

2026 Prescription Drug List

TRADITIONAL 5-TIER FOR
QUALIFIED HEALTH PLANS

St Luke's™
+ Health Plan

Last updated January 16, 2026

Welcome!

St. Luke's Health Plan Inc. Pharmacy Benefit Manager (St. Luke's PBM) administers pharmacy benefits for the St. Luke's Health Plan (the Plan) to ensure you have access to safe, effective and affordable medications.

Prescription Drug List (PDL)

This document is often referred to as a Prescription Drug List (PDL) or medication formulary and contains a list of the most commonly prescribed outpatient medications covered by your plan. The PDL is typically updated on a quarterly basis. The date of the most recent update can be found in the lower right-hand corner of the document cover page. We do not routinely notify members or providers when the PDL is updated. There will not be any changes that negatively impact members during the calendar year. Please use the PDL on the website for the most up-to-date version.

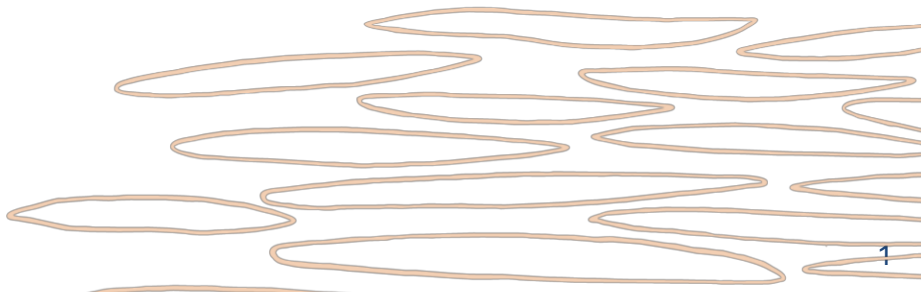
This formulary includes both brand name and generic medications approved by the Food and Drug Administration (FDA). Brand name medications are capitalized and generic medications are in lowercase. Not all medications approved by the FDA are covered under your plan.

The inclusion of a medication on this list does not imply coverage under all plans. Coverage of listed products will be subject to limitations of the prescription medication benefit plan design. Members should consult their prescription medication benefit plan or contact a customer service representative to determine specific coverage at 833-975-1281. Where a difference exists between this document and the benefit plan documents, the benefit plan documents rule.

How to Use the PDL

Members are encouraged to review the PDL to see if currently prescribed medications are covered. Providers and pharmacists are encouraged to review the PDL and utilize it when prescribing for our members. Products on the PDL may not include all strengths or dosage forms associated with the brand name product.

This document is searchable. On your keyboard, press Ctrl+F (Command+F for Mac), type in the medication you are looking for into the search box, and the search function will locate the medication in the document.



Reading the PDL

Within this document, you will find a list of FDA-approved medications covered by the Plan, which tier the medication belongs to, and any specific requirements as required by the Plan. Please see the medication tier explanations in the table below; medications with a lower tier will represent the lowest out-of-pocket costs* for the member.

Tier	Description
ACA	Affordable Care Act Medications may be offered at no cost if the member meets preventive care requirements
1	Preferred Generic Medications
2	Non-preferred Generic Medications
3	Preferred Brand Name Medications
4	Non-preferred Brand Name Medications
5	Specialty Medications which are limited to a 30-day supply per fill; most specialty medications are required to be filled through St. Luke's Specialty Pharmacy
*Please refer to the plan documents for copay and coinsurance information	

ACA Preventive Medications

The Patient Protection and Affordable Care Act of 2010 (ACA) designates certain categories of medications as “preventive” and requires these categories contain options that are covered at no cost to you. The categories include specific preventive medications for children, women, and adults that you will not have to pay a copay or coinsurance for, even if you have not met your deductible. Please reach out to the PBM help desk for additional information on requirements. Preventive categories are listed below and are designated as ACA on the PDL.

- Bowel prep agents for people aged 45-75 years (max of 2 per year)
- Folic acid for women of childbearing age
- Iron supplements for children between 6-12 months
- Contraceptives
- Oral fluoride supplements for children up to age 5
- Preventive breast cancer medications for women aged 35 years or older with prior breast cancer diagnosis
- Tobacco cessation products (max of 182 days per year)
- Certain vaccines (flu, shingles)
- Statins for people aged 40-75 years
- Select antiretrovirals for preventive use

High Deductible Health Plan Preventive Medications

Recognizing that preventive services can lead to improved health by identifying and treating illnesses early, the Plan does not require High Deductible Health Plan (HDHP) participants meet their deductible prior to covering medications in some medication categories. If you are enrolled in a HDHP you will not have to meet your deductible before the Plan contributes to the cost of certain preventive medications. HDHP preventive categories are listed below and are designated as “PV” on the PDL.

Note: The HDHP Preventive Medications are only available for members on plans with HDHP in the plan name.

- Anticonvulsants
- Asthma and COPD
- Brand contraceptives
- Cardiovascular (including cholesterol, blood pressure and blood thinners)
- Diabetes (Insulin, Non-Insulin, and Test Strips)
- Mental health (antipsychotics and antidepressants)
- Osteoporosis

How are Medications Assessed for Plan Coverage

The PDL reflects the current judgement of the Pharmacy and Therapeutics (P&T) Committee, which consists of physicians, pharmacists and medical experts. The Committee reviews medications in each therapeutic class for safety, effectiveness and cost of treatment. Then, agents are selected in each category for inclusion/exclusion on the formulary. The maintenance of the formulary is a dynamic process where new medications and information concerning existing medications are continually reviewed by the P&T Committee.

Generic Medications

The St. Luke's PBM prioritizes the use of generic medications whenever possible. The term generic is usually used to describe a less-expensive product that is a safe and effective alternative to a brand-name product. A generic medication is identical, or bioequivalent, to a brand name medication. Although generic medications are chemically identical to their branded counterparts, they are typically sold at substantial discounts. The Food and Drug Administration (FDA) works with pharmaceutical companies to ensure medications (both brand name and generic) meet specific requirements for quality, strength, purity and potency.

Generic Medication Substitution Requirement

If you purchase a brand name medication when a generic substitution is required, you must pay the difference between the Allowed Amount for the Generic medication and the Allowed Amount for the Brand Name medication, plus your Copay/ Coinsurance or Deductible. Some prescription medications are excluded from this requirement.

Coverage Requests

If you would like to request a prior authorization, a higher quantity limit, bypassing step therapy or formulary exception, please have your provider call the St. Luke's PBM at **833-975-1281** to obtain the appropriate form. For formulary exceptions due to medical necessity, the request should include medical records that describe the condition being treated, other treatments previously tried and reason for not using formulary alternatives.

Pharmacy Network

Our pharmacy network is broad, and you can find a pharmacy near you with the lookup tool on your pharmacy member portal.

The Plan offers a maintenance pharmacy benefit, allowing you to obtain up to a 100-day supply of certain medications through St. Luke's Outpatient Pharmacies or St. Luke's Mail Order Pharmacy. Some exceptions may apply.

Specialty medications are high-cost medications used to treat rare or complicated conditions. Specialty medications are listed as tier 5. Most specialty medications are required to be filled through St. Luke's Specialty Pharmacy which offers best in class care and support. To learn more, call **208-205-7779**.

Plan ID Card

Your Plan ID card works for both your doctor's visits and filling medications at the pharmacy. To get the most from your benefits, provide your pharmacy ID card to the pharmacy when dropping off or calling in your prescription.

Term and Acronym Dictionary

ACA- Affordable Care Act:

This medication is covered for some people at no cost based on the Affordable Care Act.

AL1- Age Limit:

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

PA – Prior Authorization:

Selected high-risk or high-cost medications may require prior authorization to be eligible for coverage under the member's prescription medication benefit.

PV- High Deductible Health Plan Preventive Medication:

This medication is covered prior to the deductible for high deductible health plans.

QL or QLC - Quantity Limit or Quantity Limit (Custom):

This medication has a limit on the amount of medication per prescription.

S- Specialty Medication:

This medication is a specialty medication.

ST - Step Therapy:

This medication requires you to have already tried an alternative medication(s) preferred by the Plan. This process is called "step therapy." The alternative medication(s) is generally a more cost-effective therapy that does not compromise clinical quality.

STC- Step Therapy Criteria:

This is the medication(s) that must be tried prior to using the requested medication.



LIST OF COVERED PRESCRIPTION MEDICATIONS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANALGESICS		
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS		
<i>aspirin tab delayed release 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin tab delayed release 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin tab delayed release 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin tab delayed release 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin tab delayed release 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin tab delayed release 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin tab delayed release 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin tab delayed release 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin tab delayed release 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	2	QL 70 / 7 days
<i>celecoxib cap 100 mg</i>	1	
<i>celecoxib cap 200 mg</i>	1	
<i>celecoxib cap 400 mg</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>celecoxib cap 50 mg</i>	1	
<i>diclofenac potassium tab 50 mg</i>	2	
<i>diclofenac sodium tab delayed release 25 mg</i>	2	
<i>diclofenac sodium tab delayed release 25 mg</i>	2	
<i>diclofenac sodium tab delayed release 50 mg</i>	1	
<i>diclofenac sodium tab delayed release 75 mg</i>	1	
<i>diclofenac sodium soln 1.5%</i>	2	
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	2	
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	2	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	2	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	2	
<i>diflunisal tab 500 mg</i>	2	
<i>etodolac cap 200 mg</i>	2	
<i>etodolac cap 300 mg</i>	2	
<i>etodolac tab 400 mg</i>	2	
<i>etodolac tab 500 mg</i>	2	
<i>etodolac tab er 24hr 400 mg</i>	2	
<i>etodolac tab er 24hr 500 mg</i>	2	
<i>etodolac tab er 24hr 600 mg</i>	2	
FENOPROFEN CALCIUM 600 MG TAB	2	
FLURBIPROFEN 100 MG TAB	1	
<i>flurbiprofen tab 100 mg</i>	1	
FLURBIPROFEN 50 MG TAB	4	
LURBIPR 100 MG TAB	1	
<i>ibuprofen tab 400 mg</i>	1	
<i>ibuprofen tab 600 mg</i>	1	
<i>ibuprofen tab 800 mg</i>	1	
<i>ibuprofen tab 400 mg</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ibuprofen tab 600 mg</i>	1	
<i>ibuprofen tab 800 mg</i>	1	
<i>indomethacin cap 25 mg</i>	1	
<i>indomethacin cap 50 mg</i>	1	
<i>indomethacin suppos 50 mg</i>	4	
<i>indomethacin cap er 75 mg</i>	2	
KETOPROFEN ER 200 MG CAP ER 24H	4	
<i>ketorolac tromethamine tab 10 mg</i>	1	
MECLOFENAMATE SODIUM 100 MG CAP	4	
MECLOFENAMATE SODIUM 50 MG CAP	4	
<i>mefenamic acid cap 250 mg</i>	2	
<i>meloxicam tab 15 mg</i>	1	
<i>meloxicam tab 7.5 mg</i>	1	
<i>nabumetone tab 500 mg</i>	1	
<i>nabumetone tab 750 mg</i>	2	
<i>naproxen tab 250 mg</i>	1	
<i>naproxen tab 375 mg</i>	1	
<i>naproxen tab 500 mg</i>	1	
<i>naproxen sodium tab 275 mg</i>	2	
<i>naproxen sodium tab 550 mg</i>	2	
<i>oxaprozin tab 600 mg</i>	2	
<i>piroxicam cap 10 mg</i>	2	
<i>piroxicam cap 20 mg</i>	2	
<i>sulindac tab 150 mg</i>	1	
<i>sulindac tab 200 mg</i>	1	
OPIOID ANALGESICS, LONG-ACTING		
<i>buprenorphine td patch weekly 10 mcg/hr</i>	4	QL 4 / 28 day(s)
<i>buprenorphine td patch weekly 15 mcg/hr</i>	4	QL 4 / 28 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>buprenorphine td patch weekly 20 mcg/hr</i>	4	QL 4 / 28 day(s)
<i>buprenorphine td patch weekly 5 mcg/hr</i>	4	QL 4 / 28 day(s)
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	4	QL 4 / 28 day(s)
SUBLOCADE 100 MG/0.5ML SOLN PRSYR	5	PA S
SUBLOCADE 300 MG/1.5ML SOLN PRSYR	5	PA S
<i>fentanyl td patch 72hr 100 mcg/hr</i>	2	QL 15 / 30 days
<i>fentanyl td patch 72hr 100 mcg/hr</i>	2	QL 15 / 30 days
<i>fentanyl td patch 72hr 12 mcg/hr</i>	2	QL 15 / 30 days
<i>fentanyl td patch 72hr 12 mcg/hr</i>	2	QL 15 / 30 days
<i>fentanyl td patch 72hr 25 mcg/hr</i>	2	QL 15 / 30 days
<i>fentanyl td patch 72hr 25 mcg/hr</i>	2	QL 15 / 30 days
<i>fentanyl td patch 72hr 50 mcg/hr</i>	2	QL 15 / 30 days
<i>fentanyl td patch 72hr 50 mcg/hr</i>	2	QL 15 / 30 days
<i>fentanyl td patch 72hr 75 mcg/hr</i>	2	QL 15 / 30 days
<i>fentanyl td patch 72hr 75 mcg/hr</i>	2	QL 15 / 30 days
<i>hydromorphone hcl tab er 24hr 12 mg</i>	2	QL 30 / 30 days
<i>hydromorphone hcl tab er 24hr 16 mg</i>	2	QL 30 / 30 days
<i>hydromorphone hcl tab er 24hr 32 mg</i>	2	QL 30 / 30 days
<i>hydromorphone hcl tab er 24hr 8 mg</i>	2	QL 30 / 30 days
<i>methadone hcl soln 10 mg/5ml</i>	2	QL 300 / 30 days
<i>methadone hcl conc 10 mg/ml</i>	2	QL 60 / 30 days
<i>methadone hcl tab 10 mg</i>	1	QL 90 / 30 days
<i>methadone hcl tab for oral susp 40 mg</i>	2	QL 90 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>methadone hcl soln 5 mg/5ml</i>	2	QL 600 / 30 days
<i>methadone hcl tab 5 mg</i>	1	QL 90 / 30 days
<i>methadone hcl conc 10 mg/ml</i>	2	QL 60 / 30 days
<i>methadone hcl tab for oral susp 40 mg</i>	2	QL 90 / 30 days
MORPHINE SULFATE ER 100 MG CAP ER 24H	4	QL 60 / 30 days
<i>morphine sulfate tab er 100 mg</i>	2	QL 60 / 30 days
MORPHINE SULFATE ER 10 MG CAP ER 24H	4	QL 60 / 30 days
<i>morphine sulfate tab er 15 mg</i>	1	QL 60 / 30 days
<i>morphine sulfate tab er 200 mg</i>	2	QL 60 / 30 days
MORPHINE SULFATE ER 20 MG CAP ER 24H	4	QL 60 / 30 days
MORPHINE SULFATE ER 30 MG CAP ER 24H	4	QL 60 / 30 days
<i>morphine sulfate tab er 30 mg</i>	2	QL 60 / 30 days
MORPHINE SULFATE ER 50 MG CAP ER 24H	4	QL 60 / 30 days
MORPHINE SULFATE ER 60 MG CAP ER 24H	4	QL 60 / 30 days
<i>morphine sulfate tab er 60 mg</i>	2	QL 60 / 30 days
MORPHINE SULFATE ER 80 MG CAP ER 24H	4	QL 60 / 30 days
XTAMPZA ER 13.5 MG CP12 DETER	3	QL 60 / 30 days
		ST
		STC Trial and failure of 1 therapy: morphine ER
XTAMPZA ER 18 MG CP12 DETER	3	QL 60 / 30 days
		ST
		STC Trial and failure of 1 therapy: morphine ER
XTAMPZA ER 27 MG CP12 DETER	3	QL 60 / 30 days
		ST
		STC Trial and failure of 1 therapy: morphine ER

