINE SODIUM	263	lidopril	23
levothyroxine sodium	263	lidopril xr	23
levoxy	263	LIDOREAL-30	23
LEXAPRO	50	lidorex	23
lexette	178	LIDOSOL	23
LEXIVA	104	LIDOSOL-50	23

LIDOTOR	23	LMX 4 PLUS	24
LIDOTRAL	23	LO LOESTRIN FE	254
lidozall	24	lo-zumandimine	254
lidozall plus	24	LOCOID	178
LIDOZO	24	LOCOID LIPOCREAM	178
LIDTOPIC	24	LODOCO	139
LIFEMS NALOXONE	26	LODOSYN	82
LIKMEZ	80	loestrin 1.5/30 (21)	254
LILETTA (52 MG)	260	loestrin 1/20 (21)	254
lillow	254	loestrin fe 1.5/30	254
lindane	188	loestrin fe 1/20	254
lintera wash	190	lofena	11
LINZESS	226	lofexidine hcl	26
liomny	263	lojaimiess	254
LIOTHYRONINE SODIUM	263	LOKELMA	202
liothyronine sodium	263,264	LONGS GLUCOSE	117
LIPITOR	143	LONGS LANCETS STANDARD	308
lipo flavonoid plus	211	LONGS LANCETS THIN	308
LIPOFEN	143	LONGS LANCETS ULTRA THIN	308
lipoflavovit	211	LONHALA MAGNAIR REFILL KIT	351
LIQREV	354	LONHALA MAGNAIR STARTER KIT	351
liquid acetaminophen	162	LONSURF	71
liquid allergy relief	347	LOPID	143
liquid pain relief	162	lopinavir-ritonavir	104
liraglutide	114	LOPRESSOR	133
lisdexamfetamine dimesylate	150	LOPROX	190
lisinopril	131	loratadine	347
lisinopril-hydrochlorothiazide	139	loratadine childrens	348
LITE TOUCH LANCETS	308	loratadine-d 12hr	360
LITETOUCH INSULIN SYRINGE	308	loratadine-d 24hr	360
LITETOUCH LANCETS	308	lorazepam	109
LITFULO	183	lorazepam intensol	109
lithium carbonate	111	LORBRENA	75
lithium carbonate er	111	LOREEV XR	110
little remedies for fever	162	LORTAB	18
LIVALO	143	loryna	254
LIVDELZI	308	lorzone	364
LIVE BETTER LANCET SUPER THIN	308	losartan potassium	130
LIVE BETTER LANCET ULTRA THIN	308	losartan potassium-hctz	139
livixil pak	24	LOSEASONIQUE	254
LIVTENCITY	98	LOTEMAX	335

LOTEMAX SM	336
LOTENSIN	131
LOTENSIN HCT	140
loteprednol etabonate	336
LOTREL	140
LOTRIMIN AF	61
LOTRIMIN ULTRA	61
LOTRONEX	230
lovastatin	143
LOVAZA	145
LOVENOX	123
low-ogestrel	254
loxapine succinate	84
lubiprostone	226
lubricating lotion	183
lubricating tears eye drops	331
LUCEMYRA	26
LUCENTIS	331
LUER LOCK SAFETY SYRINGES	308
luizza 1.5/30	254
luizza 1/20	254
luliconazole	61
LUMAKRAS	75
LUMIGAN	338
LUNESTA	366
LUPKYNIS	276
LUPRON DEPOT (1-MONTH)	265
LUPRON DEPOT (3-MONTH)	265
LUPRON DEPOT (4-MONTH)	265
LUPRON DEPOT (6-MONTH)	265
LUPRON DEPOT-PED (1-MONTH)	265
LUPRON DEPOT-PED (3-MONTH)	265
LUPRON DEPOT-PED (6-MONTH)	265
lurasidone hcl	90
LURBIPR	11
lutera	254
LUTRATE DEPOT	265
LUXIQ	178
LUZU	61
LYBALVI	47
lyleq	260

lyllana	254
lymepak	37
LYNPARZA	75
LYRICA	164
LYRICA CR	164,165
lysiplex plus	211
LYSODREN	71
LYTGOBI (12 MG DAILY DOSE)	75
LYTGOBI (16 MG DAILY DOSE)	75
LYTGOBI (20 MG DAILY DOSE)	75
LYUMJEV	120
LYUMJEV KWIKPEN	120
LYUMJEV TEMPO PEN	120
LYVISPAH	98
lyza	260

M

m-dryl	348
M-NATAL PLUS	211
m-pap	162
MACROBID	30
MACRODANTIN	30
macuvite	211
macuvite eye care	211
macuvite/lutein	211
MAGELLAN INSULIN SAFETY SYR	308
magnesium citrate	226
MALARONE	80
malathion	188
maraviroc	103
MARINOL	56
marlissa	254
MARPLAN	48
MASONATAL	196
MATERNACEL	211
MATERVIA	211
matzim la	136
MAVENCLAD (10 TABS)	166
MAVENCLAD (4 TABS)	166
MAVENCLAD (5 TABS)	166
MAVENCLAD (6 TABS)	166

MAVENCLAD (7 TABS)	166	medpura hydrocortisone	178
MAVENCLAD (8 TABS)	166	medpura vitamin a & d	184
MAVENCLAD (9 TABS)	166	MEDROL	243
MAVYRET	99	medroxyprogesterone acetate	260
max relief jr child pain/fever	162	mefenamic acid	11
max relief junior	162	mefloquine hcl	80
max tussin dm cough&chest cong	360	mega multiple/chelated mineral	211
maxallergy kids	348	megestrol acetate	260
MAXALT	67	meijer advanced formula	211
MAXALT-MLT	67	MEIJER ALCOHOL SWABS	309
maxi-tuss g	360	meijer allergy relief-d	360
MAXIDEX	336	meijer antihistamine allergy	348
maximum daily green	211	meijer aspirin free	162
MAXITROL	331	MEIJER BLOOD GLUCOSE	309
MAYZENT	166	MEIJER BLOOD GLUCOSE TEST	309
MAYZENT STARTER PACK	166	meijer ferrous sulfate	196
mb caps	30	MEIJER GLUCOSE	117
me/naphos/mb/hyo1	30	MEIJER LANCETS	309
meclizine hcl	54	MEIJER LANCETS THIN	309
meclofenamate sodium	11	MEIJER LANCETS UNIVERSAL 21G	309
medi-natural plus	226	MEIJER LANCETS UNIVERSAL 30G	309
medi-phedryl	348	MEIJER LANCETS UNIVERSAL 33G	309
medi-tabs extra strength	162	MEIJER PREMIUM BLOOD GLUCOSE	309
medi-tussin dm	360	MEIJER SUPER THIN LANCETS	309
MEDIC INSULIN SYRINGE	308	MEKINIST	75
MEDICHOICE SAFETY LANCET	308	MEKTOVI	75
MEDICHOICE SAFETY LANCET EXTRA	309	meleya	260
MEDICHOICE SAFETY LANCET NORM	309	meloxicam	11
MEDISENSE THIN LANCETS	309	melphalan	69
MEDLANCE EXTRA 21G	309	memantine hcl	46
MEDLANCE LITE 25G	309	memantine hcl er	46
MEDLANCE PLUS EXTRA 21G	309	memantine hcl-donepezil hcl	45
MEDLANCE PLUS LANCETS	309	MENEST	254
MEDLANCE PLUS LITE 25G	309	MENOSTAR	254
MEDLANCE PLUS SPECIAL 0.8MM	309	mens life pack	211
MEDLANCE PLUS SUPERLITE 30G	309	MENS MULTIVITAMIN	211
MEDLANCE PLUS UNIVERSAL 21G	309	MENS MULTIVITAMIN GUMMIES	196
MEDLANCE UNIVERSAL 21G	309	MENTAX	61
medpura alcohol pads	309	MEPERIDINE HCL	18
medpura antifungal	61	meprobamate	106
medpura benzoyl peroxide	171,183	mercaptopurine	70

MERILOG	120	methylprednisolone	243
MERILOG SOLOSTAR	120	methylprednisolone acetate	243,244
merzee	255	methylprednisolone sodium succ	244
mesalamine	279,280	methyltestosterone	247
mesalamine er	280	METOCLOPRAMIDE HCL	54
mesalamine-cleanser	280	metoclopramide hcl	54
METADATE CD	153	metolazone	142
metamucil smooth texture	227	metoprolol succinate er	133
METAXALONE	364	metoprolol tartrate	133
METFORMIN HCL	114	metoprolol-hydrochlorothiazide	140
metformin hcl	114	metronidazole	30
metformin hcl er	114	mexiletine hcl	132
metformin hcl er (mod)	114	mi-vite rx	211
metformin hcl er (osm)	114	MIACALCIN	282
methadone hcl	14	mibelas 24 fe	255
methadone hcl intensol	14	MICARDIS	130
METHADOSE	14	MICARDIS HCT	140
METHADOSE SUGAR-FREE	14	micomitin	61
methamphetamine hcl	150	MICONATATE	61
methazolamide	337	miconazole 1	61
methenamine hippurate	30	miconazole 3	61
methenamine mandelate	30	miconazole 3 applicator	61
methimazole	266	miconazole 3 combo pack	61
METHITEST	247	miconazole 3 combo pack app	61
METHOCARBAMOL	364	miconazole 3 combo-supp	61
methocarbamol	364	miconazole 7	61
METHOTREXATE	276	miconazole nitrate	61
methotrexate sodium	276	MICONAZOLE NITRATE	61
methotrexate sodium (pf)	276	miconazole nitrate combo pack	61
methsuximide	41	MICONAZOLE-ZINC OXIDE-PETROLAT	61
methyl dopa	128	MICORT HC	178
methyl dopa-hydrochlorothiazide	140	micotrin ac	61
METHYLIN	153	micotrin al	61
methylphenidate	153	micotrin ap	61
methylphenidate hcl	153,154	MICRODOT BLOOD GLUCOSE SYSTEM	309
methylphenidate hcl er	154,155	MICRODOT TEST	309
methylphenidate hcl er (cd)	154	microgestin 1.5/30	255
methylphenidate hcl er (la)	154	microgestin 1/20	255
methylphenidate hcl er (osm)	155	microgestin 24 fe	255
METHYLPHENIDATE HCL ER (OSM)	155	microgestin fe 1.5/30	255
methylphenidate hcl er (xr)	155	microgestin fe 1/20	255

MICROLET LANCETS	310	mm aller-ben	348
midazolam hcl	162	MM BLOOD GLUCOSE SYSTEM	310
midodrine hcl	128,129	MM BLOOD GLUCOSE SYSTEM REFILL	310
MIEBO	331	MM BLULINK GLUCOSE MONIT SYS	310
miglitol	114	MM BLULINK GLUCOSE TEST	310
miglustat	239	MM EASY TOUCH GLUCOSE	310
MIGRANAL	66	MM EASY TOUCH GLUCOSE METER	310
mili	255	mm fexofenadine hcl	348
MILLIPRED	244	MM INSULIN SYRINGE/NEEDLE	310
millipred	244	mm stool softener	227
milltrium advanced formula	211	mm stool softener laxative	227
milltrium cardio	211	MM TWIST LANCETS	310
milltrium senior	211	MOBIC	11
mimvey	255	MOBILE LANCETS 30G	310
MINASTRIN 24 FE	255	modafinil	368
mineral oil	227	MODEYSO	71
mineral oil heavy	227	moexipril hcl	131
mineral oil lubricant laxative	227	moisture	184
MINERAL OIL-HYDROPHIL PETROLAT	184	moisture recovery	184
minerin	184	moisturizing lotion	184
MINIPRESS	129	moisturizing sensitive skin	184
minitran	147	molindone hcl	84
MINIVELLE	255	MOMETACURE	310
minocycline hcl	37	mometasone furoate	178,340
minocycline hcl er	38	MONISTAT 1 COMBO PACK	61
MINOLIRA	38	MONISTAT 1 DAY OR NIGHT	62
minoxidil	146	monistat 1-day	62
mintox plus	230	MONISTAT 3	62
minzoya	255	MONISTAT 3 COMBINATION PACK	62
mirabegron er	240	MONISTAT 3 COMBO PACK APP	62
MIRAPEX	81	MONISTAT 7 COMBO PACK APP	62
MIRAPEX ER	81	MONISTAT 7 COMPLETE THERAPY	62
MIRCERA	124	MONISTAT 7 SIMPLY CURE	62
MIRCETTE	255	mono-linyah	255
MIRENA (52 MG)	260	MONOFERRIC	196
mirtazapine	47	MONOJECT HYPODERMIC NEEDLE	310
misoprostol	233	MONOJECT INSULIN SYRINGE	310
MITIGARE	65	MONOJECT MAGELLAN SAFETY NDL	310
MIUDELLA INTRAUTERINE COPPER	310	MONOJECT MAGELLAN SYRINGE	310
mm acetaminophen ex str	162	MONOJECT SYRINGE	310
mm acid-pep maximum strength	232	MONOJECT ULTRA COMFORT SYRINGE	311

MONOLET LANCETS	311	multi adult gummies	211
MONOLET OPD LANCETS	311	multi antibiotic plus	190
MONOLETTOR SAFETY LANCETS	311	multi complete/iron	212
MONONINE	126	multi for her	212
MONOVISC	311	multi for her 50+	212
montelukast sodium	350	multi for him	212
MONUROL	30	multi for him 50+	212
MORGIDOX	38	multi vitamin	212
morgidox	38	multi vitamin daily	212
morphine sulfate	19	multi vitamin/minerals	212
MORPHINE SULFATE	19	multi-lean	212
morphine sulfate (concentrate)	18	MULTI-MAC	196
morphine sulfate er	14,15	multi-vit/iron/fluoride	197
morphine sulfate er beads	15	multi-vitamin	212
MOTEGRITY	227	multi-vitamin daily	212
motion sickness relief	54	multi-vitamin gummies	212
motion-time	54	multi-vitamin menopausal	212
MOTPOLY XR	40	MULTI-VITAMIN/FLUORIDE/IRON	197
MOUNJARO	114	multi-vitamin/minerals	212
MOVANTIK	227	MULTIGEN	197
MOXEZA	334	MULTIGEN FOLIC	197
moxicaïne	24	MULTIGEN PLUS	197
moxifloxacin hcl	36,334	multiple vit/minerals/no iron	212
moxifloxacin hcl (2x day)	334	multiple vitamin-folic acid	212
MPD SAFETY LANCET 21G	311	multiple vitamins	212
MPD SAFETY LANCET 23G	311	multiple vitamins essential	212
MPD SAFETY LANCET 28G	311	multiple vitamins/womens	212
MPD SAFETY LANCET 30G	311	MULTIVIT-MIN GUMMIES CHILDRENS	212
MS CONTIN	15	multivitamin adult	212
MS INSULIN SYRINGE	311	multivitamin adults	212
MUCINEX DM	360	multivitamin adults 50+	212
mucus & chest congestion	360	multivitamin gummies adult	212
mucus dm	360	multivitamin gummies mens	213
mucus relief	361	multivitamin gummies womens	213
mucus relief dm	361	multivitamin iron-free	213
mucus relief er	361	multivitamin men 50+	213
mucus relief max st	361	multivitamin w/fluoride	197
mucus-dm	361	multivitamin women	213
MULPLETA	124	multivitamin women 50+	213
multi + omega-3 adult gummies	211	multivitamin womens 50+ adv	213
MULTI + OMEGA-3 GUMMIES	196	multivitamin/fluoride	197

multivitamin/fluoride/iron	197
mupirocin	190
mupirocin calcium	190
muscle rub ultra strength	184
MVW COMPLETE FORMULATION	213
MVW COMPLETE FORMULATION D3000	213
MVW COMPLETE FORMULATION D5000	213
MVW ORANGE CHEWABLES	197
MX-SOL	311
MX-SOL SF	311
my choice	261
my way	261
myamulti	213
mycophenolate mofetil	276
mycophenolate sodium	276
mycophenolic acid	276
mycozyl ac	62
mycozyl al	62
mycozyl ap	62
MYDAYIS	150
MYFEMBREE	245
MYFORTIC	276
MYGLUCOHEALTH BLOOD GLUCOSE	311
MYGLUCOHEALTH LANCETS 30G	311
MYGLUCOHEALTH TEST	311
MYHIBBIN	276
MYLERAN	69
mynephron	213
MYOBLOC	364
MYRBETRIQ	240
MYSOLINE	42

N

na ferric gluc cplx in sucrose	197
nabumetone	11
nadolol	133
nafrinse	197
naftifine hcl	62
NAFTIN	62
NALFON	11
NALOCET	19

naloxone hcl	26
naloxone hcl 4 mg/0.1ml nasal spray	26
naltrexone hcl	25
NAMENDA	47
NAMENDA TITRATION PAK	47
NAMENDA XR	47
NAMENDA XR TITRATION PACK	47
NAMZARIC	45
NAPHCN-A	331
NAPRELAN	11
NAPROSYN	11
naproxen	11
naproxen dr	11
naproxen sodium	11,12
naproxen sodium er	12
naproxen-esomeprazole mg	12
naramin	348
naratriptan hcl	67
NARCAN	26
NARDIL	48
nasal allergy 24 hour	340
nasal decongestant spray	361
nasal moisturizing spray	361
NASONEX	361
NASONEX 24HR	341
nat-rul b-50	213
nat-rul iron	197
nat-rul vitamin d	282
NATAL PNV	197
NATAZIA	255
nateglinide	114
NATESTO	247
NATROBA	188
natural fiber	227
natural fiber laxative	227
natural vegetable fiber	227
nausea relief	54
NAYZILAM	42
NEB 200 COMPRESSOR NEBULIZER	311
nebivolol hcl	133
nebusal	361

necon 0.5/35 (28)	255	nevirapine er	101
nefazodone hcl	50	new day	261
NEFFY	352	NEXAVAR	75
NEMLUVIO	268	NEXICLON XR	129
neo-polycin	331	NEXIUM	236
neo-polycin hc	331	NEXLETOL	140
NEO-SYNALAR	184	NEXLIZET	145
NEO-VITAL RX	213	NEXPLANON	261
NEOMATERNA	213	NEXTSTELLIS	255
neomycin sulfate	29	NGENLA	245
neomycin-bacitracin zn-polymyx	331	NIACIN (ANTIHYPERTENSIVE)	145
neomycin-polymyxin-dexameth	331	niacin er (antihyperlipidemic)	145
neomycin-polymyxin-gramicidin	331	NIACOR	145
neomycin-polymyxin-hc	338	NIASPAN	145
neomycin-polymyxin-hc 3.5-10000-1 ophth suspension	331	nicardipine hcl	134
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	338	NICODERM CQ	27
NEONATAL + DHA	197	NICORETTE	27
NEONATAL COMPLETE	213	NICORETTE MINI	28
NEONATAL FE	213	NICORETTE STARTER KIT	28
NEONATAL PLUS	213	nicotine	28
NEORAL	276	NICOTINE	28
NEOSPORIN ORIGINAL	190	nicotine mini	28
NEOSPORIN PLUS PAIN RELIEF MS	190	nicotine polacrilex	28
neosporin/burn relief	190	nicotine polacrilex mini	28
NEPHRON FA	197	nicotine step 1	28
nephronex	213	nicotine step 2	28
NERLYNX	75	nicotine step 3	28
NESINA	114	NICOTROL	28
NESTABS	213	NICOTROL NS	28
NESTABS DHA	197	nifedipine	134
NESTABS ONE	213	nifedipine er	134
NEUAC	171	nifedipine er osmotic release	134
NEULASTA	124	NIFEREX	197
NEULASTA ONPRO	124	night time sleep aid	366
NEUPOGEN	124	nighttime sleep aid	366
NEUPRO	81	nikki	255
NEURONTIN	42	NILOTINIB D-TARTRATE	76
NEUTEK 2TEK TEST	311	nilotinib hcl	76
NEVANAC	336	nimodipine	134
nevirapine	101	NINLARO	76
		nisoldipine er	135

nitazoxanide	80	nortrel 1/35 (28)	256
NITRO-BID	147	nortrel 7/7/7	256
NITRO-DUR	147	nortriptyline hcl	52
nitrofurantoin	30	NORVASC	135
NITROFURANTOIN	30	NORVIR	104
nitrofurantoin macrocrystal	30	NOURIANZ	81
nitrofurantoin monohyd macro	30	NOVA MAX BLOOD GLUCOSE SYSTEM	311
nitroglycerin	147	NOVA MAX GLUCOSE TEST	311
NITROLINGUAL	147	NOVA SAFETY LANCETS 23G	311
NITROMIST	147	NOVA SAFETY LANCETS 28G	311
NITROSTAT	147	NOVA SUREFLEX LANCETS	311
NIVA THYROID	264	NOVAFERRUM YAY	197
NIVA-FOL	213	NOVOEIGHT	126
NIVA-PLUS	213	NOVOLIN 70/30	120
NIVESTYM	124	NOVOLIN 70/30 FLEXPEN	120
NIZATIDINE	232	NOVOLIN 70/30 FLEXPEN RELION	120
NIZORAL	62	NOVOLIN 70/30 RELION	120
NOKOR VENTED NEEDLE	311	NOVOLIN N	120
non-aspirin	162	NOVOLIN N FLEXPEN	120
non-aspirin childrens	162	NOVOLIN N FLEXPEN RELION	120
non-aspirin extra strength	162	NOVOLIN N RELION	120
non-aspirin pain relief	162	NOVOLIN R	120
nora-be	261	NOVOLIN R FLEXPEN	120
NORDITROPIN FLEXPEN	245	NOVOLIN R FLEXPEN RELION	120
norelgestromin-eth estradiol	255	NOVOLIN R RELION	120
norethin ace-eth estrad-fe	255	NOVOLOG	121
norethin-eth estradiol-fe	255	NOVOLOG 70/30 FLEXPEN RELION	121
norethindron-ethinyl estrad-fe	256	NOVOLOG FLEXPEN	121
norethindrone	261	NOVOLOG FLEXPEN RELION	121
norethindrone acet-ethinyl est	256	NOVOLOG MIX 70/30	121
norethindrone acetate	261	NOVOLOG MIX 70/30 FLEXPEN	121
norethindrone-eth estradiol	256	NOVOLOG MIX 70/30 RELION	121
NORGESIC	364	NOVOLOG PENFILL	121
NORGESIC FORTE	364	NOVOLOG RELION	121
norgestim-eth estrad triphasic	256	NOVOSEVEN RT	126
norgestimate-eth estradiol	256	NOXAFIL	62
NORLIQVA	135	NP THYROID	264
norlyda	261	NPLATE	124
NORPRAMIN	52	NUBEQA	69
nortrel 0.5/35 (28)	256	NUCALA	361
nortrel 1/35 (21)	256	NUCYNTA	19

NUCYNTA ER	15
NUFERA	197
NUPLAZID	90
NURTEC	66
nutrifac zx	213
NUTROPIN AQ NUSPIN 10	245
NUTROPIN AQ NUSPIN 20	245
NUTROPIN AQ NUSPIN 5	245
NUVARING	256
NUVESSA	31
NUVIGIL	368
NUWIQ	127
NUZYRA	38
nyamyc	62
nylia 1/35	256
nylia 7/7/7	256
NYMALIZE	135
nymyo	256
NYPOZI	125
nystatin	62
nystatin-triamcinolone	184
nystop	62
nytol quickcaps	366
NYVEPRIA	125