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XTAMPZA ER 36 MG CP12 DETER	3	QL ST STC 60 / 30 days Trial and failure of 1 therapy: morphine ER
XTAMPZA ER 9 MG CP12 DETER	3	QL ST STC 60 / 30 days Trial and failure of 1 therapy: morphine ER
OXYMORPHONE HCL ER 10 MG TAB ER 12H	4	QL 60 / 30 days
OXYMORPHONE HCL ER 15 MG TAB ER 12H	4	QL 60 / 30 days
OXYMORPHONE HCL ER 20 MG TAB ER 12H	4	QL 60 / 30 days
OXYMORPHONE HCL ER 30 MG TAB ER 12H	4	QL 60 / 30 days
OXYMORPHONE HCL ER 40 MG TAB ER 12H	4	QL 60 / 30 days
OXYMORPHONE HCL ER 5 MG TAB ER 12H	4	QL 60 / 30 days
OXYMORPHONE HCL ER 7.5 MG TAB ER 12H	4	QL 60 / 30 days
<i>tramadol hcl tab er 24hr 100 mg</i>	2	QL 30 / 30 days
<i>tramadol hcl tab er 24hr 100 mg</i>	2	QL 30 / 30 days
<i>tramadol hcl tab er 24hr 200 mg</i>	2	QL 30 / 30 day(s)
<i>tramadol hcl tab er 24hr 200 mg</i>	2	QL 30 / 30 day(s)
<i>tramadol hcl tab er 24hr 300 mg</i>	2	QL 30 / 30 days
<i>tramadol hcl tab er 24hr 300 mg</i>	2	QL 30 / 30 days
TRAMADOL HCL (ER BIPHASIC) 100 MG TAB ER 24H	4	QL 30 / 30 days
TRAMADOL HCL (ER BIPHASIC) 200 MG TAB ER 24H	4	QL 30 / 30 days
TRAMADOL HCL (ER BIPHASIC) 300 MG TAB ER 24H	4	QL 30 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OPIOID ANALGESICS, SHORT-ACTING		
APAP-CAFF-DIHYDROCODEINE 320.5-30-16 MG CAP	3	QL 300 / 30 days
ACETAMINOPHEN-CODEINE 120-12 MG/5ML SOLUTION	1	QL 630 / 7 day(s)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	1	QL 300 / 30 days
ACETAMINOPHEN-CODEINE 300-30 MG/12.5ML SOLUTION	1	QL 630 / 7 day(s)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	1	QL 300 / 30 days
<i>acetaminophen w/ codeine tab 300-60 mg</i>	1	QL 270 / 30 days
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	2	QL 42 / 7 days
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>	2	QL 180 / 30 days
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>	2	QL 180 / 30 days
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	2	QL 2.5 / 30 days
CODEINE SULFATE 15 MG TAB	2	QL 300 / 30 days
<i>codeine sulfate tab 30 mg</i>	2	QL 300 / 30 days
CODEINE SULFATE 60 MG TAB	4	QL 270 / 30 days
FENTANYL CITRATE 1200 MCG LOZ HANDLE	2	QL 120 / 30 days PA
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	2	QL 120 / 30 days PA
FENTANYL CITRATE 1600 MCG LOZ HANDLE	2	QL 120 / 30 days PA
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	2	QL 120 / 30 days PA
FENTANYL CITRATE 200 MCG LOZ HANDLE	2	QL 120 / 30 days PA
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	2	QL 120 / 30 days PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FENTANYL CITRATE 400 MCG LOZ HANDLE	2	QL 120 / 30 days PA
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	2	QL 120 / 30 days PA
FENTANYL CITRATE 600 MCG LOZ HANDLE	2	QL 120 / 30 days PA
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	2	QL 120 / 30 days PA
FENTANYL CITRATE 800 MCG LOZ HANDLE	2	QL 120 / 30 days PA
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	2	QL 120 / 30 days PA
HYDROCODONE-ACETAMINOPHEN 10-300 MG/15ML SOLUTION	2	QL 4000 / 30 day(s)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1	QL 360 / 30 days
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1	QL 360 / 30 days
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	2	QL 5400 / 30 days
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	2	QL 5400 / 30 days
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	2	QL 5400 / 30 days
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	2	QL 5400 / 30 days
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1	QL 360 / 30 days
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1	QL 360 / 30 days
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	2	QL 5400 / 30 days
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	2	QL 5400 / 30 days
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1	QL 360 / 30 days
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1	QL 360 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HYDROCODONE-IBUPROFEN 10-200 MG TAB	4	QL 150 / 30 days
HYDROCODONE-IBUPROFEN 5-200 MG TAB	4	QL 360 / 30 days
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	2	QL 360 / 30 days
<i>hydromorphone hcl liqd 1 mg/ml</i>	2	QL 385 / 30 days
<i>hydromorphone hcl tab 2 mg</i>	1	QL 90 / 30 days
<i>hydromorphone hcl tab 4 mg</i>	1	QL 90 / 30 days
<i>hydromorphone hcl tab 8 mg</i>	2	QL 60 / 30 days
MORPHINE SULFATE 10 MG/5ML SOLUTION	1	QL 1350 / 30 day(s)
MORPHINE SULFATE 15 MG TAB	2	QL 90 / 30 days
<i>morphine sulfate tab 15 mg</i>	2	QL 90 / 30 days
MORPHINE SULFATE 20 MG/5ML SOLUTION	2	QL 675 / 30 day(s)
<i>morphine sulfate oral soln 20 mg/5ml</i>	2	QL 675 / 30 day(s)
MORPHINE SULFATE 30 MG TAB	2	QL 90 / 30 days
<i>morphine sulfate tab 30 mg</i>	2	QL 90 / 30 days
MORPHINE SULFATE (CONCENTRATE) 100 MG/5ML SOLUTION	2	QL 270 / 30 days
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	2	QL 270 / 30 days
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	2	QL 270 / 30 days
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	2	QL 90 / 30 days
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	2	QL 90 / 30 days
<i>oxycodone hcl tab 10 mg</i>	1	QL 180 / 30 days
<i>oxycodone hcl tab 10 mg</i>	1	QL 180 / 30 days
<i>oxycodone hcl tab 15 mg</i>	2	QL 180 / 30 days
<i>oxycodone hcl tab 15 mg</i>	2	QL 180 / 30 days
<i>oxycodone hcl tab 20 mg</i>	2	QL 90 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>oxycodone hcl tab 20 mg</i>	2	QL 90 / 30 days
<i>oxycodone hcl tab 30 mg</i>	2	QL 60 / 30 days
<i>oxycodone hcl tab 30 mg</i>	2	QL 60 / 30 days
<i>oxycodone hcl soln 5 mg/5ml</i>	2	QL 1800 / 30 days
<i>oxycodone hcl soln 5 mg/5ml</i>	2	QL 1800 / 30 days
<i>oxycodone hcl tab 5 mg</i>	1	QL 180 / 30 days
<i>oxycodone hcl tab 5 mg</i>	1	QL 180 / 30 days
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	2	QL 180 / 30 days
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	2	QL 180 / 30 days
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	QL 180 / 30 days
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	2	QL 180 / 30 days
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	2	QL 180 / 30 days
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	2	QL 180 / 30 days
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	2	QL 180 / 30 days
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	2	QL 180 / 30 days
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	QL 180 / 30 days
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	QL 180 / 30 days
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	2	QL 180 / 30 days
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	2	QL 180 / 30 days
<i>oxymorphone hcl tab 10 mg</i>	2	QL 120 / 30 days
<i>oxymorphone hcl tab 10 mg</i>	2	QL 120 / 30 days
<i>oxymorphone hcl tab 5 mg</i>	2	QL 120 / 30 days
<i>oxymorphone hcl tab 5 mg</i>	2	QL 120 / 30 days
<i>pentazocine w/ naloxone tab 50-0.5 mg</i>	2	QL 120 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	1	QL 240 / 30 days
<i>tramadol hcl tab 50 mg</i>	1	QL 240 / 30 days
<i>tramadol hcl tab 50 mg</i>	1	QL 240 / 30 days
ANESTHETICS		
LOCAL ANESTHETICS		
<i>lidocaine patch 5%</i>	2	
<i>lidocaine patch 5%</i>	2	
<i>lidocaine patch 5%</i>	2	
<i>lidocaine patch 5%</i>	2	
<i>lidocaine hcl soln 4%</i>	2	
<i>lidocaine hcl viscous soln 2%</i>	1	
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	2	
NAYZILAM 5 MG/0.1ML SOLUTION	4	QL 6 / 30 days PV Preventive
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
ALCOHOL DETERRENTS/ANTI-CRAVING		
<i>acamprosate calcium tab delayed release 333 mg</i>	2	
<i>disulfiram tab 250 mg</i>	2	
<i>disulfiram tab 500 mg</i>	2	
VIVITROL 380 MG RECON SUSP	5	PA S
OPIOID DEPENDENCE		
BELBUCA 150 MCG FILM	3	QL 60 / 30 days
BELBUCA 300 MCG FILM	3	QL 60 / 30 days
BELBUCA 450 MCG FILM	3	QL 60 / 30 days
BELBUCA 600 MCG FILM	3	QL 60 / 30 days
BELBUCA 750 MCG FILM	3	QL 60 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BELBUCA 75 MCG FILM	3	QL 60 / 30 days
BELBUCA 900 MCG FILM	3	QL 60 / 30 days
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	2	QL 90 / 30 days
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	2	QL 90 / 30 days
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	2	QL 90 / 30 days
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	2	QL 120 / 30 days
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	2	QL 120 / 30 days
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	2	QL 90 / 30 days
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	2	QL 90 / 30 days
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	2	QL 90 / 30 days
<i>lofexidine hcl tab 0.18 mg (base equivalent)</i>	5	PA S
LUCEMYRA 0.18 MG TAB	5	PA S
OPIOID REVERSAL AGENTS		
KLOXXADO 8 MG/0.1ML LIQUID	3	
NALOXONE HCL 0.4 MG/ML SOLN CART	2	
<i>naloxone hcl soln prefilled syringe 0.4 mg/ml</i>	2	
<i>naloxone hcl inj 0.4 mg/ml</i>	2	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	2	
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	2	
<i>naloxone hcl inj 4 mg/10ml</i>	2	
<i>naltrexone hcl tab 50 mg</i>	2	
SMOKING CESSATION AGENTS		
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	2	AL1 At least 18 yrs old ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	2	AL1 At least 18 yrs old ACA Affordable Care Act Medications
<i>nicotine td patch 24hr 14 mg/24hr</i>	2	ACA Affordable Care Act Medications
<i>nicotine td patch 24hr 21 mg/24hr</i>	2	ACA Affordable Care Act Medications
<i>nicotine td patch 24hr 7 mg/24hr</i>	2	ACA Affordable Care Act Medications
<i>nicotine td patch 24hr 14 mg/24hr</i>	2	ACA Affordable Care Act Medications
<i>nicotine td patch 24hr 21 mg/24hr</i>	2	ACA Affordable Care Act Medications
<i>nicotine td patch 24hr 7 mg/24hr</i>	2	ACA Affordable Care Act Medications
<i>nicotine td patch 24hr 14 mg/24hr</i>	2	ACA Affordable Care Act Medications
<i>nicotine td patch 24hr 21 mg/24hr</i>	2	ACA Affordable Care Act Medications
<i>nicotine td patch 24hr 7 mg/24hr</i>	2	ACA Affordable Care Act Medications
<i>nicotine td patch 24hr 14 mg/24hr</i>	2	ACA Affordable Care Act Medications
<i>nicotine td patch 24hr 21 mg/24hr</i>	2	ACA Affordable Care Act Medications
<i>nicotine td patch 24hr 7 mg/24hr</i>	2	ACA Affordable Care Act Medications
<i>nicotine td patch 24hr 14 mg/24hr</i>	2	ACA Affordable Care Act Medications
<i>nicotine td patch 24hr 21 mg/24hr</i>	2	ACA Affordable Care Act Medications
<i>nicotine td patch 24hr 7 mg/24hr</i>	2	ACA Affordable Care Act Medications
<i>nicotine td patch 24hr 21 mg/24hr</i>	2	ACA Affordable Care Act Medications
<i>nicotine td patch 24hr 14 mg/24hr</i>	2	ACA Affordable Care Act Medications
NICOTINE 21-14-7 MG/24HR KIT	3	ACA Affordable Care Act Medications
<i>nicotine td patch 24hr 21 mg/24hr</i>	2	ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nicotine td patch 24hr 7 mg/24hr</i>	2	ACA Affordable Care Act Medications
<i>nicotine td patch 24hr 21 mg/24hr</i>	2	ACA Affordable Care Act Medications
<i>nicotine td patch 24hr 14 mg/24hr</i>	2	ACA Affordable Care Act Medications
<i>nicotine td patch 24hr 7 mg/24hr</i>	2	ACA Affordable Care Act Medications
NICOTROL 10 MG INHALER	3	ACA Affordable Care Act Medications
NICOTROL NS 10 MG/ML SOLUTION	3	ACA Affordable Care Act Medications
<i>nicotine td patch 24hr 14 mg/24hr</i>	2	ACA Affordable Care Act Medications
<i>nicotine td patch 24hr 21 mg/24hr</i>	2	ACA Affordable Care Act Medications
<i>nicotine td patch 24hr 14 mg/24hr</i>	2	ACA Affordable Care Act Medications
<i>nicotine td patch 24hr 21 mg/24hr</i>	2	ACA Affordable Care Act Medications
<i>nicotine td patch 24hr 14 mg/24hr</i>	2	ACA Affordable Care Act Medications
<i>nicotine td patch 24hr 21 mg/24hr</i>	2	ACA Affordable Care Act Medications
<i>nicotine td patch 24hr 14 mg/24hr</i>	2	ACA Affordable Care Act Medications
<i>nicotine td patch 24hr 21 mg/24hr</i>	2	ACA Affordable Care Act Medications
<i>nicotine td patch 24hr 7 mg/24hr</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex gum 2 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex lozenge 2 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex gum 4 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex gum 2 mg</i>	2	ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nicotine polacrilex lozenge 2 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex gum 4 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex lozenge 4 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex gum 4 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex lozenge 4 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex gum 2 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex lozenge 2 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex gum 4 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex lozenge 4 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex gum 2 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex lozenge 2 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex gum 4 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex lozenge 4 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex lozenge 2 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex lozenge 4 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex gum 2 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex gum 4 mg</i>	2	ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nicotine polacrilex lozenge 2 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex lozenge 4 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex gum 2 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex lozenge 2 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex gum 4 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex lozenge 4 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex gum 2 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex lozenge 2 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex gum 4 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex lozenge 4 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex gum 4 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex gum 2 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex lozenge 2 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex gum 4 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex gum 2 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex lozenge 2 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex gum 4 mg</i>	2	ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nicotine polacrilex lozenge 4 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex lozenge 2 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex lozenge 4 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex gum 2 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex lozenge 2 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex gum 4 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex lozenge 4 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex lozenge 2 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex gum 2 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex lozenge 2 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex gum 4 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex lozenge 4 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex lozenge 2 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex lozenge 4 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex gum 2 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex gum 4 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex gum 2 mg</i>	2	ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nicotine polacrilex gum 4 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex lozenge 2 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex lozenge 4 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex lozenge 2 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex gum 4 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex gum 2 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex lozenge 2 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex gum 4 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex lozenge 4 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex gum 2 mg</i>	2	ACA Affordable Care Act Medications
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	2	ACA Affordable Care Act Medications
<i>varenicline tartrate tab 1 mg (base equiv)</i>	2	ACA Affordable Care Act Medications
<i>varenicline tartrate tab 1 mg (base equiv)</i>	2	ACA Affordable Care Act Medications
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	2	ACA Affordable Care Act Medications
ANTIBACTERIALS		
AMINOGLYCOSIDES		
ARIKAYCE 590 MG/8.4ML SUSPENSION	5	PA S
<i>gentamicin sulfate cream 0.1%</i>	2	
<i>gentamicin sulfate oint 0.1%</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>neomycin sulfate tab 500 mg</i>	1	
ANTIBACTERIALS, OTHER		
CAYSTON 75 MG RECON SOLN	5	PA S
<i>clindamycin hcl cap 150 mg</i>	1	
<i>clindamycin hcl cap 300 mg</i>	1	
<i>clindamycin hcl cap 75 mg</i>	1	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	2	
CLINDESSE 2 % CREAM	4	
<i>clindamycin phosphate vaginal cream 2%</i>	2	
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	2	
<i>linezolid for susp 100 mg/5ml</i>	2	
<i>linezolid tab 600 mg</i>	2	
<i>methenamine hippurate tab 1 gm</i>	2	
<i>metronidazole tab 250 mg</i>	1	
<i>metronidazole tab 250 mg</i>	1	
<i>metronidazole cap 375 mg</i>	2	
<i>metronidazole cap 375 mg</i>	2	
<i>metronidazole tab 500 mg</i>	1	
<i>metronidazole tab 500 mg</i>	1	
<i>metronidazole cream 0.75%</i>	2	
<i>metronidazole cream 0.75%</i>	2	
<i>metronidazole gel 0.75%</i>	2	
<i>metronidazole gel 0.75%</i>	2	
<i>metronidazole gel 1%</i>	2	
<i>metronidazole gel 1%</i>	2	
<i>metronidazole vaginal gel 0.75%</i>	2	
<i>metronidazole vaginal gel 0.75%</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NUVESSA 1.3 % GEL	4	
VANDAZOLE 0.75 % GEL	3	
<i>nitrofurantoin susp 25 mg/5ml</i>	2	
<i>nitrofurantoin susp 25 mg/5ml</i>	2	
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	2	
<i>nitrofurantoin macrocrystalline cap 25 mg</i>	2	
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	2	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	1	
XIFAXAN 200 MG TAB	4	
XIFAXAN 550 MG TAB	4	
SIVEXTRO 200 MG TAB	5	PA S
<i>tinidazole tab 250 mg</i>	2	
<i>tinidazole tab 500 mg</i>	2	
<i>trimethoprim tab 100 mg</i>	1	
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	2	
<i>vancomycin hcl for oral soln 50 mg/ml (base equivalent)</i>	2	
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	2	
<i>vancomycin hcl for oral soln 25 mg/ml (base equivalent)</i>	2	
<i>vancomycin hcl for oral soln 50 mg/ml (base equivalent)</i>	2	
BETA-LACTAM, CEPHALOSPORINS		
CEFACLOR 250 MG CAP	2	
CEFACLOR 500 MG CAP	2	
CEFADROXIL 1 GM TAB	3	
<i>cefadroxil for susp 250 mg/5ml</i>	2	
<i>cefadroxil for susp 500 mg/5ml</i>	2	
<i>cefadroxil cap 500 mg</i>	1	
<i>cefdinir for susp 125 mg/5ml</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>cefdinir for susp 250 mg/5ml</i>	2	
<i>cefdinir cap 300 mg</i>	1	
<i>cefixime for susp 100 mg/5ml</i>	2	
<i>cefixime for susp 200 mg/5ml</i>	2	
CEFPODOXIME PROXETIL 100 MG/5ML RECON SUSP	2	
<i>cefpodoxime proxetil tab 100 mg</i>	2	
<i>cefpodoxime proxetil tab 200 mg</i>	2	
CEFPODOXIME PROXETIL 50 MG/5ML RECON SUSP	2	
<i>cefprozil for susp 125 mg/5ml</i>	2	
<i>cefprozil for susp 250 mg/5ml</i>	2	
<i>cefprozil tab 250 mg</i>	2	
<i>cefprozil tab 500 mg</i>	2	
<i>cefuroxime axetil tab 250 mg</i>	1	
<i>cefuroxime axetil tab 500 mg</i>	2	
<i>cephalexin for susp 125 mg/5ml</i>	1	
<i>cephalexin for susp 250 mg/5ml</i>	2	
<i>cephalexin cap 250 mg</i>	1	
<i>cephalexin cap 500 mg</i>	1	
<i>cephalexin cap 750 mg</i>	2	
BETA-LACTAM, PENICILLINS		
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	1	
AMOXICILLIN 125 MG CHEW TAB	2	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) cap 250 mg</i>	1	
AMOXICILLIN 250 MG CHEW TAB	2	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) cap 500 mg</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>amoxicillin (trihydrate) tab 500 mg</i>	1	
<i>amoxicillin (trihydrate) tab 875 mg</i>	1	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	1	
AMOXICILLIN-POT CLAVULANATE 200-28.5 MG CHEW TAB	4	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	2	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	1	
AMOXICILLIN-POT CLAVULANATE 400-57 MG CHEW TAB	4	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	1	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1	
AMOXICILLIN-POT CLAVULANATE ER 1000-62.5 MG TAB ER 12H	3	
<i>ampicillin cap 500 mg</i>	2	
<i>dicloxacillin sodium cap 250 mg</i>	2	
<i>dicloxacillin sodium cap 500 mg</i>	2	
PENICILLIN V POTASSIUM 125 MG/5ML RECON SOLN	1	
PENICILLIN V POTASSIUM 250 MG/5ML RECON SOLN	1	
<i>penicillin v potassium tab 250 mg</i>	1	
<i>penicillin v potassium tab 500 mg</i>	1	
MACROLIDES		
<i>azithromycin for susp 100 mg/5ml</i>	1	
<i>azithromycin for susp 200 mg/5ml</i>	1	
<i>azithromycin tab 250 mg</i>	1	
<i>azithromycin tab 500 mg</i>	1	
<i>azithromycin tab 600 mg</i>	2	
CLARITHROMYCIN 125 MG/5ML RECON SUSP	2	
CLARITHROMYCIN 250 MG/5ML RECON SUSP	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>clarithromycin tab 250 mg</i>	2	
<i>clarithromycin tab 500 mg</i>	2	
<i>clarithromycin tab er 24hr 500 mg</i>	2	
<i>erythromycin tab delayed release 250 mg</i>	2	
<i>erythromycin tab delayed release 333 mg</i>	2	
<i>erythromycin tab delayed release 500 mg</i>	2	
<i>erythromycin tab delayed release 250 mg</i>	2	
<i>erythromycin tab delayed release 333 mg</i>	2	
<i>erythromycin tab delayed release 500 mg</i>	2	
ERYTHROMYCIN BASE 250 MG CP DR PART	4	
<i>erythromycin tab 250 mg</i>	2	
<i>erythromycin tab delayed release 250 mg</i>	2	
<i>erythromycin tab delayed release 333 mg</i>	2	
<i>erythromycin tab 500 mg</i>	2	
<i>erythromycin tab delayed release 500 mg</i>	2	
E.E.S. 400 400 MG TAB	4	ST STC Trial and failure of 1 therapy: generic erythromycin ethylsuccinate
<i>erythromycin ethylsuccinate tab 400 mg</i>	4	ST STC Trial and failure of 1 therapy: generic erythromycin ethylsuccinate
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	2	
<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	2	
<i>erythromycin ethylsuccinate tab 400 mg</i>	4	ST STC Trial and failure of 1 therapy: generic erythromycin ethylsuccinate
ERYTHROCIN STEARATE 250 MG TAB	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
Macrolides		
DIFICID 200 MG TAB	4	
MACROLIDES		
DIFICID 40 MG/ML RECON SUSP	3	
<i>fidaxomicin tab 200 mg</i>	4	
QUINOLONES		
BESIVANCE 0.6 % SUSPENSION	3	
CIPRO 250 MG/5ML (5%) RECON SUSP	2	
CIPRO 500 MG/5ML (10%) RECON SUSP	2	
CIPROFLOXACIN HCL 100 MG TAB	4	
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	1	
		QL 28 / 14 days
BAXDELA 450 MG TAB	5	PA S
<i>levofloxacin tab 250 mg</i>	1	
<i>levofloxacin tab 250 mg</i>	1	
<i>levofloxacin oral soln 25 mg/ml</i>	2	
<i>levofloxacin oral soln 25 mg/ml</i>	2	
<i>levofloxacin tab 500 mg</i>	1	
<i>levofloxacin tab 500 mg</i>	1	
<i>levofloxacin tab 750 mg</i>	1	
<i>levofloxacin tab 750 mg</i>	1	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	2	
OFLOXACIN 300 MG TAB	4	
OFLOXACIN 400 MG TAB	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SULFONAMIDES		
<i>sulfadiazine tab 500 mg</i>	4	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	2	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	2	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	2	
TETRACYCLINES		
<i>demeclocycline hcl tab 150 mg</i>	2	
<i>demeclocycline hcl tab 300 mg</i>	2	
<i>doxycycline hyclate cap 100 mg</i>	1	
<i>doxycycline hyclate tab 100 mg</i>	1	
<i>doxycycline hyclate tab 20 mg</i>	1	
<i>doxycycline hyclate cap 50 mg</i>	1	
<i>doxycycline monohydrate tab 100 mg</i>	1	
<i>doxycycline monohydrate cap 100 mg</i>	1	
<i>doxycycline monohydrate tab 100 mg</i>	1	
<i>doxycycline monohydrate tab 150 mg</i>	2	
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	2	
<i>doxycycline monohydrate cap 50 mg</i>	1	
<i>doxycycline monohydrate tab 50 mg</i>	1	
<i>doxycycline monohydrate tab 75 mg</i>	2	
<i>doxycycline monohydrate cap 100 mg</i>	1	
<i>minocycline hcl cap 100 mg</i>	2	
<i>minocycline hcl cap 50 mg</i>	1	
<i>minocycline hcl cap 75 mg</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NUZYRA 100 MG RECON SOLN	5	PA S
NUZYRA 150 MG TAB	5	PA S
<i>tetracycline hcl cap 250 mg</i>	2	
<i>tetracycline hcl cap 500 mg</i>	2	
ANTICONVULSANTS		
ANTICONVULSANTS, OTHER		
BRIVIACT 100 MG TAB	4	PV Preventive
BRIVIACT 10 MG/ML SOLUTION	4	PV Preventive
BRIVIACT 10 MG TAB	4	PV Preventive
BRIVIACT 25 MG TAB	4	PV Preventive
BRIVIACT 50 MG TAB	4	PV Preventive
BRIVIACT 75 MG TAB	4	PV Preventive
EPIDIOLEX 100 MG/ML SOLUTION	5	PA S
XCOPRI 100 MG TAB	4	PV Preventive
XCOPRI 150 MG TAB	4	PV Preventive
XCOPRI 200 MG TAB	4	PV Preventive
XCOPRI 50 MG TAB	4	PV Preventive
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	2	PV Preventive
<i>divalproex sodium tab delayed release 125 mg</i>	1	PV Preventive
<i>divalproex sodium tab delayed release 250 mg</i>	1	PV Preventive
<i>divalproex sodium tab delayed release 500 mg</i>	1	PV Preventive
<i>divalproex sodium tab er 24 hr 250 mg</i>	2	PV Preventive
<i>divalproex sodium tab er 24 hr 500 mg</i>	2	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>felbamate tab 400 mg</i>	2	PV Preventive
<i>felbamate susp 600 mg/5ml</i>	2	PV Preventive
<i>felbamate tab 600 mg</i>	2	PV Preventive
FINTEPLA 2.2 MG/ML SOLUTION	5	PA S
<i>lamotrigine tab 100 mg</i>	1	PV Preventive
<i>lamotrigine tab 100 mg</i>	1	PV Preventive
<i>lamotrigine tab 150 mg</i>	1	PV Preventive
<i>lamotrigine tab 150 mg</i>	1	PV Preventive
<i>lamotrigine tab 200 mg</i>	1	PV Preventive
<i>lamotrigine tab 200 mg</i>	1	PV Preventive
<i>lamotrigine tab chewable dispersible 25 mg</i>	2	PV Preventive
<i>lamotrigine tab chewable dispersible 25 mg</i>	2	PV Preventive
<i>lamotrigine tab 25 mg</i>	1	PV Preventive
<i>lamotrigine tab 25 mg</i>	1	PV Preventive
<i>lamotrigine tab chewable dispersible 5 mg</i>	2	PV Preventive
<i>lamotrigine tab chewable dispersible 5 mg</i>	2	PV Preventive
<i>lamotrigine tab er 24hr 100 mg</i>	2	PV Preventive
<i>lamotrigine tab er 24hr 100 mg</i>	2	PV Preventive
<i>lamotrigine tab er 24hr 200 mg</i>	2	PV Preventive
<i>lamotrigine tab er 24hr 200 mg</i>	2	PV Preventive
<i>lamotrigine tab er 24hr 250 mg</i>	2	PV Preventive
<i>lamotrigine tab er 24hr 250 mg</i>	2	PV Preventive
<i>lamotrigine tab er 24hr 25 mg</i>	2	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lamotrigine tab er 24hr 25 mg</i>	2	PV Preventive
<i>lamotrigine tab er 24hr 300 mg</i>	2	PV Preventive
<i>lamotrigine tab er 24hr 300 mg</i>	2	PV Preventive
<i>lamotrigine tab er 24hr 50 mg</i>	2	PV Preventive
<i>lamotrigine tab er 24hr 50 mg</i>	2	PV Preventive
<i>lamotrigine tab 35 x 25 mg starter kit</i>	2	PV Preventive
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	2	PV Preventive
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	2	PV Preventive
<i>lamotrigine tab 100 mg</i>	1	PV Preventive
<i>lamotrigine tab 150 mg</i>	1	PV Preventive
<i>lamotrigine tab 200 mg</i>	1	PV Preventive
<i>lamotrigine tab 25 mg</i>	1	PV Preventive
<i>lamotrigine tab 35 x 25 mg starter kit</i>	2	PV Preventive
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	2	PV Preventive
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	2	PV Preventive
<i>levetiracetam tab 1000 mg</i>	2	PV Preventive
<i>levetiracetam tab 1000 mg</i>	2	PV Preventive
<i>levetiracetam oral soln 100 mg/ml</i>	2	PV Preventive
<i>levetiracetam oral soln 100 mg/ml</i>	2	PV Preventive
<i>levetiracetam tab 250 mg</i>	1	PV Preventive
<i>levetiracetam tab 250 mg</i>	1	PV Preventive
<i>levetiracetam oral soln 100 mg/ml</i>	2	PV Preventive
<i>levetiracetam tab 500 mg</i>	1	PV Preventive
<i>levetiracetam tab 500 mg</i>	1	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>levetiracetam tab 750 mg</i>	2	PV Preventive
<i>levetiracetam tab 750 mg</i>	2	PV Preventive
<i>levetiracetam tab er 24hr 500 mg</i>	2	PV Preventive
<i>levetiracetam tab er 24hr 500 mg</i>	2	PV Preventive
<i>levetiracetam tab er 24hr 750 mg</i>	2	PV Preventive
<i>levetiracetam tab er 24hr 750 mg</i>	2	PV Preventive
<i>levetiracetam tab 500 mg</i>	1	PV Preventive
FYCOMPA 0.5 MG/ML SUSPENSION	4	PV Preventive
FYCOMPA 10 MG TAB	4	PV Preventive
FYCOMPA 12 MG TAB	4	PV Preventive
FYCOMPA 2 MG TAB	4	PV Preventive
FYCOMPA 4 MG TAB	4	PV Preventive
FYCOMPA 6 MG TAB	4	PV Preventive
FYCOMPA 8 MG TAB	4	PV Preventive
<i>perampanel tab 10 mg</i>	4	PV Preventive
<i>perampanel tab 12 mg</i>	4	PV Preventive
<i>perampanel tab 2 mg</i>	4	PV Preventive
<i>perampanel tab 4 mg</i>	4	PV Preventive
<i>perampanel tab 6 mg</i>	4	PV Preventive
<i>perampanel tab 8 mg</i>	4	PV Preventive
DIACOMIT 250 MG CAP	5	PA S
DIACOMIT 250 MG PACKET	5	PA S
DIACOMIT 500 MG CAP	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DIACOMIT 500 MG PACKET	5	PA S
<i>topiramate tab 100 mg</i>	1	PV Preventive
<i>topiramate sprinkle cap 15 mg</i>	2	PV Preventive
<i>topiramate tab 200 mg</i>	1	PV Preventive
<i>topiramate sprinkle cap 25 mg</i>	2	PV Preventive
<i>topiramate tab 25 mg</i>	1	PV Preventive
<i>topiramate sprinkle cap 50 mg</i>	2	PV Preventive
<i>topiramate tab 50 mg</i>	1	PV Preventive
<i>topiramate cap er 24hr 100 mg</i>	3	PV Preventive
<i>topiramate cap er 24hr sprinkle 100 mg</i>	3	PV Preventive
<i>topiramate cap er 24hr sprinkle 150 mg</i>	3	PV Preventive
<i>topiramate cap er 24hr 200 mg</i>	3	PV Preventive
<i>topiramate cap er 24hr sprinkle 200 mg</i>	3	PV Preventive
<i>topiramate cap er 24hr 25 mg</i>	3	PV Preventive
<i>topiramate cap er 24hr sprinkle 25 mg</i>	3	PV Preventive
<i>topiramate cap er 24hr 50 mg</i>	3	PV Preventive
<i>topiramate cap er 24hr sprinkle 50 mg</i>	3	PV Preventive
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	2	PV Preventive
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	2	PV Preventive
<i>valproic acid cap 250 mg</i>	2	PV Preventive
CALCIUM CHANNEL MODIFYING AGENTS		
<i>ethosuximide soln 250 mg/5ml</i>	2	PV Preventive
<i>ethosuximide cap 250 mg</i>	2	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZARONTIN 250 MG/5ML SOLUTION	4	ST STC Trial and failure of 1 therapy: generic Zarontin PV Preventive
ZARONTIN 250 MG CAP	4	ST STC Trial and failure of 1 therapy: generic Zarontin PV Preventive
<i>methsuximide cap 300 mg</i>	2	PV Preventive
GAMMA-AMINOBUTYRIC ACID (GABA) MODULATING AGENTS		
<i>clobazam tab 10 mg</i>	2	PV Preventive
<i>clobazam tab 10 mg</i>	2	PV Preventive
<i>clobazam tab 20 mg</i>	2	PV Preventive
<i>clobazam tab 20 mg</i>	2	PV Preventive
<i>clobazam suspension 2.5 mg/ml</i>	2	PV Preventive
<i>clobazam suspension 2.5 mg/ml</i>	2	PV Preventive
<i>diazepam rectal gel delivery system 10 mg</i>	2	QL 5 / 30 days PV Preventive
<i>diazepam rectal gel delivery system 10 mg</i>	2	QL 5 / 30 days PV Preventive
<i>diazepam rectal gel delivery system 20 mg</i>	2	QL 5 / 30 days PV Preventive
<i>diazepam rectal gel delivery system 20 mg</i>	2	QL 5 / 30 days PV Preventive
DIAZEPAM 2.5 MG GEL	4	QL 5 / 30 days PV Preventive
VALTOCO 10 MG DOSE 10 MG/0.1ML LIQUID	4	QL 5 / 30 days PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VALTOCO 15 MG DOSE 2 X 7.5 MG/0.1ML LIQD THPK	4	QL 5 / 30 days PV Preventive
VALTOCO 20 MG DOSE 2 X 10 MG/0.1ML LIQD THPK	4	QL 5 / 30 days PV Preventive
VALTOCO 5 MG DOSE 5 MG/0.1ML LIQUID	4	QL 5 / 30 days PV Preventive
<i>gabapentin cap 100 mg</i>	1	PV Preventive
<i>gabapentin oral soln 250 mg/5ml</i>	2	QL 2160 / 30 days PV Preventive
<i>gabapentin oral soln 250 mg/5ml</i>	2	QL 2160 / 30 days PV Preventive
<i>gabapentin cap 300 mg</i>	1	PV Preventive
<i>gabapentin cap 400 mg</i>	1	PV Preventive
<i>gabapentin tab 600 mg</i>	1	PV Preventive
<i>gabapentin tab 800 mg</i>	1	PV Preventive
ZTALMY 50 MG/ML SUSPENSION	5	PA S
<i>phenobarbital tab 100 mg</i>	1	
<i>phenobarbital tab 15 mg</i>	1	
<i>phenobarbital tab 16.2 mg</i>	1	
<i>phenobarbital elixir 20 mg/5ml</i>	2	
<i>phenobarbital elixir 20 mg/5ml</i>	2	
<i>phenobarbital tab 30 mg</i>	1	
<i>phenobarbital tab 32.4 mg</i>	1	
<i>phenobarbital elixir 20 mg/5ml</i>	2	
<i>phenobarbital tab 60 mg</i>	1	
<i>phenobarbital tab 64.8 mg</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>phenobarbital tab 97.2 mg</i>	1	
MYSOLINE 250 MG TAB	4	ST STC PV Trial and failure of 1 therapy: generic Mysoline Preventive
MYSOLINE 50 MG TAB	4	ST STC PV Trial and failure of 1 therapy: generic Mysoline Preventive
PRIMIDONE 125 MG TAB	4	PV Preventive
<i>primidone tab 250 mg</i>	2	PV Preventive
<i>primidone tab 50 mg</i>	1	PV Preventive
<i>tiagabine hcl tab 12 mg</i>	2	PV Preventive
<i>tiagabine hcl tab 12 mg</i>	2	PV Preventive
<i>tiagabine hcl tab 16 mg</i>	2	PV Preventive
<i>tiagabine hcl tab 16 mg</i>	2	PV Preventive
<i>tiagabine hcl tab 2 mg</i>	2	PV Preventive
<i>tiagabine hcl tab 2 mg</i>	2	PV Preventive
<i>tiagabine hcl tab 4 mg</i>	2	PV Preventive
<i>tiagabine hcl tab 4 mg</i>	2	PV Preventive
SABRIL 500 MG PACKET	5	PA ST S STC Trial and failure of 1 therapy: generic Sabril
SABRIL 500 MG TAB	5	PA ST S STC Trial and failure of 1 therapy: generic Sabril