O

OB COMPLETE	214
OB COMPLETE ONE	214
OB COMPLETE PETITE	214
OB COMPLETE PREMIER	214
OB COMPLETE/DHA	214
OBIZUR	127
OCALIVA	230
ocella	256
OCREVUS	166
OCREVUS ZUNOVO	166
OCUFLOX	334
ocutabs	214
ocutabs-lutein	214
ocuvite extra	214
ocuvite eye + multi	214

ocuvite eye health gummies	214
ocuvite-lutein	214
ODEFSEY	101
ODOMZO	76
OFEV	355
ofloxacin	36,334
OGSIVEO	76
OHTUVAYRE	353
OJEMDA	76
OJJAARA	71
olanzapine	91
olanzapine-fluoxetine hcl	47
olmesartan medoxomil	130
olmesartan medoxomil-hctz	140
olmesartan-amlodipine-hctz	140
olopatadine hcl	333,348
OLPRUVA (2 GM DOSE)	239
OLPRUVA (3 GM DOSE)	239
OLPRUVA (4 GM DOSE)	239
OLPRUVA (5 GM DOSE)	239
OLPRUVA (6 GM DOSE)	239
OLPRUVA (6.67 GM DOSE)	239
OLUMIANT	268
OLUX	178
OLUX-E	178
OMECLAMOX-PAK	230
omega-3-acid ethyl esters	145
omeprazole	236,237
omeprazole magnesium	237
omeprazole-sodium bicarbonate	237
OMNARIS	341
OMNIPOD 5 DEXG7G6 PODS GEN 5	312
OMNIPOD 5 G6 INTRO (GEN 5)	312
OMNIPOD 5 G6 PODS (GEN 5)	312
OMNIPOD CLASSIC PODS (GEN 3)	312
OMNIPOD DASH INTRO (GEN 4)	312
OMNIPOD DASH PDM (GEN 4)	312
OMNIPOD DASH PODS (GEN 4)	312
OMNIPOD GO	312
OMNITROPE	245
OMVOH	230

OMVOH (300 MG DOSE)	230	ONE-A-DAY VITACRAVES	215
ON CALL EXPRESS BLOOD GLUCOSE	312	ONE-A-DAY VITACRAVES ADULT	215
ON CALL EXPRESS MONITORING SYS	312	ONE-A-DAY VITACRAVES IMMUNITY	215
once daily	214	ONE-A-DAY VITACRAVES SOUR	215
ondansetron	56	ONE-A-DAY WOMENS PRENATAL 1	197
ONDANSETRON	56	ONE-A-DAY WOMENS VITACRAVES	197
ondansetron hcl	56,57	one-daily multi vitamins	215
ondansetron hcl +rfd	56	one-daily multi-vit/mineral	216
ONE A DAY IMMUNITY DEFENSE	214	one-daily multi-vitamin	216
ONE A DAY MENS VITACRAVES	214	onelix magnesium citrate	227
ONE A DAY WOMEN 50 PLUS	214	ONETOUCH DELICA PLUS LANCET30G	312
one daily	214	ONETOUCH DELICA PLUS LANCET33G	312
one daily 50 plus	214	ONETOUCH DELICA SAFETY LANCING	312
one daily calcium/iron	214	ONETOUCH SOLUTIONS STARTER KIT	312
one daily complete	214	ONETOUCH ULTRA	312
one daily complete for men	214	ONETOUCH ULTRA 2	312
one daily essential	214	ONETOUCH ULTRA BLUE TEST	312
one daily for men 50+ advanced	214	ONETOUCH ULTRA TEST	312
one daily for men/lycopene	214	ONETOUCH ULTRASOFT 2 LANCETS	312
one daily for women	214	ONETOUCH ULTRASOFT LANCETS	312
one daily for women 50+ adv	214	ONETOUCH VERIO	312
one daily healthy weight	215	ONETOUCH VERIO FLEX METER	312
one daily healthy weight adv	215	ONETOUCH VERIO FLEX STARTR KIT	312
one daily maximum	215	ONETOUCH VERIO REFLECT METER	312
one daily mens	215	ONETOUCH VERIO REFLECT STR KIT	312
one daily mens 50+ multivit	215	ONEXTON	171
one daily mens 50+/lycopene	215	ONFI	42
one daily mens health	215	ONGENTYS	81
one daily multivit/iron-free	215	ONGLYZA	114
one daily multivitamin adult	215	ONYDA XR	155
one daily multivitamin men	215	ONZETRA XSAIL	67
one daily multivitamin women	215	opcicon one-step	261
one daily womens	215	OPILL	261
one daily womens 50 plus	215	OPIPZA	91
one daily womens 50+	215	OPSUMIT	354
one daily/minerals	215	OPSYNVI	354
one vite ferrous sulfate	197	optic-vites	216
ONE-A-DAY FOR HER VITACRAVES	215	optic-vites with lutein	216
ONE-A-DAY FOR HIM VITACRAVES	215	OPTICHAMBER DIAMOND	312
ONE-A-DAY MENS VITACRAVES	215	OPTICHAMBER DIAMOND-LG MASK	313
one-a-day teen advantage/her	215	OPTICHAMBER DIAMOND-MD MASK	313

OPTICHAMBER DIAMOND-SM MASK	313	orphenadrine-asa-caffeine	364
OPTIFAST POST BARIATRIC	216	ORPHENADRINE-ASPIRIN-CAFFEINE	364
OPTIMUM AIRVITES	216	ORPHENGESIC FORTE	364
optimum pms	216	orquidea	261
option 2	261	ORSERDU	70
OPTISOURCE POST BARIATRIC SURG	216	orsythia	256
OPTIUM TEST	313	ORTHO MICRONOR	261
OPTIUMEZ TEST	313	ORTHOVISC	313
OPURITY BYPASS OPTIMIZED	216	ORTIKOS	280
OPVEE	26	oseltamivir phosphate	105
OPZELURA	184	OSENI	114
ORA-PLUS	313	OSENVELT	282
ORA-SWEET	313	OSMOLEX ER	81
ORA-SWEET SF	313	osteoprime ultra	216
ORACEA	38	OTEZLA	184
ORACIT	242	OTIPRIO	339
ORAL CITRATE	242	OTOVEL	339
oral electrolyte freezer pops	197	OTREXUP	277
oral electrolytes	197	OTULFI	268
ORAL SUSPEND	313	OVIDE	188
ORAL SYRUP	313	oxandrolone	246
ORAL SYRUP SF	313	OXAPROZIN	12
oralone	167	oxaprozin	12
oralyte	197	OXAYDO	19
oralyte freezer pops	197	oxazepam	110
ORAPENN SD ANHYD SWEETENED	313	OXBRYTA	239
ORAPENN SD ANYHYD UNSWEETEN	313	oxcarbazepine	44
ORAPRED ODT	244	oxcarbazepine er	44
ORAVIG	62	oxiconazole nitrate	62
ORENCIA	268,277	OXISTAT	62
ORENCIA CLICKJECT	268	OXTELLAR XR	44
ORENITRAM	354	OXYBUTYNIN CHLORIDE	240
ORENITRAM MONTH 1	354	oxybutynin chloride	240
ORENITRAM MONTH 2	354	oxybutynin chloride er	240
ORENITRAM MONTH 3	354	oxycodone hcl	19
ORGOVYX	71	OXYCODONE HCL	19
ORIAHNN	265	oxycodone hcl er	15
ORLISSA	265	OXYCODONE HCL ER	15
ORLADEYO	267	oxycodone-acetaminophen	19
ORLYNVAH	34	OXYCODONE-ACETAMINOPHEN	19
orphenadrine citrate er	364	OXYCONTIN	15

oxymorphone hcl	19
oxymorphone hcl er	15
OXYTROL	240
OXYTROL FOR WOMEN	241
OZEMPIC (0.25 OR 0.5 MG/DOSE)	114
OZEMPIC (1 MG/DOSE)	115
OZEMPIC (2 MG/DOSE)	115
OZOBAX	98
OZOBAX DS	98
OZURDEX	336

P

pacerone	132	PARI LC PLUS NEBULIZER	313
pain & fever childrens	162	paricalcitol	282
pain & fever infants	162	PARLODEL	81
pain & fever kids	162	paroxetine hcl	50
pain and fever relief kids	162	paroxetine hcl er	50
pain relief childrens	162	paroxetine mesylate	50
pain relief extra strength	162	PATADAY	333
pain relief maximum strength	24	PATANASE	348
pain relief regular strength	162	PAVBLU	331
pain reliever	162	PAXIL	50
pain reliever extra strength	162	PAXIL CR	50
pain reliever for adults	162	PAXLOVID (150/100)	106
pain reliever/fever reducer	162	PAXLOVID (300/100)	106
pain relieving ultra st	184	pazopanib hcl	76
paliperidone er	91	PC LANCETS SUPER THIN 30G	313
PALONOSETRON HCL	57	pc pediatric iron drops	198
PAMELOR	53	PCCA SWEET-SF	313
PAMIDRONATE DISODIUM	282	PCCA SYRUP VEHICLE	313
pamidronate disodium	282	ped electrolyte freeze pops	198
panadol childrens	163	ped electrolyte freezer pops	198
panadol extra strength	163	pedia vance	198
panadol infants	163	pediacare children	163
PANCREAZE	239	pediacare childrens allergy	348
PANDEL	178	pediacare infant fever/pain	163
panoxyl acne treatment	171	pediacare infants	163
panoxyl creamy wash	184	PEDIAPRED	244
panoxyl foaming wash	184	pediatric electrolyte	198
pantoprazole sodium	237	peg 3350	227
PARAGARD INTRAUTERINE COPPER	313	peg 3350-kcl-na bicarb-nacl	230
		peg-3350/electrolytes	231
		peg-3350/electrolytes/ascorbat	231
		peg-kcl-nacl-nasulf-na asc-c	231
		PEGASYS	271
		PEMAZYRE	76
		penciclovir	190
		penicillin g potassium	34
		penicillin g sodium	34
		penicillin v potassium	34
		PENNSAID	12
		PENTASA	280
		pentazocine-naloxone hcl	20

pentoxifylline er	140	PHOSLYRA	201
PEPCID	233	phospha 250 neutral	242
PEPCID AC	233	phosphasal	31
perampanel	40	phospho-trin 250 neutral	242
PERCOCET	20	PHOSPHOLINE IODIDE	337
PERFECT LANCETS 28G	313	phosphorous	242
PERFECT LANCETS 30G	313	PHYRAGO	76
PERFECT POINT SAFETY LANCETS	313	phytonadione	127
PERFOROMIST	352	PIFELTRO	101
PERINDOPRIL ERBUMINE	131	pilocarpine hcl	167,337
periogard	167	pimecrolimus 1% cream (only oceanside [68682] preferred)	179
permethrin	188	pimozide	84,85
perphenazine	54	pimtrea	256
perphenazine-amitriptyline	47,48	pindolol	133
PERSERIS	91	pioglitazone hcl	115
PERTZYE	239	pioglitazone hcl-glimepiride	115
PEXEVA	50	pioglitazone hcl-metformin hcl	115
pfizerpen	34	PIP BLOOD GLUCOSE MONITORING	314
pharbedryl	348	PIP BLOOD GLUCOSE TEST STRIP	314
pharbetol	163	PIP LANCETS 28G	314
pharbetol extra strength	163	PIP LANCETS 30G	314
PHARMACIST CHOICE ALCOHOL	313	PIQRAY (200 MG DAILY DOSE)	76
PHARMACIST CHOICE AUTOCODE	313	PIQRAY (250 MG DAILY DOSE)	76
PHARMACIST CHOICE AUTOCODE SYS	313	PIQRAY (300 MG DAILY DOSE)	76
pharmacist choice d-vitamin	283	pirfenidone	355
PHARMACIST CHOICE LANCETS	313	pirmella 1/35	256
pharmacist choice lidocaine	24	pirmella 7/7/7	256
PHARMACIST CHOICE MINI SYSTEM	313	piroxicam	12
PHARMACIST CHOICE NO CODING	313	pitavastatin calcium	143
PHARMACY COUNTER LANCETS	314	PLAQUENIL	80
PHEBURANE	239	PLAVIX	128
phenelzine sulfate	48	PLEGRIDY	166
PHENERGAN	54	PLEGRIDY STARTER PACK	166
phenobarbital	42	PLEXION	184
phenylephrine hcl	331	PLEXION CLEANSER	184
phenytek	44	PLEXION CLEANSING CLOTH	184
phenytoin	44	PLIAGLIS	24
phenytoin infatabs	44	PNEUMOVAX 23	279
phenytoin sodium extended	45	PNV PRENATAL PLUS MULTIVIT+DHA	198
philith	256	PNV TABS 20-1	198
phillips stool softener	227		

PNV TABS 29-1	198	PRECISION THINS GP LANCETS	314
pnv-dha	216	PRECISION XTRA	314
PNV-DHA+DOCUSATE	216	PRECISION XTRA BLOOD GLUCOSE	314
PNV-OMEGA	216	PRECISION XTRA-GLUCOSE/KETONE	314
pnv-select	216	PRECLOSE	115
podofilox	184	PRED FORTE	336
POGO AUTOMATIC BLOOD GLUCOSE	314	PRED MILD	336
POGO AUTOMATIC TEST CARTRIDGES	314	PRED-G	331
poly bacitracin	190	PRED-G S.O.P.	331
POLY HUB NEEDLE	314	prednicarbate	179
poly-iron 150 forte	198	prednisolone	244
POLY-VI-SOL	216	prednisolone acetate	336
polycin	331	prednisolone sodium phosphate	244
polyethylene glycol 3350	227	PREDNISOLONE SODIUM PHOSPHATE	336
polymyxin b-trimethoprim	334	prednisone	244
POLYSPORIN	190	PREDNISONE INTENSOL	245
POLYTRIM	334	PREFERRED PLUS GLUCOSE	117
polyvinyl alcohol	331	PREFERRED PLUS INSULIN SYRINGE	314
POMALYST	70	PREFERRED PLUS LANCETS COLORED	314
PONVORY	166	PREFERRED PLUS LANCETS THIN	314
PONVORY STARTER PACK	166	PREFEST	256
portia-28	256	pregabalin	165
posaconazole	62,63	pregabalin er	165
POSFREA	57	PREGEN DHA	198
potassium chloride	198	PREMARIN	256,257
potassium chloride crys er	198	PREMIUM BLOOD GLUCOSE TEST	314
potassium chloride er	198	PREMPHASE	257
potassium citrate er	198	PREMPRO	257
PRADAXA	123	PRENAISSANCE	216
PRALUENT	145	PRENAISSANCE PLUS	216
pramipexole dihydrochloride	81	PRENATAL	198,216
pramipexole dihydrochloride er	82	PRENATAL (W/IRON & FA)	198
prasugrel hcl	128	PRENATAL 19	198
pravastatin sodium	143	PRENATAL ESSENTIALS	198
prazosin hcl	129	PRENATAL MULTI +DHA	199
PRECISION PCX	314	PRENATAL PLUS VITAMIN/MINERAL	216
PRECISION PCX PLUS TEST	314	PRENATAL VITAMIN PLUS LOW IRON	216
PRECISION POINT OF CARE TEST	314	PRENATAL-U	199
PRECISION QID TEST	314	PRENATAL/FOLIC ACID+DHA	199
PRECISION SURE-DOSE SYRINGE	314	PRENATE	216
PRECISION SUREDOSE PLUS SYR	314	PRENATE AM	216

PRENATE DHA	216	PRO VOICE V8 GLUCOSE SYSTEM	315
PRENATE ELITE	216	PRO VOICE V8/V9 GLUCOSE	315
PRENATE ENHANCE	216	PRO VOICE V9 GLUCOSE SYSTEM	315
PRENATE ESSENTIAL	216	PROAIR DIGIHALER	352
PRENATE MINI	217	PROAIR HFA	352
PRENATE PIXIE	217	PROAIR RESPICLICK	352
PRENATE RESTORE	217	probenecid	65
PRENATRIX	217	PROCARDIA XL	135
PRENATRYL	217	procentra	150
PREPLUS	217	PROCHAMBER VHC	315
PRESERVISION AREDS 2	217	prochlorperazine	55
PRETAB	199	prochlorperazine edisylate	55
PREVACID	237	prochlorperazine maleate	55
PREVACID 24HR	237	PROCRT	125
PREVACID SOLUTAB	237	procto-med hc	179
prevalite	145	proctocort	179
previfem	257	PROCTOFOAM HC	184
PREVNAR 13	279	proctosol hc	179
PREVYMIS	98	proctozone-hc	179
PREZCOBIX	104	PRODIGY AUTOCODE BLOOD GLUCOSE	315
PREZISTA	104,105	PRODIGY LANCETS 28G	315
PRILO PATCH II	24	PRODIGY NO CODING BLOOD GLUC	315
PRILOHEAL PLUS 30	24	PRODIGY POCKET BLOOD GLUCOSE	315
prilolid	24	PRODIGY SAFETY LANCETS 26G	315
PRILOSEC	237	PRODIGY TWIST TOP LANCETS 28G	315
prilovix	24	PRODIGY VOICE BLOOD GLUCOSE	315
prilovix lite	24	PROFILNINE	127
prilovix lite plus	24	progesterone	261
prilovix plus	24	PROGRAF	277
PRILOVIXIL	24	PROLATE	20
PRIMACARE	217	PROLENSA	336
primaquine phosphate	80	PROLIA	283
primidone	42	PROMACTA	125
PRINIVIL	131	promethazine hcl	55,348
PRISTIQ	50	PROMETHAZINE VC	361
PRIZOPAK II	24	promethazine-dm	361
PRO COMFORT ALCOHOL	315	PROMETHAZINE-PHENYLEPHRINE	361
PRO COMFORT INSULIN SYRINGE	315	promethegan	55
PRO COMFORT LANCETS 30G	315	PROMETRIUM	261
PRO COMFORT LANCETS 31G	315	propafenone hcl	132
PRO COMFORT SAFETY LANCETS 30G	315	propranolol hcl	134

propranolol hcl er	134
propranolol-hctz	140
propylthiouracil	266
PROSCAR	241
prosight	217
PROTONIX	238
PROTOPIC	179
protriptyline hcl	53
PROVENTIL HFA	352
PROVERA	261
PROVIDA OB	217
PROVIGIL	368
PROZAC	50,51
prucalopride succinate	227
pruradik	188
pseudoeph-bromphen-dm	361
PSORCON	179
PSS SELECT GP LANCETS	315
PSS SELECT SAFETY LANCETS	315
PULMICORT	341
PULMICORT FLEXHALER	341
PULMONEB LT	315
pulmosal	361
PURE COMFORT ALCOHOL PREP	315
PURE COMFORT LANCETS 30G	315
purevit dualfe plus	199
px advanced formula multivits	217
px allergy	348
px allergy relief d (loratid)	361
px b-50	217
px childrens pain relief	163
px childrens vitamin	217
px complete senior multivits	217
px docusate sodium	227
px dual action	233
PX GLUCOSE	117
px iron	199
PX LANCETS MICROTHIN 33G	315
PX LANCETS ULTRA THIN	315
PX LANCETS ULTRA THIN 28G	316
px mens multivitamins	217

px miconazole 3-day combo	63
px pain relief extra strength	163
px tussin dm	361
PYLERA	231
pyqui	245
pyrazinamide	69
PYZCHIVA	268

Q

QBRELIS	131
qc 3 day	63
qc 8 hour arthritis pain	163
qc acetaminophen infants	163
qc acid controller	233
qc acid controller max st	233
qc alcohol	316
QC ALCOHOL SWABS	316
qc all day allergy	348
qc allergy childrens	348
qc allergy relief	348,361
qc anti-itch aloe	179
qc anti-itch extra strength	179
qc anti-nausea	55
qc antifungal (tolnaftate)	63
qc athletes foot	63
qc childrens allergy	348
qc childrens complete	217
qc childrens ibuprofen	12
qc clotrimazole	63
qc complete allergy medicine	348
qc daily multivit/multimineral	217
qc diclofenac sodium	12
qc esomeprazole magnesium	238
qc essentials	217
qc famotidine acid reducer	233
qc ferrous sulfate	199
qc fexofenadine hydrochloride	349
qc hair skin & nails	217
qc hemorrhoidal	184
qc ibuprofen	12
qc ibuprofen ib	12

QC LANCETS SUPER THIN 30G	316	QELBREE	155
QC LANCETS ULTRA THIN	316	QFITLIA	127
qc lansoprazole	238	QINLOCK	71
qc loratadine allergy relief	349	QNASL	341
qc loratadine-d	361	QNASL CHILDRENS	341
qc magnesium citrate	227	QTERN	115
qc mens daily multivitamin	217	QUALAQUIN	80
qc miconazole 7	63	QUARTETTE	257
qc mineral oil heavy	227	QUAZEPAM	366
qc mucus relief	361	QUDEXY XR	40
qc mucus relief max st	361	QUESTRAN	145
qc multi-vite	217	QUESTRAN LIGHT	145
qc multi-vite 50 & over	217	quetiapine fumarate	91,92
qc naproxen sodium	12	quetiapine fumarate er	92
qc natura-lax	227	QUILLICHEW ER	156
qc natural vegetable	227	QUILLIVANT XR	156
qc nicotine transdermal system	28	quinapril hcl	131
qc non-aspirin childrens	163	quinapril-hydrochlorothiazide	140
qc non-aspirin extra strength	163	quinine sulfate	80
qc olopatadine hcl	333	quintabs-m	217
qc omeprazole magnesium	238	QUINTET AC BLOOD GLUCOSE	316
qc pain relief	163	QUINTET AC BLOOD GLUCOSE TEST	316
qc pain relief childrens	163	QUINTET BLOOD GLUCOSE SYSTEM	316
qc pain relief extra strength	163	QUINTET BLOOD GLUCOSE TEST	316
qc pain relief infants	163	QULIPTA	66
qc pain relieving	184	QUTENZA	184
qc rest simply	366	QUTENZA (2 PATCH)	185
qc senna-s	227	QUTENZA (4 PATCH)	185
qc stomach relief	231	QUVIVIQ	366
qc stool softener	228	QVAR REDIHALER	341
qc stool softener pls laxative	228		
qc therin-m	217		
qc tolnaftate	63		
qc triple antibiotic max st	190		
qc tussin dm cough/congestion	361		
QC UNILET LANCETS 28G	316		
QC UNILET LANCETS MICRO THIN	316		
qc vitamin b12	217		
qc vitamin d3	283		
qc womens daily multivitamin	217		
QDOLO	20		

R

ra 2-in-1 lax/stool softener	228
ra acetaminophen	163
ra acetaminophen ex st	163
RA ALCOHOL SWABS	316
ra allergy	179,349
ra allergy medication	349
ra allergy relief	349
ra allergy relief childrens	349
ra allergy/congestion	361

ra allergy/congestion relief	361	ra stool softener	228
ra anti-itch skin protectant	179	ra tioconazole 1	63
ra antibiotic plus	190	ra tussin cgh/chest congest dm	362
ra athlete's foot	63	ra tussin cough	362
ra b-complex	218	ra tussin cough dm sugar free	362
ra b-complex with b-12	218	ra tussin dm	362
ra central-vite mens mature	218	ra vitamin b-12 tr	218
ra central-vite womens mature	218	ra vitamin d-3	283
ra children's fever/pain	163	ra vitamins complete children's	218
ra clotrimazole 7	63	ra wart remover	185
ra col-rite	228	rabeprazole sodium	238
ra complete allergy	349	RALDESY	51
ra diphenhydramine allergy	349	raloxifene hcl	262
ra dual action complete	233	ramelteon	366
RA E-ZJECT LANCETS 28G	316	ramipril	131
RA E-ZJECT LANCETS THIN 26G	316	RANEXA	140
RA E-ZJECT LANCETS THIN 28G	316	ranolazine er	140
RA E-ZJECT LANCETS ULTRA THIN	316	RAPAFLO	241
ra fever reducer/pain reliever	163	RAPAMUNE	277
RA GLUCOSE	117	RAPIVAB	105
RA INSULIN SYRINGE	316	rasagiline mesylate	82
ra iron	199	RASUVO	277
ra isopropyl alcohol wipes	316	RAVICTI	239
ra miconazole 3 combo pack	63	RAYALDEE	283
ra miconazole 3 combo pack app	63	RAYOS	245
ra miconazole 7	63	RAZADYNE ER	46
ra mineral oil	228	re-lieved maximum strength	24
ra mucus relief	362	react	261
ra multihealth fiber	228	READYLANCE SAFETY LANCETS	316
ra night sleep aid	366	REAL HEAL-I	24
ra nighttime sleep aid	366	REALITY INSULIN SYRINGE	316
ra one daily maximum	218	REALITY LANCETS	316
ra one daily mens 50+ w/vit d3	218	REALITY SWABS	316
ra one daily mens multi	218	REALITY TRIGGER LANCETS	316
ra one daily mens/vit d-3	218	REBIF	166
ra p col-rite	228	REBIF REBIDOSE	167
ra pain relief acetaminophen	163	REBIF REBIDOSE TITRATION PACK	167
ra pediatric electrolyte	199	REBIF TITRATION PACK	167
ra sleep aid	366	REBINYN	127
ra sleep aid (diphenhydramine)	366	RECLAST	283
ra slow release iron	199	reclipsen	257