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>vigabatrin powd pack 500 mg</i>	5	PA S
<i>vigabatrin tab 500 mg</i>	5	PA S
<i>vigabatrin powd pack 500 mg</i>	5	PA S
<i>vigabatrin tab 500 mg</i>	5	PA S
<i>vigabatrin powd pack 500 mg</i>	5	PA S
SODIUM CHANNEL AGENTS		
<i>carbamazepine susp 100 mg/5ml</i>	2	PV Preventive
<i>carbamazepine susp 100 mg/5ml</i>	2	PV Preventive
<i>carbamazepine chew tab 100 mg</i>	2	PV Preventive
<i>carbamazepine susp 100 mg/5ml</i>	2	PV Preventive
CARBAMAZEPINE 200 MG CHEW TAB	2	PV Preventive
<i>carbamazepine tab 200 mg</i>	2	PV Preventive
<i>carbamazepine tab 200 mg</i>	2	PV Preventive
<i>carbamazepine cap er 12hr 100 mg</i>	2	PV Preventive
<i>carbamazepine tab er 12hr 100 mg</i>	2	PV Preventive
<i>carbamazepine tab er 12hr 100 mg</i>	2	PV Preventive
<i>carbamazepine cap er 12hr 200 mg</i>	2	PV Preventive
<i>carbamazepine cap er 12hr 200 mg</i>	2	PV Preventive
<i>carbamazepine tab er 12hr 200 mg</i>	2	PV Preventive
<i>carbamazepine tab er 12hr 200 mg</i>	2	PV Preventive
<i>carbamazepine cap er 12hr 300 mg</i>	2	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>carbamazepine tab er 12hr 400 mg</i>	2	PV Preventive
<i>carbamazepine tab er 12hr 400 mg</i>	2	PV Preventive
CARBATROL 100 MG CAP ER 12H	4	ST STC Trial and failure of 1 therapy: generic carbamazepine PV Preventive
CARBATROL 200 MG CAP ER 12H	4	ST STC Trial and failure of 1 therapy: generic carbamazepine PV Preventive
CARBATROL 300 MG CAP ER 12H	4	ST STC Trial and failure of 1 therapy: generic carbamazepine PV Preventive
<i>carbamazepine tab 200 mg</i>	2	PV Preventive
TEGRETOL 100 MG/5ML SUSPENSION	4	ST STC Trial and failure of 1 therapy: generic carbamazepine PV Preventive
TEGRETOL 200 MG TAB	4	ST STC Trial and failure of 1 therapy: generic carbamazepine PV Preventive
TEGRETOL-XR 100 MG TAB ER 12H	4	ST STC Trial and failure of 1 therapy: generic carbamazepine PV Preventive
TEGRETOL-XR 200 MG TAB ER 12H	4	ST STC Trial and failure of 1 therapy: generic carbamazepine PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TEGRETOL-XR 400 MG TAB ER 12H	4	ST STC PV Trial and failure of 1 therapy: generic carbamazepine Preventive
XCOPRI 14 X 12.5 MG & 14 X 25 MG TAB THPK	4	PV Preventive
XCOPRI 14 X 150 MG & 14 X200 MG TAB THPK	4	PV Preventive
XCOPRI 14 X 50 MG & 14 X100 MG TAB THPK	4	PV Preventive
XCOPRI (250 MG DAILY DOSE) 100 & 150 MG TAB THPK	4	PV Preventive
XCOPRI (350 MG DAILY DOSE) 150 & 200 MG TAB THPK	4	PV Preventive
<i>eslicarbazepine acetate tab 200 mg</i>	2	PV Preventive
<i>eslicarbazepine acetate tab 400 mg</i>	2	PV Preventive
<i>eslicarbazepine acetate tab 600 mg</i>	2	PV Preventive
<i>eslicarbazepine acetate tab 800 mg</i>	2	PV Preventive
<i>lacosamide oral solution 10 mg/ml</i>	2	PV Preventive
<i>lacosamide tab 100 mg</i>	2	PV Preventive
<i>lacosamide oral solution 10 mg/ml</i>	2	PV Preventive
<i>lacosamide tab 150 mg</i>	2	PV Preventive
<i>lacosamide tab 200 mg</i>	2	PV Preventive
<i>lacosamide oral solution 10 mg/ml</i>	2	PV Preventive
<i>lacosamide tab 50 mg</i>	2	PV Preventive
<i>oxcarbazepine tab 150 mg</i>	1	PV Preventive
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	2	PV Preventive
<i>oxcarbazepine tab 300 mg</i>	2	PV Preventive
<i>oxcarbazepine tab 600 mg</i>	2	PV Preventive
DILANTIN-125 125 MG/5ML SUSPENSION	4	ST STC PV Trial and failure of 1 therapy: generic Dilantin Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DILANTIN 125 MG/5ML SUSPENSION	4	ST STC Trial and failure of 1 therapy: generic Dilantin PV Preventive
DILANTIN INFATABS 50 MG CHEW TAB	4	ST STC Trial and failure of 1 therapy: generic Dilantin PV Preventive
<i>phenytoin susp 125 mg/5ml</i>	2	PV Preventive
<i>phenytoin susp 125 mg/5ml</i>	2	PV Preventive
<i>phenytoin chew tab 50 mg</i>	2	PV Preventive
<i>phenytoin chew tab 50 mg</i>	2	PV Preventive
DILANTIN 100 MG CAP	4	ST STC Trial and failure of 1 therapy: generic Dilantin PV Preventive
DILANTIN 30 MG CAP	4	ST STC Trial and failure of 1 therapy: generic Dilantin PV Preventive
<i>phenytoin sodium extended cap 200 mg</i>	2	PV Preventive
<i>phenytoin sodium extended cap 300 mg</i>	2	PV Preventive
<i>phenytoin sodium extended cap 100 mg</i>	2	PV Preventive
<i>phenytoin sodium extended cap 200 mg</i>	2	PV Preventive
<i>phenytoin sodium extended cap 300 mg</i>	2	PV Preventive
<i>rufinamide tab 200 mg</i>	2	PV Preventive
<i>rufinamide tab 400 mg</i>	2	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>rufinamide susp 40 mg/ml</i>	2	PV Preventive
<i>zonisamide cap 100 mg</i>	2	PV Preventive
<i>zonisamide cap 25 mg</i>	1	PV Preventive
<i>zonisamide cap 50 mg</i>	1	PV Preventive
ANTIDEMENTIA AGENTS		
ANTIDEMENTIA AGENTS, OTHER		
ERGOLOID MESYLATES 1 MG TAB	4	
CHOLINESTERASE INHIBITORS		
<i>donepezil hydrochloride tab 10 mg</i>	1	
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	1	
<i>donepezil hydrochloride tab 23 mg</i>	2	
<i>donepezil hydrochloride tab 5 mg</i>	1	
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	1	
<i>galantamine hydrobromide tab 12 mg</i>	2	
GALANTAMINE HYDROBROMIDE 4 MG/ML SOLUTION	4	
<i>galantamine hydrobromide tab 4 mg</i>	2	
<i>galantamine hydrobromide tab 8 mg</i>	2	
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	2	
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	2	
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	2	
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	2	
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	2	
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	2	
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	2	
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	2	
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	2	
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST		
<i>memantine hcl oral solution 2 mg/ml</i>	2	
<i>memantine hcl tab 10 mg</i>	1	
MEMANTINE HCL 28 X 5 MG & 21 X 10 MG TAB	2	
<i>memantine hcl oral solution 2 mg/ml</i>	2	
<i>memantine hcl tab 5 mg</i>	1	
ANTIDEPRESSANTS		
ANTIDEPRESSANTS, OTHER		
<i>bupropion hcl tab 100 mg</i>	1	PV Preventive
<i>bupropion hcl tab 100 mg</i>	1	PV Preventive
<i>bupropion hcl tab 75 mg</i>	1	PV Preventive
<i>bupropion hcl tab 75 mg</i>	1	PV Preventive
<i>bupropion hcl tab er 12hr 100 mg</i>	1	PV Preventive
<i>bupropion hcl tab er 12hr 100 mg</i>	1	PV Preventive
<i>bupropion hcl tab er 12hr 150 mg</i>	1	PV Preventive
<i>bupropion hcl tab er 12hr 150 mg</i>	1	PV Preventive
<i>bupropion hcl tab er 12hr 200 mg</i>	1	PV Preventive
<i>bupropion hcl tab er 12hr 200 mg</i>	1	PV Preventive
<i>bupropion hcl tab er 24hr 150 mg</i>	1	PV Preventive
<i>bupropion hcl tab er 24hr 150 mg</i>	1	PV Preventive
<i>bupropion hcl tab er 24hr 300 mg</i>	1	PV Preventive
<i>bupropion hcl tab er 24hr 300 mg</i>	1	PV Preventive
CHLORDIAZEPOXIDE-AMITRIPTYLINE 10-25 MG TAB	4	QL 180 / 30 days
CHLORDIAZEPOXIDE-AMITRIPTYLINE 5-12.5 MG TAB	4	QL 180 / 30 days
AUVELITY 45-105 MG TAB ER	4	ST
		STC Trial and failure of bupropion and one additional generic antidepressant
		PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SPRAVATO (56 MG DOSE) 28 MG/DEVICE SOLN THPK	5	PA S
SPRAVATO (84 MG DOSE) 28 MG/DEVICE SOLN THPK	5	PA S
<i>mirtazapine tab 15 mg</i>	1	PV Preventive
<i>mirtazapine orally disintegrating tab 15 mg</i>	2	PV Preventive
<i>mirtazapine tab 30 mg</i>	1	PV Preventive
<i>mirtazapine orally disintegrating tab 30 mg</i>	2	PV Preventive
<i>mirtazapine tab 45 mg</i>	1	PV Preventive
<i>mirtazapine orally disintegrating tab 45 mg</i>	2	PV Preventive
<i>mirtazapine tab 7.5 mg</i>	2	PV Preventive
PERPHENAZINE-AMITRIPTYLINE 2-10 MG TAB	4	
PERPHENAZINE-AMITRIPTYLINE 2-25 MG TAB	4	
PERPHENAZINE-AMITRIPTYLINE 4-10 MG TAB	4	
PERPHENAZINE-AMITRIPTYLINE 4-25 MG TAB	4	
PERPHENAZINE-AMITRIPTYLINE 4-50 MG TAB	4	
Antidepressants, Other		
ZURZUVAE 20 MG CAP	5	PA S QLC 28 / 365 days
ZURZUVAE 25 MG CAP	5	PA S QLC 28 / 365 days
ZURZUVAE 30 MG CAP	5	PA S QLC 14 / 365 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MONOAMINE OXIDASE INHIBITORS		
MARPLAN 10 MG TAB	4	PV Preventive
PHENELZINE SULFATE 15 MG TAB	4	PV Preventive
EMSAM 12 MG/24HR PATCH 24HR	4	PV Preventive
EMSAM 6 MG/24HR PATCH 24HR	4	PV Preventive
EMSAM 9 MG/24HR PATCH 24HR	4	PV Preventive
<i>tranylcypromine sulfate tab 10 mg</i>	2	PV Preventive
SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)		
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	2	PV Preventive
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	1	PV Preventive
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	2	PV Preventive
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	1	PV Preventive
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	1	PV Preventive
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	2	PV Preventive
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	2	PV Preventive
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	2	PV Preventive
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	2	PV Preventive
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	1	PV Preventive
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	1	PV Preventive
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	2	PV Preventive
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	1	PV Preventive
<i>fluoxetine hcl cap 10 mg</i>	1	PV Preventive
<i>fluoxetine hcl solution 20 mg/5ml</i>	2	PV Preventive
<i>fluoxetine hcl cap 20 mg</i>	1	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fluoxetine hcl cap 40 mg</i>	1	PV Preventive
<i>fluvoxamine maleate tab 100 mg</i>	2	PV Preventive
<i>fluvoxamine maleate tab 100 mg</i>	2	PV Preventive
<i>fluvoxamine maleate tab 25 mg</i>	2	PV Preventive
<i>fluvoxamine maleate tab 25 mg</i>	2	PV Preventive
<i>fluvoxamine maleate tab 50 mg</i>	2	PV Preventive
<i>fluvoxamine maleate tab 50 mg</i>	2	PV Preventive
FETZIMA 120 MG CAP ER 24H	4	ST STC Trial and failure of one generic antidepressant PV Preventive
FETZIMA 20 MG CAP ER 24H	4	ST STC Trial and failure of one generic antidepressant PV Preventive
FETZIMA 40 MG CAP ER 24H	4	ST STC Trial and failure of one generic antidepressant PV Preventive
FETZIMA 80 MG CAP ER 24H	4	ST STC Trial and failure of one generic antidepressant PV Preventive
FETZIMA TITRATION 20 & 40 MG CP24 THPK	4	ST STC Trial and failure of one generic antidepressant PV Preventive
NEFAZODONE HCL 100 MG TAB	4	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NEFAZODONE HCL 150 MG TAB	4	PV Preventive
NEFAZODONE HCL 200 MG TAB	4	PV Preventive
NEFAZODONE HCL 250 MG TAB	4	PV Preventive
NEFAZODONE HCL 50 MG TAB	4	PV Preventive
PAROXETINE HCL 10 MG/5ML SUSPENSION	1	PV Preventive
<i>paroxetine hcl tab 10 mg</i>	1	PV Preventive
<i>paroxetine hcl tab 20 mg</i>	1	PV Preventive
<i>paroxetine hcl tab 30 mg</i>	1	PV Preventive
<i>paroxetine hcl tab 40 mg</i>	1	PV Preventive
<i>sertraline hcl tab 100 mg</i>	1	PV Preventive
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	2	PV Preventive
<i>sertraline hcl tab 25 mg</i>	1	PV Preventive
<i>sertraline hcl tab 50 mg</i>	1	PV Preventive
<i>trazodone hcl tab 100 mg</i>	1	PV Preventive
<i>trazodone hcl tab 100 mg</i>	1	PV Preventive
<i>trazodone hcl tab 150 mg</i>	1	PV Preventive
<i>trazodone hcl tab 150 mg</i>	1	PV Preventive
<i>trazodone hcl tab 50 mg</i>	1	PV Preventive
<i>trazodone hcl tab 50 mg</i>	1	PV Preventive
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	1	PV Preventive
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	1	PV Preventive
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	1	PV Preventive
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	1	PV Preventive
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	1	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	1	PV Preventive
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	1	PV Preventive
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	1	PV Preventive
VIIBRYD 10 MG TAB	4	ST STC Trial and failure of vilazodone (generic Viibryd) PV Preventive
VIIBRYD 20 MG TAB	4	ST STC Trial and failure of vilazodone (generic Viibryd) PV Preventive
VIIBRYD 40 MG TAB	4	ST STC Trial and failure of vilazodone (generic Viibryd) PV Preventive
VIIBRYD STARTER PACK 10 & 20 MG KIT	4	ST STC Trial and failure of vilazodone (generic Viibryd) PV Preventive
<i>vilazodone hcl tab 10 mg</i>	2	PV Preventive
<i>vilazodone hcl tab 20 mg</i>	2	PV Preventive
<i>vilazodone hcl tab 40 mg</i>	2	PV Preventive
TRINTELLIX 10 MG TAB	4	PV Preventive
TRINTELLIX 20 MG TAB	4	PV Preventive
TRINTELLIX 5 MG TAB	4	PV Preventive
TRICYCLICS		
<i>amitriptyline hcl tab 100 mg</i>	2	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>amitriptyline hcl tab 10 mg</i>	1	PV Preventive
<i>amitriptyline hcl tab 150 mg</i>	2	PV Preventive
<i>amitriptyline hcl tab 25 mg</i>	1	PV Preventive
<i>amitriptyline hcl tab 50 mg</i>	1	PV Preventive
<i>amitriptyline hcl tab 75 mg</i>	1	PV Preventive
<i>amoxapine tab 100 mg</i>	2	PV Preventive
<i>amoxapine tab 150 mg</i>	2	PV Preventive
<i>amoxapine tab 25 mg</i>	2	PV Preventive
<i>amoxapine tab 50 mg</i>	2	PV Preventive
<i>clomipramine hcl cap 25 mg</i>	2	PV Preventive
<i>clomipramine hcl cap 25 mg</i>	2	PV Preventive
<i>clomipramine hcl cap 25 mg</i>	2	PV Preventive
<i>clomipramine hcl cap 50 mg</i>	2	PV Preventive
<i>clomipramine hcl cap 50 mg</i>	2	PV Preventive
<i>clomipramine hcl cap 50 mg</i>	2	PV Preventive
<i>clomipramine hcl cap 75 mg</i>	2	PV Preventive
<i>clomipramine hcl cap 75 mg</i>	2	PV Preventive
<i>clomipramine hcl cap 75 mg</i>	2	PV Preventive
<i>desipramine hcl tab 100 mg</i>	2	PV Preventive
<i>desipramine hcl tab 10 mg</i>	2	PV Preventive
<i>desipramine hcl tab 150 mg</i>	2	PV Preventive
<i>desipramine hcl tab 25 mg</i>	2	PV Preventive
<i>desipramine hcl tab 50 mg</i>	2	PV Preventive
<i>desipramine hcl tab 75 mg</i>	2	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>doxepin hcl cap 100 mg</i>	2	PV Preventive
<i>doxepin hcl cap 10 mg</i>	1	PV Preventive
DOXEPIN HCL 10 MG/ML CONC	1	PV Preventive
<i>doxepin hcl conc 10 mg/ml</i>	1	PV Preventive
<i>doxepin hcl cap 150 mg</i>	2	PV Preventive
<i>doxepin hcl cap 25 mg</i>	1	PV Preventive
<i>doxepin hcl cap 50 mg</i>	2	PV Preventive
<i>doxepin hcl cap 75 mg</i>	2	PV Preventive
<i>imipramine hcl tab 10 mg</i>	1	PV Preventive
<i>imipramine hcl tab 25 mg</i>	1	PV Preventive
<i>imipramine hcl tab 50 mg</i>	1	PV Preventive
<i>nortriptyline hcl soln 10 mg/5ml</i>	2	PV Preventive
<i>nortriptyline hcl cap 10 mg</i>	1	PV Preventive
<i>nortriptyline hcl cap 25 mg</i>	1	PV Preventive
<i>nortriptyline hcl cap 50 mg</i>	1	PV Preventive
<i>nortriptyline hcl cap 75 mg</i>	1	PV Preventive
<i>protriptyline hcl tab 10 mg</i>	2	PV Preventive
<i>protriptyline hcl tab 5 mg</i>	2	PV Preventive
<i>trimipramine maleate cap 100 mg</i>	2	PV Preventive
<i>trimipramine maleate cap 25 mg</i>	2	PV Preventive
<i>trimipramine maleate cap 50 mg</i>	2	PV Preventive
ANTIEMETICS		
ANTIEMETICS, OTHER		
<i>meclizine hcl tab 25 mg</i>	1	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	1	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	2	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	1	
METOCLOPRAMIDE HCL 5 MG TAB DISP	4	
<i>perphenazine tab 16 mg</i>	2	PV Preventive
<i>perphenazine tab 2 mg</i>	2	PV Preventive
<i>perphenazine tab 4 mg</i>	2	PV Preventive
<i>perphenazine tab 8 mg</i>	2	PV Preventive
<i>prochlorperazine suppos 25 mg</i>	2	
<i>prochlorperazine suppos 25 mg</i>	2	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	2	
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	1	
<i>promethazine hcl suppos 12.5 mg</i>	2	
<i>promethazine hcl tab 12.5 mg</i>	1	
<i>promethazine hcl suppos 25 mg</i>	2	
<i>promethazine hcl tab 25 mg</i>	1	
<i>promethazine hcl tab 50 mg</i>	1	
<i>promethazine hcl suppos 12.5 mg</i>	2	
<i>promethazine hcl suppos 25 mg</i>	2	
PROMETHEGAN 50 MG SUPPOS	4	
<i>scopolamine td patch 72hr 1 mg/3days</i>	2	
<i>trimethobenzamide hcl cap 300 mg</i>	2	
EMETOGENIC THERAPY ADJUNCTS		
<i>aprepitant capsule 125 mg</i>	2	QL 4 / 30 days
<i>aprepitant capsule 40 mg</i>	2	QL 4 / 30 days
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	2	QL 6 / 30 days
<i>aprepitant capsule 80 mg</i>	2	QL 4 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EMEND 125 MG/5ML RECON SUSP	3	QL 3 / 30 days
<i>dronabinol cap 10 mg</i>	2	QL 60 / 30 days
<i>dronabinol cap 2.5 mg</i>	2	QL 60 / 30 days
<i>dronabinol cap 5 mg</i>	2	QL 60 / 30 days
<i>granisetron hcl tab 1 mg</i>	2	
<i>ondansetron orally disintegrating tab 4 mg</i>	1	
<i>ondansetron orally disintegrating tab 8 mg</i>	1	
<i>ondansetron hcl oral soln 4 mg/5ml</i>	1	
<i>ondansetron hcl tab 4 mg</i>	1	
<i>ondansetron hcl tab 8 mg</i>	1	
VARUBI (180 MG DOSE) 2 X 90 MG TAB THPK	4	QL 4.2 / 30 days QLC 4.2 / 30 days
ANTIFUNGALS		
GYNAZOLE-1 2 % CREAM	4	
<i>clotrimazole troche 10 mg</i>	2	
<i>econazole nitrate cream 1%</i>	2	
<i>fluconazole tab 100 mg</i>	1	
<i>fluconazole for susp 10 mg/ml</i>	2	
<i>fluconazole tab 150 mg</i>	1	
<i>fluconazole tab 200 mg</i>	1	
<i>fluconazole for susp 40 mg/ml</i>	2	
<i>fluconazole tab 50 mg</i>	1	
<i>flucytosine cap 250 mg</i>	2	
<i>flucytosine cap 500 mg</i>	2	
<i>griseofulvin microsize susp 125 mg/5ml</i>	2	
<i>griseofulvin microsize tab 500 mg</i>	2	
<i>griseofulvin ultramicrosize tab 125 mg</i>	2	
<i>griseofulvin ultramicrosize tab 250 mg</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CRESEMBA 186 MG CAP	5	PA S
CRESEMBA 372 MG RECON SOLN	5	PA S
CRESEMBA 74.5 MG CAP	5	PA S
<i>itraconazole cap 100 mg</i>	2	
<i>itraconazole oral soln 10 mg/ml</i>	2	
<i>ketoconazole tab 200 mg</i>	2	
<i>ketoconazole cream 2%</i>	2	
<i>ketoconazole shampoo 2%</i>	1	
LULICONAZOLE 1 % CREAM	4	
ORAVIG 50 MG TAB	4	
MICONAZOLE 3 200 MG SUPPOS	4	
NAFTIFINE HCL 1 % CREAM	4	
<i>nystatin tab 500000 unit</i>	2	
<i>nystatin susp 100000 unit/ml</i>	1	
<i>nystatin topical powder 100000 unit/gm</i>	2	
<i>nystatin topical powder 100000 unit/gm</i>	2	
<i>nystatin cream 100000 unit/gm</i>	1	
<i>nystatin oint 100000 unit/gm</i>	1	
<i>nystatin topical powder 100000 unit/gm</i>	2	
<i>nystatin topical powder 100000 unit/gm</i>	2	
<i>oxiconazole nitrate cream 1%</i>	2	
NOXAFIL 300 MG PACKET	5	PA S
<i>posaconazole tab delayed release 100 mg</i>	2	
<i>posaconazole susp 40 mg/ml</i>	4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EXELDERM 1 % CREAM	4	
EXELDERM 1 % SOLUTION	4	
SULCONAZOLE NITRATE 1 % CREAM	4	
SULCONAZOLE NITRATE 1 % SOLUTION	4	
<i>terbinafine hcl tab 250 mg</i>	1	
<i>terconazole vaginal cream 0.4%</i>	2	
<i>terconazole vaginal cream 0.8%</i>	2	
<i>terconazole vaginal suppos 80 mg</i>	2	
<i>voriconazole tab 200 mg</i>	2	
<i>voriconazole for susp 40 mg/ml</i>	2	
<i>voriconazole tab 50 mg</i>	2	
ANTIGOUT AGENTS		
<i>allopurinol tab 100 mg</i>	1	
<i>allopurinol tab 300 mg</i>	1	
<i>colchicine tab 0.6 mg</i>	2	
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	2	
<i>febuxostat tab 40 mg</i>	2	
<i>febuxostat tab 80 mg</i>	2	
<i>probenecid tab 500 mg</i>	2	
ANTIMIGRAINE AGENTS		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONISTS		
QULIPTA 10 MG TAB	4	QL PA 30 / 30 days
QULIPTA 30 MG TAB	4	QL PA 30 / 30 days
QULIPTA 60 MG TAB	4	QL PA 30 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AIMOVIG 70 MG/ML SOLN A-INJ	3	QL 1 / 30 days
		PA
		STC Trial and failure of 3 classes: beta blocker (propranolol, timolol, metoprolol, nadolol, atenolol), antidepressant (amitriptyline, nortriptyline, venlafaxine) and antiepileptic (topiramate, valproate)
AJOVY 225 MG/1.5ML SOLN A-INJ	3	PA
		QLC 4.5 / 84 days
		STC Trial and failure of 3 classes: beta blocker (propranolol, timolol, metoprolol, nadolol, atenolol), antidepressant (amitriptyline, nortriptyline, venlafaxine) and antiepileptic (topiramate, valproate)
AJOVY 225 MG/1.5ML SOLN PRSYR	3	PA
		QLC 4.5 / 84 days
		STC Trial and failure of 3 classes: beta blocker (propranolol, timolol, metoprolol, nadolol, atenolol), antidepressant (amitriptyline, nortriptyline, venlafaxine) and antiepileptic (topiramate, valproate)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EMGALITY 120 MG/ML SOLN PRSYR	3	QL 2 / 30 days PA STC Trial and failure of 3 classes: beta blocker (propranolol, timolol, metoprolol, nadolol, atenolol), antidepressant (amitriptyline, nortriptyline, venlafaxine) and antiepileptic (topiramate, valproate)
EMGALITY (300 MG DOSE) 100 MG/ML SOLN PRSYR	3	QL 3 / 30 days PA STC Trial and failure of 3 classes: beta blocker (propranolol, timolol, metoprolol, nadolol, atenolol), antidepressant (amitriptyline, nortriptyline, venlafaxine) and antiepileptic (topiramate, valproate)
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists		
NURTEC 75 MG TAB DISP	3	QL 16 / 30 days PA
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONISTS		
UBRELVY 100 MG TAB	3	QL 10 / 30 days PA
UBRELVY 50 MG TAB	3	QL 10 / 30 days PA
ERGOT ALKALOIDS		
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	2	QL 9 / 30 days
ERGOMAR 2 MG SL TAB	4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SEROTONIN (5-HT) RECEPTOR AGONIST		
<i>almotriptan malate tab 12.5 mg</i>	2	QLC 27 / 90 days
<i>almotriptan malate tab 6.25 mg</i>	2	QLC 27 / 90 days
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	2	QLC 27 / 90 days
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	2	QLC 27 / 90 days
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	2	ST QLC 27 / 90 days STC Trial and failure of 2 therapies: naratriptan and sumatriptan, rizatriptan or zolmatriptan
REYVOW 100 MG TAB	4	QL 8 / 30 days PA
REYVOW 50 MG TAB	4	QL 8 / 30 days PA
<i>naratriptan hcl tab 1 mg (base equiv)</i>	2	QLC 27 / 90 days
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	2	QLC 27 / 90 days
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	1	QL 18 / 30 days
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	1	QL 18 / 30 days
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	1	QL 18 / 30 days
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	1	QL 18 / 30 days
<i>sumatriptan nasal spray 20 mg/act</i>	2	QLC 36 / 90 days
<i>sumatriptan nasal spray 5 mg/act</i>	2	QLC 36 / 90 days
<i>sumatriptan succinate tab 100 mg</i>	1	QL 18 / 30 days
<i>sumatriptan succinate tab 25 mg</i>	1	QL 18 / 30 days
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	2	QLC 27 / 90 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sumatriptan succinate tab 50 mg</i>	1	QL 18 / 30 days
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	2	QLC 27 / 90 days
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	2	QLC 27 / 90 days
<i>zolmitriptan tab 2.5 mg</i>	2	QLC 27 / 90 days
<i>zolmitriptan tab 5 mg</i>	2	QLC 27 / 90 days
<i>zolmitriptan tab 2.5 mg</i>	2	QLC 27 / 90 days
<i>zolmitriptan tab 5 mg</i>	2	QLC 27 / 90 days
ANTIMYASTHENIC AGENTS PARASYMPATHOMIMETICS		
<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	2	
<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	2	
<i>pyridostigmine bromide tab 60 mg</i>	2	
<i>pyridostigmine bromide tab 60 mg</i>	2	
<i>pyridostigmine bromide tab er 180 mg</i>	2	
ZILBRYSQ 16.6 MG/0.416ML SOLN PRSYR	5	PA S
ZILBRYSQ 23 MG/0.574ML SOLN PRSYR	5	PA S
ZILBRYSQ 32.4 MG/0.81ML SOLN PRSYR	5	PA S
ANTIMYCOBACTERIALS ANTIMYCOBACTERIALS, OTHER		
<i>dapsone tab 100 mg</i>	2	
<i>dapsone tab 25 mg</i>	2	
<i>rifabutin cap 150 mg</i>	2	
ANTITUBERCULARS		
SIRTURO 100 MG TAB	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SIRTURO 20 MG TAB	5	PA S
CYCLOSERINE 250 MG CAP	2	
CYCLOSERINE 250 MG CAP	2	
<i>ethambutol hcl tab 100 mg</i>	2	
<i>ethambutol hcl tab 400 mg</i>	2	
TRECTOR 250 MG TAB	4	
<i>isoniazid tab 100 mg</i>	2	
<i>isoniazid tab 300 mg</i>	1	
<i>isoniazid syrup 50 mg/5ml</i>	2	
PRETOMANID 200 MG TAB	4	PA
<i>pyrazinamide tab 500 mg</i>	2	
<i>rifampin cap 150 mg</i>	2	
<i>rifampin cap 150 mg</i>	2	
<i>rifampin cap 300 mg</i>	2	
<i>rifampin cap 300 mg</i>	2	
PRIFTIN 150 MG TAB	3	
ANTINEOPLASTICS ALKYLATING AGENTS		
MYLERAN 2 MG TAB	5	PA S
LEUKERAN 2 MG TAB	5	PA S
<i>cyclophosphamide cap 25 mg</i>	5	PA S
CYCLOPHOSPHAMIDE 25 MG TAB	5	PA S
<i>cyclophosphamide cap 50 mg</i>	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CYCLOPHOSPHAMIDE 50 MG TAB	5	PA S
GLEOSTINE 100 MG CAP	5	PA S
GLEOSTINE 10 MG CAP	5	PA S
GLEOSTINE 40 MG CAP	5	PA S
<i>lomustine cap 100 mg</i>	5	PA S
<i>lomustine cap 10 mg</i>	5	PA S
<i>lomustine cap 40 mg</i>	5	PA S
MELPHALAN 2 MG TAB	5	PA S
MATULANE 50 MG CAP	5	PA S
<i>temozolomide cap 100 mg</i>	5	PA S
<i>temozolomide cap 140 mg</i>	5	PA S
<i>temozolomide cap 180 mg</i>	5	PA S
<i>temozolomide cap 20 mg</i>	5	PA S
<i>temozolomide cap 250 mg</i>	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>temozolomide cap 5 mg</i>	5	PA S
ANTIANDROGENS		
<i>abiraterone acetate tab 250 mg</i>	5	S
<i>abiraterone acetate tab 500 mg</i>	5	S
<i>abiraterone acetate tab 250 mg</i>	5	S
YONSA 125 MG TAB	5	PA S
ERLEADA 240 MG TAB	5	PA S
ERLEADA 60 MG TAB	5	PA S
<i>bicalutamide tab 50 mg</i>	5	S
NUBEQA 300 MG TAB	5	PA S
ORSERDU 345 MG TAB	5	PA S
ORSERDU 86 MG TAB	5	PA S
XTANDI 40 MG CAP	5	PA S
XTANDI 40 MG TAB	5	PA S
XTANDI 80 MG TAB	5	PA S
<i>nilutamide tab 150 mg</i>	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIANGIOGENIC AGENTS		
<i>lenalidomide cap 10 mg</i>	5	PA S
<i>lenalidomide cap 15 mg</i>	5	PA S
<i>lenalidomide cap 20 mg</i>	5	PA S
<i>lenalidomide caps 2.5 mg</i>	5	PA S
<i>lenalidomide cap 25 mg</i>	5	PA S
<i>lenalidomide cap 5 mg</i>	5	PA S
REVLIMID 10 MG CAP	5	PA ST S STC Trial and failure of 1 therapy: generic Revlimid
REVLIMID 15 MG CAP	5	PA ST S STC Trial and failure of 1 therapy: generic Revlimid
REVLIMID 20 MG CAP	5	PA ST S STC Trial and failure of 1 therapy: generic Revlimid

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
REVLIMID 25 MG CAP	5	PA ST S STC Trial and failure of 1 therapy: generic Revlimid
REVLIMID 5 MG CAP	5	PA ST S STC Trial and failure of 1 therapy: generic Revlimid
POMALYST 1 MG CAP	5	PA S
POMALYST 2 MG CAP	5	PA S
POMALYST 3 MG CAP	5	PA S
POMALYST 4 MG CAP	5	PA S
THALOMID 100 MG CAP	5	PA S
THALOMID 150 MG CAP	5	PA S
THALOMID 200 MG CAP	5	PA S
THALOMID 50 MG CAP	5	PA S
ANTIESTROGENS/MODIFIERS		
EMCYT 140 MG CAP	4	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SOLTAMOX 10 MG/5ML SOLUTION	4	ACA Affordable Care Act Medications
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	1	ACA Affordable Care Act Medications
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	1	ACA Affordable Care Act Medications
<i>toremifene citrate tab 60 mg (base equivalent)</i>	5	PA S
ANTIMETABOLITES		
ONUREG 200 MG TAB	5	PA S
ONUREG 300 MG TAB	5	PA S
<i>capecitabine tab 150 mg</i>	5	S
<i>capecitabine tab 500 mg</i>	5	S
<i>mercaptopurine susp 2000 mg/100ml (20 mg/ml)</i>	5	PA S
<i>mercaptopurine tab 50 mg</i>	5	S
PURIXAN 2000 MG/100ML SUSPENSION	5	PA S
TABLOID 40 MG TAB	5	PA S
ANTINEOPLASTICS, OTHER		
WELIREG 40 MG TAB	5	PA S
INQOVI 35-100 MG TAB	5	PA S
IWILFIN 192 MG TAB	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FRUZAQLA 1 MG CAP	5	PA S
FRUZAQLA 5 MG CAP	5	PA S
<i>hydroxyurea cap 500 mg</i>	5	S
<i>leucovorin calcium tab 10 mg</i>	2	
<i>leucovorin calcium tab 15 mg</i>	2	
<i>leucovorin calcium tab 25 mg</i>	2	
<i>leucovorin calcium tab 5 mg</i>	2	
LYSODREN 500 MG TAB	5	PA S
OJJAARA 100 MG TAB	5	PA S
OJJAARA 150 MG TAB	5	PA S
OJJAARA 200 MG TAB	5	PA S
AUGTYRO 160 MG CAP	5	PA S
AUGTYRO 40 MG CAP	5	PA S
QINLOCK 50 MG TAB	5	PA S
LONSURF 15-6.14 MG TAB	5	PA S
LONSURF 20-8.19 MG TAB	5	PA S
ZOLINZA 100 MG CAP	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AROMATASE INHIBITORS, 3RD GENERATION		
<i>anastrozole tab 1 mg</i>	1	ACA Affordable Care Act Medications
<i>exemestane tab 25 mg</i>	2	
<i>letrozole tab 2.5 mg</i>	1	ACA Affordable Care Act Medications
ENZYME INHIBITORS		
ETOPOSIDE 50 MG CAP	5	PA S
HYCAMTIN 0.25 MG CAP	5	PA S
HYCAMTIN 1 MG CAP	5	PA S
MOLECULAR TARGET INHIBITORS		
VERZENIO 100 MG TAB	5	PA S
VERZENIO 150 MG TAB	5	PA S
VERZENIO 200 MG TAB	5	PA S
VERZENIO 50 MG TAB	5	PA S
CALQUENCE 100 MG TAB	5	PA S
KRAZATI 200 MG TAB	5	QL 180 / 30 days PA S
GILOTRIF 20 MG TAB	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GILOTRIF 30 MG TAB	5	PA S
GILOTRIF 40 MG TAB	5	PA S
ALECENSA 150 MG CAP	5	PA S
PIQRAY (200 MG DAILY DOSE) 200 MG TAB THPK	5	PA S
PIQRAY (250 MG DAILY DOSE) 200 & 50 MG TAB THPK	5	PA S
PIQRAY (300 MG DAILY DOSE) 2 X 150 MG TAB THPK	5	PA S
VIJOICE 125 MG TAB THPK	5	PA S
VIJOICE 200 & 50 MG TAB THPK	5	PA S
VIJOICE 50 MG TAB THPK	5	PA S
SCSEMBLIX 20 MG TAB	5	PA S
SCSEMBLIX 40 MG TAB	5	PA S
AYVAKIT 100 MG TAB	5	PA S
AYVAKIT 200 MG TAB	5	PA S
AYVAKIT 25 MG TAB	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AYVAKIT 300 MG TAB	5	PA S
AYVAKIT 50 MG TAB	5	PA S
INLYTA 1 MG TAB	5	PA S
INLYTA 5 MG TAB	5	PA S
MEKTOVI 15 MG TAB	5	PA S
BOSULIF 100 MG CAP	5	PA S
BOSULIF 100 MG TAB	5	PA S
BOSULIF 400 MG TAB	5	PA S
BOSULIF 500 MG TAB	5	PA S
BOSULIF 50 MG CAP	5	PA S
ALUNBRIG 180 MG TAB	5	PA S
ALUNBRIG 30 MG TAB	5	PA S
ALUNBRIG 90 & 180 MG TAB THPK	5	PA S
ALUNBRIG 90 MG TAB	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CABOMETYX 20 MG TAB	5	PA S
CABOMETYX 40 MG TAB	5	PA S
CABOMETYX 60 MG TAB	5	PA S
COMETRIQ (100 MG DAILY DOSE) 80 & 20 MG KIT	5	PA S
COMETRIQ (140 MG DAILY DOSE) 3 X 20 MG & 80 MG KIT	5	PA S
COMETRIQ (60 MG DAILY DOSE) 20 MG KIT	5	PA S
TRUQAP 160 MG TAB	5	PA S
TRUQAP 160 MG TAB THPK	5	PA S
TRUQAP 200 MG TAB	5	PA S
TRUQAP 200 MG TAB THPK	5	PA S
TABRECTA 150 MG TAB	5	PA S
TABRECTA 200 MG TAB	5	PA S
ZYKADIA 150 MG TAB	5	PA S
COTELLIC 20 MG TAB	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XALKORI 200 MG CAP	5	PA S
XALKORI 250 MG CAP	5	PA S
TAFINLAR 10 MG TAB SOL	5	PA S
TAFINLAR 50 MG CAP	5	PA S
TAFINLAR 75 MG CAP	5	PA S
VIZIMPRO 15 MG TAB	5	PA S
VIZIMPRO 30 MG TAB	5	PA S
VIZIMPRO 45 MG TAB	5	PA S
<i>dasatinib tab 100 mg</i>	5	PA S
<i>dasatinib tab 140 mg</i>	5	PA S
<i>dasatinib tab 20 mg</i>	5	PA S
<i>dasatinib tab 50 mg</i>	5	PA S
<i>dasatinib tab 70 mg</i>	5	PA S
<i>dasatinib tab 80 mg</i>	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SPRYCEL 100 MG TAB	5	PA S
SPRYCEL 140 MG TAB	5	PA S
SPRYCEL 20 MG TAB	5	PA S
SPRYCEL 50 MG TAB	5	PA S
SPRYCEL 70 MG TAB	5	PA S
SPRYCEL 80 MG TAB	5	PA S
COPIKTRA 15 MG CAP	5	PA S
COPIKTRA 25 MG CAP	5	PA S
IDHIFA 100 MG TAB	5	PA S
IDHIFA 50 MG TAB	5	PA S
BRAFTOVI 75 MG CAP	5	PA S
ROZLYTREK 100 MG CAP	5	PA S
ROZLYTREK 200 MG CAP	5	PA S
BALVERSA 3 MG TAB	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BALVERSA 4 MG TAB	5	PA S
BALVERSA 5 MG TAB	5	PA S
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	5	PA S
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	5	PA S
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	5	PA S
<i>everolimus tab 10 mg</i>	5	PA S
<i>everolimus tab 2.5 mg</i>	5	PA S
<i>everolimus tab for oral susp 2 mg</i>	5	PA S
<i>everolimus tab for oral susp 3 mg</i>	5	PA S
<i>everolimus tab 5 mg</i>	5	PA S
<i>everolimus tab for oral susp 5 mg</i>	5	PA S
<i>everolimus tab 7.5 mg</i>	5	PA S
<i>everolimus tab 10 mg</i>	5	PA S
<i>everolimus tab 2.5 mg</i>	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>everolimus tab 5 mg</i>	5	PA S
<i>everolimus tab 7.5 mg</i>	5	PA S
INREBIC 100 MG CAP	5	PA S
LYTGOBI (12 MG DAILY DOSE) 4 MG TAB THPK	5	PA S
LYTGOBI (16 MG DAILY DOSE) 4 MG TAB THPK	5	PA S
LYTGOBI (20 MG DAILY DOSE) 4 MG TAB THPK	5	PA S
<i>gefitinib tab 250 mg</i>	5	PA S
IRESSA 250 MG TAB	5	PA S
XOSPATA 40 MG TAB	5	PA S
DAURISMO 100 MG TAB	5	PA S
DAURISMO 25 MG TAB	5	PA S
IMBRUVICA 140 MG CAP	5	PA S
IMBRUVICA 140 MG TAB	5	PA S
IMBRUVICA 280 MG TAB	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
IMBRUVICA 420 MG TAB	5	PA S
IMBRUVICA 70 MG CAP	5	PA S
IMBRUVICA 70 MG/ML SUSPENSION	5	PA S
ZYDELIG 100 MG TAB	5	PA S
ZYDELIG 150 MG TAB	5	PA S
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	5	PA S
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	5	PA S
ITOVEBI 3 MG TAB	5	PA S
ITOVEBI 9 MG TAB	5	PA S
TIBSOVO 250 MG TAB	5	PA S
NINLARO 2.3 MG CAP	5	PA S
NINLARO 3 MG CAP	5	PA S
NINLARO 4 MG CAP	5	PA S
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VITRAKVI 100 MG CAP	5	PA S
VITRAKVI 20 MG/ML SOLUTION	5	PA S
VITRAKVI 25 MG CAP	5	PA S
LAZCLUZE 240 MG TAB	5	PA S
LAZCLUZE 80 MG TAB	5	PA S
LENVIMA (10 MG DAILY DOSE) 10 MG CAP THPK	5	PA S
LENVIMA (12 MG DAILY DOSE) 3 X 4 MG CAP THPK	5	PA S
LENVIMA (14 MG DAILY DOSE) 10 & 4 MG CAP THPK	5	PA S
LENVIMA (18 MG DAILY DOSE) 10 MG & 2 X 4 MG CAP THPK	5	PA S
LENVIMA (20 MG DAILY DOSE) 2 X 10 MG CAP THPK	5	PA S
LENVIMA (24 MG DAILY DOSE) 2 X 10 MG & 4 MG CAP THPK	5	PA S
LENVIMA (4 MG DAILY DOSE) 4 MG CAP THPK	5	PA S
LENVIMA (8 MG DAILY DOSE) 2 X 4 MG CAP THPK	5	PA S
LORBRENA 100 MG TAB	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LORBRENA 25 MG TAB	5	PA S
RYDAPT 25 MG CAP	5	PA S
GOMEKLI 1 MG CAP	5	PA S
GOMEKLI 1 MG TAB SOL	5	PA S
GOMEKLI 2 MG CAP	5	PA S
EXKIVITY 40 MG CAP	5	PA S
NERLYNX 40 MG TAB	5	PA S
<i>nilotinib hcl cap 150 mg (base equivalent)</i>	5	PA S
<i>nilotinib hcl cap 200 mg (base equivalent)</i>	5	PA S
<i>nilotinib hcl cap 50 mg (base equivalent)</i>	5	PA S
TASIGNA 150 MG CAP	5	PA S
TASIGNA 200 MG CAP	5	PA S
TASIGNA 50 MG CAP	5	PA S
ZEJULA 100 MG TAB	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZEJULA 200 MG TAB	5	PA S
ZEJULA 300 MG TAB	5	PA S
OGSIVEO 100 MG TAB	5	QL 56 / 28 day(s) PA S
OGSIVEO 150 MG TAB	5	QL 56 / 28 day(s) PA S
OGSIVEO 50 MG TAB	5	QL 180 / 30 day(s) PA S
LYNPARZA 100 MG TAB	5	PA S
LYNPARZA 150 MG TAB	5	PA S
REZLIDHIA 150 MG CAP	5	QL 60 / 30 days PA S
TAGRISSO 40 MG TAB	5	PA S
TAGRISSO 80 MG TAB	5	PA S
IBRANCE 100 MG CAP	5	PA S
IBRANCE 100 MG TAB	5	PA S
IBRANCE 125 MG CAP	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
IBRANCE 125 MG TAB	5	PA S
IBRANCE 75 MG CAP	5	PA S
IBRANCE 75 MG TAB	5	PA S
<i>pazopanib hcl tab 200 mg (base equiv)</i>	5	PA S
PAZOPANIB HCL 400 MG TAB	5	PA S
VOTRIENT 200 MG TAB	5	PA S
PEMAZYRE 13.5 MG TAB	5	PA S
PEMAZYRE 4.5 MG TAB	5	PA S
PEMAZYRE 9 MG TAB	5	PA S
TURALIO 125 MG CAP	5	QL 120 / 30 days PA S
JAYPIRCA 100 MG TAB	5	QL 30 / 30 days PA S
JAYPIRCA 50 MG TAB	5	QL 60 / 30 days PA S
ICLUSIG 10 MG TAB	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ICLUSIG 15 MG TAB	5	PA S
ICLUSIG 30 MG TAB	5	PA S
ICLUSIG 45 MG TAB	5	PA S
GAVRETO 100 MG CAP	5	PA S
VANFLYTA 17.7 MG TAB	5	PA S
VANFLYTA 26.5 MG TAB	5	PA S
STIVARGA 40 MG TAB	5	PA S
REVUFORJ 110 MG TAB	5	PA S
REVUFORJ 160 MG TAB	5	PA S
REVUFORJ 25 MG TAB	5	PA S
KISQALI (200 MG DOSE) 200 MG TAB THPK	5	PA S
KISQALI (400 MG DOSE) 200 MG TAB THPK	5	PA S
KISQALI (600 MG DOSE) 200 MG TAB THPK	5	PA S
RUBRACA 200 MG TAB	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RUBRACA 250 MG TAB	5	PA S
RUBRACA 300 MG TAB	5	PA S
JAKAFI 10 MG TAB	5	PA S
JAKAFI 15 MG TAB	5	PA S
JAKAFI 20 MG TAB	5	PA S
JAKAFI 25 MG TAB	5	PA S
JAKAFI 5 MG TAB	5	PA S
XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK	5	PA S
XPOVIO (40 MG ONCE WEEKLY) 10 MG TAB THPK	5	PA S
XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK	5	PA S
XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK	5	PA S
XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK	5	PA S
XPOVIO (60 MG TWICE WEEKLY) 20 MG TAB THPK	5	PA S
XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XPOVIO (80 MG TWICE WEEKLY) 20 MG TAB THPK	5	PA S
RETEVMO 40 MG CAP	5	PA S
RETEVMO 80 MG CAP	5	PA S
KOSELUGO 10 MG CAP	5	PA S
KOSELUGO 25 MG CAP	5	PA S
ODOMZO 200 MG CAP	5	PA S
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	5	PA S
LUMAKRAS 120 MG TAB	5	PA S
LUMAKRAS 240 MG TAB	5	PA S
LUMAKRAS 320 MG TAB	5	PA S
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	5	PA S
<i>sunitinib malate cap 25 mg (base equivalent)</i>	5	PA S
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	5	PA S
<i>sunitinib malate cap 50 mg (base equivalent)</i>	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TALZENNA 0.1 MG CAP	5	PA S
TALZENNA 0.25 MG CAP	5	PA S
TALZENNA 0.35 MG CAP	5	PA S
TALZENNA 0.5 MG CAP	5	PA S
TALZENNA 0.75 MG CAP	5	PA S
TALZENNA 1 MG CAP	5	PA S
TAZVERIK 200 MG TAB	5	PA S
TEPMETKO 225 MG TAB	5	PA S
FOTIVDA 0.89 MG CAP	5	PA S
FOTIVDA 1.34 MG CAP	5	PA S
OJEMDA 100 MG TAB	5	PA S
OJEMDA 25 MG/ML RECON SUSP	5	PA S
MEKINIST 0.05 MG/ML RECON SOLN	5	PA S
MEKINIST 0.5 MG TAB	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MEKINIST 2 MG TAB	5	PA S
TUKYSA 150 MG TAB	5	PA S
TUKYSA 50 MG TAB	5	PA S
CAPRELSA 100 MG TAB	5	PA S
CAPRELSA 300 MG TAB	5	PA S
ZELBORAF 240 MG TAB	5	PA S
VENCLEXTA 100 MG TAB	5	PA S
VENCLEXTA 10 MG TAB	5	PA S
VENCLEXTA 50 MG TAB	5	PA S
VENCLEXTA STARTING PACK 10 & 50 & 100 MG TAB THPK	5	PA S
ROMVIMZA 14 MG CAP	5	QL 8 / 28 days PA S
ROMVIMZA 20 MG CAP	5	QL 8 / 28 days PA S
ROMVIMZA 30 MG CAP	5	QL 8 / 28 days PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ERIVEDGE 150 MG CAP	5	PA S
VORANIGO 10 MG TAB	5	QL 30 / 30 days PA S
VORANIGO 40 MG TAB	5	QL 30 / 30 days PA S
BRUKINSA 160 MG TAB	5	PA S
BRUKINSA 80 MG CAP	5	PA S
RETINOIDS		
PANRETIN 0.1 % GEL	5	PA S
<i>bexarotene cap 75 mg</i>	5	PA S
<i>bexarotene gel 1%</i>	5	PA S
TARGRETIN 1 % GEL	5	PA ST S STC Trial and failure of 1 therapy: generic Targretin
<i>tretinoin cap 10 mg</i>	5	PA S
TREATMENT ADJUNCTS		
<i>mesna tab 400 mg</i>	3	
MESNEX 400 MG TAB	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VONJO 100 MG CAP	5	PA S
ANTIPARASITICS ANTHELMINTHICS		
<i>albendazole tab 200 mg</i>	2	
<i>ivermectin tab 3 mg</i>	2	
IVERMECTIN 6 MG TAB	2	
EMVERM 100 MG CHEW TAB	4	
<i>praziquantel tab 600 mg</i>	2	
ANTIPROTOZOALS		
COARTEM 20-120 MG TAB	4	
<i>atovaquone susp 750 mg/5ml</i>	2	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	2	
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	2	
BENZNIDAZOLE 100 MG TAB	3	
BENZNIDAZOLE 12.5 MG TAB	3	
CHLOROQUINE PHOSPHATE 250 MG TAB	2	
<i>chloroquine phosphate tab 250 mg</i>	2	
<i>chloroquine phosphate tab 500 mg</i>	2	
<i>hydroxychloroquine sulfate tab 100 mg</i>	2	
<i>hydroxychloroquine sulfate tab 200 mg</i>	2	
<i>hydroxychloroquine sulfate tab 300 mg</i>	2	
<i>hydroxychloroquine sulfate tab 400 mg</i>	2	
<i>mefloquine hcl tab 250 mg</i>	2	
IMPAVIDO 50 MG CAP	5	PA S
LAMPIT 120 MG TAB	4	
LAMPIT 30 MG TAB	4	
ALINIA 100 MG/5ML RECON SUSP	3	ST STC Trial and failure of 1 therapy: generic Alinia