RECOMBINATE	127	RELISTOR	228
RECOMBIVAX HB	279	RELPAK	67
REDITREX	277	RELTONE	231
refreshing aloe	185	REMERON	48
REFUAH PLUS BLOOD GLUCOSE TEST	316	REMERON SOLTAB	48
REFUAH PLUS MONITORING SYSTEM	316	REMICADE	277
REGLAN	55	rena-vite rx	218
reguloid	228	RENAGEL	201
rehydralyte	199	renal	218
relador pak	24	renaplex	218
relador pak plus	24	RENFLEXIS	277
relafen	12	reno caps	218
RELAFEN DS	12	RENTHYROID	264
RELENZA DISKHALER	105	RENVELA	201
RELEUKO	125	repaglinide	115
RELEXII	156	REPATHA	145
RELION ALCOHOL SWABS	317	REPATHA PUSHTRONEX SYSTEM	145
RELION ALL-IN-ONE	317	REPATHA SURECLICK	145
RELION BLOOD GLUCOSE TEST	317	RESTASIS	332
RELION CONFIRM GLUCOSE MONITOR	317	RESTASIS MULTIDOSE	332
RELION CONFIRM/MICRO TEST	317	RESTORIL	366
RELION GLUCOSE	117	RETACRIT	125
RELION INSULIN SYRINGE	317	retaine allergy	333
RELION LANCET DEVICES 30G	317	RETEVMO	76
RELION LANCETS	317	RETIN-A	171
RELION LANCETS MICRO-THIN 33G	317	RETIN-A MICRO	171
RELION LANCETS THIN 26G	317	RETIN-A MICRO PUMP	171
RELION LANCETS ULTRA-THIN 30G	317	RETISERT	336
RELION MICRO	317	RETROVIR	102
RELION PREMIER BLU MONITOR	317	REVATIO	354
RELION PREMIER CLASSIC	317	REVLIMID	70
RELION PREMIER TEST	317	REVUFORJ	76
RELION PREMIER VOICE MONITOR	317	REXALL BLOOD GLUCOSE SYSTEM	317
RELION PRIME MONITOR	317	REXALL BLOOD GLUCOSE TEST	318
RELION PRIME TEST	317	REXALL LANCETS ULTRA THIN 30G	318
RELION TRUE MET AIR GLUC METER	317	REXTOVY	26
RELION TRUE METRIX TEST STRIPS	317	REXULTI	92
RELION ULTIMA GLUCOSE SYSTEM	317	REYATAZ	105
RELION ULTIMA TEST	317	REYVOW	67
RELION ULTRA THIN LANCETS 30G	317	REZLIDHIA	76
RELION ULTRA THIN PLUS LANCETS	317	REZUROCK	277

REZVOGLAR KWIKPEN	121
RHOGAM ULTRA-FILTERED PLUS	267
RHOPRESSA	337
RIAX	191
ribavirin	99
rifabutin	68
rifampin	69
RIGHTEST GL300 LANCETS	318
RIGHTEST GM100 BLOOD GLUCOSE	318
RIGHTEST GM300 BLOOD GLUCOSE	318
RIGHTEST GM550 BLOOD GLUCOSE	318
RIGHTEST GS100 BLOOD GLUCOSE	318
RIGHTEST GS300 BLOOD GLUCOSE	318
RIGHTEST GS550 BLOOD GLUCOSE	318
RIGHTEST GT333 BLOOD GLUCOSE	318
RIGHTEST GT333 GLUCOSE TEST	318
rimantadine hcl	105
RINVOQ	269
RINVOQ LQ	269
RIOMET	115
risanoid plus	218
risedronate sodium	283
RISPERDAL	92,93
RISPERDAL CONSTA	93
risperidone	93
risperidone microspheres er	94
RITALIN	156
RITALIN LA	156,157
ritonavir	105
rivaroxaban	123
rivastigmine	46
rivastigmine tartrate	46
rivelsa	257
RIXUBIS	127
rizatriptan benzoate	67
robafen dm cgh/chest congest	362
robafen dm cough	362
ROCALTROL	283
ROCKLATAN	332
roflumilast	353
ROLVEDON	125

ROMVIMZA	76
ropinirole hcl	82
ropinirole hcl er	82
rosadan	31
rosuvastatin calcium	144
rosyrah	257
ROSZET	145
ROWASA	280
roweepra	40
ROXICODONE	20
ROXYBOND	20
ROZEREM	366
ROZLYTREK	76
RUBRACA	77
RUCONEST	267
rufinamide	45
RUKOBIA	103
RYALTRIS	362
RYBELSUS	115
RYDAPT	77
RYKINDO	94
RYTARY	82
RYZNEUTA	125

S

SABRIL	42
sacubitril-valsartan	140
safe tussin dm	362
SAFE-T-LANCE	318
SAFE-T-LANCE PLUS	318
safetussin dm cough/chest cong	362
SAFETY INSULIN SYRINGES	318
SAFETY LANCET 30G/PRESSURE ACT	318
SAFETY LANCETS	318
SAFETY LANCETS 21G	318
SAFETY LANCETS 23G	318
SAFETY LANCETS 28G	318
SAFETY SYRINGE/NEEDLE	318
SAFYRAL	257
SAIZEN	246
SAIZENPREP	246

sajazir	267	SECURESAFE HYPODERMIC NEEDLE	319
SALICYLIC ACID	185	SECURESAFE INSULIN SYRINGE	319
salonpas pain relieving	24	SECURESAFE SYRINGE/NEEDLE	319
SANCUSO	57	SEGLENTIS	20
SANDIMMUNE	277	SEGLUROMET	115
SAPHRIS	94	SELARSDI	269
SAPS CARE ALCOHOL PREP	318	SELECT-OB	218
SAPS HEALTH ALCOHOL PREP	318	SELECT-OB+DHA	199
SAPS HEALTH CARE ALCOHOL PREP	319	selegiline hcl	82
SAPS HEALTH PLUS LANCETS	319	selenium sulfide	179
SAPS HEALTH TWIST TOP LANCETS	319	SELZENTRY	103
SAPS TWIST TOP LANCETS	319	SEMGLEE	121
SAPSCARE TWIST TOP LANCETS	319	SEMGLEE (YFGN)	121
SAVAYSA	123	senexon-s	228
SAVELLA	165	senior tabs	218
SAVELLA TITRATION PACK	165	senna plus	228
saxagliptin hcl	115	senna s	228
saxagliptin-metformin er	115	senna-docusate sodium	228
SB ALCOHOL PREP	319	senna-plus	228
sb allergy	349	senna-s	228
sb allergy medicine	349	senna-time s	228
sb docusate sodium	228	sennosides-docusate sodium	228
sb docusate sodium/senna	228	sentry	218
sb fiber laxative	228	sentry senior	218
SB INSULIN SYRINGE	319	SEREVENT DISKUS	352
SB LANCETS THIN	319	SERNIVO	179
SB LANCETS ULTRA THIN	319	SEROQUEL	94
sb non-aspirin	163	SEROQUEL XR	94,95
sb non-aspirin extra strength	163	SEROSTIM	246
sb pain reliever childrens	163	sertraline hcl	51
sb pain reliever ex st	164	setlakin	257
sb pediatric electrolyte	199	sevelamer carbonate	201
sb polyethylene glycol 3350	228	sevelamer hcl	202
sb sleep	366	SEVENFACT	127
scalpicin maximum strength	179	SEYSARA	38
SCSEMBLIX	77	sf	167
scopolamine	55	SFROWASA	280
SE-NATAL 19	218	sharobel	261
se-tan plus	199	SHINGRIX	279
SEASONIQUE	257	SHOPKO ON-THE-GO LANCETS 30G	319
SECUADO	94	SHOPKO UNILET LANCETS 28G	319

SHOPKO UNILET LANCETS 30G	319	sleep aid (doxylamine)	367
SIKLOS	71	sleep ii	367
SILA III	319	sleep tabs	367
siladryl allergy	349	sleep-aid	367
sildenafil citrate	354	sleep-tabs	367
SILENOR	366	slow release iron	199
SILIQ	269	SLYND	261
silodosin	241	sm 3-day vaginal	63
siltussin dm das	362	sm acid reducer	233
siltussin-dm alcohol free	362	sm acid reducer max st	233
silver sulfadiazine	185	SM ALCOHOL PREP	319
SIMBRINZA	337	sm all day allergy	349
simethicone	231	sm all day allergy childrens	349
SIMLANDI (1 PEN)	277	sm all day allergy relief	349
SIMLANDI (1 SYRINGE)	277	sm all day allergy-d	362
SIMLANDI (2 PEN)	278	sm allergy childrens	349
SIMLANDI (2 SYRINGE)	278	sm allergy relief	349,362
simliya	257	sm allergy relief childrens	349
simpesse	257	sm animal shapes complete	218
simply sleep	367	sm anti-itch extra strength	179
SIMPONI	278	sm antibiotic	31
SIMPONI ARIA	278	sm antibiotic plus pain relief	191
simvastatin	144	sm antifungal clotrimazole	63
SINEMET	82	sm antifungal miconazole	63
SINGLE-LET	319	sm antifungal tolnaftate	63
SINGULAIR	350	sm antioxidant vitamins	218
SINUVA	362	sm arthritis pain	12
sirolimus	278	sm athletes foot	63
SITAGLIPT BASE-METFORM HCL ER	115	sm balanced b-100	218
SITAGLIPTIN	115	sm balanced b-50	218
SITAGLIPTIN BASE-METFORMIN HCL	115	sm childrens ibuprofen	12
SITAVIG	106	sm childrens loratadine	350
SKELAXIN	364	sm clearlax	228
SKYADERM-LP	24	sm clotrimazole vaginal	63
SKYLA	261	sm complete	218
SKYRIZI	269	sm complete 50+	219
SKYRIZI (150 MG DOSE)	269	sm complete 50+ ultimate mens	219
SKYRIZI PEN	269	sm complete 50+ ultimate women	219
SKYTROFA	246	sm complete advanced formula	219
sleep aid	367	sm complete senior formula	219
sleep aid (diphenhydramine)	367	sm daily diet support	219

sm double antibiotic	191	sm pain & fever childrens	164
sm dry skin therapy	185	sm pain & fever infants	164
sm esomeprazole magnesium	238	sm pain relief	164
sm eye itch relief	333	sm pain relief extra strength	164
sm fexofenadine hcl	350	sm pain reliever	164
sm fiber	229	sm pain reliever childrens	164
SM GLUCOSE	117	sm pain reliever ex st	164
sm hair/skin/nails	219	sm pediatric electrolyte	199
sm hemorrhoidal	185	sm senna-s	229
sm hydrocortisone	179	sm sleep aid	367
sm hydrocortisone max st	179	sm stool softener	229
sm hydrocortisone plus	179	sm stool softener/laxative	229
sm ibuprofen	12	sm tioconazole-1	63
sm ibuprofen ib	12	sm triple antibiotic	191
sm ibuprofen ib childrens	12	sm triple antibiotic max st	191
sm infants ibuprofen	12	sm triple antibiotic original	191
sm iron	199	sm tussin cough/chest congest	362
SM LANCETS 33G	319	sm tussin dm	362
sm lansoprazole	238	sm vitamin b12 tr	219
sm lice killing max strength	188	sm vitamin d3	283
sm lice solution kit	188	SMART SENSE COLOR LANCETS 33G	319
sm lice solution kit 3-step	188	SMART SENSE GLUCOSE	118
sm lice treatment	188	SMART SENSE PREMIUM SYSTEM	319
sm lorata-dine d	362	SMART SENSE PREMIUM TEST	319
sm loratadine	350	SMART SENSE STANDARD LANCETS	319
sm loratadine d 12hr	362	SMART SENSE SUPER THIN LANCETS	319
sm miconazole 3	63	SMART SENSE THIN LANCETS 26G	320
sm miconazole 3 applicator	63	SMART SENSE VALUE GLUCOSE SYS	320
sm miconazole 7	63	SMART SENSE VALUE TEST	320
sm mineral oil	229	SMARTEST BLOOD GLUCOSE TEST	320
sm motion sickness	55	SMARTEST EJECT	320
sm mucus relief	362	SMARTEST EJECT STARTER	320
sm multiple vitamins essential	219	SMARTEST LANCETS 28G	320
sm naproxen sodium	12	SMARTEST PERSONA STARTER	320
sm natural laxative/stool soft	229	SMARTEST PRONTO STARTER	320
sm nicotine	28	SMARTEST PROTEGE	320
sm nicotine polacrilex	28	SMARTEST PROTEGE STARTER	320
sm nighttime sleep aid	367	SMARTY PANTS KIDS COMPLETE	219
sm olopatadine hcl	333	smooth lax	229
sm omeprazole	238	sod citrate-citric acid	242
sm opti-vitamins	219	sodium bicarbonate	231,320