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nitazoxanide tab 500 mg</i>	2	
<i>pentamidine isethionate for nebulization soln 300 mg</i>	2	
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	2	
<i>pyrimethamine tab 25 mg</i>	2	
<i>quinine sulfate cap 324 mg</i>	2	
ARAKODA 100 MG TAB	4	
KRINTAFEL 150 MG TAB	4	
ANTIPARKINSON AGENTS		
ANTICHOLINERGICS		
<i>benztropine mesylate tab 0.5 mg</i>	1	
<i>benztropine mesylate tab 1 mg</i>	1	
<i>benztropine mesylate tab 2 mg</i>	1	
TRIHXYPHENIDYL HCL 0.4 MG/ML SOLUTION	4	
<i>trihexyphenidyl hcl tab 2 mg</i>	1	
<i>trihexyphenidyl hcl tab 5 mg</i>	1	
ANTIPARKINSON AGENTS, OTHER		
<i>amantadine hcl cap 100 mg</i>	2	
<i>amantadine hcl soln 50 mg/5ml</i>	2	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	2	
<i>entacapone tab 200 mg</i>	2	
NOURIANZ 20 MG TAB	5	PA S
NOURIANZ 40 MG TAB	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>tolcapone tab 100 mg</i>	2	
DOPAMINE AGONISTS		
APOKYN 30 MG/3ML SOLN CART	5	PA S
<i>apomorphine hcl soln cartridge 30 mg/3ml</i>	5	PA S
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	2	
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	2	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.5 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	1	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	1	
<i>pramipexole dihydrochloride tab 1 mg</i>	1	
<i>ropinirole hydrochloride tab 0.25 mg</i>	1	
<i>ropinirole hydrochloride tab 0.25 mg</i>	1	
<i>ropinirole hydrochloride tab 0.5 mg</i>	1	
<i>ropinirole hydrochloride tab 0.5 mg</i>	1	
<i>ropinirole hydrochloride tab 1 mg</i>	1	
<i>ropinirole hydrochloride tab 1 mg</i>	1	
<i>ropinirole hydrochloride tab 2 mg</i>	1	
<i>ropinirole hydrochloride tab 2 mg</i>	1	
<i>ropinirole hydrochloride tab 3 mg</i>	1	
<i>ropinirole hydrochloride tab 3 mg</i>	1	
<i>ropinirole hydrochloride tab 4 mg</i>	1	
<i>ropinirole hydrochloride tab 4 mg</i>	1	
<i>ropinirole hydrochloride tab 5 mg</i>	1	
<i>ropinirole hydrochloride tab 5 mg</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i>	2	
<i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i>	2	
<i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)</i>	2	
<i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)</i>	2	
<i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</i>	2	
<i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</i>	2	
<i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</i>	2	
<i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</i>	2	
<i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</i>	2	
<i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</i>	2	
NEUPRO 1 MG/24HR PATCH 24HR	4	
NEUPRO 2 MG/24HR PATCH 24HR	4	
NEUPRO 3 MG/24HR PATCH 24HR	4	
NEUPRO 4 MG/24HR PATCH 24HR	4	
NEUPRO 6 MG/24HR PATCH 24HR	4	
NEUPRO 8 MG/24HR PATCH 24HR	4	
DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS		
<i>carbidopa tab 25 mg</i>	2	
<i>carbidopa & levodopa tab 10-100 mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	4	
<i>carbidopa & levodopa tab 25-100 mg</i>	2	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	4	
<i>carbidopa & levodopa tab 25-250 mg</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	4	
<i>carbidopa & levodopa tab er 25-100 mg</i>	2	
<i>carbidopa & levodopa tab er 50-200 mg</i>	2	
CREXONT 35-140 MG CAP ER	4	ST STC Trial and failure of 1 therapy: generic Rytary
CREXONT 52.5-210 MG CAP ER	4	ST STC Trial and failure of 1 therapy: generic Rytary
CREXONT 70-280 MG CAP ER	4	ST STC Trial and failure of 1 therapy: generic Rytary
CREXONT 87.5-350 MG CAP ER	4	ST STC Trial and failure of 1 therapy: generic Rytary
RYTARY 23.75-95 MG CAP ER	4	ST STC Trial and failure of 1 therapy: generic Rytary
RYTARY 36.25-145 MG CAP ER	4	ST STC Trial and failure of 1 therapy: generic Rytary
RYTARY 48.75-195 MG CAP ER	4	ST STC Trial and failure of 1 therapy: generic Rytary
RYTARY 61.25-245 MG CAP ER	4	ST STC Trial and failure of 1 therapy: generic Rytary
VYALEV 12-240 MG/ML SOLUTION	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
INBRIJA 42 MG CAP	5	PA S
MONOAMINE OXIDASE B (MAO-B) INHIBITORS		
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	2	
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	2	
<i>selegiline hcl cap 5 mg</i>	2	
<i>selegiline hcl tab 5 mg</i>	2	
ANTIPSYCHOTICS		
1ST GENERATION/TYPICAL		
<i>chlorpromazine hcl tab 100 mg</i>	2	PV Preventive
<i>chlorpromazine hcl tab 100 mg</i>	2	PV Preventive
<i>chlorpromazine hcl tab 10 mg</i>	2	PV Preventive
<i>chlorpromazine hcl tab 10 mg</i>	2	PV Preventive
<i>chlorpromazine hcl tab 200 mg</i>	2	PV Preventive
<i>chlorpromazine hcl tab 200 mg</i>	2	PV Preventive
<i>chlorpromazine hcl tab 25 mg</i>	2	PV Preventive
<i>chlorpromazine hcl tab 25 mg</i>	2	PV Preventive
<i>chlorpromazine hcl tab 50 mg</i>	2	PV Preventive
<i>chlorpromazine hcl tab 50 mg</i>	2	PV Preventive
<i>fluphenazine hcl tab 10 mg</i>	2	PV Preventive
<i>fluphenazine hcl tab 10 mg</i>	2	PV Preventive
<i>fluphenazine hcl tab 1 mg</i>	2	PV Preventive
<i>fluphenazine hcl tab 1 mg</i>	2	PV Preventive
FLUPHENAZINE HCL 2.5 MG/5ML ELIXIR	4	PV Preventive
<i>fluphenazine hcl tab 2.5 mg</i>	2	PV Preventive
<i>fluphenazine hcl tab 2.5 mg</i>	2	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FLUPHENAZINE HCL 5 MG/ML CONC	4	PV Preventive
<i>fluphenazine hcl tab 5 mg</i>	2	PV Preventive
<i>fluphenazine hcl tab 5 mg</i>	2	PV Preventive
<i>haloperidol tab 0.5 mg</i>	1	PV Preventive
<i>haloperidol tab 10 mg</i>	2	PV Preventive
<i>haloperidol tab 1 mg</i>	1	PV Preventive
<i>haloperidol tab 20 mg</i>	2	PV Preventive
<i>haloperidol tab 2 mg</i>	2	PV Preventive
<i>haloperidol tab 5 mg</i>	2	PV Preventive
<i>haloperidol lactate oral conc 2 mg/ml</i>	2	PV Preventive
<i>loxapine succinate cap 10 mg</i>	2	PV Preventive
<i>loxapine succinate cap 25 mg</i>	2	PV Preventive
<i>loxapine succinate cap 50 mg</i>	2	PV Preventive
<i>loxapine succinate cap 5 mg</i>	2	PV Preventive
MOLINDONE HCL 10 MG TAB	4	PV Preventive
MOLINDONE HCL 25 MG TAB	4	PV Preventive
MOLINDONE HCL 5 MG TAB	4	PV Preventive
PIMOZIDE 1 MG TAB	4	
PIMOZIDE 2 MG TAB	4	
<i>thioridazine hcl tab 100 mg</i>	2	PV Preventive
<i>thioridazine hcl tab 10 mg</i>	2	PV Preventive
<i>thioridazine hcl tab 25 mg</i>	2	PV Preventive
<i>thioridazine hcl tab 50 mg</i>	2	PV Preventive
<i>thiothixene cap 10 mg</i>	2	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>thiothixene cap 1 mg</i>	2	PV Preventive
<i>thiothixene cap 2 mg</i>	2	PV Preventive
<i>thiothixene cap 5 mg</i>	2	PV Preventive
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	2	PV Preventive
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	2	PV Preventive
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	2	PV Preventive
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	2	PV Preventive
2nd Generation/ Atypical		
<i>aripiprazole orally disintegrating tab 10 mg</i>	2	PV Preventive
<i>aripiprazole orally disintegrating tab 15 mg</i>	2	PV Preventive
2ND GENERATION/ATYPICAL		
ABILIFY ASIMTUFII 720 MG/2.4ML PRSYR	5	PA S PV Preventive
ABILIFY ASIMTUFII 960 MG/3.2ML PRSYR	5	PA S PV Preventive
ABILIFY MAINTENA 300 MG PRSYR	5	PA S PV Preventive
ABILIFY MAINTENA 300 MG SRER	5	PA S PV Preventive
ABILIFY MAINTENA 400 MG PRSYR	5	PA S PV Preventive
ABILIFY MAINTENA 400 MG SRER	5	PA S PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>aripiprazole tab 10 mg</i>	1	PV Preventive
<i>aripiprazole tab 15 mg</i>	1	PV Preventive
<i>aripiprazole oral solution 1 mg/ml</i>	2	PV Preventive
<i>aripiprazole tab 20 mg</i>	2	PV Preventive
<i>aripiprazole tab 2 mg</i>	1	PV Preventive
<i>aripiprazole tab 30 mg</i>	2	PV Preventive
<i>aripiprazole tab 5 mg</i>	1	PV Preventive
ARISTADA 1064 MG/3.9ML PRSYR	5	PA S PV Preventive
ARISTADA 441 MG/1.6ML PRSYR	5	PA S PV Preventive
ARISTADA 662 MG/2.4ML PRSYR	5	PA S PV Preventive
ARISTADA 882 MG/3.2ML PRSYR	5	PA S PV Preventive
ARISTADA INITIO 675 MG/2.4ML PRSYR	5	PA S PV Preventive
SECUADO 3.8 MG/24HR PATCH 24HR	4	ST STC Trial and failure of 1 PV Preventive therapy: Latuda
SECUADO 5.7 MG/24HR PATCH 24HR	4	ST STC Trial and failure of 1 PV Preventive therapy: Latuda

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SECUADO 7.6 MG/24HR PATCH 24HR	4	ST STC PV Trial and failure of 1 therapy: Latuda Preventive
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	2	PV Preventive
<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	2	PV Preventive
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	2	PV Preventive
REXULTI 0.25 MG TAB	3	ST STC PV Trial and failure of one generic antipsychotic Preventive
REXULTI 0.5 MG TAB	3	ST STC PV Trial and failure of one generic antipsychotic Preventive
REXULTI 1 MG TAB	3	ST STC PV Trial and failure of one generic antipsychotic Preventive
REXULTI 2 MG TAB	3	ST STC PV Trial and failure of one generic antipsychotic Preventive
REXULTI 3 MG TAB	3	ST STC PV Trial and failure of one generic antipsychotic Preventive
REXULTI 4 MG TAB	3	ST STC PV Trial and failure of one generic antipsychotic Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VRAYLAR 1.5 & 3 MG CAP THPK	4	ST STC PV Trial and failure of 2 therapies: any two generic antipsychotic Preventive
VRAYLAR 1.5 MG CAP	3	ST STC PV Trial and failure of one generic antipsychotic Preventive
VRAYLAR 3 MG CAP	3	ST STC PV Trial and failure of one generic antipsychotic Preventive
VRAYLAR 4.5 MG CAP	3	ST STC PV Trial and failure of one generic antipsychotic Preventive
VRAYLAR 6 MG CAP	3	ST STC PV Trial and failure of one generic antipsychotic Preventive
FANAPT 10 MG TAB	3	ST STC PV Trial and failure of one generic antipsychotic Preventive
FANAPT 12 MG TAB	3	ST STC PV Trial and failure of one generic antipsychotic Preventive
FANAPT 1 MG TAB	3	ST STC PV Trial and failure of one generic antipsychotic Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FANAPT 2 MG TAB	3	ST STC PV Trial and failure of one generic antipsychotic Preventive
FANAPT 4 MG TAB	3	ST STC PV Trial and failure of one generic antipsychotic Preventive
FANAPT 6 MG TAB	3	ST STC PV Trial and failure of one generic antipsychotic Preventive
FANAPT 8 MG TAB	3	ST STC PV Trial and failure of one generic antipsychotic Preventive
FANAPT TITRATION PACK A 1 & 2 & 4 & 6 MG TAB	3	ST STC PV Trial and failure of one generic antipsychotic Preventive
FANAPT TITRATION PACK B 1 & 2 & 6 & 8 MG TAB	3	ST STC PV Trial and failure of one generic antipsychotic Preventive
FANAPT TITRATION PACK C 1 & 2 & 6 MG TAB	3	ST STC PV Trial and failure of one generic antipsychotic Preventive
<i>lurasidone hcl tab 120 mg</i>	2	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lurasidone hcl tab 20 mg</i>	2	PV Preventive
<i>lurasidone hcl tab 40 mg</i>	2	PV Preventive
<i>lurasidone hcl tab 60 mg</i>	2	PV Preventive
<i>lurasidone hcl tab 80 mg</i>	2	PV Preventive
<i>olanzapine tab 10 mg</i>	1	PV Preventive
<i>olanzapine orally disintegrating tab 10 mg</i>	2	PV Preventive
<i>olanzapine tab 15 mg</i>	1	PV Preventive
<i>olanzapine orally disintegrating tab 15 mg</i>	2	PV Preventive
<i>olanzapine tab 20 mg</i>	1	PV Preventive
<i>olanzapine orally disintegrating tab 20 mg</i>	2	PV Preventive
<i>olanzapine tab 2.5 mg</i>	1	PV Preventive
<i>olanzapine tab 5 mg</i>	1	PV Preventive
<i>olanzapine orally disintegrating tab 5 mg</i>	2	PV Preventive
<i>olanzapine tab 7.5 mg</i>	1	PV Preventive
ZYPREXA RELPREVV 210 MG RECON SUSP	5	PA S PV Preventive
ZYPREXA RELPREVV 300 MG RECON SUSP	5	PA S PV Preventive
ZYPREXA RELPREVV 405 MG RECON SUSP	5	PA S PV Preventive
<i>paliperidone tab er 24hr 1.5 mg</i>	2	PV Preventive
<i>paliperidone tab er 24hr 3 mg</i>	2	PV Preventive
<i>paliperidone tab er 24hr 6 mg</i>	2	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>paliperidone tab er 24hr 9 mg</i>	2	PV Preventive
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	5	PA S PV Preventive
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	5	PA S PV Preventive
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	5	PA S PV Preventive
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	5	PA S PV Preventive
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	5	PA S PV Preventive
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	5	PA S PV Preventive
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	5	PA S PV Preventive
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	5	PA S PV Preventive
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	5	PA S PV Preventive
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	5	PA S PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	5	PA S PV Preventive
NUPLAZID 10 MG TAB	5	PA S
NUPLAZID 34 MG CAP	5	PA S
<i>quetiapine fumarate tab 100 mg</i>	1	PV Preventive
<i>quetiapine fumarate tab 200 mg</i>	1	PV Preventive
<i>quetiapine fumarate tab 25 mg</i>	1	PV Preventive
<i>quetiapine fumarate tab 300 mg</i>	1	PV Preventive
<i>quetiapine fumarate tab 400 mg</i>	1	PV Preventive
<i>quetiapine fumarate tab 50 mg</i>	1	PV Preventive
<i>quetiapine fumarate tab er 24hr 150 mg</i>	1	PV Preventive
<i>quetiapine fumarate tab er 24hr 200 mg</i>	2	PV Preventive
<i>quetiapine fumarate tab er 24hr 300 mg</i>	2	PV Preventive
<i>quetiapine fumarate tab er 24hr 400 mg</i>	2	PV Preventive
<i>quetiapine fumarate tab er 24hr 50 mg</i>	2	PV Preventive
PERSERIS 120 MG PRSYR	5	PA S PV Preventive
PERSERIS 90 MG PRSYR	5	PA S PV Preventive
<i>risperidone tab 0.25 mg</i>	1	PV Preventive
<i>risperidone tab 0.25 mg</i>	1	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RISPERIDONE 0.25 MG TAB DISP	4	PV Preventive
<i>risperidone tab 0.5 mg</i>	1	PV Preventive
<i>risperidone tab 0.5 mg</i>	1	PV Preventive
<i>risperidone orally disintegrating tab 0.5 mg</i>	2	PV Preventive
<i>risperidone soln 1 mg/ml</i>	2	PV Preventive
<i>risperidone soln 1 mg/ml</i>	2	PV Preventive
<i>risperidone tab 1 mg</i>	1	PV Preventive
<i>risperidone tab 1 mg</i>	1	PV Preventive
<i>risperidone orally disintegrating tab 1 mg</i>	2	PV Preventive
<i>risperidone tab 2 mg</i>	1	PV Preventive
<i>risperidone tab 2 mg</i>	1	PV Preventive
<i>risperidone orally disintegrating tab 2 mg</i>	2	PV Preventive
<i>risperidone tab 3 mg</i>	1	PV Preventive
<i>risperidone tab 3 mg</i>	1	PV Preventive
<i>risperidone orally disintegrating tab 3 mg</i>	2	PV Preventive
<i>risperidone tab 4 mg</i>	1	PV Preventive
<i>risperidone tab 4 mg</i>	1	PV Preventive
<i>risperidone orally disintegrating tab 4 mg</i>	2	PV Preventive
UZEDY 100 MG/0.28ML SUSP PRSYR	5	PA
		S
		PV Preventive
UZEDY 125 MG/0.35ML SUSP PRSYR	5	PA
		S
		PV Preventive
UZEDY 150 MG/0.42ML SUSP PRSYR	5	PA
		S
		PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
UZEDY 200 MG/0.56ML SUSP PRSYR	5	PA S PV Preventive
UZEDY 250 MG/0.7ML SUSP PRSYR	5	PA S PV Preventive
UZEDY 50 MG/0.14ML SUSP PRSYR	5	PA S PV Preventive
UZEDY 75 MG/0.21ML SUSP PRSYR	5	PA S PV Preventive
RISPERDAL CONSTA 12.5 MG SRER	5	PA S PV Preventive
RISPERDAL CONSTA 25 MG SRER	5	PA S PV Preventive
RISPERDAL CONSTA 37.5 MG SRER	5	PA S PV Preventive
RISPERDAL CONSTA 50 MG SRER	5	PA S PV Preventive
<i>risperidone microspheres for im extended rel susp 12.5 mg</i>	5	PA S PV Preventive
<i>risperidone microspheres for im extended rel susp 25 mg</i>	5	PA S PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>risperidone microspheres for im extended rel susp 37.5 mg</i>	5	PA S PV Preventive
<i>risperidone microspheres for im extended rel susp 50 mg</i>	5	PA S PV Preventive
<i>ziprasidone hcl cap 20 mg</i>	2	PV Preventive
<i>ziprasidone hcl cap 40 mg</i>	2	PV Preventive
<i>ziprasidone hcl cap 60 mg</i>	2	PV Preventive
<i>ziprasidone hcl cap 80 mg</i>	2	PV Preventive
ANTIPSYCHOTICS, OTHER		
COBENFY 100-20 MG CAP	3	QL ST STC 60 / 30 days Trial and failure of one generic antipsychotic
COBENFY 125-30 MG CAP	3	QL ST STC 60 / 30 days Trial and failure of one generic antipsychotic
COBENFY 50-20 MG CAP	3	QL ST STC 60 / 30 days Trial and failure of one generic antipsychotic
COBENFY STARTER PACK 50-20 & 100-20 MG CAP THPK	3	ST QLC STC 56 / 180 days Trial and failure of one generic antipsychotic

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TREATMENT-RESISTANT		
<i>clozapine tab 100 mg</i>	2	PV Preventive
<i>clozapine tab 100 mg</i>	2	PV Preventive
<i>clozapine orally disintegrating tab 100 mg</i>	2	PV Preventive
<i>clozapine orally disintegrating tab 100 mg</i>	2	PV Preventive
<i>clozapine orally disintegrating tab 12.5 mg</i>	4	PV Preventive
<i>clozapine orally disintegrating tab 150 mg</i>	2	PV Preventive
<i>clozapine tab 200 mg</i>	2	PV Preventive
<i>clozapine tab 200 mg</i>	2	PV Preventive
<i>clozapine orally disintegrating tab 200 mg</i>	2	PV Preventive
<i>clozapine tab 25 mg</i>	1	PV Preventive
<i>clozapine tab 25 mg</i>	1	PV Preventive
<i>clozapine orally disintegrating tab 25 mg</i>	2	PV Preventive
<i>clozapine orally disintegrating tab 25 mg</i>	2	PV Preventive
<i>clozapine tab 50 mg</i>	2	PV Preventive
<i>clozapine tab 50 mg</i>	2	PV Preventive
ANTISPASTICITY AGENTS		
<i>baclofen tab 10 mg</i>	1	
<i>baclofen tab 20 mg</i>	1	
<i>dantrolene sodium cap 100 mg</i>	2	
<i>dantrolene sodium cap 25 mg</i>	2	
<i>dantrolene sodium cap 50 mg</i>	2	
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	1	QL 270 / 30 days
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	1	QL 270 / 30 days
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	1	QL 270 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	1	QL 270 / 30 days
ANTIVIRALS		
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS		
FOSCAVIR 6000 MG/250ML SOLUTION	5	PA S
PREVYMIS 120 MG PACKET	5	PA S
PREVYMIS 20 MG PACKET	5	PA S
PREVYMIS 240 MG/12ML SOLUTION	5	PA S
PREVYMIS 240 MG TAB	5	PA S
PREVYMIS 480 MG/24ML SOLUTION	5	PA S
PREVYMIS 480 MG TAB	5	PA S
LIVTENCITY 200 MG TAB	5	QL 120 / 30 days PA S
VALCYTE 450 MG TAB	5	PA ST S STC Trial and failure of 1 therapy: generic Valcyte
VALCYTE 50 MG/ML RECON SOLN	5	PA ST S STC Trial and failure of 1 therapy: generic Valcyte