sodium chloride	242,362	SPORANOX PULSEPAK	64
sodium fluoride	167,199	SPRAVATO (56 MG DOSE)	48
sodium fluoride 5000 ppm	167	SPRAVATO (84 MG DOSE)	48
sodium phenylbutyrate	239	sprintec 28	257
sodium polystyrene sulfonate	202	SPRITAM	40
sodium sulfacetamide wash	185	SPRIX	12
SOFOSBUVIR-VELPATASVIR	99	SPRYCEL	77
SOGROYA	246	sps (sodium polystyrene sulf)	202
solifenacin succinate	241	sronyx	257
SOLQUA	115	ssd	185
SOLODYN	38	sss 10-5	185
SOLOSEC	31	SSS 10-5	185
SOLTAMOX	70	STALEVO 100	81
SOLU-CORTEF	245	STALEVO 125	81
SOLUS V2 BLOOD GLUCOSE SYSTEM	320	STALEVO 150	81
SOLUS V2 LANCETS 28G	320	STALEVO 200	81
SOLUS V2 TEST	320	STALEVO 50	81
SOLUS V2 TWIST LANCETS 30G	320	STALEVO 75	81
SOMA	364	stavudine	102
sominex nighttime sleep-aid	367	STEGLATRO	146
sorafenib tosylate	77	STEGLUJAN	115
SORBITOL	320	STELARA	269
sorbugen nr	362	STEQEYMA	269,270
sorbutuss nr	362	STERILANCE TL	320
SORILUX	185	sterile water for irrigation	320
sorine	132	STIMUFEND	125
SOSWEET	320	stimulant laxative	229
sotalol hcl	132	STIOLTO RESPIMAT	363
sotalol hcl (af)	132	STIVARGA	77
SOTYKTU	269	STOBOCLO	283
SOTYLIZE	132	stool softener	229
SOVALDI	100	stool softener laxative	229
SOVUNA	80	stool softener plus laxative	229
SPEVIGO	278	stool softener/laxative	229
spinosad	188	STRATTERA	157
SPIRIVA HANDIHALER	351	stress b complex/antioxid/zinc	219
SPIRIVA RESPIMAT	351	stress formula	219
spironolactone	146	stress formula/zinc	219
spironolactone-hctz	140	stresstabs advanced	219
SPONGEBOB SQUAREPANTS GUMMIES	219	stresstabs energy	219
SPORANOX	63	STRIBILD	100

STRIVERDI RESPIMAT	352	super nu-thera	219
SUBLOCADE	26	super thera vite m	219
SUBOXONE	26	SUPER THIN LANCETS	320
SUBSYS	20	super vita-mins	219
subvenite	111	SUPPRELIN LA	265
subvenite starter kit-blue	111	SUPRAX	33
subvenite starter kit-green	111	SURE COMFORT ALCOHOL PREP	320
subvenite starter kit-orange	111	SURE COMFORT INSULIN SYRINGE	321
sucralfate	233	SURE COMFORT LANCETS 18G	321
SULAR	135	SURE COMFORT LANCETS 21G	321
sulconazole nitrate	64	SURE COMFORT LANCETS 23G	321
sulfacetamide sod-sulfur wash	185	SURE COMFORT LANCETS 28G	321
sulfacetamide sodium	185,334	SURE COMFORT LANCETS 30G	321
SULFACETAMIDE SODIUM	334	SURE-JECT INSULIN SYRINGE	321
sulfacetamide sodium (acne)	171	SURE-LANCE FLAT LANCETS	321
sulfacetamide sodium (cleans)	185	SURE-LANCE LANCETS 26G	321
SULFACETAMIDE SODIUM-SULFUR	186	SURE-LANCE THIN LANCETS 28G	321
sulfacetamide sodium-sulfur	186	SURE-LANCE ULTRA THIN LANCETS	321
sulfacetamide-prednisolone	332	SURE-PREP ALCOHOL PREP	321
SULFACETAMIDE-SULFUR IN UREA	186	SURE-TEST EASYPLUS MINI METER	321
sulfadiazine	36	SURE-TEST EASYPLUS MINI TEST	321
sulfamethoxazole-trimethoprim	36	SURE-TOUCH LANCETS UNIVERSAL	321
sulfasalazine	280	SURELITE LANCETS	321
sulfatrim pediatric	36	SUSTIVA	101
sulindac	13	SUSTOL	57
SUMADAN	186	SUSVIMO (IMPLANT 1ST FILL)	332
SUMADAN WASH	186	SUSVIMO (IMPLANT REFILL)	332
SUMADAN XLT	186	SUTENT	77
sumatriptan	67	sv iron	199
sumatriptan succinate	67,68	sv vitamin b-12 er	219
sumatriptan succinate refill	68	syeda	257
sumatriptan-naproxen sodium	68	SYFOVRE	332
SUMAXIN	186	SYMBICORT	363
SUMAXIN CP	186	SYMBRAVO	68
sunitinib malate	77	SYMBYAX	48
SUNLENCA	103	SYMFI	101
SUNOSI	368	SYMFI LO	101
SUPARTZ FX	320	SYMJEPI	352
super aytinal	219	SYMLINPEN 120	115
super aytinal 50 plus	219	SYMLINPEN 60	115
super multiple	219	SYMPAZAN	42

SYMPROIC	229	TALTZ	270
SYMTUZA	105	TALZENNA	77
SYNALAR	179	TAMIFLU	105
SYNALAR (CREAM)	186	tamoxifen citrate	70
SYNALAR (OINTMENT)	186	tamsulosin hcl	242
SYNALAR TS	186	TANDEM	199
SYNAREL	265	tandem plus	199
sync relief pro	186	tanlor	364
SYNDROS	57	TAPERDEX 12-DAY	245
SYNERA	24	taperdex 6-day	245
SYNJARDY	115	TAPERDEX 7-DAY	245
SYNJARDY XR	115	TARCEVA	77
SYNOJOYNT	321	targadox	38
SYNTHROID	264	tarina 24 fe	257
SYNVISC	321	tarina fe 1/20	257
SYNVISC ONE	322	tarina fe 1/20 eq	257
SYRINGE	322	TARON FORTE	199
SYRINGE LUER LOCK	322	TARON-C DHA	220
SYRPALTA	322	TARON-PREX	199
SYRPALTA (RED)	322	TARPEYO	245
SYRSPEND SF	322	TASCENSO ODT	167
SYRUP VEHICLE	322	TASIGNA	77
SYRUP VEHICLE SF	322	tasimelteon	367
SYSTANE ICAPS AREDS2	219	TASMAR	81

T

tab-a-vite	220	taysofy	257
tab-a-vite/beta carotene	220	TAYTULLA	257
TABRECTA	77	tazarotene	172
TACLONEX	186	tazia xt	136
tacrolimus	179,278	TAZVERIK	77
tadalafil	241,242	TECFIDERA	167
tadalafil (pah)	354	TECHLITE AST LANCETS	322
TADLIQ	354	TECHLITE INSULIN SYRINGE	322
TAFINLAR	77	TECHLITE LANCETS	322
tafluprost (pf)	338	TECHLITE LANCETS 26G	322
TAGAMET HB	233	TECHLITE LANCETS 30G	322
TAGRISSO	77	TEGRETOL	45
take action	261	TEGRETOL-XR	45
TAKHZYRO	267	TEKTRUNA	140
TALICIA	231	TEKTRUNA HCT	140

telmisartan	130	theophylline er	353
telmisartan-amlodipine	140	thera vital m	220
telmisartan-hctz	140	thera vital-m	220
temazepam	367	thera-derm	186
TEMODAR	69	thera-m	220
TEMOVATE	179	thera-mill	220
temozolomide	69	thera-mill m	220
tenofovir disoproxil fumarate	102	thera-tabs	220
TENORETIC 100	140	THERA-VITE MAX-M	200
TENORETIC 50	140	therabasic-m	220
TENORMIN	134	theradex m	220
TEPMETKO	77	theradex m/beta carotene	220
terazosin hcl	129	therapeutic formula/hematinics	220
terbinafine hcl	64	therapeutic-m	220
terbutaline sulfate	352	theratrum complete	220
terconazole	64	theratrum complete 50 plus	220
teriflunomide	167	theraworx pm pain relf roll-on	25
teriparatide	283	THINLETS GP LANCETS	322
TESTIM	247	thioridazine hcl	85
TESTOPEL	247	thiothixene	85
testosterone	247	thrive for life womens	220
TESTOSTERONE	247	THRIVITE 19	220
testosterone cypionate	247	THRIVITE RX	220
TESTOSTERONE CYPIONATE	247	THYQUIDITY	264
testosterone enanthate	247	THYROID	264
tetrabenazine	164	tiadylt er	137
tetracycline hcl	38	tiagabine hcl	43
TETRACYCLINE HCL	38	TIAZAC	137
TETRI-AG	24	TIBSOVO	78
TEXACORT	179	ticagrelor	128
TEZRULY	242	TIGAN	55
TEZSPIRE	363	tilia fe	257
TGT BLOOD GLUCOSE MONITORING	322	timolol hemihydrate	336
TGT BLOOD GLUCOSE TEST	322	timolol maleate	134,336
TGT GLUCOSE	118	timolol maleate (once-daily)	336
TGT LANCET MICRO THIN 33G	322	timolol maleate ocudose	337
TGT LANCET THIN 26G	322	timolol maleate pf	337
TGT LANCET ULTRA THIN 30G	322	TIMOPTIC	337
THALOMID	70	TIMOPTIC OCUDOSE	337
THEO-24	353	TIMOPTIC-XE	337
theophylline	353	tinactin	64

ting	64	TOPICORT SPRAY	180
tinidazole	31	topiramate	40
tioconazole-1	64	topiramate er	41
tiotropium bromide	351	TOPROL XL	134
TIROSINT	264	toremifene citrate	70
TIROSINT-SOL	264	torpenz	78
TIVICAY	100	torsemide	141
TIVICAY PD	100	TOSYMRA	68
TIVORBEX	13	total allergy	350
tizanidine hcl	98	total allergy medicine	350
tl-hem 150	200	TOUJEO MAX SOLOSTAR	121
TLANDO	247	TOUJEO SOLOSTAR	121
tm-clotrimazole	64	tovet	180
tm-tolnaftate	64	TOVIAZ	241
tm-tolnaftate lr	64	TRACLEER	354
tm-vite rx	220	TRADJENTA	116
TOBI	353	tramadol hcl	20
TOBI PODHALER	353	tramadol hcl (er biphasic)	15
TOBRADEX	332	tramadol hcl er	15,16
TOBRADEX ST	332	tramadol-acetaminophen	20
tobramycin	334,353	trandolapril	131
tobramycin-dexamethasone	332	trandolapril-verapamil hcl er	140
TOBREX	334	tranexamic acid	127
TODAYS HEALTH THIN LANCETS 28G	322	TRANSDERM-SCOP	55
TODAYS HEALTH THIN LANCETS 30G	322	TRANXENE-T	110
TOFIDENCE	270	tranylcypromine sulfate	48
tolbutamide	115	TRAVATAN Z	338
tolcapone	81	TRAVEL LANCETS	323
TOLECTIN 600	13	TRAVEL LANCETS ADVANCED 28G	323
TOLMETIN SODIUM	13	travel-ease	55
tolnafi-al	64	travoprost (bak free)	338
tolnaftate	64	trazodone hcl	51
tolnaftate antifungal	64	TRELEGY ELLIPTA	363
TOLSURA	64	TRELSTAR MIXJECT	265,266
tolterodine tartrate	241	TREMFYA	270
tolterodine tartrate er	241	TREMFYA ONE-PRESS	270
TOPAMAX	40	TREMFYA PEN	270
TOPAMAX SPRINKLE	40	TREMFYA-CD/UC INDUCTION	270
TOPCARE LANCETS MICRO-THIN 33G	322	TRESIBA	121
TOPCARE ULTRA COMFORT INS SYR	323	TRESIBA FLEXTOUCH	121
TOPICORT	180	tretinoin	79,172