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	2	
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	2	
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	2	
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	2	
ANTI-HEPATITIS B (HBV) AGENTS		
<i>adefovir dipivoxil tab 10 mg</i>	2	
BARACLUDE 0.05 MG/ML SOLUTION	5	PA S
<i>entecavir tab 0.5 mg</i>	2	
<i>entecavir tab 1 mg</i>	2	
<i>lamivudine tab 100 mg (hbv)</i>	2	
VEMLIDY 25 MG TAB	5	PA S
ANTI-HEPATITIS C (HCV) AGENTS		
MAVYRET 100-40 MG TAB	5	PA S
MAVYRET 50-20 MG PACKET	5	PA S
HARVONI 33.75-150 MG PACKET	5	PA S
HARVONI 45-200 MG PACKET	5	PA S
HARVONI 45-200 MG TAB	5	PA S
LEDIPASVIR-SOFOSBUVIR 90-400 MG TAB	5	PA S
RIBAVIRIN 200 MG CAP	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RIBAVIRIN 200 MG TAB	5	PA S
SOVALDI 150 MG PACKET	5	PA S
SOVALDI 200 MG PACKET	5	PA S
SOVALDI 200 MG TAB	5	PA S
SOVALDI 400 MG TAB	5	PA S
EPCLUSA 150-37.5 MG PACKET	5	PA S
EPCLUSA 200-50 MG PACKET	5	PA S
EPCLUSA 200-50 MG TAB	5	PA S
SOFOSBUVIR-VELPATASVIR 400-100 MG TAB	5	PA S
VOSEVI 400-100-100 MG TAB	5	PA S
ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)		
BIKTARVY 30-120-15 MG TAB	3	
BIKTARVY 50-200-25 MG TAB	3	
TIVICAY 10 MG TAB	3	
TIVICAY 25 MG TAB	3	
TIVICAY 50 MG TAB	3	
TIVICAY PD 5 MG TAB SOL	3	
DOVATO 50-300 MG TAB	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
JULUCA 50-25 MG TAB	3	
GENVOYA 150-150-200-10 MG TAB	3	
STRIBILD 150-150-200-300 MG TAB	3	
ISENTRESS 100 MG CHEW TAB	3	
ISENTRESS 100 MG PACKET	3	
ISENTRESS 25 MG CHEW TAB	3	
ISENTRESS 400 MG TAB	3	
ISENTRESS HD 600 MG TAB	3	
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)		
DELSTRIGO 100-300-300 MG TAB	3	
EFAVIRENZ 200 MG CAP	4	
EFAVIRENZ 50 MG CAP	4	
<i>efavirenz tab 600 mg</i>	2	
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	2	
EFAVIRENZ-LAMIVUDINE-TENOFOVIR 400-300-300 MG TAB	2	
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	2	
ODEFSEY 200-25-25 MG TAB	3	
COMPLERA 200-25-300 MG TAB	3	
<i>emtricitabine- rilpivirine-tenofovir df tab 200-25-300 mg</i>	3	
<i>etravirine tab 100 mg</i>	2	
<i>etravirine tab 200 mg</i>	2	
INTELENCE 25 MG TAB	3	
<i>nevirapine tab 200 mg</i>	1	
NEVIRAPINE 50 MG/5ML SUSPENSION	4	
<i>nevirapine tab er 24hr 400 mg</i>	2	
EDURANT 25 MG TAB	4	
EDURANT PED 2.5 MG TAB SOL	4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)		
TRIUMEQ 600-50-300 MG TAB	3	
TRIUMEQ PD 60-5-30 MG TAB SOL	3	
<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	2	
<i>abacavir sulfate tab 300 mg (base equiv)</i>	2	
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	2	
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	2	
<i>emtricitabine caps 200 mg</i>	2	
EMTRIVA 10 MG/ML SOLUTION	4	
DESCOVY 120-15 MG TAB	3	QL 30 / 30 days
DESCOVY 200-25 MG TAB	3	ACA Affordable Care Act Medications
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	2	
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	2	
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	2	
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	2	ACA Affordable Care Act Medications
<i>lamivudine oral soln 10 mg/ml</i>	2	
<i>lamivudine oral soln 10 mg/ml</i>	2	
<i>lamivudine tab 150 mg</i>	2	
<i>lamivudine tab 150 mg</i>	2	
<i>lamivudine oral soln 10 mg/ml</i>	2	
<i>lamivudine tab 300 mg</i>	2	
<i>lamivudine tab 300 mg</i>	2	
CIMDUO 300-300 MG TAB	3	
<i>lamivudine-zidovudine tab 150-300 mg</i>	2	
<i>lamivudine-zidovudine tab 150-300 mg</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>tenofovir disoproxil fumarate tab 300 mg</i>	2	
VIREAD 150 MG TAB	5	PA ST S STC Trial and failure of 1 therapy: generic Viread
VIREAD 200 MG TAB	5	PA ST S STC Trial and failure of 1 therapy: generic Viread
VIREAD 250 MG TAB	5	PA ST S STC Trial and failure of 1 therapy: generic Viread
VIREAD 300 MG TAB	5	PA ST S STC Trial and failure of 1 therapy: generic Viread
VIREAD 40 MG/GM POWDER	3	
<i>zidovudine cap 100 mg</i>	2	
<i>zidovudine tab 300 mg</i>	2	
<i>zidovudine syrup 10 mg/ml</i>	2	
ANTI-HIV AGENTS, OTHER		
TYBOST 150 MG TAB	4	
FUZEON 90 MG RECON SOLN	5	PA S
RUKOBIA 600 MG TAB ER 12H	4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SUNLENCA 300 MG TAB	5	PA S
SUNLENCA 463.5 MG/1.5ML SOLUTION	5	PA S
SUNLENCA 4 X 300 MG TAB THPK	5	PA S
SUNLENCA 5 X 300 MG TAB THPK	5	PA S
<i>maraviroc tab 150 mg</i>	2	
<i>maraviroc tab 300 mg</i>	2	
SELZENTRY 20 MG/ML SOLUTION	4	
SELZENTRY 25 MG TAB	4	
SELZENTRY 75 MG TAB	4	
ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)		
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	2	
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	2	
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	2	
REYATAZ 50 MG PACKET	4	
EVOTAZ 300-150 MG TAB	3	
<i>darunavir tab 600 mg</i>	2	
<i>darunavir tab 800 mg</i>	2	
PREZISTA 150 MG TAB	4	
PREZISTA 75 MG TAB	4	
PREZCOBIX 675-150 MG TAB	3	
PREZCOBIX 800-150 MG TAB	3	
SYM TUZA 800-150-200-10 MG TAB	3	
PREZISTA 100 MG/ML SUSPENSION	4	
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LEXIVA 50 MG/ML SUSPENSION	4	
<i>lopinavir-ritonavir tab 100-25 mg</i>	2	
<i>lopinavir-ritonavir tab 200-50 mg</i>	2	
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	2	
VIRACEPT 250 MG TAB	4	
VIRACEPT 625 MG TAB	4	
NORVIR 100 MG PACKET	4	
<i>ritonavir tab 100 mg</i>	2	
APTIVUS 250 MG CAP	4	
ANTI-INFLUENZA AGENTS		
XOFLUZA (40 MG DOSE) 1 X 40 MG TAB THPK	4	
XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK	4	
XENLETA 600 MG TAB	5	PA S
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	2	
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	2	
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	2	
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	2	
RELENZA DISKHALER 5 MG/ACT AER POW BA	4	
ANTIHERPETIC AGENTS		
<i>acyclovir susp 200 mg/5ml</i>	2	
<i>acyclovir cap 200 mg</i>	1	
<i>acyclovir tab 400 mg</i>	1	
<i>acyclovir susp 200 mg/5ml</i>	2	
<i>acyclovir tab 800 mg</i>	1	
<i>famciclovir tab 125 mg</i>	2	
<i>famciclovir tab 250 mg</i>	2	
<i>famciclovir tab 500 mg</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>valacyclovir hcl tab 1 gm</i>	2	
<i>valacyclovir hcl tab 1 gm</i>	2	
<i>valacyclovir hcl tab 500 mg</i>	1	
<i>valacyclovir hcl tab 500 mg</i>	1	
ANTIVIRAL, CORONAVIRUS AGENTS		
NOVAVAX COVID-19 VACCINE 5 MCG/0.5ML SUSP PRSYR	3	ACA Affordable Care Act Medications
NUVAXOVID COVID-19 VACCINE 5 MCG/0.5ML SUSP PRSYR	3	ACA Affordable Care Act Medications
PAXLOVID (150/100) 10 X 150 MG & 10 X 100MG TAB THPK	3	
PAXLOVID (300/100) 20 X 150 MG & 10 X 100MG TAB THPK	3	
PAXLOVID 6 X 150 MG & 5 X 100MG TAB THPK	3	
ANXIOLYTICS		
ANXIOLYTICS, OTHER		
<i>buspirone hcl tab 10 mg</i>	1	
<i>buspirone hcl tab 10 mg</i>	1	
<i>buspirone hcl tab 15 mg</i>	1	
<i>buspirone hcl tab 15 mg</i>	1	
<i>buspirone hcl tab 30 mg</i>	2	
<i>buspirone hcl tab 30 mg</i>	2	
<i>buspirone hcl tab 5 mg</i>	1	
<i>buspirone hcl tab 5 mg</i>	1	
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	2	
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	2	
<i>hydroxyzine hcl tab 10 mg</i>	1	
<i>hydroxyzine hcl tab 10 mg</i>	1	
<i>hydroxyzine hcl tab 25 mg</i>	1	
<i>hydroxyzine hcl tab 25 mg</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>hydroxyzine hcl tab 50 mg</i>	1	
<i>hydroxyzine hcl tab 50 mg</i>	1	
HYDROXYZINE PAMOATE 100 MG CAP	4	
<i>hydroxyzine pamoate cap 25 mg</i>	1	
<i>hydroxyzine pamoate cap 25 mg</i>	1	
<i>hydroxyzine pamoate cap 50 mg</i>	1	
<i>hydroxyzine pamoate cap 50 mg</i>	1	
<i>meprobamate tab 200 mg</i>	2	
<i>meprobamate tab 400 mg</i>	2	
BENZODIAZEPINES		
<i>alprazolam tab 0.25 mg</i>	1	QL 120 / 30 days
<i>alprazolam tab 0.5 mg</i>	1	QL 120 / 30 days
<i>alprazolam tab 1 mg</i>	1	QL 120 / 30 days
<i>alprazolam tab 2 mg</i>	1	QL 120 / 30 days
<i>alprazolam tab er 24hr 0.5 mg</i>	1	QL 60 / 30 days
<i>alprazolam tab er 24hr 1 mg</i>	1	QL 60 / 30 days
<i>alprazolam tab er 24hr 2 mg</i>	1	QL 60 / 30 days
<i>alprazolam tab er 24hr 3 mg</i>	1	QL 60 / 30 days
<i>alprazolam tab er 24hr 0.5 mg</i>	1	QL 60 / 30 days
<i>alprazolam tab er 24hr 1 mg</i>	1	QL 60 / 30 days
<i>alprazolam tab er 24hr 2 mg</i>	1	QL 60 / 30 days
<i>alprazolam tab er 24hr 3 mg</i>	1	QL 60 / 30 days
<i>chlordiazepoxide hcl cap 10 mg</i>	1	QL 120 / 30 days
<i>chlordiazepoxide hcl cap 10 mg</i>	1	QL 120 / 30 days
<i>chlordiazepoxide hcl cap 25 mg</i>	1	QL 120 / 30 days
<i>chlordiazepoxide hcl cap 25 mg</i>	1	QL 120 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>chlordiazepoxide hcl cap 5 mg</i>	1	QL 120 / 30 days
<i>chlordiazepoxide hcl cap 5 mg</i>	1	QL 120 / 30 days
<i>clonazepam orally disintegrating tab 0.125 mg</i>	2	QL 90 / 30 days PV Preventive
<i>clonazepam orally disintegrating tab 0.125 mg</i>	2	QL 90 / 30 days PV Preventive
<i>clonazepam orally disintegrating tab 0.25 mg</i>	2	QL 90 / 30 days PV Preventive
<i>clonazepam orally disintegrating tab 0.25 mg</i>	2	QL 90 / 30 days PV Preventive
<i>clonazepam tab 0.5 mg</i>	1	QL 90 / 30 days PV Preventive
<i>clonazepam tab 0.5 mg</i>	1	QL 90 / 30 days PV Preventive
<i>clonazepam orally disintegrating tab 0.5 mg</i>	2	QL 90 / 30 days PV Preventive
<i>clonazepam orally disintegrating tab 0.5 mg</i>	2	QL 90 / 30 days PV Preventive
<i>clonazepam tab 1 mg</i>	1	QL 90 / 30 days PV Preventive
<i>clonazepam tab 1 mg</i>	1	QL 90 / 30 days PV Preventive
<i>clonazepam orally disintegrating tab 1 mg</i>	2	QL 90 / 30 days PV Preventive
<i>clonazepam orally disintegrating tab 1 mg</i>	2	QL 90 / 30 days PV Preventive
<i>clonazepam tab 2 mg</i>	1	QL 90 / 30 days PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>clonazepam tab 2 mg</i>	1	QL 90 / 30 days PV Preventive
<i>clonazepam orally disintegrating tab 2 mg</i>	2	QL 90 / 30 days PV Preventive
<i>clonazepam orally disintegrating tab 2 mg</i>	2	QL 90 / 30 days PV Preventive
<i>clorazepate dipotassium tab 15 mg</i>	2	QL 180 / 30 days
<i>clorazepate dipotassium tab 3.75 mg</i>	2	QL 180 / 30 days
<i>clorazepate dipotassium tab 7.5 mg</i>	2	QL 180 / 30 days
<i>diazepam tab 10 mg</i>	1	QL 120 / 30 days
<i>diazepam tab 10 mg</i>	1	QL 120 / 30 days
<i>diazepam tab 2 mg</i>	1	QL 120 / 30 days
<i>diazepam tab 2 mg</i>	1	QL 120 / 30 days
<i>diazepam oral soln 1 mg/ml</i>	1	QL 600 / 30 days
<i>diazepam oral soln 1 mg/ml</i>	1	QL 600 / 30 days
<i>diazepam conc 5 mg/ml</i>	2	QL 120 / 30 days
<i>diazepam tab 5 mg</i>	1	QL 120 / 30 days
<i>diazepam tab 5 mg</i>	1	QL 120 / 30 days
<i>diazepam conc 5 mg/ml</i>	2	QL 120 / 30 days
<i>lorazepam tab 0.5 mg</i>	1	QL 120 / 30 days
<i>lorazepam tab 1 mg</i>	1	QL 120 / 30 days
<i>lorazepam conc 2 mg/ml</i>	2	QL 120 / 30 days
<i>lorazepam tab 2 mg</i>	1	QL 120 / 30 days
<i>lorazepam conc 2 mg/ml</i>	2	QL 120 / 30 days
<i>oxazepam cap 10 mg</i>	2	QL 120 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>oxazepam cap 15 mg</i>	2	QL 120 / 30 days
<i>oxazepam cap 30 mg</i>	2	QL 120 / 30 days
BIPOLAR AGENTS MOOD STABILIZERS		
<i>lithium oral solution 8 meq/5ml</i>	2	PV Preventive
LITHIUM CARBONATE 150 MG CAP	4	PV Preventive
<i>lithium carbonate cap 150 mg</i>	1	PV Preventive
LITHIUM CARBONATE 300 MG CAP	4	PV Preventive
<i>lithium carbonate cap 300 mg</i>	1	PV Preventive
<i>lithium carbonate tab 300 mg</i>	1	PV Preventive
LITHIUM CARBONATE 600 MG CAP	4	PV Preventive
<i>lithium carbonate cap 600 mg</i>	1	PV Preventive
<i>lithium carbonate tab er 300 mg</i>	1	PV Preventive
<i>lithium carbonate tab er 450 mg</i>	1	PV Preventive
BLOOD GLUCOSE REGULATORS ANTIDIABETIC AGENTS		
<i>acarbose tab 100 mg</i>	2	PV Preventive
<i>acarbose tab 25 mg</i>	2	PV Preventive
<i>acarbose tab 50 mg</i>	2	PV Preventive
XIGDUO XR 10-500 MG TAB ER 24H	3	ST
		STC Trial and failure of 1 therapy: metformin
		PV Preventive
XIGDUO XR 2.5-1000 MG TAB ER 24H	3	ST
		STC Trial and failure of 1 therapy: metformin
		PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XIGDUO XR 5-500 MG TAB ER 24H	3	ST STC PV Trial and failure of 1 therapy: metformin Preventive
DAPAGLIFLOZIN PRO-METFORMIN ER 10-1000 MG TAB ER 24H	3	ST STC PV Trial and failure of 1 therapy: metformin Preventive
DAPAGLIFLOZIN PRO-METFORMIN ER 5-1000 MG TAB ER 24H	3	ST STC PV Trial and failure of 1 therapy: metformin Preventive
XIGDUO XR 10-1000 MG TAB ER 24H	3	ST STC PV Trial and failure of 1 therapy: metformin Preventive
XIGDUO XR 5-1000 MG TAB ER 24H	3	ST STC PV Trial and failure of 1 therapy: metformin Preventive
TRULICITY 0.75 MG/0.5ML SOLN A-INJ	3	PA PV Preventive
TRULICITY 1.5 MG/0.5ML SOLN A-INJ	3	PA PV Preventive
TRULICITY 3 MG/0.5ML SOLN A-INJ	3	PA PV Preventive
TRULICITY 4.5 MG/0.5ML SOLN A-INJ	3	PA PV Preventive
GLYXAMBI 10-5 MG TAB	3	ST STC PV Trial and failure of 1 therapy: metformin Preventive
GLYXAMBI 25-5 MG TAB	3	ST STC PV Trial and failure of 1 therapy: metformin Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRIJARDY XR 10-5-1000 MG TAB ER 24H	3	ST STC Trial and failure of 1 therapy: metformin PV Preventive
TRIJARDY XR 12.5-2.5-1000 MG TAB ER 24H	3	ST STC Trial and failure of 1 therapy: metformin PV Preventive
TRIJARDY XR 25-5-1000 MG TAB ER 24H	3	ST STC Trial and failure of 1 therapy: metformin PV Preventive
TRIJARDY XR 5-2.5-1000 MG TAB ER 24H	3	ST STC Trial and failure of 1 therapy: metformin PV Preventive
SYNJARDY 12.5-1000 MG TAB	3	PV Preventive
SYNJARDY 12.5-500 MG TAB	3	PV Preventive
SYNJARDY 5-1000 MG TAB	3	PV Preventive
SYNJARDY 5-500 MG TAB	3	PV Preventive
SYNJARDY XR 10-1000 MG TAB ER 24H	3	PV Preventive
SYNJARDY XR 12.5-1000 MG TAB ER 24H	3	PV Preventive
SYNJARDY XR 25-1000 MG TAB ER 24H	3	PV Preventive
SYNJARDY XR 5-1000 MG TAB ER 24H	3	PV Preventive
<i>glimepiride tab 1 mg</i>	1	PV Preventive
<i>glimepiride tab 2 mg</i>	1	PV Preventive
<i>glimepiride tab 4 mg</i>	1	PV Preventive
<i>glipizide tab 10 mg</i>	1	PV Preventive
<i>glipizide tab 10 mg</i>	1	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GLIPIZIDE 2.5 MG TAB	4	PV Preventive
<i>glipizide tab 5 mg</i>	1	PV Preventive
<i>glipizide tab 5 mg</i>	1	PV Preventive
<i>glipizide tab er 24hr 10 mg</i>	1	PV Preventive
<i>glipizide tab er 24hr 10 mg</i>	1	PV Preventive
<i>glipizide tab er 24hr 2.5 mg</i>	1	PV Preventive
<i>glipizide tab er 24hr 2.5 mg</i>	1	PV Preventive
<i>glipizide tab er 24hr 5 mg</i>	1	PV Preventive
<i>glipizide tab er 24hr 5 mg</i>	1	PV Preventive
<i>glipizide tab er 24hr 10 mg</i>	1	PV Preventive
<i>glipizide tab er 24hr 2.5 mg</i>	1	PV Preventive
<i>glipizide tab er 24hr 5 mg</i>	1	PV Preventive
<i>glyburide tab 1.25 mg</i>	1	PV Preventive
<i>glyburide tab 1.25 mg</i>	1	PV Preventive
<i>glyburide tab 2.5 mg</i>	1	PV Preventive
<i>glyburide tab 2.5 mg</i>	1	PV Preventive
<i>glyburide tab 5 mg</i>	1	PV Preventive
<i>glyburide tab 5 mg</i>	1	PV Preventive
<i>glyburide-metformin tab 1.25-250 mg</i>	1	PV Preventive
<i>glyburide-metformin tab 2.5-500 mg</i>	1	PV Preventive
<i>glyburide-metformin tab 5-500 mg</i>	1	PV Preventive
GLYBURIDE MICRONIZED 1.5 MG TAB	1	PV Preventive
GLYBURIDE MICRONIZED 3 MG TAB	1	PV Preventive
GLYBURIDE MICRONIZED 6 MG TAB	1	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)</i>	4	PA PV Preventive
VICTOZA 18 MG/3ML SOLN PEN	4	PA PV Preventive
Antidiabetic Agents		
<i>metformin hcl tab 1000 mg</i>	1	PV Preventive
<i>metformin hcl tab 1000 mg</i>	1	PV Preventive
<i>metformin hcl tab 500 mg</i>	1	PV Preventive
<i>metformin hcl tab 500 mg</i>	1	PV Preventive
<i>metformin hcl tab 850 mg</i>	1	PV Preventive
<i>metformin hcl tab 850 mg</i>	1	PV Preventive
<i>metformin hcl tab er 24hr 500 mg</i>	1	PV Preventive
<i>metformin hcl tab er 24hr 500 mg</i>	1	PV Preventive
<i>metformin hcl tab er 24hr 750 mg</i>	1	PV Preventive
<i>metformin hcl tab er 24hr 750 mg</i>	1	PV Preventive
ANTIDIABETIC AGENTS		
MIGLITOL 100 MG TAB	2	PV Preventive
MIGLITOL 25 MG TAB	2	PV Preventive
MIGLITOL 50 MG TAB	2	PV Preventive
<i>nateglinide tab 120 mg</i>	2	PV Preventive
<i>nateglinide tab 60 mg</i>	2	PV Preventive
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	1	PV Preventive
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	1	PV Preventive
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	1	PV Preventive
<i>repaglinide tab 0.5 mg</i>	2	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>repaglinide tab 1 mg</i>	2	PV Preventive
<i>repaglinide tab 2 mg</i>	2	PV Preventive
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	3	PA PV Preventive
OZEMPIC (1 MG/DOSE) 4 MG/3ML SOLN PEN	3	PA PV Preventive
OZEMPIC (2 MG/DOSE) 8 MG/3ML SOLN PEN	3	PA PV Preventive
RYBELSUS 14 MG TAB	3	PA PV Preventive
RYBELSUS 3 MG TAB	3	PA PV Preventive
RYBELSUS 7 MG TAB	3	PA PV Preventive
SITAGLIPTIN 100 MG TAB	1	ST STC Trial and failure of 1 therapy: metformin PV Preventive
SITAGLIPTIN 25 MG TAB	1	ST STC Trial and failure of 1 therapy: metformin PV Preventive
SITAGLIPTIN 50 MG TAB	1	ST STC Trial and failure of 1 therapy: metformin PV Preventive
MOUNJARO 10 MG/0.5ML SOLN A-INJ	3	QL 2 / 28 day(s) PA PV Preventive
MOUNJARO 12.5 MG/0.5ML SOLN A-INJ	3	QL 2 / 28 day(s) PA PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MOUNJARO 15 MG/0.5ML SOLN A-INJ	3	QL 2 / 28 day(s) PA PV Preventive
MOUNJARO 2.5 MG/0.5ML SOLN A-INJ	3	QL 2 / 28 day(s) PA PV Preventive
MOUNJARO 5 MG/0.5ML SOLN A-INJ	3	QL 2 / 28 day(s) PA PV Preventive
MOUNJARO 7.5 MG/0.5ML SOLN A-INJ	3	QL 2 / 28 day(s) PA PV Preventive
Blood Glucose Regulators		
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	2	PV Preventive
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	2	PV Preventive
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	2	PV Preventive
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	2	PV Preventive
<i>glipizide-metformin hcl tab 5-500 mg</i>	2	PV Preventive
<i>glipizide-metformin hcl tab 5-500 mg</i>	2	PV Preventive
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	2	PV Preventive
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	2	PV Preventive
GLYCEMIC AGENTS		
ZEGALOGUE 0.6 MG/0.6ML SOLN A-INJ	3	PV Preventive
ZEGALOGUE 0.6 MG/0.6ML SOLN PRSYR	3	PV Preventive
FT GLUCOSE 4 GM CHEW TAB	3	
<i>diazoxide susp 50 mg/ml</i>	2	PV Preventive
BAQSIMI ONE PACK 3 MG/DOSE POWDER	3	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BAQSIMI TWO PACK 3 MG/DOSE POWDER	3	PV Preventive
<i>glucagon for inj 1 mg</i>	2	PV Preventive
GVOKE HYPOPEN 1-PACK 0.5 MG/0.1ML SOLN A-INJ	3	PV Preventive
GVOKE HYPOPEN 1-PACK 1 MG/0.2ML SOLN A-INJ	3	PV Preventive
GVOKE HYPOPEN 2-PACK 0.5 MG/0.1ML SOLN A-INJ	3	PV Preventive
GVOKE HYPOPEN 2-PACK 1 MG/0.2ML SOLN A-INJ	3	PV Preventive
GVOKE KIT 1 MG/0.2ML SOLUTION	3	PV Preventive
GVOKE PFS 0.5 MG/0.1ML SOLN PRSYR	3	PV Preventive
GVOKE PFS 1 MG/0.2ML SOLN PRSYR	3	PV Preventive
GLUCAGON EMERGENCY 1 MG/ML RECON SOLN	3	PV Preventive
INSULINS		
INSULIN ASPART 100 UNIT/ML SOLUTION	3	PV Preventive
INSULIN ASPART FLEXPEN 100 UNIT/ML SOLN PEN	3	PV Preventive
INSULIN ASPART PENFILL 100 UNIT/ML SOLN CART	3	PV Preventive
NOVOLOG 100 UNIT/ML SOLUTION	3	PV Preventive
NOVOLOG FLEXPEN 100 UNIT/ML SOLN PEN	3	PV Preventive
NOVOLOG FLEXPEN RELION 100 UNIT/ML SOLN PEN	3	PV Preventive
NOVOLOG PENFILL 100 UNIT/ML SOLN CART	3	PV Preventive
NOVOLOG RELION 100 UNIT/ML SOLUTION	3	PV Preventive
INSULIN ASPART PROT & ASPART (70-30) 100 UNIT/ML SUSPENSION	3	PV Preventive
INSULIN ASP PROT & ASP FLEXPEN (70-30) 100 UNIT/ML SUSP PEN	3	PV Preventive
NOVOLOG 70/30 FLEXPEN RELION (70-30) 100 UNIT/ML SUSP PEN	3	PV Preventive
NOVOLOG MIX 70/30 (70-30) 100 UNIT/ML SUSPENSION	3	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NOVOLOG MIX 70/30 FLEXPEN (70-30) 100 UNIT/ML SUSP PEN	3	PV Preventive
NOVOLOG MIX 70/30 RELION (70-30) 100 UNIT/ML SUSPENSION	3	PV Preventive
FIASP 100 UNIT/ML SOLUTION	3	PV Preventive
FIASP FLEXTOUCH 100 UNIT/ML SOLN PEN	3	PV Preventive
FIASP PENFILL 100 UNIT/ML SOLN CART	3	PV Preventive
FIASP PUMPCART 100 UNIT/ML SOLN CART	3	PV Preventive
INSULIN DEGLUDEC 100 UNIT/ML SOLUTION	3	PV Preventive
INSULIN DEGLUDEC FLEXTOUCH 100 UNIT/ML SOLN PEN	3	PV Preventive
INSULIN DEGLUDEC FLEXTOUCH 200 UNIT/ML SOLN PEN	3	PV Preventive
TRESIBA 100 UNIT/ML SOLUTION	3	PV Preventive
TRESIBA FLEXTOUCH 100 UNIT/ML SOLN PEN	3	PV Preventive
TRESIBA FLEXTOUCH 200 UNIT/ML SOLN PEN	3	PV Preventive
BASAGLAR KWIKPEN 100 UNIT/ML SOLN PEN	4	PV Preventive
BASAGLAR TEMPO PEN 100 UNIT/ML SOLN PEN	4	PV Preventive
INSULIN GLARGINE MAX SOLOSTAR 300 UNIT/ML SOLN PEN	3	PV Preventive
INSULIN GLARGINE SOLOSTAR 300 UNIT/ML SOLN PEN	3	PV Preventive
LANTUS 100 UNIT/ML SOLUTION	3	PV Preventive
LANTUS SOLOSTAR 100 UNIT/ML SOLN PEN	3	PV Preventive
TOUJEO MAX SOLOSTAR 300 UNIT/ML SOLN PEN	3	PV Preventive
TOUJEO SOLOSTAR 300 UNIT/ML SOLN PEN	3	PV Preventive
INSULIN GLARGINE-YFGN 100 UNIT/ML SOLN PEN	3	PV Preventive
INSULIN GLARGINE-YFGN 100 UNIT/ML SOLUTION	3	PV Preventive
SEMGLEE (YFGN) 100 UNIT/ML SOLN PEN	3	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SEMGLEE (YFGN) 100 UNIT/ML SOLUTION	3	PV Preventive
HUMALOG 100 UNIT/ML SOLN CART	3	PV Preventive
HUMALOG 100 UNIT/ML SOLUTION	3	PV Preventive
HUMALOG JUNIOR KWIKPEN 100 UNIT/ML SOLN PEN	3	PV Preventive
HUMALOG KWIKPEN 100 UNIT/ML SOLN PEN	3	PV Preventive
HUMALOG KWIKPEN 200 UNIT/ML SOLN PEN	3	PV Preventive
HUMALOG TEMPO PEN 100 UNIT/ML SOLN PEN	3	PV Preventive
INSULIN LISPRO 100 UNIT/ML SOLUTION	3	PV Preventive
INSULIN LISPRO (1 UNIT DIAL) 100 UNIT/ML SOLN PEN	3	PV Preventive
INSULIN LISPRO JUNIOR KWIKPEN 100 UNIT/ML SOLN PEN	3	PV Preventive
LYUMJEV 100 UNIT/ML SOLUTION	3	PV Preventive
LYUMJEV KWIKPEN 100 UNIT/ML SOLN PEN	3	PV Preventive
LYUMJEV KWIKPEN 200 UNIT/ML SOLN PEN	3	PV Preventive
LYUMJEV TEMPO PEN 100 UNIT/ML SOLN PEN	3	PV Preventive
HUMALOG MIX 50/50 (50-50) 100 UNIT/ML SUSPENSION	3	PV Preventive
HUMALOG MIX 50/50 KWIKPEN (50-50) 100 UNIT/ML SUSP PEN	3	PV Preventive
HUMALOG MIX 75/25 (75-25) 100 UNIT/ML SUSPENSION	3	PV Preventive
HUMALOG MIX 75/25 KWIKPEN (75-25) 100 UNIT/ML SUSP PEN	3	PV Preventive
INSULIN LISPRO PROT & LISPRO (75-25) 100 UNIT/ML SUSP PEN	3	PV Preventive
HUMULIN N 100 UNIT/ML SUSPENSION	3	PV Preventive
HUMULIN N KWIKPEN 100 UNIT/ML SUSP PEN	3	PV Preventive
NOVOLIN N 100 UNIT/ML SUSPENSION	3	PV Preventive
NOVOLIN N FLEXPEN 100 UNIT/ML SUSP PEN	3	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NOVOLIN N FLEXPEN RELION 100 UNIT/ML SUSP PEN	3	PV Preventive
NOVOLIN N RELION 100 UNIT/ML SUSPENSION	3	PV Preventive
HUMULIN 70/30 (70-30) 100 UNIT/ML SUSPENSION	3	PV Preventive
HUMULIN 70/30 KWIKPEN (70-30) 100 UNIT/ML SUSP PEN	3	PV Preventive
NOVOLIN 70/30 (70-30) 100 UNIT/ML SUSPENSION	3	PV Preventive
NOVOLIN 70/30 FLEXPEN (70-30) 100 UNIT/ML SUSP PEN	3	PV Preventive
NOVOLIN 70/30 FLEXPEN RELION (70-30) 100 UNIT/ML SUSP PEN	3	PV Preventive
NOVOLIN 70/30 RELION (70-30) 100 UNIT/ML SUSPENSION	3	PV Preventive
HUMULIN R 100 UNIT/ML SOLUTION	3	PV Preventive
HUMULIN R U-500 (CONCENTRATED) 500 UNIT/ML SOLUTION	3	PV Preventive
HUMULIN R U-500 KWIKPEN 500 UNIT/ML SOLN PEN	3	PV Preventive
NOVOLIN R 100 UNIT/ML SOLUTION	3	PV Preventive
NOVOLIN R FLEXPEN 100 UNIT/ML SOLN PEN	3	PV Preventive
NOVOLIN R FLEXPEN RELION 100 UNIT/ML SOLN PEN	3	PV Preventive
NOVOLIN R RELION 100 UNIT/ML SOLUTION	3	PV Preventive
BLOOD PRODUCTS AND MODIFIERS		
ANTICOAGULANTS		
ELIQUIS 2.5 MG TAB	3	QL 90 / 30 days PV Preventive
ELIQUIS 5 MG TAB	3	QL 90 / 30 days PV Preventive
ELIQUIS DVT/PE STARTER PACK 5 MG TAB THPK	3	QLC 74 / 180 days PV Preventive
<i>dabigatran etexilate mesylate cap 110 mg (etexilate base eq)</i>	2	QL 60 / 30 day(s) PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>dabigatran etexilate mesylate cap 150 mg (etexilate base eq)</i>	2	QL 60 / 30 days PV Preventive
<i>dabigatran etexilate mesylate cap 75 mg (etexilate base eq)</i>	2	QL 60 / 30 days PV Preventive
PRADAXA 110 MG CAP	4	QL 60 / 30 day(s) PV Preventive
PRADAXA 110 MG PACKET	4	QL 60 / 30 days PV Preventive
PRADAXA 150 MG PACKET	4	QL 60 / 30 days PV Preventive
PRADAXA 20 MG PACKET	4	QL 60 / 30 days PV Preventive
PRADAXA 30 MG PACKET	4	QL 60 / 30 days PV Preventive
PRADAXA 40 MG PACKET	4	QL 60 / 30 days PV Preventive
PRADAXA 50 MG PACKET	4	QL 60 / 30 days PV Preventive
<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>	2	PV Preventive
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>	2	PV Preventive
<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>	2	PV Preventive
<i>enoxaparin sodium inj 300 mg/3ml</i>	2	PV Preventive
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	2	PV Preventive
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	2	PV Preventive
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	2	PV Preventive
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	2	PV Preventive
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	2	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	2	PV Preventive
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	2	PV Preventive
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	2	PV Preventive
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	2	PV Preventive
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	2	PV Preventive
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	2	PV Preventive
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	2	PV Preventive
<i>heparin sodium (porcine) pf inj 1000 unit/ml</i>	2	PV Preventive
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	2	PV Preventive
HEPARIN SODIUM (PORCINE) PF 5000 UNIT/ML SOLUTION	3	PV Preventive
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	2	PV Preventive
<i>rivaroxaban for susp 1 mg/ml</i>	3	
<i>rivaroxaban tab 2.5 mg</i>	3	QL 60 / 30 day(s) PV Preventive
XARELTO 10 MG TAB	3	QL 60 / 30 days PV Preventive
XARELTO 15 MG TAB	3	QL 60 / 30 days PV Preventive
XARELTO 1 MG/ML RECON SUSP	3	PA PV Preventive
XARELTO 20 MG TAB	3	QL 60 / 30 days PV Preventive
XARELTO 2.5 MG TAB	3	QL 60 / 30 day(s) PV Preventive
XARELTO STARTER PACK 15 & 20 MG TAB THPK	3	QL 60 / 30 days PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZONTIVITY 2.08 MG TAB	4	QL PV 30 / 30 days Preventive
<i>warfarin sodium tab 10 mg</i>	1	PV Preventive
<i>warfarin sodium tab 1 mg</i>	1	PV Preventive
<i>warfarin sodium tab 2.5 mg</i>	1	PV Preventive
<i>warfarin sodium tab 2 mg</i>	1	PV Preventive
<i>warfarin sodium tab 3 mg</i>	1	PV Preventive
<i>warfarin sodium tab 4 mg</i>	1	PV Preventive
<i>warfarin sodium tab 5 mg</i>	1	PV Preventive
<i>warfarin sodium tab 6 mg</i>	1	PV Preventive
<i>warfarin sodium tab 7.5 mg</i>	1	PV Preventive
<i>warfarin sodium tab 10 mg</i>	1	PV Preventive
<i>warfarin sodium tab 1 mg</i>	1	PV Preventive
<i>warfarin sodium tab 2.5 mg</i>	1	PV Preventive
<i>warfarin sodium tab 2 mg</i>	1	PV Preventive
<i>warfarin sodium tab 3 mg</i>	1	PV Preventive
<i>warfarin sodium tab 4 mg</i>	1	PV Preventive
<i>warfarin sodium tab 5 mg</i>	1	PV Preventive
<i>warfarin sodium tab 6 mg</i>	1	PV Preventive
<i>warfarin sodium tab 7.5 mg</i>	1	PV Preventive
BLOOD PRODUCTS AND MODIFIERS, OTHER		
<i>anagrelide hcl cap 0.5 mg</i>	2	
<i>anagrelide hcl cap 1 mg</i>	2	
ARANESP (ALBUMIN FREE) 100 MCG/0.5ML SOLN PRSYR	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ARANESP (ALBUMIN FREE) 100 MCG/ML SOLUTION	5	PA S
ARANESP (ALBUMIN FREE) 10 MCG/0.4ML SOLN PRSYR	5	PA S
ARANESP (ALBUMIN FREE) 150 MCG/0.3ML SOLN PRSYR	5	PA S
ARANESP (ALBUMIN FREE) 200 MCG/0.4ML SOLN PRSYR	5	PA S
ARANESP (ALBUMIN FREE) 200 MCG/ML SOLUTION	5	PA S
ARANESP (ALBUMIN FREE) 25 MCG/0.42ML SOLN PRSYR	5	PA S
ARANESP (ALBUMIN FREE) 25 MCG/ML SOLUTION	5	PA S
ARANESP (ALBUMIN FREE) 300 MCG/0.6ML SOLN PRSYR	5	PA S
ARANESP (ALBUMIN FREE) 40 MCG/0.4ML SOLN PRSYR	5	PA S
ARANESP (ALBUMIN FREE) 40 MCG/ML SOLUTION	5	PA S
ARANESP (ALBUMIN FREE) 500 MCG/ML SOLN PRSYR	5	PA S
ARANESP (ALBUMIN FREE) 60 MCG/0.3ML SOLN PRSYR	5	PA S
ARANESP (ALBUMIN FREE) 60 MCG/ML SOLUTION	5	PA S
<i>eltrombopag olamine powder pack for susp 12.5 mg (base eq)</i>	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>eltrombopag olamine tab 12.5 mg (base equiv)</i>	5	PA S
<i>eltrombopag olamine powder pack for susp 25 mg (base equiv)</i>	5	PA S
<i>eltrombopag olamine tab 25 mg (base equiv)</i>	5	PA S
<i>eltrombopag olamine tab 50 mg (base equiv)</i>	5	PA S
<i>eltrombopag olamine tab 75 mg (base equiv)</i>	5	PA S
PROMACTA 12.5 MG PACKET	5	PA S
PROMACTA 12.5 MG TAB	5	PA S
PROMACTA 25 MG PACKET	5	PA S
PROMACTA 25 MG TAB	5	PA S
PROMACTA 50 MG TAB	5	PA S
PROMACTA 75 MG TAB	5	PA S
PROCRIT 10000 UNIT/ML SOLUTION	5	PA S
PROCRIT 20000 UNIT/ML SOLUTION	5	PA S
PROCRIT 2000 UNIT/ML SOLUTION	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PROCRIT 3000 UNIT/ML SOLUTION	5	PA S
PROCRIT 40000 UNIT/ML SOLUTION	5	PA S
PROCRIT 4000 UNIT/ML SOLUTION	5	PA S
RETACRIT 10000 UNIT/ML SOLUTION	5	PA S
RETACRIT 20000 UNIT/ML SOLUTION	5	PA S
RETACRIT 2000 UNIT/ML SOLUTION	5	PA S
RETACRIT 3000 UNIT/ML SOLUTION	5	PA S
RETACRIT 40000 UNIT/ML SOLUTION	5	PA S
RETACRIT 4000 UNIT/ML SOLUTION	5	PA S
NIVESTYM 300 MCG/0.5ML SOLN PRSYR	5	PA S
NIVESTYM 300 MCG/ML SOLUTION	5	PA S
NIVESTYM 480 MCG/0.8ML SOLN PRSYR	5	PA S
NIVESTYM 480 MCG/1.6ML SOLUTION	5	PA S
ZARXIO 300 MCG/0.5ML SOLN PRSYR	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZARXIO 480 MCG/0.8ML SOLN PRSYR	5	PA S
FABHALTA 200 MG CAP	5	QL 60 / 30 days PA S
MULPLETA 3 MG TAB	5	PA S
PYRUKYND TAPER PACK 5 MG TAB THPK	5	PA S
PYRUKYND TAPER PACK 7 X 20 MG & 7 X 5 MG TAB THPK	5	PA S
PYRUKYND TAPER PACK 7 X 50 MG & 7 X 20 MG TAB THPK	5	PA S
NYVEPRIA 6 MG/0.6ML SOLN PRSYR	5	PA S
ZIEXTENZO 6 MG/0.6ML SOLN PRSYR	5	PA S
FULPHILA 6 MG/0.6ML SOLN PRSYR	5	PA S
LEUKINE 250 MCG RECON SOLN	5	PA S
HEMOSTASIS AGENTS		
HEMLIBRA 105 MG/0.7ML SOLUTION	5	PA S
HEMLIBRA 12 MG/0.4ML SOLUTION	5	PA S
HEMLIBRA 150 MG/ML SOLUTION	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HEMLIBRA 300 MG/2ML SOLUTION	5	PA S
HEMLIBRA 30 MG/ML SOLUTION	5	PA S
HEMLIBRA 60 MG/0.4ML SOLUTION	5	PA S
<i>phytonadione tab 5 mg</i>	2	
<i>tranexamic acid tab 650 mg</i>	2	
PLATELET MODIFYING AGENTS		
<i>aspirin tab delayed release 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin chew tab 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin tab delayed release 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin 81 mg chew tab</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin chew tab 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin tab delayed release 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin adult low dose 81 mg tab dr</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin tab delayed release 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>aspirin tab delayed release 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin chew tab 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin tab delayed release 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin tab delayed release 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin tab delayed release 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin low dose 81 mg chew tab</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin chew tab 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin tab delayed release 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin tab delayed release 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin tab delayed release 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin chew tab 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin tab delayed release 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>aspirin chew tab 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin chew tab 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin tab delayed release 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin tab delayed release 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin tab delayed release 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin tab delayed release 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin tab delayed release 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin tab delayed release 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin chew tab 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin chew tab 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin tab delayed release 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin chew tab 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>aspirin tab delayed release 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin chew tab 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin tab delayed release 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin tab delayed release 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin chew tab 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin tab delayed release 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin tab delayed release 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin tab delayed release 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin tab delayed release 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin tab delayed release 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin tab delayed release 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin tab delayed release 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin chew tab 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>aspirin tab delayed release 81 mg</i>	1	PV ACA Preventive Affordable Care Act Medications
<i>aspirin chew tab 81 mg</i>	1	PV ACA Preventive Affordable Care Act Medications
<i>aspirin tab delayed release 81 mg</i>	1	PV ACA Preventive Affordable Care Act Medications
<i>aspirin chew tab 81 mg</i>	1	PV ACA Preventive Affordable Care Act Medications
<i>aspirin chew tab 81 mg</i>	1	PV ACA Preventive Affordable Care Act Medications
<i>aspirin chew tab 81 mg</i>	1	PV ACA Preventive Affordable Care Act Medications
<i>aspirin chew tab 81 mg</i>	1	PV ACA Preventive Affordable Care Act Medications
<i>aspirin chew tab 81 mg</i>	1	PV ACA Preventive Affordable Care Act Medications
<i>aspirin tab delayed release 81 mg</i>	1	PV ACA Preventive Affordable Care Act Medications
<i>aspirin tab delayed release 81 mg</i>	1	PV ACA Preventive Affordable Care Act Medications
<i>aspirin chew tab 81 mg</i>	1	PV ACA Preventive Affordable Care Act Medications
<i>aspirin tab delayed release 81 mg</i>	1	PV ACA Preventive Affordable Care Act Medications
<i>aspirin tab delayed release 81 mg</i>	1	PV ACA Preventive Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>aspirin tab delayed release 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin chew tab 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin tab delayed release 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin chew tab 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin tab delayed release 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin chew tab 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin tab delayed release 81 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	2	PV Preventive
DOPTelet 20 MG TAB	5	PA S
CABLIVI 11 MG KIT	5	PA S
<i>cilostazol tab 100 mg</i>	1	PV Preventive
<i>cilostazol tab 50 mg</i>	1	PV Preventive
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	1	QL 30 / 30 days PV Preventive
<i>dipyridamole tab 25 mg</i>	2	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>dipyridamole tab 50 mg</i>	2	PV Preventive
<i>dipyridamole tab 75 mg</i>	2	PV Preventive
TAVALISSE 100 MG TAB	5	PA S
TAVALISSE 150 MG TAB	5	PA S
<i>prasugrel hcl tab 10 mg (base equiv)</i>	2	QL 30 / 30 days PV Preventive
<i>prasugrel hcl tab 5 mg (base equiv)</i>	2	QL 30 / 30 days PV Preventive
BRILINTA 60 MG TAB	3	QL 60 / 30 day(s) PV Preventive
BRILINTA 90 MG TAB	3	QL 60 / 30 day(s) PV Preventive
<i>ticagrelor tab 60 mg</i>	3	QL 60 / 30 day(s) PV Preventive
<i>ticagrelor tab 90 mg</i>	3	QL 60 / 30 day(s) PV Preventive
CARDIOVASCULAR AGENTS		
ALPHA-ADRENERGIC AGONISTS		
<i>clonidine td patch weekly 0.1 mg/24hr</i>	2	PV Preventive
<i>clonidine td patch weekly 0.1 mg/24hr</i>	2	PV Preventive
<i>clonidine td patch weekly 0.2 mg/24hr</i>	2	PV Preventive
<i>clonidine td patch weekly 0.2 mg/24hr</i>	2	PV Preventive
<i>clonidine td patch weekly 0.3 mg/24hr</i>	2	PV Preventive
<i>clonidine td patch weekly 0.3 mg/24hr</i>	2	PV Preventive
<i>clonidine hcl tab 0.1 mg</i>	1	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>clonidine hcl tab 0.1 mg</i>	1	PV Preventive
<i>clonidine hcl tab 0.2 mg</i>	1	PV Preventive
<i>clonidine hcl tab 0.2 mg</i>	1	PV Preventive
<i>clonidine hcl tab 0.3 mg</i>	1	PV Preventive
<i>clonidine hcl tab 0.3 mg</i>	1	PV Preventive
<i>guanfacine hcl tab 1 mg</i>	2	QL 60 / 30 days PV Preventive
<i>guanfacine hcl tab 1 mg</i>	2	QL 60 / 30 days PV Preventive
<i>guanfacine hcl tab 2 mg</i>	2	QL 60 / 30 days PV Preventive
<i>guanfacine hcl tab 2 mg</i>	2	QL 60 / 30 days PV Preventive
<i>methyl dopa tab 250 mg</i>	4	PV Preventive
METHYLDOPA 500 MG TAB	4	PV Preventive
<i>midodrine hcl tab 10 mg</i>	2	
<i>midodrine hcl tab 2.5 mg</i>	2	
<i>midodrine hcl tab 5 mg</i>	2	
ALPHA-ADRENERGIC BLOCKING AGENTS		
<i>doxazosin mesylate tab 1 mg</i>	1	PV Preventive
<i>doxazosin mesylate tab 2 mg</i>	1	PV Preventive
<i>doxazosin mesylate tab 4 mg</i>	1	PV Preventive
<i>doxazosin mesylate tab 8 mg</i>	1	PV Preventive
<i>phenoxybenzamine hcl cap 10 mg</i>	5	PA S PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>prazosin hcl cap 1 mg</i>	1	PV Preventive
<i>prazosin hcl cap 2 mg</i>	2	PV Preventive
<i>prazosin hcl cap 5 mg</i>	2	PV Preventive
<i>terazosin hcl cap 10 mg (base equivalent)</i>	1	PV Preventive
<i>terazosin hcl cap 1 mg (base equivalent)</i>	1	PV Preventive
<i>terazosin hcl cap 2 mg (base equivalent)</i>	1	PV Preventive
<i>terazosin hcl cap 5 mg (base equivalent)</i>	1	PV Preventive
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil tab 16 mg</i>	2	PV Preventive
<i>candesartan cilexetil tab 32 mg</i>	2	PV Preventive
<i>candesartan cilexetil tab 4 mg</i>	2	PV Preventive
<i>candesartan cilexetil tab 8 mg</i>	2	PV Preventive
<i>irbesartan tab 150 mg</i>	1	PV Preventive
<i>irbesartan tab 300 mg</i>	1	PV Preventive
<i>irbesartan tab 75 mg</i>	1	PV Preventive
<i>losartan potassium tab 100 mg</i>	1	PV Preventive
<i>losartan potassium tab 25 mg</i>	1	PV Preventive
<i>losartan potassium tab 50 mg</i>	1	PV Preventive
<i>olmesartan medoxomil tab 20 mg</i>	1	PV Preventive
<i>olmesartan medoxomil tab 40 mg</i>	1	PV Preventive
<i>olmesartan medoxomil tab 5 mg</i>	1	PV Preventive
<i>telmisartan tab 20 mg</i>	1	PV Preventive
<i>telmisartan tab 40 mg</i>	1	PV Preventive
<i>telmisartan tab 80 mg</i>	1	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>valsartan tab 160 mg</i>	1	PV Preventive
<i>valsartan tab 320 mg</i>	1	PV Preventive
<i>valsartan tab 40 mg</i>	1	PV Preventive
<i>valsartan tab 80 mg</i>	1	PV Preventive
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS		
<i>benazepril hcl tab 10 mg</i>	1	PV Preventive
<i>benazepril hcl tab 20 mg</i>	1	PV Preventive
<i>benazepril hcl tab 40 mg</i>	1	PV Preventive
<i>benazepril hcl tab 5 mg</i>	1	PV Preventive
<i>captopril tab 100 mg</i>	2	PV Preventive
<i>captopril tab 12.5 mg</i>	2	PV Preventive
<i>captopril tab 25 mg</i>	2	PV Preventive
<i>captopril tab 50 mg</i>	2	PV Preventive
<i>enalapril maleate tab 10 mg</i>	1	PV Preventive
<i>enalapril maleate oral soln 1 mg/ml</i>	1	PV Preventive
<i>enalapril maleate tab 20 mg</i>	1	PV Preventive
<i>enalapril maleate tab 2.5 mg</i>	1	PV Preventive
<i>enalapril maleate tab 5 mg</i>	1	PV Preventive
<i>fosinopril sodium tab 10 mg</i>	1	PV Preventive
<i>fosinopril sodium tab 20 mg</i>	1	PV Preventive
<i>fosinopril sodium tab 40 mg</i>	1	PV Preventive
<i>lisinopril tab 10 mg</i>	1	PV Preventive
<i>lisinopril tab 20 mg</i>	1	PV Preventive
<i>lisinopril tab 2.5 mg</i>	1	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lisinopril tab 30 mg</i>	1	PV Preventive
<i>lisinopril tab 40 mg</i>	1	PV Preventive
<i>lisinopril tab 5 mg</i>	1	PV Preventive
<i>moexipril hcl tab 15 mg</i>	2	PV Preventive
<i>moexipril hcl tab 7.5 mg</i>	2	PV Preventive
PERINDOPRIL ERBUMINE 2 MG TAB	2	PV Preventive
<i>perindopril erbumine tab 2 mg</i>	2	PV Preventive
<i>perindopril erbumine tab 4 mg</i>	2	PV Preventive
PERINDOPRIL ERBUMINE 8 MG TAB	4	PV Preventive
<i>quinapril hcl tab 10 mg</i>	1	PV Preventive
<i>quinapril hcl tab 20 mg</i>	1	PV Preventive
<i>quinapril hcl tab 40 mg</i>	1	PV Preventive
<i>quinapril hcl tab 5 mg</i>	1	PV Preventive
<i>ramipril cap 10 mg</i>	1	PV Preventive
<i>ramipril cap 1.25 mg</i>	1	PV Preventive
<i>ramipril cap 2.5 mg</i>	1	PV Preventive
<i>ramipril cap 5 mg</i>	1	PV Preventive
<i>trandolapril tab 1 mg</i>	1	PV Preventive
<i>trandolapril tab 2 mg</i>	1	PV Preventive
<i>trandolapril tab 4 mg</i>	1	PV Preventive
ANTIARRHYTHMICS		
<i>amiodarone hcl tab 100 mg</i>	2	PV Preventive
<i>amiodarone hcl tab 200 mg</i>	1	PV Preventive
<i>amiodarone hcl tab 400 mg</i>	2	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>amiodarone hcl tab 100 mg</i>	2	PV Preventive
<i>amiodarone hcl tab 200 mg</i>	1	PV Preventive
<i>amiodarone hcl tab 400 mg</i>	2	PV Preventive
DIGOXIN 0.05 MG/ML SOLUTION	4	PV Preventive
<i>digoxin oral soln 0.05 mg/ml</i>	2	PV Preventive
<i>digoxin tab 125 mcg (0.125 mg)</i>	1	PV Preventive
<i>digoxin tab 250 mcg (0.25 mg)</i>	1	PV Preventive
<i>digoxin tab 62.5 mcg (0.0625 mg)</i>	2	PV Preventive
<i>disopyramide phosphate cap 100 mg</i>	2	PV Preventive
<i>disopyramide phosphate cap 150 mg</i>	2	PV Preventive
NORPACE CR 100 MG CAP ER 12H	4	PV Preventive
NORPACE CR 150 MG CAP ER 12H	4	PV Preventive
<i>dofetilide cap 125 mcg (0.125 mg)</i>	2	PV Preventive
<i>dofetilide cap 250 mcg (0.25 mg)</i>	2	PV Preventive
<i>dofetilide cap 500 mcg (0.5 mg)</i>	2	PV Preventive
MULTAQ 400 MG TAB	3	PV Preventive
<i>flecainide acetate tab 100 mg</i>	2	PV Preventive
<i>flecainide acetate tab 150 mg</i>	2	PV Preventive
<i>flecainide acetate tab 50 mg</i>	2	PV Preventive
<i>mexiletine hcl cap 150 mg</i>	2	PV Preventive
<i>mexiletine hcl cap 200 mg</i>	2	PV Preventive
<i>mexiletine hcl cap 250 mg</i>	2	PV Preventive
<i>propafenone hcl tab 150 mg</i>	1	PV Preventive
<i>propafenone hcl tab 225 mg</i>	2	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>propafenone hcl tab 300 mg</i>	2	PV Preventive
<i>propafenone hcl cap er 12hr 225 mg</i>	2	PV Preventive
<i>propafenone hcl cap er 12hr 325 mg</i>	2	PV Preventive
<i>propafenone hcl cap er 12hr 425 mg</i>	2	PV Preventive
<i>quinidine gluconate tab er 324 mg</i>	2	PV Preventive
<i>quinidine gluconate tab er 324 mg</i>	2	PV Preventive
QUINIDINE SULFATE 200 MG TAB	4	PV Preventive
QUINIDINE SULFATE 300 MG TAB	4	PV Preventive
<i>sotalol hcl tab 120 mg</i>	1	PV Preventive
<i>sotalol hcl tab 160 mg</i>	2	PV Preventive
<i>sotalol hcl tab 240 mg</i>	2	PV Preventive
<i>sotalol hcl tab 80 mg</i>	1	PV Preventive
<i>sotalol hcl (afib/af) tab 120 mg</i>	2	PV Preventive
<i>sotalol hcl (afib/af) tab 160 mg</i>	2	PV Preventive
<i>sotalol hcl (afib/af) tab 80 mg</i>	1	PV Preventive
BETA-ADRENERGIC BLOCKING AGENTS		
<i>acebutolol hcl cap 200 mg</i>	2	PV Preventive
<i>acebutolol hcl cap 400 mg</i>	2	PV Preventive
<i>atenolol tab 100 mg</i>	1	PV Preventive
<i>atenolol tab 25 mg</i>	1	PV Preventive
<i>atenolol tab 50 mg</i>	1	PV Preventive
<i>betaxolol hcl tab 10 mg</i>	2	PV Preventive
<i>betaxolol hcl tab 20 mg</i>	2	PV Preventive
<i>bisoprolol fumarate tab 10 mg</i>	2	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BISOPROLOL FUMARATE 2.5 MG TAB	2	PV Preventive
<i>bisoprolol fumarate tab 5 mg</i>	1	PV Preventive
<i>carvedilol tab 12.5 mg</i>	1	PV Preventive
<i>carvedilol tab 25 mg</i>	1	PV Preventive
<i>carvedilol tab 3.125 mg</i>	1	PV Preventive
<i>carvedilol tab 6.25 mg</i>	1	PV Preventive
<i>labetalol hcl tab 100 mg</i>	1	PV Preventive
<i>labetalol hcl tab 200 mg</i>	2	PV Preventive
<i>labetalol hcl tab 300 mg</i>	2	PV Preventive
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	1	PV Preventive
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	2	PV Preventive
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	1	PV Preventive
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	1	PV Preventive
<i>metoprolol tartrate tab 100 mg</i>	1	PV Preventive
<i>metoprolol tartrate tab 25 mg</i>	1	PV Preventive
<i>metoprolol tartrate tab 37.5 mg</i>	1	PV Preventive
<i>metoprolol tartrate tab 50 mg</i>	1	PV Preventive
<i>metoprolol tartrate tab 75 mg</i>	1	PV Preventive
<i>nadolol tab 20 mg</i>	2	PV Preventive
<i>nadolol tab 40 mg</i>	2	PV Preventive
<i>nadolol tab 80 mg</i>	2	PV Preventive
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	2	PV Preventive
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	2	PV Preventive
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	2	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	2	PV Preventive
<i>pindolol tab 10 mg</i>	2	PV Preventive
<i>pindolol tab 5 mg</i>	2	PV Preventive
<i>propranolol hcl tab 10 mg</i>	1	PV Preventive
PROPRANOLOL HCL 20 MG/5ML SOLUTION	1	PV Preventive
<i>propranolol hcl tab 20 mg</i>	1	PV Preventive
PROPRANOLOL HCL 40 MG/5ML SOLUTION	3	PV Preventive
<i>propranolol hcl tab 40 mg</i>	1	PV Preventive
<i>propranolol hcl tab 60 mg</i>	2	PV Preventive
<i>propranolol hcl tab 80 mg</i>	2	PV Preventive
<i>propranolol hcl cap er 24hr 120 mg</i>	2	PV Preventive
<i>propranolol hcl cap er 24hr 160 mg</i>	2	PV Preventive
<i>propranolol hcl cap er 24hr 60 mg</i>	2	PV Preventive
<i>propranolol hcl cap er 24hr 80 mg</i>	2	PV Preventive
<i>timolol maleate tab 10 mg</i>	2	PV Preventive
<i>timolol maleate tab 20 mg</i>	2	PV Preventive
<i>timolol maleate tab 5 mg</i>	2	PV Preventive
CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES		
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	1	PV Preventive
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	1	PV Preventive
<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	1	PV Preventive
<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	1	PV Preventive
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	1	PV Preventive
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	1	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>felodipine tab er 24hr 10 mg</i>	1	PV Preventive
<i>felodipine tab er 24hr 2.5 mg</i>	1	PV Preventive
<i>felodipine tab er 24hr 5 mg</i>	1	PV Preventive
<i>nifedipine cap 10 mg</i>	2	PV Preventive
<i>nifedipine cap 20 mg</i>	2	PV Preventive
<i>nifedipine tab er 24hr 30 mg</i>	1	PV Preventive
<i>nifedipine tab er 24hr 60 mg</i>	2	PV Preventive
<i>nifedipine tab er 24hr 90 mg</i>	2	PV Preventive
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	1	PV Preventive
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	2	PV Preventive
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	2	PV Preventive
<i>nimodipine cap 30 mg</i>	2	PV Preventive
NYMALIZE 6 MG/ML SOLUTION	4	PV Preventive
CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES		
<i>diltiazem hcl tab 120 mg</i>	2	PV Preventive
<i>diltiazem hcl tab 120 mg</i>	2	PV Preventive
<i>diltiazem hcl tab 30 mg</i>	1	PV Preventive
<i>diltiazem hcl tab 30 mg</i>	1	PV Preventive
<i>diltiazem hcl tab 60 mg</i>	1	PV Preventive
<i>diltiazem hcl tab 60 mg</i>	1	PV Preventive
<i>diltiazem hcl tab 90 mg</i>	2	PV Preventive
<i>diltiazem hcl tab 90 mg</i>	2	PV Preventive
<i>diltiazem hcl cap er 12hr 120 mg</i>	2	PV Preventive
<i>diltiazem hcl cap er 12hr 120 mg</i>	2	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>diltiazem hcl cap er 24hr 120 mg</i>	1	PV Preventive
<i>diltiazem hcl tab er 24hr 120 mg</i>	2	PV Preventive
<i>diltiazem hcl cap er 24hr 180 mg</i>	2	PV Preventive
<i>diltiazem hcl cap er 24hr 240 mg</i>	2	PV Preventive
<i>diltiazem hcl cap er 12hr 60 mg</i>	2	PV Preventive
<i>diltiazem hcl cap er 12hr 60 mg</i>	2	PV Preventive
<i>diltiazem hcl cap er 12hr 90 mg</i>	2	PV Preventive
<i>diltiazem hcl cap er 12hr 90 mg</i>	2	PV Preventive
<i>diltiazem hcl cap er 24hr 120 mg</i>	1	PV Preventive
<i>diltiazem hcl cap er 24hr 180 mg</i>	2	PV Preventive
<i>diltiazem hcl cap er 24hr 240 mg</i>	2	PV Preventive
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	1	PV Preventive
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	1	PV Preventive
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	1	PV Preventive
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	2	PV Preventive
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	1	PV Preventive
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	1	PV Preventive
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	1	PV Preventive
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	1	PV Preventive
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	1	PV Preventive
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	1	PV Preventive
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	2	PV Preventive
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	2	PV Preventive
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	1	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	1	PV Preventive
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	2	PV Preventive
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	2	PV Preventive
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	2	PV Preventive
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	2	PV Preventive
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	1	PV Preventive
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	1	PV Preventive
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	2	PV Preventive
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	2	PV Preventive
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	2	PV Preventive
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	1	PV Preventive
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	1	PV Preventive
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	2	PV Preventive
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	2	PV Preventive
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	2	PV Preventive
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	2	PV Preventive
<i>verapamil hcl tab 120 mg</i>	1	PV Preventive
<i>verapamil hcl tab 40 mg</i>	1	PV Preventive
<i>verapamil hcl tab 80 mg</i>	1	PV Preventive
<i>verapamil hcl cap er 24hr 120 mg</i>	2	PV Preventive
<i>verapamil hcl tab er 120 mg</i>	1	PV Preventive
<i>verapamil hcl cap er 24hr 180 mg</i>	2	PV Preventive
<i>verapamil hcl tab er 180 mg</i>	1	PV Preventive
<i>verapamil hcl cap er 24hr 240 mg</i>	2	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>verapamil hcl tab er 240 mg</i>	1	PV Preventive
CARDIOVASCULAR AGENTS, OTHER		
<i>acetazolamide tab 125 mg</i>	2	PV Preventive
<i>acetazolamide tab 125 mg</i>	2	PV Preventive
<i>acetazolamide tab 250 mg</i>	2	PV Preventive
<i>acetazolamide tab 250 mg</i>	2	PV Preventive
ATTRUBY 356 MG TAB THPK	5	QL 120 / 30 days PA S
AMILORIDE-HYDROCHLOROTHIAZIDE 5-50 MG TAB	2	PV Preventive
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	PV Preventive
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	PV Preventive
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	PV Preventive
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	PV Preventive
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	PV Preventive
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	PV Preventive
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	PV Preventive
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	PV Preventive
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	PV Preventive
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	PV Preventive
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	PV Preventive
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	PV Preventive
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	PV Preventive
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	PV Preventive
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	PV Preventive
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	PV Preventive
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	PV Preventive
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	PV Preventive
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	PV Preventive
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	PV Preventive
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	PV Preventive
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	PV Preventive
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	2	PV Preventive
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	2	PV Preventive
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	2	PV Preventive
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	2	PV Preventive
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	2	PV Preventive
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	2	PV Preventive
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	2	PV Preventive
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	2	PV Preventive
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	2	PV Preventive
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	2	PV Preventive
<i>atenolol & chlorthalidone tab 100-25 mg</i>	2	PV Preventive
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	PV Preventive
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	PV Preventive
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	PV Preventive
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	PV Preventive
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	PV Preventive
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	PV Preventive
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	1	PV Preventive
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	1	PV Preventive
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	PV Preventive
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	PV Preventive
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	PV Preventive
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	PV Preventive
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	PV Preventive
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	PV Preventive
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	2	PV Preventive
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	2	PV Preventive
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	2	PV Preventive
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	PV Preventive
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	PV Preventive
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	2	PV Preventive
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	2	PV Preventive
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	PV Preventive
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	PV Preventive
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	2	
CORLANOR 5 MG/5ML SOLUTION	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CORLANOR 5 MG TAB	3	
CORLANOR 7.5 MG TAB	3	
<i>ivabradine hcl tab 5 mg (base equiv)</i>	2	
<i>ivabradine hcl tab 7.5 mg (base equiv)</i>	2	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	PV Preventive
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	PV Preventive
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	PV Preventive
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	PV Preventive
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	PV Preventive
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	PV Preventive
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	PV Preventive
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	PV Preventive
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	PV Preventive
CAMZYOS 10 MG CAP	5	QL 30 / 30 days
		PA
		S
CAMZYOS 15 MG CAP	5	QL 30 / 30 days
		PA
		S
CAMZYOS 2.5 MG CAP	5	QL 30 / 30 days
		PA
		S
CAMZYOS 5 MG CAP	5	QL 30 / 30 days
		PA
		S
VECAMEYL 2.5 MG TAB	5	PA
		S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	2	PV Preventive
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	2	PV Preventive
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	2	PV Preventive
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	2	PV Preventive
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	2	PV Preventive
<i>metyrosine cap 250 mg</i>	5	QL 360 / 30 days PA S
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	2	PV Preventive
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	2	PV Preventive
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	2	PV Preventive
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	2	PV Preventive
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	2	PV Preventive
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	2	PV Preventive
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	2	PV Preventive
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	2	PV Preventive
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	2	PV Preventive
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	2	PV Preventive
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	PV Preventive
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	PV Preventive
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>pentoxifylline tab er 400 mg</i>	2	
QUINAPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	2	PV Preventive
QUINAPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	2	PV Preventive
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	2	PV Preventive
QUINAPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	2	PV Preventive
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	2	PV Preventive
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	2	PV Preventive
<i>ranolazine tab er 12hr 1000 mg</i>	2	PV Preventive
<i>ranolazine tab er 12hr 500 mg</i>	2	PV Preventive
ENTRESTO 24-26 MG TAB	3	
ENTRESTO 49-51 MG TAB	3	
ENTRESTO 97-103 MG TAB	3	
<i>sacubitril-valsartan tab 24-26 mg</i>	2	
<i>sacubitril-valsartan tab 49-51 mg</i>	2	
<i>sacubitril-valsartan tab 97-103 mg</i>	2	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	2	PV Preventive
TELMISARTAN-AMLODIPINE 40-10 MG TAB	4	PV Preventive
TELMISARTAN-AMLODIPINE 40-5 MG TAB	4	PV Preventive
TELMISARTAN-AMLODIPINE 80-10 MG TAB	4	PV Preventive
TELMISARTAN-AMLODIPINE 80-5 MG TAB	4	PV Preventive
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	2	PV Preventive
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	2	PV Preventive
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	2	PV Preventive
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	PV Preventive
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	PV Preventive
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	PV Preventive
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	PV Preventive
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	PV Preventive
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	PV Preventive
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	PV Preventive
VERQUVO 10 MG TAB	3	PV Preventive
VERQUVO 2.5 MG TAB	3	PV Preventive
VERQUVO 5 MG TAB	3	PV Preventive
DIURETICS, LOOP		
<i>bumetanide tab 0.5 mg</i>	1	PV Preventive
<i>bumetanide tab 1 mg</i>	2	PV Preventive
<i>bumetanide tab 2 mg</i>	2	PV Preventive
<i>ethacrynic acid tab 25 mg</i>	2	
FUROSCIX 80 MG/10ML CART KIT	5	PA S
<i>furosemide oral soln 10 mg/ml</i>	1	PV Preventive
<i>furosemide tab 20 mg</i>	1	PV Preventive
<i>furosemide tab 40 mg</i>	1	PV Preventive
<i>furosemide tab 80 mg</i>	1	PV Preventive
<i>torsemide tab 100 mg</i>	1	PV Preventive
<i>torsemide tab 10 mg</i>	1	PV Preventive
<i>torsemide tab 20 mg</i>	1	PV Preventive
<i>torsemide tab 5 mg</i>	1	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DIURETICS, POTASSIUM-SPARING		
<i>amiloride hcl tab 5 mg</i>	1	PV Preventive
<i>amiloride hcl tab 5 mg</i>	1	PV Preventive
<i>eplerenone tab 25 mg</i>	2	PV Preventive
<i>eplerenone tab 50 mg</i>	2	PV Preventive
DIURETICS, THIAZIDE		
DIURIL 250 MG/5ML SUSPENSION	4	PV Preventive
<i>chlorthalidone tab 25 mg</i>	1	PV Preventive
<i>chlorthalidone tab 50 mg</i>	1	PV Preventive
<i>hydrochlorothiazide cap 12.5 mg</i>	1	PV Preventive
<i>hydrochlorothiazide cap 12.5 mg</i>	1	PV Preventive
<i>hydrochlorothiazide tab 12.5 mg</i>	1	PV Preventive
<i>hydrochlorothiazide tab 12.5 mg</i>	1	PV Preventive
<i>hydrochlorothiazide tab 25 mg</i>	1	PV Preventive
<i>hydrochlorothiazide tab 25 mg</i>	1	PV Preventive
<i>hydrochlorothiazide tab 50 mg</i>	1	PV Preventive
<i>hydrochlorothiazide tab 50 mg</i>	1	PV Preventive
<i>indapamide tab 1.25 mg</i>	1	PV Preventive
<i>indapamide tab 2.5 mg</i>	1	PV Preventive
<i>metolazone tab 10 mg</i>	2	PV Preventive
<i>metolazone tab 10 mg</i>	2	PV Preventive
<i>metolazone tab 2.5 mg</i>	2	PV Preventive
<i>metolazone tab 2.5 mg</i>	2	PV Preventive
<i>metolazone tab 5 mg</i>	2	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>metolazone tab 5 mg</i>	2	PV Preventive
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES		
<i>fenofibrate tab 145 mg</i>	1	PV Preventive
<i>fenofibrate tab 160 mg</i>	1	PV Preventive
<i>fenofibrate tab 48 mg</i>	1	PV Preventive
<i>fenofibrate tab 54 mg</i>	1	PV Preventive
<i>fenofibrate micronized cap 134 mg</i>	1	PV Preventive
<i>fenofibrate micronized cap 200 mg</i>	2	PV Preventive
<i>fenofibrate micronized cap 67 mg</i>	1	PV Preventive
<i>fenofibrate micronized cap 134 mg</i>	1	PV Preventive
<i>fenofibrate micronized cap 200 mg</i>	2	PV Preventive
<i>fenofibrate micronized cap 67 mg</i>	1	PV Preventive
<i>gemfibrozil tab 600 mg</i>	1	PV Preventive
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	1	PV Preventive
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	1	PV Preventive
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	2	PV Preventive
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	2	PV Preventive
<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i>	2	PV Preventive
<i>lovastatin tab 10 mg</i>	1	PV Preventive ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lovastatin tab 20 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>lovastatin tab 40 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>pitavastatin calcium tab 1 mg</i>	2	ST STC Trial and Failure of 1 preferred statin therapy (atorvastatin, rosuvastatin, pravastatin, simvastatin, lovastatin) PV Preventive
<i>pitavastatin calcium tab 2 mg</i>	2	ST STC Trial and Failure of 1 preferred statin therapy (atorvastatin, rosuvastatin, pravastatin, simvastatin, lovastatin) PV Preventive
<i>pitavastatin calcium tab 4 mg</i>	2	ST STC Trial and Failure of 1 preferred statin therapy (atorvastatin, rosuvastatin, pravastatin, simvastatin, lovastatin) PV Preventive