TRETINOIN MICROSPHERE	172	TRILEPTAL	45
tretinoin microsphere	172	TRILIPIX	143
TRETINOIN MICROSPHERE PUMP	172	TRILOCICLO	186
tretinoin microsphere pump	172	trilogel	25
TREXALL	278	TRILURON	323
TREXIMET	68	trimazole	64
tri femynor	257	trimethobenzamide hcl	55
tri-estarylla	257	trimipramine maleate	53
tri-legest fe	257	TRINATAL RX 1	220
tri-linyah	257	TRINTELLIX	51
tri-lo-estarylla	258	TRIOSTAT	264
tri-lo-marzia	258	TRIPENICOL C	64
tri-lo-mili	258	triphrocaps	220
tri-lo-sprintec	258	triple antibiotic	191
tri-mili	258	triple antibiotic pain relief	191
tri-nymyo	258	triple antibiotic plus	191
tri-previfem	258	triple antibiotic+pain relief	191
tri-sprintec	258	triple paste af	64
TRI-VI-SOL A/C/D	220	TRIPTODUR	266
tri-vylibra	258	TRISTART DHA	220
tri-vylibra lo	258	tritocin	180
triamcinolone acetonide	167,180,245,341	tritolnacide c	64
triamcinolone in absorbbase	180	tritolnacide s	64
triamterene-hctz	141	TRIUMEQ	102
TRIAMVEX (CREAM)	323	TRIUMEQ PD	102
trianex	180	TRIVISC	323
TRIASIL	323	trivora (28)	258
triazolam	367	TRIZIVIR	102
TRIBENZOR	141	TROGARZO	103
TRICARE	220	TROKENDI XR	41
tricon	200	tronvite	221
TRICOR	143	tropicamide	332
tridacaine ii	25	tropium chloride	241
tridacaine iii	25	tropium chloride er	241
triderm	180	TRUDHESA	67
TRIESENCE	336	TRUE COMFORT ALCOHOL PREP PADS	323
trifluoperazine hcl	85	TRUE COMFORT INSULIN SYRINGE	323
trifluridine	334	TRUE COMFORT PRO ALCOHOL PREP	323
trigels-f forte	200	TRUE COMFORT PRO INSULIN SYR	323
trihexyphenidyl hcl	80	TRUE COMFORT SAFETY LANCETS	323
TRIJARDY XR	116	TRUE COMFORT TWIST TOP LANCETS	323

true daily vite	221	TRUVADA	102
true folic acid	221	TRYNGOLZA	141
true laxative	229	TRYPTYR	332
true lido	25	TUDORZA PRESSAIR	351
True Metrix Air Glucose Meter DEVICE(NDC: 56151-1494-01)	323	TUKYSA	78
True Metrix Air Glucose Meter w/Device KIT(NDC: 11917-0173-89)	323	tulana	261
True Metrix Air Glucose Meter w/Device KIT(NDC: 56151-1490-02)	323	TULIVITE	200
True Metrix Blood Glucose Test STRIP (NDC: 08528-1464-04, 11917-0166-90, 56151-1460-03, 56151-1463-04, 56151-1464-01, 96295-0142-04)	324	TURALIO	78
True Metrix Blood Glucose Test STRIP (NDC: 56151-1460-01, 56151-1460-04)	324	turqoz	258
TRUE METRIX GO GLUCOSE METER	324	tusnel diabetic	363
TRUE METRIX METER	324	tussin cough+chest cong dm sf	363
TRUE METRIX PRO BLOOD GLUCOSE	324	tussin cough+chest congest dm	363
true nasal moisturizing	363	tussin dm	363
true vitamin d3	283	tussin dm cough & chest conges	363
TRUEPLUS GLUCOSE	118	tussin dm cough + chest	363
TRUEPLUS GLUCOSE ON THE GO	118	tussin mucus+chest congest sf	363
TRUEPLUS INSULIN SYRINGE	324	tussin mucus+chest congestion	363
TRUEPLUS LANCETS 26G	324	TWINRIX	279
TRUEPLUS LANCETS 28G	324	TWIRLA	258
TRUEPLUS LANCETS 30G	324	TWIST TOP LANCETS 30G	324
TRUEPLUS LANCETS 33G	324	TWYNEO	186
TRUEPLUS SAFETY LANCETS 28G	324	TYBLUME	258
TRUERESULT BLOOD GLUCOSE	324	TYBOST	103
TRUETEST TEST	324	tydemy	258
TRUETRACK BLOOD GLUCOSE	324	TYENNE	270
TRUETRACK SMART SYSTEM	324	TYKERB	78
TRUETRACK TEST	324	TYMLOS	283
TRULANCE	229	TYRVAYA	332
TRULICITY	116	TYSABRI	167
TRUQAP	78	TYVASO	354
TRUSELTIQ (100MG DAILY DOSE)	78	TYVASO DPI MAINTENANCE KIT	354
TRUSELTIQ (125MG DAILY DOSE)	78	TYVASO DPI TITRATION KIT	354
TRUSELTIQ (50MG DAILY DOSE)	78	TYVASO REFILL	354
TRUSELTIQ (75MG DAILY DOSE)	78	TYVASO STARTER	354
TRUSOPT	337		

U

UBRELVY	66
UCERIS	280
UDENYCA	125
UDENYCA ONBODY	125
UKONIQ	78

ULORIC	65	UNILET SUPERLITE LANCET	326
ULTICARE ALCOHOL SWABS	324	UNILET ULTRA-THIN 28G	326
ULTICARE INSULIN SAFETY SYR	324	UNISTIK 1	326
ULTICARE INSULIN SYRINGE	325	UNISTIK 2	326
ULTIGUARD SAFEPAK SYR/NEEDLE	325	UNISTIK 2 COMFORT	326
ULTILET ALCOHOL SWABS	325	UNISTIK 2 EXTRA	326
ULTILET CLASSIC LANCETS	325	UNISTIK 2 NEONATAL	326
ULTILET LANCETS	325	UNISTIK 2 NORMAL	326
ULTILET SAFETY LANCETS	325	UNISTIK 2 SUPER	326
ULTILET SAFETY LANCETS 23G	325	UNISTIK 3	326
ultra antioxidant formula	221	UNISTIK 3 COMFORT	326
ultra b-100 complex	221	UNISTIK 3 EXTRA	326
ultra choice multivitamin kids	221	UNISTIK 3 GENTLE	327
ULTRA FLO INSULIN SYRINGE	325	UNISTIK 3 NEONATAL	327
ultra freeda	221	UNISTIK 3 NORMAL	327
ultra freeda/iron	221	UNISTIK CZT COMFORT	327
ULTRA PRENATAL VIT/MIN + DHA	200	UNISTIK CZT NORMAL	327
ULTRA THIN LANCETS 31G	325	UNISTIK NORMAL	327
ULTRA-CARE ALCOHOL PREP PADS	325	UNISTIK PRO SAFETY LANCET	327
ULTRA-CARE LANCETS 30G	325	UNISTIK SAFETY LANCETS 28G	327
ULTRA-THIN II AUTO LANCET	325	UNISTIK SAFETY LANCETS 30G	327
ULTRA-THIN II INS SYR SHORT	325	UNISTIK TOUCH SAFETY LANC 21G	327
ULTRA-THIN II INSULIN SYRINGE	325	UNISTIK TOUCH SAFETY LANC 23G	327
ULTRA-THIN II LANCETS	325	UNISTIK TOUCH SAFETY LANC 28G	327
ULTRACARE INSULIN SYRINGE	326	UNISTIK TOUCH SAFETY LANC 30G	327
ULTRACET	20	UNISTRIPI1 GENERIC	327
ultrachoice adv formula mature	221	unithroid	264
ultrachoice advanced formula	221	UNIVERSAL 1 LANCETS THIN 26G	327
ULTRAM	20	UNIVERSAL 1 LANCETS THIN 33G	327
ULTRAVATE	180	UNIVERSAL 1 LANCETS ULTRA THIN	327
umeclidinium-vilanterol	363	UP & UP GLUCOSE	118
UNDECATREX	247	UPTRAVI	355
UNILET COMFORTOUCH LANCET	326	urea	187
UNILET EXCELITE	326	urelle	31
UNILET EXCELITE II	326	uremez-40	187
UNILET G.P. LANCET	326	URETRON D/S	31
UNILET G.P. SUPERLITE LANCET	326	URIBEL	31
UNILET GP 28 ULTRA THIN	326	URIMAR-T	31
UNILET LANCET	326	urin ds	31
UNILET MICRO-THIN 33G	326	urneva	31
UNILET SUPER-THIN 30G	326	uro-458	31

uro-mp	31
uro-sp	31
UROGESIC-BLUE	31
URSO 250	231
URSO FORTE	231
ursodiol	231
USTEKINUMAB	270
USTEKINUMAB-AEKN	270
ustell	31
utira-c	31
UZEDY	95

V

V-GO 20	327
V-GO 30	327
V-GO 40	327
VABRINTY	266
VABYSMO	332
VAGIFEM	258
valacyclovir hcl	106
VALCYTE	98
valganciclovir hcl	98
VALIUM	110
VALLADERM-90	25
valproic acid	41
valsartan	130
valsartan-hydrochlorothiazide	141
VALTOCO 10 MG DOSE	43
VALTOCO 15 MG DOSE	43
VALTOCO 20 MG DOSE	43
VALTOCO 5 MG DOSE	43
VALTREX	106
valtya 1/50	258
VALUE HEALTH INSULIN SYRINGE	327
VALUE PLUS GLUCOSE	118
VALUE PLUS LANCET STANDARD 21G	327
VALUE PLUS LANCETS SUPER THIN	327
VALUE PLUS LANCETS THIN 26G	327
VALUMARK LANCET SUPER THIN 30G	327
VALUMARK LANCET ULTRA THIN 28G	328
vanadom	364

VANALICE	188
VANCOCIN	31
vancomycin hcl	31
VANDAZOLE	31
VANFLYTA	78
VANISHPOINT INSULIN SYRINGE	328
VANISHPOINT SAFETY SYRINGE	328
VANISHPOINT SYRINGE	328
VANOS	180
VAQTA	279
varenicline tartrate	28
varenicline tartrate (starter)	28
varenicline tartrate(continue)	28
VARUBI (180 MG DOSE)	57
VASCEPA	145
VASERETIC	141
VASOTEC	131
VECTICAL	187
vegetable lax+stool softener	229
velivet	258
VELPHORO	202
VELSIPITY	270
VELTASSA	202
VEMLIDY	99
VENCLEXTA	78
VENCLEXTA STARTING PACK	78
VENEXA FE	221
VENLAFAXINE BESYLATE ER	51
venlafaxine hcl	51
venlafaxine hcl er	51
venofer	200
VENTAVIS	355
VENTOLIN HFA	352
VENTRIXYL FE	221
verapamil hcl	137
verapamil hcl er	137
VERASENS BLOOD GLUCOSE METER	328
VERASENS BLOOD GLUCOSE SYSTEM	328
VERASENS BLOOD GLUCOSE TEST	328
VERELAN	137
VERELAN PM	137

VERIFINE INSULIN SYRINGE	328	VIRACEPT	105
VERIFINE SAFE LANCET MINI 21G	328	VIRAMUNE	101
VERIFINE SAFE LANCET MINI 23G	328	VIRAMUNE XR	101
VERIFINE SAFE LANCET MINI 28G	328	VIREAD	102,103
VERIFINE SAFE LANCET MINI 30G	328	VIRT-C DHA	221
VERIFINE UNIVERSAL LANCETS 28G	328	virt-caps	221
VERIFINE UNIVERSAL LANCETS 30G	328	VIRT-FEFA PLUS	200
VERIFINE UNIVERSAL LANCETS 33G	328	virt-gard	221
VERSACLOZ	97	VIRT-NATE DHA	221
VERSAFREE	328	virt-phos 250 neutral	242
VERSAPLUS	328	VIRT-PN DHA	221
VERZENIO	78	VIRT-PN PLUS	200
VESICARE	241	VISCO-3	329
VESICARE LS	241	vision formula/lutein	221
vestura	258	vision vitamins	221
VFEND	64	visivites	221
VIBERZI	230	visivites/lutein	221
VIBRAMYCIN	38	VISTARIL	106
VICTOZA	116	VISUDYNE	332
VIDA MIA UNILET LANCETS 28G	328	vit e-vit c-beta carotene	221
VIDA MIA UNILET LANCETS 30G	328	vita hair	221
VIDEX	102	vita s forte	221
VIEKIRA PAK	100	VITABASIC COMPLETE	221
vienva	258	VITABASIC SENIOR	221
vigabatrín	43	VITABEX IRON	200
vigadrone	43	vitacel	222
VIGAFYDE	43	VITACHEW ADULT MULTI VITAMIN	222
VIGAMOX	334	VITACHEW MULTIPLE VITAMIN	222
vigpoder	43	vitafol	200
VIIBRYD	51	VITAFOL FE+	200
VIIBRYD STARTER PACK	51	VITAFOL GUMMIES	222
vilazodone hcl	51	VITAFOL ULTRA	222
vilevev mb	31	VITAFOL-OB	222
VIMOVO	13	VITAFOL-OB+DHA	200
VIMPAT	45	VITAFOL-ONE	222
VINATE DHA RF	200	VITAFUSION MULTI WOMENS	200
VIOKACE	240	VITAFUSION PRENATAL	222
viorele	258	VITALARA	222
VIOS AEROSOL DELIVERY SYSTEM	328	vitalee	222
VIOS LC PLUS	329	VITAMEDMD ONE RX/QUATREFOLIC	200
VIOS LC SPRINT	329	vitamin a & d	187

vitamin a & d skin protectant	187	VOGELXO	247
vitamin a&d	187	VOGELXO PUMP	247
VITAMIN A-C-D INFANT	222	volnea	258
VITAMIN A/C/D/ INFANT/TODDLER	222	VOLTAREN ARTHRITIS PAIN	13
vitamin b complex	222	VONJO	78
vitamin b complex w/b-12	222	VONVENDI	127
vitamin b-12 er	222	VOQUEZNA	231
vitamin b-complex	222	VOQUEZNA DUAL PAK	231
vitamin b1	222	VOQUEZNA TRIPLE PAK	231
vitamin b12	222	VORANIGO	78
vitamin d	283	voriconazole	65
vitamin d (cholecalciferol)	283	VORTEX VALVE CHAMBER-PEDI MASK	329
vitamin d (ergocalciferol)	283	VORTEX VALVED HOLDING CHAMBER	329
vitamin d infant	283	VOSEVI	100
vitamin d-1000 max st	283	VOTRIENT	79
vitamin d3	145,284	VOTRIZA-AL	65
vitamin-b complex	222	VP-PNV-DHA	200
vitamins a & d	187	vp-vite rx	222
vitamins a-d-e/selenium	222	VPRIV	240
VITAPEARL	200	VRAYLAR	95
vitasure	222	VTAMA	180
vitatrum	222	VTOL LQ	164
vitatrum complete	222	VUMERITY	167
VITRAKVI	78	VUSION	65
VITRANOL FE	222	VYEPTI	66
VITREXATE FE	222	vyfemla	258
VITREXYL + IRON	222	vylibra	258
VITRON-C	200	VYTORIN	145
vitrum senior	222	VYVANSE	151
VIVAGUARD INO GLUCOSE METER	329	VYZULTA	338
VIVAGUARD INO SMART GLUC METER	329		
VIVAGUARD INO TEST STRIPS	329	W	
VIVAGUARD LANCETS	329	WAKIX	368
VIVAGUARD LANCETS 30G	329	WAL-BORN VITAMIN C	223
VIVAGUARD SAFETY LANCETS 28G	329	wal-dryl	180
VIVELLE-DOT	258	wal-dryl allergy	350
VIVITROL	25	wal-dryl allergy childrens	350
VIVJOA	65	wal-fex d allergy & congestion	363
VIVLODEX	13	wal-itin d	363
VIZIMPRO	78	wal-mucil	229
VOCABRIA	100	wal-som	367

wal-tussin cough/chest dm	363
wal-tussin dm cgh/chest cong	363
wal-zyr	350
WALGREENS ADV TRAVEL LANCETS	329
WALGREENS GLUCOSE	118
WALGREENS LANCETS	329
WALGREENS LANCETS MICRO THIN	329
WALGREENS LANCETS SUPER THIN	329
WALGREENS THIN LANCETS	329
WALGREENS ULTRA THIN LANCETS	329
warfarin sodium	124
wart remover	187
wart remover maximum strength	187
water for irrigation, sterile	329
WAVESENSE AMP	329
WAYRILZ	271
WEBCOL ALCOHOL PREP LARGE	329
WEBCOL ALCOHOL PREP MEDIUM	329
WELCHOL	145
WELIREG	71
well vitamin d3	284
WELLBUTRIN SR	48
WELLBUTRIN XL	48
wera	259
wes-phos 250 neutral	242
WESCAP-C DHA	223
WESCAP-PN DHA	223
wescaps	223
WESNATAL DHA COMPLETE	200
WESNATE DHA	223
westab max	223
westab mini	223
WESTAB PLUS	223
WESTGEL DHA	223
WEZLANA	271
WILATE	127
WINLEVI	172
wixela inhub	363
womens daily form/fa/ca/fe	223
womens daily formula	223
womens life pack	223

WOMENS MULTI GUMMIES	223
womens multivitamin	223
WOMENS MULTIVITAMIN + COLLAGEN	200
WOMENS MULTIVITAMIN GUMMIES	200
wymzya fe	259
WYNZORA	187
WYOST	284

X

XACIATO	31
XADAGO	82
XALATAN	338
XALKORI	79
XANAX	110
XANAX XR	110
xarah fe	259
XARELTO	124
XARELTO STARTER PACK	124
XATMEP	278
XCOPRI	45
XCOPRI (250 MG DAILY DOSE)	45
XCOPRI (350 MG DAILY DOSE)	45
XELJANZ	271
XELJANZ XR	271
XELODA	70
XELPROS	338
xelria fe	259
XELSTRYM	151
XENAZINE	164
XEOMIN	365
XEPI	191
XERESE	187
XGEVA	284
XHANCE	341
XIFAXAN	31
XIGDUO XR	116
XIIDRA	332
XIMINO	38
XIPERE	336
XOFLUZA (40 MG DOSE)	105
XOFLUZA (80 MG DOSE)	105

XOLAIR	271
XOPENEX	352
XOPENEX CONCENTRATE	352
XOPENEX HFA	352
XOSPATA	79
XPHOZAH	329
XPOVIO (100 MG ONCE WEEKLY)	79
XPOVIO (40 MG ONCE WEEKLY)	79
XPOVIO (40 MG TWICE WEEKLY)	79
XPOVIO (60 MG ONCE WEEKLY)	79
XPOVIO (60 MG TWICE WEEKLY)	79
XPOVIO (80 MG ONCE WEEKLY)	79
XPOVIO (80 MG TWICE WEEKLY)	79
XROMI	240
XTANDI	69
xulane	259
XULTOPHY	116
xvite	223
XYNTHA	127
XYNTHA SOLOFUSE	127
XYOSTED	247

Y

yargesa	240
YASMIN 28	259
YAZ	259
YESINTEK	271
YEZTUGO	103
YONSA	70
YOSPRALA	128
YOUR LIFE MULTI ADULT GUMMIES	223
YUFLYMA (1 PEN)	278
YUFLYMA (2 PEN)	278
YUFLYMA (2 SYRINGE)	278
YUFLYMA 2-SYRINGE KIT	278
YUFLYMA-CD/UC/HS STARTER	278
YUM-VS COMPLETE MULTIVITAMIN	200
YUMVS MULTI ZERO	223
YUMVS ZERO DIABETIC MULTIVITAM	223
YUPELRI	351
YUSIMRY	278

YUTIQ	336
YUTREPIA	355
yuvaferm	259

Z

ZADITOR	333
zafemy	259
zafirlukast	350
zaleplon	367
ZANAFLEX	98
zantac 360	233
ZARONTIN	41
ZARXIO	125
ZATEAN-PN DHA	200
ZATEAN-PN PLUS	200
ZAVESCA	240
ZAVZPRET	66
ZCORT 7-DAY	245
zeasorb-af	65
zebutal	164
ZEGALOGUE	118
ZEGERID	238
ZEGERID OTC	238
ZEJULA	79
ZELAPAR	83
ZELBORAF	79
ZELNORM	229
ZEMBRACE SYMTOUCH	68
ZEMPLAR	284
zenatane	172
ZENPEP	240
zenzedi	151
ZEPATIER	100
ZEPOSIA	167
ZEPOSIA 7-DAY STARTER PACK	167
ZEPOSIA STARTER KIT	167
ZERVIAE	333
ZESTORETIC	141
ZESTRIL	131
ZETIA	146
ZETONNA	341

ZEVRX INSULIN SYRINGE	329	ZONISADE	45
ZEVRX STERILE ALCOHOL PREP PAD	329	zonisamide	45
ZEVRX TWIST TOP LANCETS 30G	330	ZONTIVITY	124
ZIAC	141	ZOO FRIENDS MULTI GUMMIES	223
ZIAGEN	103	ZORBTIVE	246
ZIANA	172	ZORTRESS	278
ziclopro	13	ZORVOLEX	13
zidovudine	103	ZORYVE	187
ZIEXTENZO	125	zostrix hp	187
zileuton er	350	zovia 1/35 (28)	259
ziloval	25	zovia 1/35e (28)	259
ZIMHI	26	ZOVIRAX	106,191
ZINPLAVA	231	ZTALMY	43
zionodil	25	ZTLIDO	25
zionodil 100	25	ZUBSOLV	26
ZIOPTAN	338	ZULRESSO	48
ZIPHEX	200	zumandimine	259
ziprasidone hcl	95	ZUNVEYL	46
ziprasidone mesylate	95	ZUPLENZ	57
ZIPSOR	13	ZURNAI	26
ZITHROMAX	35	ZURZUVAE	48
ZITHROMAX TRI-PAK	35	ZYCLARA	187
ZITHROMAX Z-PAK	35	ZYCLARA PUMP	187
ZITUVIMET	116	ZYDELIG	79
ZITUVIMET XR	116	ZYFLO	350
ZITUVIO	116	ZYKADIA	79
ZOCOR	144	ZYLET	332
ZOFRAN	57	ZYLOPRIM	65
ZOLADEX	266	ZYMAXID	334
ZOLEDRONIC ACID	284	ZYPITAMAG	144
zoledronic acid	284	ZYPREXA	95
ZOLINZA	71	ZYPREXA RELPREVV	95
zolmitriptan	68	ZYPREXA ZYDIS	95
ZOLOFT	51	ZYRTEC ALLERGY	350
ZOLPIDEM TARTRATE	367	ZYRTEC-D ALLERGY & SINUS	363
zolpidem tartrate	367	ZYTIGA	70
zolpidem tartrate er	368		
ZOLPIMIST	368		
ZOMACTON	246		
ZOMACTON (FOR ZOMA-JET 10)	246		
ZOMIG	68		