<i>pravastatin sodium tab 10 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>pravastatin sodium tab 20 mg</i>	1	PV Preventive ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>pravastatin sodium tab 40 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>pravastatin sodium tab 80 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>rosuvastatin calcium tab 10 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>rosuvastatin calcium tab 20 mg</i>	1	PV Preventive
<i>rosuvastatin calcium tab 40 mg</i>	1	PV Preventive
<i>rosuvastatin calcium tab 5 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>simvastatin tab 10 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>simvastatin tab 20 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>simvastatin tab 40 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>simvastatin tab 5 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>simvastatin tab 80 mg</i>	1	PV Preventive
DYSLIPIDEMICS, OTHER		
PRALUENT 150 MG/ML SOLN A-INJ	3	PA STC Trial and failure of 1 therapy: Repatha PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
Dyslipidemics, Other		
NEXLETOL 180 MG TAB	3	PA PV Preventive
DYSLIPIDEMICS, OTHER		
NEXLIZET 180-10 MG TAB	3	PV Preventive
<i>cholestyramine powder 4 gm/dose</i>	2	PV Preventive
<i>cholestyramine powder packets 4 gm</i>	2	PV Preventive
<i>cholestyramine light powder 4 gm/dose</i>	2	PV Preventive
<i>cholestyramine light powder packets 4 gm</i>	2	PV Preventive
<i>cholestyramine light powder 4 gm/dose</i>	2	PV Preventive
<i>colesevelam hcl tab 625 mg</i>	2	PV Preventive
<i>colestipol hcl tab 1 gm</i>	2	PV Preventive
<i>colestipol hcl granules 5 gm</i>	2	PV Preventive
<i>colestipol hcl granule packets 5 gm</i>	2	PV Preventive
REPATHA 140 MG/ML SOLN PRSYR	3	PA PV Preventive
REPATHA PUSHTRONEX SYSTEM 420 MG/3.5ML SOLN CART	3	PA PV Preventive
REPATHA SURECLICK 140 MG/ML SOLN A-INJ	3	PA PV Preventive
<i>ezetimibe tab 10 mg</i>	1	PV Preventive
<i>ezetimibe-simvastatin tab 10-10 mg</i>	2	PV Preventive
<i>ezetimibe-simvastatin tab 10-20 mg</i>	2	PV Preventive
<i>ezetimibe-simvastatin tab 10-40 mg</i>	2	PV Preventive
<i>ezetimibe-simvastatin tab 10-80 mg</i>	2	PV Preventive
<i>icosapent ethyl cap 0.5 gm</i>	1	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>icosapent ethyl cap 1 gm</i>	1	PV Preventive
LEQVIO 284 MG/1.5ML SOLN PRSYR	5	PA S
JUXTAPID 10 MG CAP	5	PA S
JUXTAPID 20 MG CAP	5	PA S
JUXTAPID 30 MG CAP	5	PA S
JUXTAPID 5 MG CAP	5	PA S
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	2	PV Preventive
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	2	PV Preventive
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	2	PV Preventive
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
<i>spironolactone tab 100 mg</i>	1	PV Preventive
<i>spironolactone tab 25 mg</i>	1	PV Preventive
<i>spironolactone tab 50 mg</i>	1	PV Preventive
SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS (SGLT2I)		
DAPAGLIFLOZIN PROPANEDIOL 10 MG TAB	3	ST STC Trial and failure of 1 therapy: metformin PV Preventive
DAPAGLIFLOZIN PROPANEDIOL 5 MG TAB	3	ST STC Trial and failure of 1 therapy: metformin PV Preventive
FARXIGA 10 MG TAB	3	ST STC Trial and failure of 1 therapy: metformin PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FARXIGA 5 MG TAB	3	ST STC Trial and failure of 1 therapy: metformin PV Preventive
JARDIANCE 10 MG TAB	3	PV Preventive
JARDIANCE 25 MG TAB	3	PV Preventive
VASODILATORS, DIRECT-ACTING ARTERIAL		
<i>hydralazine hcl tab 100 mg</i>	1	PV Preventive
<i>hydralazine hcl tab 100 mg</i>	1	PV Preventive
<i>hydralazine hcl tab 10 mg</i>	1	PV Preventive
<i>hydralazine hcl tab 10 mg</i>	1	PV Preventive
<i>hydralazine hcl tab 25 mg</i>	1	PV Preventive
<i>hydralazine hcl tab 25 mg</i>	1	PV Preventive
<i>hydralazine hcl tab 50 mg</i>	1	PV Preventive
<i>hydralazine hcl tab 50 mg</i>	1	PV Preventive
<i>minoxidil tab 10 mg</i>	1	PV Preventive
<i>minoxidil tab 2.5 mg</i>	1	PV Preventive
VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS		
<i>isosorbide dinitrate tab 10 mg</i>	2	PV Preventive
<i>isosorbide dinitrate tab 20 mg</i>	2	PV Preventive
<i>isosorbide dinitrate tab 30 mg</i>	2	PV Preventive
<i>isosorbide dinitrate tab 5 mg</i>	2	PV Preventive
ISOSORBIDE MONONITRATE 10 MG TAB	1	PV Preventive
<i>isosorbide mononitrate tab 10 mg</i>	1	PV Preventive
ISOSORBIDE MONONITRATE 20 MG TAB	1	PV Preventive
<i>isosorbide mononitrate tab 20 mg</i>	1	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	1	PV Preventive
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	1	PV Preventive
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	1	PV Preventive
NITRO-BID 2 % OINTMENT	4	PV Preventive
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	2	PV Preventive
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	2	PV Preventive
<i>nitroglycerin sl tab 0.3 mg</i>	1	PV Preventive
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	2	PV Preventive
<i>nitroglycerin sl tab 0.4 mg</i>	1	PV Preventive
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	2	PV Preventive
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	2	PV Preventive
<i>nitroglycerin sl tab 0.6 mg</i>	1	PV Preventive
NITROLINGUAL 0.4 MG/SPRAY SOLUTION	2	PV Preventive
NITRO-TIME 2.5 MG CAP ER	4	PV Preventive
NITRO-TIME 6.5 MG CAP ER	4	PV Preventive
NITRO-TIME 9 MG CAP ER	4	PV Preventive
<i>nitroglycerin oint 0.4%</i>	4	
RECTIV 0.4 % OINTMENT	4	
CENTRAL NERVOUS SYSTEM AGENTS		
AMYOTROPHIC LATERAL SCLEROSIS (ALS) AGENTS		
RADICAVA ORS 105 MG/5ML SUSPENSION	5	PA S
RADICAVA ORS STARTER KIT 105 MG/5ML SUSPENSION	5	PA S
EXSERVAN 50 MG FILM	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TEGLUTIK 50 MG/10ML SUSPENSION	5	PA S
TIGLUTIK 50 MG/10ML SUSPENSION	5	PA S
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES		
<i>amphetamine-dextroamphetamine tab 10 mg</i>	2	QL 90 / 30 days
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	2	QL 90 / 30 days
<i>amphetamine-dextroamphetamine tab 15 mg</i>	2	QL 90 / 30 days
<i>amphetamine-dextroamphetamine tab 20 mg</i>	2	QL 90 / 30 days
<i>amphetamine-dextroamphetamine tab 30 mg</i>	2	QL 60 / 30 days
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	QL 90 / 30 days
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	2	QL 90 / 30 days
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	1	QL 90 / 30 days
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	1	QL 90 / 30 days
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	1	QL 90 / 30 days
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	1	QL 60 / 30 days
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	1	QL 60 / 30 days
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	1	QL 90 / 30 days
<i>amphetamine sulfate tab 10 mg</i>	2	QL 90 / 30 days
<i>amphetamine sulfate tab 5 mg</i>	2	QL 90 / 30 days
<i>dextroamphetamine sulfate tab 10 mg</i>	2	QL 90 / 30 days
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	2	QL 1800 / 30 days
<i>dextroamphetamine sulfate tab 5 mg</i>	2	QL 90 / 30 days
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	2	QL 90 / 30 days
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	2	QL 90 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	2	QL 90 / 30 days
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	2	QL 1800 / 30 days
<i>dextroamphetamine sulfate tab 10 mg</i>	2	QL 90 / 30 days
<i>dextroamphetamine sulfate tab 5 mg</i>	2	QL 90 / 30 days
<i>lisdexamfetamine dimesylate cap 10 mg</i>	2	QL 90 / 30 days
<i>lisdexamfetamine dimesylate chew tab 10 mg</i>	2	QL 90 / 30 days
<i>lisdexamfetamine dimesylate cap 20 mg</i>	2	QL 90 / 30 days
<i>lisdexamfetamine dimesylate chew tab 20 mg</i>	2	QL 90 / 30 days
<i>lisdexamfetamine dimesylate cap 30 mg</i>	2	QL 60 / 30 days
<i>lisdexamfetamine dimesylate chew tab 30 mg</i>	2	QL 60 / 30 days
<i>lisdexamfetamine dimesylate cap 40 mg</i>	2	QL 30 / 30 days
<i>lisdexamfetamine dimesylate chew tab 40 mg</i>	2	QL 30 / 30 days
<i>lisdexamfetamine dimesylate cap 50 mg</i>	2	QL 30 / 30 days
<i>lisdexamfetamine dimesylate chew tab 50 mg</i>	2	QL 30 / 30 days
<i>lisdexamfetamine dimesylate cap 60 mg</i>	2	QL 30 / 30 days
<i>lisdexamfetamine dimesylate chew tab 60 mg</i>	2	QL 30 / 30 days
<i>lisdexamfetamine dimesylate cap 70 mg</i>	2	QL 30 / 30 days
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES		
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	2	QL 30 / 30 days
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	2	QL 90 / 30 days
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	2	QL 60 / 30 days
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	2	QL 90 / 30 days
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	2	QL 60 / 30 days
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	2	QL 30 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	2	QL 30 / 30 days
<i>clonidine hcl tab er 12hr 0.1 mg</i>	2	
<i>clonidine hcl tab er 12hr 0.1 mg</i>	2	
<i>dexmethylphenidate hcl tab 10 mg</i>	2	QL 90 / 30 days
<i>dexmethylphenidate hcl tab 2.5 mg</i>	1	QL 90 / 30 days
<i>dexmethylphenidate hcl tab 5 mg</i>	1	QL 90 / 30 days
<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i>	2	QL 90 / 30 days
<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i>	2	QL 90 / 30 days
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i>	2	QL 60 / 30 days
<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i>	2	QL 60 / 30 days
<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i>	2	QL 30 / 30 days
<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i>	2	QL 30 / 30 days
<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i>	2	QL 30 / 30 days
<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i>	2	QL 90 / 30 days
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	1	QL 90 / 30 days
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	1	QL 90 / 30 days
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	1	QL 90 / 30 days
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	1	QL 90 / 30 days
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	1	QL 60 / 30 days
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	1	QL 60 / 30 days
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	1	QL 30 / 30 days
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	1	QL 30 / 30 days
<i>methylphenidate hcl soln 10 mg/5ml</i>	2	QL 900 / 30 days
<i>methylphenidate hcl chew tab 10 mg</i>	2	QL 90 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>methylphenidate hcl tab 10 mg</i>	1	QL 90 / 30 days
<i>methylphenidate hcl tab 20 mg</i>	1	QL 90 / 30 days
<i>methylphenidate hcl chew tab 2.5 mg</i>	2	QL 90 / 30 days
<i>methylphenidate hcl soln 5 mg/5ml</i>	2	QL 1800 / 30 days
<i>methylphenidate hcl chew tab 5 mg</i>	2	QL 90 / 30 days
<i>methylphenidate hcl tab 5 mg</i>	1	QL 90 / 30 days
<i>methylphenidate hcl tab er 10 mg</i>	2	QL 90 / 30 days
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	2	QL 90 / 30 days
<i>methylphenidate hcl tab er 20 mg</i>	2	QL 90 / 30 days
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	2	QL 60 / 30 days
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	2	QL 60 / 30 days
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	2	QL 30 / 30 day(s)
<i>methylphenidate hcl cap er 10 mg (cd)</i>	2	QL 90 / 30 days
<i>methylphenidate hcl cap er 20 mg (cd)</i>	2	QL 90 / 30 days
<i>methylphenidate hcl cap er 30 mg (cd)</i>	2	QL 60 / 30 days
<i>methylphenidate hcl cap er 40 mg (cd)</i>	2	QL 30 / 30 days
<i>methylphenidate hcl cap er 50 mg (cd)</i>	2	QL 30 / 30 days
<i>methylphenidate hcl cap er 60 mg (cd)</i>	2	QL 30 / 30 days
<i>methylphenidate hcl cap er 24hr 10 mg (la)</i>	2	QL 90 / 30 days
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	2	QL 90 / 30 days
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	2	QL 60 / 30 days
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	2	QL 30 / 30 days
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	2	QL 90 / 30 days
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	2	QL 60 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	2	QL 60 / 30 days
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	2	QL 30 / 30 day(s)
CENTRAL NERVOUS SYSTEM, OTHER		
FIRDAPSE 10 MG TAB	5	PA S
<i>butalbital-acetaminophen tab 50-325 mg</i>	2	QL 70 / 7 days
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	2	QL 70 / 7 days
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	2	QL 70 / 7 days
AUSTEDO 12 MG TAB	5	PA S
AUSTEDO 6 MG TAB	5	PA S
AUSTEDO 9 MG TAB	5	PA S
AUSTEDO PATIENT TITRATION KIT 6 & 9 & 12 MG TAB THPK	5	PA S
<i>riluzole tab 50 mg</i>	5	S
<i>tetrabenazine tab 12.5 mg</i>	2	PA
<i>tetrabenazine tab 25 mg</i>	2	PA
INGREZZA 40 & 80 MG CAP THPK	5	PA S
INGREZZA 40 MG CAP	5	PA S
INGREZZA 60 MG CAP	5	PA S
INGREZZA 80 MG CAP	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FIBROMYALGIA AGENTS		
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	1	PV Preventive
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	1	PV Preventive
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	1	PV Preventive
SAVELLA 100 MG TAB	3	
SAVELLA 12.5 MG TAB	3	
SAVELLA 25 MG TAB	3	
SAVELLA 50 MG TAB	3	
SAVELLA TITRATION PACK 12.5 & 25 & 50 MG MISC	3	
<i>pregabalin cap 100 mg</i>	1	PV Preventive
<i>pregabalin cap 150 mg</i>	1	PV Preventive
<i>pregabalin cap 200 mg</i>	1	PV Preventive
<i>pregabalin soln 20 mg/ml</i>	2	PV Preventive
<i>pregabalin cap 225 mg</i>	1	PV Preventive
<i>pregabalin cap 25 mg</i>	1	PV Preventive
<i>pregabalin cap 300 mg</i>	1	PV Preventive
<i>pregabalin cap 50 mg</i>	1	PV Preventive
<i>pregabalin cap 75 mg</i>	1	PV Preventive
MULTIPLE SCLEROSIS AGENTS		
<i>cladribine tab therapy pack 10 mg (10 tabs)</i>	5	PA S
<i>cladribine tab therapy pack 10 mg (4 tabs)</i>	5	PA S
<i>cladribine tab therapy pack 10 mg (5 tabs)</i>	5	PA S
<i>cladribine tab therapy pack 10 mg (6 tabs)</i>	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>cladribine tab therapy pack 10 mg (7 tabs)</i>	5	PA S
<i>cladribine tab therapy pack 10 mg (8 tabs)</i>	5	PA S
<i>cladribine tab therapy pack 10 mg (9 tabs)</i>	5	PA S
MAVENCLAD (10 TABS) 10 MG TAB THPK	5	PA S
MAVENCLAD (4 TABS) 10 MG TAB THPK	5	PA S
MAVENCLAD (5 TABS) 10 MG TAB THPK	5	PA S
MAVENCLAD (6 TABS) 10 MG TAB THPK	5	PA S
MAVENCLAD (7 TABS) 10 MG TAB THPK	5	PA S
MAVENCLAD (8 TABS) 10 MG TAB THPK	5	PA S
MAVENCLAD (9 TABS) 10 MG TAB THPK	5	PA S
<i>dalfampridine tab er 12hr 10 mg</i>	2	
<i>dimethyl fumarate capsule delayed release 120 mg</i>	2	
<i>dimethyl fumarate capsule delayed release 240 mg</i>	2	PA
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	2	PA
VUMERITY 231 MG CAP DR	5	PA S
<i>tingolimod hcl cap 0.5 mg (base equiv)</i>	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GILENYA 0.25 MG CAP	5	QL 30 / 30 days PA S
GILENYA 0.5 MG CAP	5	PA S
TASCENSO ODT 0.25 MG TAB DISP	5	QL 30 / 30 days PA S
TASCENSO ODT 0.5 MG TAB DISP	5	QL 30 / 30 days PA S
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	4	PA
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	4	PA
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	4	PA
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	4	PA
AVONEX PEN 30 MCG/0.5ML AUT-IJ KIT	5	PA S
AVONEX PREFILLED 30 MCG/0.5ML PREF SY KT	5	PA S
REBIF 22 MCG/0.5ML SOLN PRSYR	5	PA S
REBIF 44 MCG/0.5ML SOLN PRSYR	5	PA S
REBIF REBIDOSE 22 MCG/0.5ML SOLN A-INJ	5	PA S
REBIF REBIDOSE 44 MCG/0.5ML SOLN A-INJ	5	PA S
REBIF REBIDOSE TITRATION PACK 6X8.8 & 6X22 MCG SOLN A-INJ	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
REBIF TITRATION PACK 6X8.8 & 6X22 MCG SOLN PRSYR	5	PA S
BETASERON 0.3 MG KIT	5	PA S
OCREVUS 300 MG/10ML SOLUTION	5	PA S
KESIMPTA 20 MG/0.4ML SOLN A-INJ	5	PA S
ZEPOSIA 0.92 MG CAP	5	PA S
ZEPOSIA 7-DAY STARTER PACK 4 X 0.23MG & 3 X 0.46MG CAP THPK	5	PA S
ZEPOSIA STARTER KIT 0.23MG & 0.46MG 0.92MG(21) CAP THPK	5	PA S
PLEGRIDY 125 MCG/0.5ML SOLN A-INJ	5	PA S
PLEGRIDY 125 MCG/0.5ML SOLN PRSYR	5	PA S
PLEGRIDY STARTER PACK 63 & 94 MCG/0.5ML SOLN A-INJ	5	PA S
PLEGRIDY STARTER PACK 63 & 94 MCG/0.5ML SOLN PRSYR	5	PA S
MAYZENT 0.25 MG TAB	5	PA S
MAYZENT 1 MG TAB	5	PA S
MAYZENT 2 MG TAB	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MAYZENT STARTER PACK 12 X 0.25 MG TAB THPK	5	PA S
MAYZENT STARTER PACK 7 X 0.25 MG TAB THPK	5	PA S
AUBAGIO 14 MG TAB	5	PA S
AUBAGIO 7 MG TAB	5	PA S
<i>teriflunomide tab 14 mg</i>	5	PA S
<i>teriflunomide tab 7 mg</i>	5	PA S
DENTAL AND ORAL AGENTS		
<i>cevimeline hcl cap 30 mg</i>	2	
<i>chlorhexidine gluconate soln 0.12%</i>	1	
<i>chlorhexidine gluconate soln 0.12%</i>	1	
<i>pilocarpine hcl tab 5 mg</i>	2	
<i>pilocarpine hcl tab 7.5 mg</i>	2	
<i>sodium fluoride paste 1.1%</i>	1	ACA Affordable Care Act Medications
<i>sodium fluoride cream 1.1%</i>	1	ACA Affordable Care Act Medications
<i>sodium fluoride gel 1.1% (0.5% f)</i>	1	ACA Affordable Care Act Medications
<i>sodium fluoride paste 1.1%</i>	1	ACA Affordable Care Act Medications
<i>sodium fluoride paste 1.1%</i>	1	ACA Affordable Care Act Medications
<i>sodium fluoride paste 1.1%</i>	1	ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sodium fluoride gel 1.1% (0.5% f)</i>	1	ACA Affordable Care Act Medications
<i>sodium fluoride paste 1.1%</i>	1	ACA Affordable Care Act Medications
PREVIDENT 0.2 % SOLUTION	4	
<i>sodium fluoride gel 1.1% (0.5% f)</i>	1	ACA Affordable Care Act Medications
<i>sodium fluoride cream 1.1%</i>	1	ACA Affordable Care Act Medications
<i>sodium fluoride rinse 0.2%</i>	1	ACA Affordable Care Act Medications
<i>sodium fluoride cream 1.1%</i>	1	ACA Affordable Care Act Medications
<i>sodium fluoride gel 1.1% (0.5% f)</i>	1	ACA Affordable Care Act Medications
<i>sodium fluoride cream 1.1%</i>	1	ACA Affordable Care Act Medications
<i>sodium fluoride cream 1.1%</i>	1	ACA Affordable Care Act Medications
<i>sodium fluoride gel 1.1% (0.5% f)</i>	1	ACA Affordable Care Act Medications
<i>sodium fluoride paste 1.1%</i>	1	ACA Affordable Care Act Medications
DENTA 5000 PLUS SENSITIVE 1.1-5 % GEL	2	ACA Affordable Care Act Medications
FLUORIDEX SENSITIVITY RELIEF 1.1-5 % GEL	2	ACA Affordable Care Act Medications
FLUORIMAX 5000 SENSITIVE 1.1-5 % GEL	2	ACA Affordable Care Act Medications
PREVIDENT 5000 ENAMEL PROTECT 1.1-5 % GEL	2	ACA Affordable Care Act Medications
PREVIDENT 5000 SENSITIVE 1.1-5 % GEL	2	ACA Affordable Care Act Medications
SOD FLUORIDE-POTASSIUM NITRATE 1.1-5 % GEL	2	ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SODIUM FLUORIDE 5000 ENAMEL 1.1-5 % GEL	2	ACA Affordable Care Act Medications
SODIUM FLUORIDE 5000 SENSITIVE 1.1-5 % GEL	2	ACA Affordable Care Act Medications
<i>stannous fluoride gel 0.4%</i>	2	ACA Affordable Care Act Medications
<i>stannous fluoride conc 0.63%</i>	2	ACA Affordable Care Act Medications
<i>stannous fluoride gel 0.4%</i>	2	ACA Affordable Care Act Medications
PARODONTAX 0.454 % PASTE	4	ACA Affordable Care Act Medications
<i>stannous fluoride conc 0.63%</i>	2	ACA Affordable Care Act Medications
SENSODYNE COMPLETE PROTECTION 0.454 % PASTE	4	ACA Affordable Care Act Medications
SENSODYNE RAPID RELIEF 0.454 % PASTE	4	ACA Affordable Care Act Medications
SENSODYNE REPAIR & PROTECT 0.454 % PASTE	4	ACA Affordable Care Act Medications
SENSODYNE SENSITIVITY & GUM 0.454 % PASTE	4	ACA Affordable Care Act Medications
SENSODYNE SENSITIVITY GUM-ENAM 0.454 % PASTE	4	ACA Affordable Care Act Medications
<i>triamcinolone acetonide dental paste 0.1%</i>	2	
<i>triamcinolone acetonide dental paste 0.1%</i>	2	
<i>triamcinolone acetonide dental paste 0.1%</i>	2	
DERMATOLOGICAL AGENTS		
ACNE AND ROSACEA AGENTS		
<i>acitretin cap 10 mg</i>	2	
<i>acitretin cap 17.5 mg</i>	2	
<i>acitretin cap 25 mg</i>	2	
<i>adapalene cream 0.1%</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>azelaic acid gel 15%</i>	2	
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	2	
<i>brimonidine tartrate gel 0.33% (base equivalent)</i>	2	
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	2	
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	2	
<i>isotretinoin cap 10 mg</i>	2	
<i>isotretinoin cap 20 mg</i>	2	
<i>isotretinoin cap 30 mg</i>	2	
<i>isotretinoin cap 40 mg</i>	2	
<i>isotretinoin cap 10 mg</i>	2	
<i>isotretinoin cap 20 mg</i>	2	
<i>isotretinoin cap 30 mg</i>	2	
<i>isotretinoin cap 40 mg</i>	2	
<i>isotretinoin cap 10 mg</i>	2	
<i>isotretinoin cap 20 mg</i>	2	
<i>isotretinoin cap 30 mg</i>	2	
<i>isotretinoin cap 40 mg</i>	2	
<i>isotretinoin cap 10 mg</i>	2	
<i>isotretinoin cap 20 mg</i>	2	
<i>isotretinoin cap 30 mg</i>	2	
<i>isotretinoin cap 40 mg</i>	2	
<i>isotretinoin cap 10 mg</i>	2	
<i>isotretinoin cap 20 mg</i>	2	
<i>isotretinoin cap 30 mg</i>	2	
<i>isotretinoin cap 40 mg</i>	2	
<i>isotretinoin cap 10 mg</i>	2	
<i>isotretinoin cap 20 mg</i>	2	
<i>isotretinoin cap 30 mg</i>	2	
<i>isotretinoin cap 40 mg</i>	2	
<i>isotretinoin cap 10 mg</i>	2	
<i>isotretinoin cap 20 mg</i>	2	
<i>isotretinoin cap 30 mg</i>	2	
<i>isotretinoin cap 40 mg</i>	2	
<i>RHOFADE 1 % CREAM</i>	4	
<i>sulfacetamide sodium lotion 10% (acne)</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>tazarotene cream 0.05%</i>	4	
<i>tazarotene gel 0.05%</i>	2	
<i>tazarotene cream 0.1%</i>	2	
<i>tazarotene gel 0.1%</i>	2	
<i>tretinoin gel 0.01%</i>	2	
<i>tretinoin cream 0.025%</i>	2	
<i>tretinoin cream 0.05%</i>	2	
<i>tretinoin cream 0.1%</i>	2	
DERMATITIS AND PRURITUS AGENTS		
<i>alclometasone dipropionate cream 0.05%</i>	2	
ALCLOMETASONE DIPROPIONATE 0.05 % OINTMENT	2	
<i>alclometasone dipropionate oint 0.05%</i>	2	
AMCINONIDE 0.1 % LOTION	4	
<i>betamethasone dipropionate augmented cream 0.05%</i>	1	
BETAMETHASONE DIPROPIONATE AUG 0.05 % GEL	4	
<i>betamethasone dipropionate augmented lotion 0.05%</i>	2	
<i>betamethasone dipropionate augmented oint 0.05%</i>	2	
<i>betamethasone dipropionate cream 0.05%</i>	2	
<i>betamethasone dipropionate lotion 0.05%</i>	2	
<i>betamethasone dipropionate oint 0.05%</i>	2	
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	2	
BETAMETHASONE VALERATE 0.1 % LOTION	2	
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	2	
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	2	
<i>clobetasol propionate cream 0.05%</i>	2	
<i>clobetasol propionate gel 0.05%</i>	2	
<i>clobetasol propionate oint 0.05%</i>	2	
<i>clobetasol propionate soln 0.05%</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>clobetasol propionate emollient base cream 0.05%</i>	2	
<i>clobetasol propionate emollient base cream 0.05%</i>	2	
CLOCORTOLONE PIVALATE 0.1 % CREAM	2	
<i>clocortolone pivalate cream 0.1%</i>	2	
EUCRISA 2 % OINTMENT	4	
<i>desonide cream 0.05%</i>	2	
<i>desonide oint 0.05%</i>	2	
<i>desoximetasone cream 0.25%</i>	2	
<i>desoximetasone oint 0.25%</i>	2	
<i>fluocinolone acetonide cream 0.01%</i>	2	
<i>fluocinolone acetonide soln 0.01%</i>	2	
<i>fluocinolone acetonide cream 0.025%</i>	2	
<i>fluocinolone acetonide oint 0.025%</i>	2	
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	2	
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	2	
<i>fluocinonide cream 0.05%</i>	2	
<i>fluocinonide gel 0.05%</i>	2	
<i>fluocinonide oint 0.05%</i>	2	
<i>fluocinonide soln 0.05%</i>	2	
<i>fluocinonide cream 0.1%</i>	2	
<i>fluticasone propionate oint 0.005%</i>	2	
<i>fluticasone propionate cream 0.05%</i>	1	
<i>halobetasol propionate cream 0.05%</i>	2	
<i>hydrocortisone acetate suppos 25 mg</i>	2	
<i>hydrocortisone acetate suppos 25 mg</i>	2	
<i>hydrocortisone acetate suppos 25 mg</i>	2	
<i>hydrocortisone acetate suppos 25 mg</i>	2	
HYDROCORTISONE (PERIANAL) 1 % CREAM	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>hydrocortisone perianal cream 2.5%</i>	2	
PROCTOCORT 1 % CREAM	2	
<i>hydrocortisone perianal cream 2.5%</i>	2	
<i>hydrocortisone perianal cream 2.5%</i>	2	
<i>hydrocortisone perianal cream 2.5%</i>	2	
<i>hydrocortisone cream 2.5%</i>	1	
HYDROCORTISONE 2.5 % LOTION	1	
<i>hydrocortisone lotion 2.5%</i>	1	
<i>hydrocortisone oint 2.5%</i>	1	
<i>lactic acid (ammonium lactate) cream 12%</i>	2	
<i>lactic acid (ammonium lactate) lotion 12%</i>	2	
EBGLYSS 250 MG/2ML SOLN A-INJ	5	PA S
EBGLYSS 250 MG/2ML SOLN PRSYR	5	PA S
<i>mometasone furoate cream 0.1%</i>	2	
<i>mometasone furoate oint 0.1%</i>	1	
<i>mometasone furoate solution 0.1% (lotion)</i>	2	
BYLVAY 1200 MCG CAP	5	PA S
BYLVAY 400 MCG CAP	5	PA S
BYLVAY (PELLETS) 200 MCG CAP SPRINK	5	PA S
BYLVAY (PELLETS) 600 MCG CAP SPRINK	5	PA S
<i>pimecrolimus cream 1%</i>	2	
<i>selenium sulfide lotion 2.5%</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>tacrolimus oint 0.03%</i>	2	
<i>tacrolimus oint 0.1%</i>	2	
VTAMA 1 % CREAM	5	PA S
ADBRY 150 MG/ML SOLN PRSYR	5	PA S
ADBRY 300 MG/2ML SOLN A-INJ	5	PA S
<i>triamcinolone acetonide cream 0.025%</i>	1	
<i>triamcinolone acetonide lotion 0.025%</i>	2	
<i>triamcinolone acetonide oint 0.025%</i>	1	
<i>triamcinolone acetonide cream 0.1%</i>	1	
<i>triamcinolone acetonide lotion 0.1%</i>	2	
<i>triamcinolone acetonide oint 0.1%</i>	1	
<i>triamcinolone acetonide cream 0.5%</i>	1	
<i>triamcinolone acetonide oint 0.5%</i>	1	
<i>triamcinolone acetonide cream 0.5%</i>	1	
DERMATOLOGICAL AGENTS, OTHER		
CIBINQO 100 MG TAB	5	QL 30 / 30 days PA S
CIBINQO 200 MG TAB	5	QL 30 / 30 days PA S
CIBINQO 50 MG TAB	5	QL 30 / 30 days PA S
DRYSOL 20 % SOLUTION	4	
OTEZLA 20 MG TAB	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OTEZLA 30 MG TAB	5	PA S
OTEZLA XR 75 MG TAB ER 24H	5	PA S
REGRANEX 0.01 % GEL	4	
<i>calcipotriene cream 0.005%</i>	2	
CALCIPOTRIENE 0.005 % SOLUTION	2	
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	2	
CALCITRIOL 3 MCG/GM OINTMENT	4	
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	1	
SANTYL 250 UNIT/GM OINTMENT	4	
FLUOROURACIL 2 % SOLUTION	4	
<i>fluorouracil cream 5%</i>	2	
<i>fluorouracil soln 5%</i>	2	
ANALPRAM HC 2.5-1 % LOTION	4	
ANALPRAM-HC 2.5-1 % LOTION	4	
PROCTOFOAM HC 1-1 % FOAM	4	
<i>imiquimod cream 5%</i>	2	
VALCHLOR 0.016 % GEL	5	PA S
METHOXSALEN RAPID 10 MG CAP	4	
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	2	
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	2	
PODOFILOX 0.5 % SOLUTION	4	
ZORYVE 0.3 % FOAM	5	QL 60 / 30 day(s) PA S
ZORYVE 0.15 % CREAM	5	QL 60 / 30 day(s) PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZORYVE 0.3 % CREAM	5	QL PA S 60 / 30 day(s)
OPZELURA 1.5 % CREAM	5	QL PA S 60 / 30 days
<i>silver sulfadiazine cream 1%</i>	1	
<i>silver sulfadiazine cream 1%</i>	1	
VEREGEN 15 % OINTMENT	4	
HYFTOR 0.2 % GEL	5	PA S QLC 30 / 90 days
PEDICULICIDES/SCABICIDES		
<i>ivermectin cream 1%</i>	2	
SOOLANTRA 1 % CREAM	2	
<i>malathion lotion 0.5%</i>	2	
<i>permethrin cream 5%</i>	2	
NATROBA 0.9 % SUSPENSION	4	
SPINOSAD 0.9 % SUSPENSION	4	
TOPICAL ANTI-INFECTIVES		
<i>acyclovir oint 5%</i>	2	
<i>ciclopirox solution 8%</i>	2	
<i>ciclopirox gel 0.77%</i>	2	
<i>ciclopirox shampoo 1%</i>	2	
<i>ciclopirox solution 8%</i>	2	
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	2	
<i>clindamycin phosphate swab 1%</i>	2	
<i>clindamycin phosphate swab 1%</i>	2	
<i>clindamycin phosphate gel 1% (once-daily)</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
<i>clindamycin phosphate lotion 1%</i>	2		
<i>clindamycin phosphate soln 1%</i>	2		
<i>clindamycin phosphate swab 1%</i>	2		
<i>clindamycin phosphate gel 1% (twice-daily)</i>	2		
<i>dapsone gel 5%</i>	2		
ERY 2 % PAD	4		
ERYTHROMYCIN 2 % GEL	2		
<i>erythromycin gel 2%</i>	2		
<i>erythromycin soln 2%</i>	2		
SULFAMYLON 85 MG/GM CREAM	4		
<i>mupirocin oint 2%</i>	1		
XEPI 1 % CREAM	4		
<i>penciclovir cream 1%</i>	2		
ALTABAX 1 % OINTMENT	4		
ELECTROLYTES/MINERALS/METALS/VITAMINS			
ELECTROLYTE/MINERAL REPLACEMENT			
<i>carbonyl iron susp 15 mg/1.25ml (elemental iron)</i>	2	ACA	Affordable Care Act Medications
<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i>	1	ACA	Affordable Care Act Medications
<i>ferrous sulfate soln 220 mg/5ml (44 mg/5ml elemental fe)</i>	1	ACA	Affordable Care Act Medications
<i>ferrous sulfate soln 300 mg/5ml (60 mg/5ml elemental fe)</i>	2	ACA	Affordable Care Act Medications
<i>ferrous sulfate soln 220 mg/5ml (44 mg/5ml elemental fe)</i>	1	ACA	Affordable Care Act Medications
<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i>	1	ACA	Affordable Care Act Medications
<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i>	1	ACA	Affordable Care Act Medications
<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i>	1	ACA	Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i>	1	ACA Affordable Care Act Medications
<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i>	1	ACA Affordable Care Act Medications
<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i>	1	ACA Affordable Care Act Medications
<i>ferrous sulfate soln 220 mg/5ml (44 mg/5ml elemental fe)</i>	1	ACA Affordable Care Act Medications
<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i>	1	ACA Affordable Care Act Medications
<i>ferrous sulfate soln 220 mg/5ml (44 mg/5ml elemental fe)</i>	1	ACA Affordable Care Act Medications
<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i>	1	ACA Affordable Care Act Medications
IRON UP 15 MG/0.5ML LIQUID	3	ACA Affordable Care Act Medications
NOVAFERRUM PEDIATRIC DROPS 15 MG/ML LIQUID	3	ACA Affordable Care Act Medications
KLOR-CON 10 10 MEQ TAB ER	1	STC Trial and failure of 1 therapy: generic K-Tab
<i>potassium chloride tab er 10 meq</i>	1	
<i>potassium chloride powder packet 20 meq</i>	2	
KLOR-CON 8 MEQ TAB ER	1	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	2	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	2	
<i>potassium chloride powder packet 20 meq</i>	2	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	2	
<i>potassium chloride cap er 10 meq</i>	1	
<i>potassium chloride tab er 10 meq</i>	1	
POTASSIUM CHLORIDE ER 15 MEQ TAB ER	2	
<i>potassium chloride tab er 20 meq (1500 mg)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>potassium chloride cap er 8 meq</i>	1	
POTASSIUM CHLORIDE ER 8 MEQ TAB ER	4	
<i>potassium chloride tab er 8 meq (600 mg)</i>	1	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	1	
<i>potassium chloride microencapsulated crys er tab 15 meq</i>	2	
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	1	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	1	
<i>potassium chloride microencapsulated crys er tab 15 meq</i>	2	
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	1	
<i>potassium citrate tab er 10 meq (1080 mg)</i>	2	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	2	
<i>potassium citrate tab er 5 meq (540 mg)</i>	2	
PRENATAL 19 29-1 MG TAB	3	
SE-NATAL 19 29-1 MG TAB	3	
VINATE II 29-1 MG TAB	3	
PRENATAL 19 29-1 MG CHEW TAB	3	
PRENATAL 19 CHEW TAB	3	
PRENATAL PLUS 27-1 MG TAB	3	
SE-NATAL 19 29-1 MG CHEW TAB	3	
TRINATE TAB	3	
VINATE ONE 60-1 MG TAB	3	
PRENATAL-U 106.5-1 MG CAP	3	
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	1	ACA Affordable Care Act Medications
<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	1	ACA Affordable Care Act Medications
SODIUM FLUORIDE 1.1 (0.5 F) MG/ML SOLUTION	1	ACA Affordable Care Act Medications
SODIUM FLUORIDE 1.1 (0.5 F) MG TAB	3	ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>	1	ACA Affordable Care Act Medications
SODIUM FLUORIDE 2.2 (1 F) MG TAB	3	ACA Affordable Care Act Medications
FLORIVA 0.25-400 MG-UNIT/ML LIQUID	4	ACA Affordable Care Act Medications
FLORICAL 8.3-364 MG CAP	4	ACA Affordable Care Act Medications
FLORICAL 8.3-364 MG TAB	4	ACA Affordable Care Act Medications
MONOCAL 625-22.75 MG TAB	4	ACA Affordable Care Act Medications
GALZIN 25 MG CAP	4	
GALZIN 50 MG CAP	4	
ELECTROLYTE/MINERAL/METAL MODIFIERS		

EXJADE 125 MG TAB SOL	5	PA	Trial and failure of 1 therapy: generic deferasirox
		ST	
		S	
		STC	
EXJADE 250 MG TAB SOL	5	PA	Trial and failure of 1 therapy: generic deferasirox
		ST	
		S	
		STC	
EXJADE 500 MG TAB SOL	5	PA	Trial and failure of 1 therapy: generic deferasirox
		ST	
		S	
		STC	
JADENU 180 MG TAB	5	PA	Trial and failure of 1 therapy: generic deferasirox
		ST	
		S	
		STC	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
JADENU 360 MG TAB	5	PA ST S STC Trial and failure of 1 therapy: generic deferasirox
JADENU 90 MG TAB	5	PA ST S STC Trial and failure of 1 therapy: generic deferasirox
JADENU SPRINKLE 180 MG PACKET	5	PA ST S STC Trial and failure of 1 therapy: generic deferasirox
JADENU SPRINKLE 360 MG PACKET	5	PA ST S STC Trial and failure of 1 therapy: generic deferasirox
JADENU SPRINKLE 90 MG PACKET	5	PA ST S STC Trial and failure of 1 therapy: generic deferasirox
<i>deferiprone tab 1000 mg</i>	5	S
<i>deferiprone tab 500 mg</i>	5	S
FERRIPROX 100 MG/ML SOLUTION	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>penicillamine tab 250 mg</i>	5	S
CHEMET 100 MG CAP	3	
JYNARQUE 15 MG TAB	5	QL 60 / 30 day(s) PA S
JYNARQUE 15 MG TAB THPK	5	PA S
JYNARQUE 30 & 15 MG TAB THPK	5	PA S
JYNARQUE 30 MG TAB	5	QL 60 / 30 day(s) PA S
JYNARQUE 45 & 15 MG TAB THPK	5	PA S
JYNARQUE 60 & 30 MG TAB THPK	5	PA S
JYNARQUE 90 & 30 MG TAB THPK	5	PA S
<i>tolvaptan tab 15 mg</i>	5	QL 60 / 30 days PA S
<i>tolvaptan tab therapy pack 15 mg</i>	5	PA S
<i>tolvaptan tab therapy pack 30 & 15 mg</i>	5	PA S
<i>tolvaptan tab 30 mg</i>	5	QL 60 / 30 days PA S
<i>tolvaptan tab therapy pack 45 & 15 mg</i>	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>tolvaptan tab therapy pack 60 & 30 mg</i>	5	PA S
<i>tolvaptan tab therapy pack 90 & 30 mg</i>	5	PA S
SYPRINE 250 MG CAP	5	PA ST S STC Trial and failure of 1 therapy: generic Syprine
<i>trientine hcl cap 250 mg</i>	5	S
PHOSPHATE BINDERS		
<i>calcium acetate (phosphate binder) tab 667 mg</i>	2	
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	2	
<i>calcium acetate (phosphate binder) tab 667 mg</i>	2	
AURYXIA 1 GM 210 MG(Fe) TAB	4	
FERRIC CITRATE 1 GM 210 MG(Fe) TAB	4	
FOSRENOL 1000 MG PACKET	4	
FOSRENOL 750 MG PACKET	4	
<i>lanthanum carbonate chew tab 1000 mg (elemental)</i>	2	
<i>lanthanum carbonate chew tab 500 mg (elemental)</i>	2	
<i>lanthanum carbonate chew tab 750 mg (elemental)</i>	2	
<i>sevelamer carbonate packet 0.8 gm</i>	2	
<i>sevelamer carbonate packet 2.4 gm</i>	2	
<i>sevelamer carbonate tab 800 mg</i>	2	
<i>sevelamer hcl tab 400 mg</i>	2	
<i>sevelamer hcl tab 800 mg</i>	2	
VELPHORO 500 MG CHEW TAB	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
POTASSIUM BINDERS		
VELTASSA 16.8 GM PACKET	5	PA S
VELTASSA 1 GM PACKET	5	PA S
VELTASSA 25.2 GM PACKET	5	PA S
VELTASSA 8.4 GM PACKET	5	PA S
<i>*sodium polystyrene sulfonate powder**</i>	2	
<i>sodium polystyrene sulfonate susp 15 gm/60ml</i>	4	
SPS (SODIUM POLYSTYRENE SULF) 30 GM/120ML SUSPENSION	4	
LOKELMA 10 GM PACKET	3	
LOKELMA 5 GM PACKET	3	
VITAMINS		
<i>cyanocobalamin inj 1000 mcg/ml</i>	1	
<i>cyanocobalamin inj 1000 mcg/ml</i>	1	
<i>cyanocobalamin inj 1000 mcg/ml</i>	1	
<i>folic acid tab 800 mcg</i>	1	ACA Affordable Care Act Medications
<i>folic acid cap 0.8 mg</i>	1	ACA Affordable Care Act Medications
<i>folic acid tab 400 mcg</i>	1	ACA Affordable Care Act Medications
<i>folic acid cap 0.8 mg</i>	1	ACA Affordable Care Act Medications
<i>folic acid tab 1 mg</i>	1	
<i>folic acid tab 400 mcg</i>	1	ACA Affordable Care Act Medications
<i>folic acid tab 800 mcg</i>	1	ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>folic acid tab 400 mcg</i>	1	ACA Affordable Care Act Medications
<i>folic acid tab 800 mcg</i>	1	ACA Affordable Care Act Medications
<i>folic acid tab 400 mcg</i>	1	ACA Affordable Care Act Medications
<i>folic acid tab 400 mcg</i>	1	ACA Affordable Care Act Medications
<i>folic acid tab 1 mg</i>	1	
<i>folic acid tab 800 mcg</i>	1	ACA Affordable Care Act Medications
<i>folic acid tab 400 mcg</i>	1	ACA Affordable Care Act Medications
<i>folic acid tab 800 mcg</i>	1	ACA Affordable Care Act Medications
<i>folic acid tab 400 mcg</i>	1	ACA Affordable Care Act Medications
<i>folic acid tab 800 mcg</i>	1	ACA Affordable Care Act Medications
<i>folic acid tab 400 mcg</i>	1	ACA Affordable Care Act Medications
<i>folic acid tab 800 mcg</i>	1	ACA Affordable Care Act Medications
<i>folic acid tab 400 mcg</i>	1	ACA Affordable Care Act Medications
<i>folic acid tab 1 mg</i>	1	
<i>folic acid tab 400 mcg</i>	1	ACA Affordable Care Act Medications
<i>folic acid tab 400 mcg</i>	1	ACA Affordable Care Act Medications
HYDROXOCOBALAMIN ACETATE 1000 MCG/ML SOLUTION	4	
GASTROINTESTINAL AGENTS ANTI-CONSTIPATION AGENTS		
PEG-PREP 5-210 MG-GM KIT	4	QLC 2 / 365 days
<i>lactulose solution 10 gm/15ml</i>	2	
<i>lactulose solution 10 gm/15ml</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lactulose solution 10 gm/15ml</i>	2	
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	1	
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	1	
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	1	
LINZESS 145 MCG CAP	3	
LINZESS 290 MCG CAP	3	
LINZESS 72 MCG CAP	3	
<i>lubiprostone cap 24 mcg</i>	2	
<i>lubiprostone cap 8 mcg</i>	2	
RELISTOR 12 MG/0.6ML SOLN PRSYR	5	PA S
RELISTOR 12 MG/0.6ML SOLUTION	5	PA S
RELISTOR 150 MG TAB	5	PA S
RELISTOR 8 MG/0.4ML SOLN PRSYR	5	PA S
SYMPROIC 0.2 MG TAB	3	
MOVANTIK 12.5 MG TAB	3	
MOVANTIK 25 MG TAB	3	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	2	ACA Affordable Care Act Medications
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	2	ACA Affordable Care Act Medications
TRULANCE 3 MG TAB	3	
SUTAB 1479-225-188 MG TAB	4	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTI-DIARRHEAL AGENTS		
DIPHENOXYLATE-ATROPINE 2.5-0.025 MG/5ML LIQUID	4	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	2	
VIBERZI 100 MG TAB	4	
VIBERZI 75 MG TAB	4	
XERMELO 250 MG TAB	5	PA S
ANTISPASMODICS, GASTROINTESTINAL		
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	2	
<i>dicyclomine hcl cap 10 mg</i>	1	
<i>dicyclomine hcl tab 20 mg</i>	1	
<i>glycopyrrolate oral soln 1 mg/5ml</i>	2	
<i>glycopyrrolate tab 1 mg</i>	1	
<i>glycopyrrolate tab 2 mg</i>	2	
<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i>	2	
<i>hyoscyamine sulfate soln 0.125 mg/ml</i>	2	
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	2	
<i>hyoscyamine sulfate tab 0.125 mg</i>	2	
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	2	
<i>hyoscyamine sulfate tab er 12hr 0.375 mg</i>	2	
<i>methscopolamine bromide tab 2.5 mg</i>	2	
<i>methscopolamine bromide tab 5 mg</i>	2	
GASTROINTESTINAL AGENTS, OTHER		
<i>cromolyn sodium oral conc 100 mg/5ml</i>	2	
LIVMARLI 10 MG TAB	5	PA S
LIVMARLI 15 MG TAB	5	PA S
LIVMARLI 19 MG/ML SOLUTION	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LIVMARLI 20 MG TAB	5	PA S
LIVMARLI 30 MG TAB	5	PA S
LIVMARLI 9.5 MG/ML SOLUTION	5	PA S
OCALIVA 10 MG TAB	5	PA S
OCALIVA 5 MG TAB	5	PA S
GAVILYTE-C 240 GM RECON SOLN	4	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	ACA Affordable Care Act Medications
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	ACA Affordable Care Act Medications
HUMATROPE 12 MG CARTRIDGE	5	PA S
HUMATROPE 24 MG CARTRIDGE	5	PA S
HUMATROPE 6 MG CARTRIDGE	5	PA S
OMNITROPE 10 MG/1.5ML SOLN CART	5	PA S
<i>ursodiol tab 250 mg</i>	2	
<i>ursodiol cap 300 mg</i>	2	
<i>ursodiol tab 500 mg</i>	2	
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS		
<i>cimetidine tab 200 mg</i>	2	
<i>cimetidine tab 300 mg</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>cimetidine tab 400 mg</i>	2	
<i>cimetidine tab 800 mg</i>	2	
<i>cimetidine hcl soln 300 mg/5ml</i>	2	
<i>famotidine tab 20 mg</i>	1	
<i>famotidine for susp 40 mg/5ml</i>	2	
<i>famotidine tab 40 mg</i>	1	
<i>nizatidine cap 150 mg</i>	4	
NIZATIDINE 300 MG CAP	4	
PROTECTANTS		
<i>misoprostol tab 100 mcg</i>	1	
<i>misoprostol tab 100 mcg</i>	1	
<i>misoprostol tab 200 mcg</i>	1	
<i>misoprostol tab 200 mcg</i>	1	
<i>sucralfate tab 1 gm</i>	2	
PROTON PUMP INHIBITORS		
<i>dexlansoprazole cap delayed release 30 mg</i>	4	ST STC Trial and failure of 3 therapies: omeprazole, lansoprazole and pantoprazole
<i>dexlansoprazole cap delayed release 60 mg</i>	4	ST STC Trial and failure of 3 therapies: omeprazole, lansoprazole and pantoprazole
<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	2	
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	2	
<i>esomeprazole magnesium for delayed release susp packet 20 mg</i>	2	
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>esomeprazole magnesium for delayed release susp packet 40 mg</i>	2	
<i>lansoprazole cap delayed release 15 mg</i>	2	
<i>lansoprazole cap delayed release 30 mg</i>	1	
<i>omeprazole cap delayed release 10 mg</i>	1	
<i>omeprazole cap delayed release 20 mg</i>	1	
<i>omeprazole cap delayed release 40 mg</i>	1	
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	1	
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	1	
<i>rabeprazole sodium ec tab 20 mg</i>	1	
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
STRENSIQ 18 MG/0.45ML SOLUTION	5	PA S
STRENSIQ 28 MG/0.7ML SOLUTION	5	PA S
STRENSIQ 40 MG/ML SOLUTION	5	PA S
STRENSIQ 80 MG/0.8ML SOLUTION	5	PA S
<i>*betaine powder for oral solution***</i>	5	PA S
CYSTADANE POWDER	5	PA S
CARBAGLU 200 MG TAB SOL	5	PA S
<i>carglumic acid soluble tab 200 mg</i>	5	PA S
CHOLBAM 250 MG CAP	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CHOLBAM 50 MG CAP	5	PA S
CYSTAGON 150 MG CAP	3	
CYSTAGON 50 MG CAP	3	
PROCYSBI 25 MG CAP DR	5	PA S
PROCYSBI 300 MG PACKET	5	PA S
PROCYSBI 75 MG CAP DR	5	PA S
PROCYSBI 75 MG PACKET	5	PA S
CYSTADROPS 0.37 % SOLUTION	5	PA S
CYSTARAN 0.44 % SOLUTION	5	PA S
<i>dichlorphenamide tab 50 mg</i>	5	PA S
KEVEYIS 50 MG TAB	5	PA S
<i>dichlorphenamide tab 50 mg</i>	5	PA S
CERDELGA 84 MG CAP	5	PA S
ENDARI 5 GM PACKET	5	PA S
<i>glycerol phenylbutyrate liquid 1.1 gm/ml</i>	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RAVICTI 1.1 GM/ML LIQUID	5	PA S
SIKLOS 1000 MG TAB	5	PA S
SIKLOS 100 MG TAB	5	PA S
DROXIA 200 MG CAP	5	PA S
DROXIA 300 MG CAP	5	PA S
DROXIA 400 MG CAP	5	PA S
JOENJA 70 MG TAB	5	PA S
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	2	
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	2	
<i>levocarnitine tab 330 mg</i>	2	
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	2	
ZOKINVY 50 MG CAP	5	PA S
ZOKINVY 75 MG CAP	5	PA S
MYALEPT 11.3 MG RECON SOLN	5	PA S
GALAFOLD 123 MG CAP	5	PA S
PYRUKYND 20 MG TAB	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PYRUKYND 50 MG TAB	5	PA S
PYRUKYND 5 MG TAB	5	PA S
<i>nitisinone cap 10 mg</i>	5	PA S
<i>nitisinone cap 20 mg</i>	5	PA S
<i>nitisinone cap 2 mg</i>	5	PA S
<i>nitisinone cap 5 mg</i>	5	PA S
NITYR 10 MG TAB	5	PA S
NITYR 2 MG TAB	5	PA S
NITYR 5 MG TAB	5	PA S
ORFADIN 10 MG CAP	5	PA S
ORFADIN 20 MG CAP	5	PA S
ORFADIN 2 MG CAP	5	PA S
ORFADIN 4 MG/ML SUSPENSION	5	PA S
ORFADIN 5 MG CAP	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SKYCLARYS 50 MG CAP	5	PA S
SOHONOS 10 MG CAP	5	PA S
SOHONOS 1.5 MG CAP	5	PA S
SOHONOS 1 MG CAP	5	PA S
SOHONOS 2.5 MG CAP	5	PA S
SOHONOS 5 MG CAP	5	PA S
CREON 12000-38000 UNIT CP DR PART	3	
CREON 24000-76000 UNIT CP DR PART	3	
CREON 3000-9500 UNIT CP DR PART	3	
CREON 36000-114000 UNIT CP DR PART	3	
CREON 6000-19000 UNIT CP DR PART	3	
ZENPEP 10000-32000 UNIT CP DR PART	3	
ZENPEP 15000-47000 UNIT CP DR PART	3	
ZENPEP 20000-63000 UNIT CP DR PART	3	
ZENPEP 25000-79000 UNIT CP DR PART	3	
ZENPEP 3000-10000 UNIT CP DR PART	3	
ZENPEP 40000-126000 UNIT CP DR PART	3	
ZENPEP 5000-24000 UNIT CP DR PART	3	
ZENPEP 60000-189600 UNIT CP DR PART	3	
PALYNZIQ 10 MG/0.5ML SOLN PRSYR	5	PA S
PALYNZIQ 20 MG/ML SOLN PRSYR	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PALYNZIQ 2.5 MG/0.5ML SOLN PRSYR	5	PA S
EVRYSDI 0.75 MG/ML RECON SOLN	5	PA S
EVRYSDI 5 MG TAB	5	PA S
SUCRAID 8500 UNIT/ML SOLUTION	5	PA S
<i>sapropterin dihydrochloride powder packet 100 mg</i>	5	PA S
<i>sapropterin dihydrochloride tab 100 mg</i>	5	PA S
<i>sapropterin dihydrochloride powder packet 500 mg</i>	5	PA S
KUVAN 100 MG PACKET	5	PA S
KUVAN 100 MG TAB	5	PA S
KUVAN 500 MG PACKET	5	PA S
<i>sapropterin dihydrochloride powder packet 100 mg</i>	5	PA S
<i>sapropterin dihydrochloride tab 100 mg</i>	5	PA S
<i>sapropterin dihydrochloride powder packet 500 mg</i>	5	PA S
<i>sapropterin dihydrochloride powder packet 100 mg</i>	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sapropterin dihydrochloride powder packet 500 mg</i>	5	PA S
PHEBURANE 483 MG/GM PELLET	5	PA S
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	5	PA S
<i>sodium phenylbutyrate tab 500 mg</i>	5	PA S
VYNDAMAX 61 MG CAP	5	PA S
VYNDAQEL 20 MG CAP	5	PA S
DAYBUE 200 MG/ML SOLUTION	5	PA S
XURIDEN 2 GM PACKET	5	PA S
VOXZOGO 0.4 MG RECON SOLN	5	PA S
VOXZOGO 0.56 MG RECON SOLN	5	PA S
VOXZOGO 1.2 MG RECON SOLN	5	PA S
GENITOURINARY AGENTS ANTISPASMODICS, URINARY		
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	2	
<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	2	
<i>fesoterodine fumarate tab er 24hr 4 mg</i>	2	QL 30 / 30 days
<i>fesoterodine fumarate tab er 24hr 8 mg</i>	2	QL 30 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>flavoxate hcl tab 100 mg</i>	2	
<i>mirabegron tab er 24 hr 25 mg</i>	2	
<i>mirabegron tab er 24 hr 50 mg</i>	2	
MYRBETRIQ 25 MG TAB ER 24H	3	
MYRBETRIQ 50 MG TAB ER 24H	3	
MYRBETRIQ 8 MG/ML SRER	3	
<i>oxybutynin chloride solution 5 mg/5ml</i>	1	
<i>oxybutynin chloride solution 5 mg/5ml</i>	1	
<i>oxybutynin chloride solution 5 mg/5ml</i>	1	
<i>oxybutynin chloride tab 5 mg</i>	1	
<i>oxybutynin chloride tab 5 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 10 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 10 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 15 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 15 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 5 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 5 mg</i>	1	
<i>solifenacin succinate tab 10 mg</i>	1	
<i>solifenacin succinate tab 5 mg</i>	1	
<i>tolterodine tartrate tab 1 mg</i>	2	
<i>tolterodine tartrate tab 2 mg</i>	2	
<i>tolterodine tartrate cap er 24hr 2 mg</i>	2	
<i>tolterodine tartrate cap er 24hr 4 mg</i>	2	
<i>trospium chloride tab 20 mg</i>	2	
<i>trospium chloride cap er 24hr 60 mg</i>	2	
GEMTESA 75 MG TAB	4	
BENIGN PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin hcl tab er 24hr 10 mg</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CARDURA XL 4 MG TAB ER 24H	4	
CARDURA XL 8 MG TAB ER 24H	4	
<i>dutasteride cap 0.5 mg</i>	1	
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	2	
<i>finasteride tab 5 mg</i>	1	
<i>silodosin cap 4 mg</i>	2	
<i>silodosin cap 8 mg</i>	2	
<i>tadalafil tab 2.5 mg</i>	1	QL 60 / 30 days
<i>tadalafil tab 5 mg</i>	1	QL 60 / 30 days
<i>tadalafil tab 20 mg (pah)</i>	2	QL 9 / 30 days
<i>tamsulosin hcl cap 0.4 mg</i>	1	
GENITOURINARY AGENTS, OTHER		
LITHOSTAT 250 MG TAB	4	
<i>bethanechol chloride tab 10 mg</i>	2	
<i>bethanechol chloride tab 25 mg</i>	2	
<i>bethanechol chloride tab 50 mg</i>	2	
<i>bethanechol chloride tab 5 mg</i>	2	
ADDYI 100 MG TAB	4	
PHEXX 1.8-1-0.4 % GEL	4	PV Preventive ACA Affordable Care Act Medications
PHEXXI 1.8-1-0.4 % GEL	4	PV Preventive ACA Affordable Care Act Medications
ENCARE 100 MG SUPPOS	3	PV Preventive ACA Affordable Care Act Medications
OPTIONS GYNOL II CONTRACEPTIVE 3 % GEL	3	PV Preventive ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TODAY SPONGE 1000 MG MISC	4	PV Preventive ACA Affordable Care Act Medications
VCF VAGINAL CONTRACEPTIVE 28 % FILM	4	PV Preventive ACA Affordable Care Act Medications
VCF VAGINAL CONTRACEPTIVE 4 % GEL	4	PV Preventive ACA Affordable Care Act Medications
ELMIRON 100 MG CAP	4	
<i>potassium citrate & citric acid soln 1100-334 mg/5ml</i>	2	
<i>potassium phosphate monobasic tab 500 mg</i>	1	
K-PHOS NO 2 305-700 MG TAB	3	
<i>pot phos monobasic w/sod phos di & monobas tab 155-852-130mg</i>	2	
<i>pot phos monobasic w/sod phos di & monobas tab 155-852-130mg</i>	2	
<i>pot phos monobasic w/sod phos di & monobas tab 155-852-130mg</i>	2	
<i>pot phos monobasic w/sod phos di & monobas tab 155-852-130mg</i>	2	
<i>pot phos monobasic w/sod phos di & monobas tab 155-852-130mg</i>	2	
INTRAROSA 6.5 MG INSERT	4	
<i>sodium citrate & citric acid soln 500-334 mg/5ml</i>	2	
<i>sodium citrate & citric acid soln 500-334 mg/5ml</i>	2	
<i>sodium citrate & citric acid soln 500-334 mg/5ml</i>	2	
<i>sodium citrate & citric acid soln 500-334 mg/5ml</i>	2	
<i>sodium citrate & citric acid soln 500-334 mg/5ml</i>	2	
FILSPARI 200 MG TAB	5	QL 30 / 30 days PA S
FILSPARI 400 MG TAB	5	QL 30 / 30 days PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
THIOLA 100 MG TAB	5	PA S
THIOLA EC 100 MG TAB DR	5	PA S
THIOLA EC 300 MG TAB DR	5	PA S
<i>tiopronin tab 100 mg</i>	5	PA S
<i>tiopronin tab delayed release 100 mg</i>	5	PA S
<i>tiopronin tab delayed release 300 mg</i>	5	PA S
<i>tiopronin tab delayed release 100 mg</i>	5	PA S
<i>tiopronin tab delayed release 300 mg</i>	5	PA S
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
<i>dexamethasone elixir 0.5 mg/5ml</i>	2	
<i>dexamethasone elixir 0.5 mg/5ml</i>	2	
DEXAMETHASONE 0.5 MG/5ML SOLUTION	2	
<i>dexamethasone tab 0.5 mg</i>	1	
<i>dexamethasone tab 0.75 mg</i>	1	
<i>dexamethasone tab 1.5 mg</i>	1	
<i>dexamethasone tab 1.5 mg</i>	1	
<i>dexamethasone tab 1 mg</i>	1	
<i>dexamethasone tab 2 mg</i>	1	
<i>dexamethasone tab 2 mg</i>	1	
<i>dexamethasone tab 4 mg</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>dexamethasone tab 4 mg</i>	1	
<i>dexamethasone tab 6 mg</i>	1	
<i>dexamethasone tab 6 mg</i>	1	
DEXAMETHASONE INTENSOL 1 MG/ML CONC	4	
<i>fludrocortisone acetate tab 0.1 mg</i>	1	
SOLU-CORTEF 1000 MG RECON SOLN	4	
SOLU-CORTEF 100 MG RECON SOLN	4	
SOLU-CORTEF 250 MG RECON SOLN	4	
SOLU-CORTEF 500 MG RECON SOLN	4	
<i>methylprednisolone tab 16 mg</i>	1	
<i>methylprednisolone tab 16 mg</i>	1	
<i>methylprednisolone tab 32 mg</i>	1	
<i>methylprednisolone tab 32 mg</i>	1	
<i>methylprednisolone tab 4 mg</i>	1	
<i>methylprednisolone tab 4 mg</i>	1	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	1	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	1	
<i>methylprednisolone tab 8 mg</i>	2	
<i>methylprednisolone tab 8 mg</i>	2	
<i>prednisolone soln 15 mg/5ml</i>	2	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	1	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	1	
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	2	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	2	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	2	
<i>prednisone tab therapy pack 10 mg (21)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>prednisone tab therapy pack 10 mg (21)</i>	1	
<i>prednisone tab therapy pack 10 mg (48)</i>	2	
<i>prednisone tab therapy pack 10 mg (48)</i>	2	
<i>prednisone tab 10 mg</i>	1	
<i>prednisone tab 10 mg</i>	1	
<i>prednisone tab 1 mg</i>	1	
<i>prednisone tab 1 mg</i>	1	
<i>prednisone tab 20 mg</i>	1	
<i>prednisone tab 20 mg</i>	1	
<i>prednisone tab 2.5 mg</i>	1	
<i>prednisone tab 2.5 mg</i>	1	
<i>prednisone tab 50 mg</i>	1	
<i>prednisone tab 50 mg</i>	1	
<i>prednisone tab therapy pack 5 mg (21)</i>	1	
<i>prednisone tab therapy pack 5 mg (21)</i>	1	
<i>prednisone tab therapy pack 5 mg (48)</i>	1	
<i>prednisone tab therapy pack 5 mg (48)</i>	1	
PREDNISONE 5 MG/5ML SOLUTION	3	
<i>prednisone tab 5 mg</i>	1	
<i>prednisone tab 5 mg</i>	1	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
CHORIONIC GONADOTROPIN 10000 UNIT RECON SOLN	4	PA
NOVAREL 10000 UNIT RECON SOLN	4	PA
NOVAREL 5000 UNIT RECON SOLN	4	PA
PREGNYL 10000 UNIT RECON SOLN	4	PA
<i>desmopressin acetate tab 0.1 mg</i>	2	
<i>desmopressin acetate tab 0.2 mg</i>	2	
DESMOPRESSIN ACETATE 1.5 MG/ML SOLUTION	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>desmopressin acetate inj 4 mcg/ml</i>	2	
<i>desmopressin acetate preservative free (pf) inj 4 mcg/ml</i>	2	
<i>desmopressin acetate nasal spray soln 0.01%</i>	2	
DESMOPRESSIN ACETATE SPRAY 0.01 % SOLUTION	2	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	2	
SKYTROFA 11 MG CARTRIDGE	5	PA S
SKYTROFA 13.3 MG CARTRIDGE	5	PA S
SKYTROFA 3.6 MG CARTRIDGE	5	PA S
SKYTROFA 3 MG CARTRIDGE	5	PA S
SKYTROFA 4.3 MG CARTRIDGE	5	PA S
SKYTROFA 5.2 MG CARTRIDGE	5	PA S
SKYTROFA 6.3 MG CARTRIDGE	5	PA S
SKYTROFA 7.6 MG CARTRIDGE	5	PA S
SKYTROFA 9.1 MG CARTRIDGE	5	PA S
INCRELEX 40 MG/4ML SOLUTION	5	PA S
ISTURISA 1 MG TAB	5	PA S
ISTURISA 5 MG TAB	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MYFEMBREE 40-1-0.5 MG TAB	5	PA S
SOGROYA 10 MG/1.5ML SOLN PEN	5	PA S
SOGROYA 15 MG/1.5ML SOLN PEN	5	PA S
SOGROYA 5 MG/1.5ML SOLN PEN	5	PA S
NGENLA 24 MG/1.2ML SOLN PEN	5	PA S
NGENLA 60 MG/1.2ML SOLN PEN	5	PA S
GENOTROPIN 12 MG CARTRIDGE	5	PA S
GENOTROPIN 5 MG CARTRIDGE	5	PA S
GENOTROPIN MINIQUICK 0.2 MG PRSYR	5	PA S
GENOTROPIN MINIQUICK 0.4 MG PRSYR	5	PA S
GENOTROPIN MINIQUICK 0.6 MG PRSYR	5	PA S
GENOTROPIN MINIQUICK 0.8 MG PRSYR	5	PA S
GENOTROPIN MINIQUICK 1.2 MG PRSYR	5	PA S
GENOTROPIN MINIQUICK 1.4 MG PRSYR	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GENOTROPIN MINIQUICK 1.6 MG PRSYR	5	PA S
GENOTROPIN MINIQUICK 1.8 MG PRSYR	5	PA S
GENOTROPIN MINIQUICK 1 MG PRSYR	5	PA S
GENOTROPIN MINIQUICK 2 MG PRSYR	5	PA S
NORDITROPIN FLEXPPO 10 MG/1.5ML SOLN PEN	5	PA S
NORDITROPIN FLEXPPO 15 MG/1.5ML SOLN PEN	5	PA S
NORDITROPIN FLEXPPO 30 MG/3ML SOLN PEN	5	PA S
NORDITROPIN FLEXPPO 5 MG/1.5ML SOLN PEN	5	PA S
NUTROPIN AQ NUSPIN 10 10 MG/2ML SOLN PEN	5	PA S
NUTROPIN AQ NUSPIN 20 20 MG/2ML SOLN PEN	5	PA S
NUTROPIN AQ NUSPIN 5 5 MG/2ML SOLN PEN	5	PA S
OMNITROPE 5.8 MG RECON SOLN	5	PA S
OMNITROPE 5 MG/1.5ML SOLN CART	5	PA S
ZOMACTON 10 MG RECON SOLN	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZOMACTON 5 MG RECON SOLN	5	PA S
SAIZEN 5 MG RECON SOLN	5	PA S
SAIZEN 8.8 MG RECON SOLN	5	PA S
SEROSTIM 4 MG RECON SOLN	5	PA S
SEROSTIM 5 MG RECON SOLN	5	PA S
SEROSTIM 6 MG RECON SOLN	5	PA S
ZORBTIVE 8.8 MG RECON SOLN	5	PA S
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS)		
CERVIDIL 10 MG INSERT	4	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
ANDROGENS		
<i>danazol cap 100 mg</i>	2	
<i>danazol cap 200 mg</i>	2	
<i>danazol cap 50 mg</i>	2	
METHITEST 10 MG TAB	4	
<i>testosterone td gel 12.5 mg/act (1%)</i>	2	QL 300 / 30 day(s)
<i>testosterone td gel 20.25 mg/act (1.62%)</i>	2	QL 150 / 30 days
<i>testosterone td gel 20.25 mg/act (1.62%)</i>	2	QL 150 / 30 days
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	2	QL 150 / 30 days
<i>testosterone td soln 30 mg/act</i>	2	QL 150 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>testosterone td gel 50 mg/5gm (1%)</i>	2	QL 150 / 30 days
VOGELXO 50 MG/5GM (1%) GEL	2	QL 150 / 30 days
VOGELXO PUMP 12.5 MG/ACT (1%) GEL	2	QL 300 / 30 day(s)
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	1	QL 10 / 28 day(s)
		ST
		STC Trial and failure of 1 therapy: generic Depo-testosterone
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	2	QL 10 / 28 day(s)
		ST
		STC Trial and failure of 1 therapy: generic Depo-testosterone
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	1	QL 10 / 28 day(s)
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	2	QL 10 / 28 day(s)
TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION	4	QL 10 / 30 days
ESTROGENS		
PREMPHASE 0.625-5 MG TAB	3	
PREMPRO 0.3-1.5 MG TAB	3	
PREMPRO 0.45-1.5 MG TAB	3	
PREMPRO 0.625-2.5 MG TAB	3	
PREMPRO 0.625-5 MG TAB	3	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	PV Preventive
		ACA Affordable Care Act Medications
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	PV Preventive
		ACA Affordable Care Act Medications
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	PV Preventive
		ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	1	PV Preventive ACA Affordable Care Act Medications
VELIVET 0.1/0.125/0.15 -0.025 MG TAB	4	PV Preventive ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NEXTSTELLIS 3-14.2 MG TAB	3	PV Preventive
ANGELIQ 0.25-0.5 MG TAB	4	
ANGELIQ 0.5-1 MG TAB	4	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	1	PV Preventive ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	2	PV Preventive ACA Affordable Care Act Medications
MENEST 0.3 MG TAB	4	
MENEST 0.625 MG TAB	4	
MENEST 1.25 MG TAB	4	
MENEST 2.5 MG TAB	4	
DIVIGEL 0.25 MG/0.25GM GEL	4	
DIVIGEL 0.5 MG/0.5GM GEL	4	
DIVIGEL 0.75 MG/0.75GM GEL	4	
DIVIGEL 1.25 MG/1.25GM GEL	4	
DIVIGEL 1 MG/GM GEL	4	
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	2	
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	2	
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	2	
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	2	
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	2	
ELESTRIN 0.52 MG/0.87 GM (0.06%) GEL	4	
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	2	
<i>estradiol td patch weekly 0.025 mg/24hr</i>	2	
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	2	
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	2	
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>estradiol td patch weekly 0.05 mg/24hr</i>	2	
<i>estradiol td patch weekly 0.06 mg/24hr</i>	2	
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	2	
<i>estradiol td patch weekly 0.075 mg/24hr</i>	2	
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	2	
<i>estradiol td patch weekly 0.1 mg/24hr</i>	2	
<i>estradiol td gel 0.25 mg/0.25gm (0.1%)</i>	2	
<i>estradiol td gel 0.5 mg/0.5gm (0.1%)</i>	2	
<i>estradiol tab 0.5 mg</i>	1	
<i>estradiol td gel 0.75 mg/0.75gm (0.1%)</i>	2	
<i>estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)</i>	2	
<i>estradiol td gel 1.25 mg/1.25gm (0.1%)</i>	2	
<i>estradiol td gel 1 mg/gm (0.1%)</i>	2	
<i>estradiol tab 1 mg</i>	1	
<i>estradiol tab 2 mg</i>	1	
ESTROGEL 0.75 MG/1.25 GM (0.06%) GEL	4	
EVAMIST 1.53 MG/SPRAY SOLUTION	4	
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	2	
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	2	
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	2	
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	2	
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	2	
MENOSTAR 14 MCG/24HR PATCH WK	4	
DEPO-ESTRADIOL 5 MG/ML OIL	4	
CLIMARA PRO 0.045-0.015 MG/DAY PATCH WK	3	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	2	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	2	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	2	
COMBIPATCH 0.05-0.14 MG/DAY PATCH TW	4	
COMBIPATCH 0.05-0.25 MG/DAY PATCH TW	4	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	2	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	2	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	2	
<i>estradiol vaginal cream 0.01%</i>	2	
<i>estradiol vaginal tab 10 mcg</i>	2	
ESTRING 7.5 MCG/24HR RING	4	
<i>estradiol vaginal tab 10 mcg</i>	2	
<i>estradiol valerate im in oil 10 mg/ml</i>	2	
<i>estradiol valerate im in oil 20 mg/ml</i>	2	
<i>estradiol valerate im in oil 40 mg/ml</i>	2	
NATAZIA 3/2-2/2-3/1 MG TAB	4	PV Preventive ACA Affordable Care Act Medications
PREMARIN 0.3 MG TAB	3	
PREMARIN 0.45 MG TAB	3	
PREMARIN 0.625 MG TAB	3	
PREMARIN 0.9 MG TAB	3	
PREMARIN 1.25 MG TAB	3	
PREMARIN 0.625 MG/GM CREAM	4	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	2	PV ACA Preventive Affordable Care Act Medications
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	1	PV ACA Preventive Affordable Care Act Medications
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	2	PV ACA Preventive Affordable Care Act Medications
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	1	PV ACA Preventive Affordable Care Act Medications
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	2	PV ACA Preventive Affordable Care Act Medications
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	2	PV ACA Preventive Affordable Care Act Medications
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	2	PV ACA Preventive Affordable Care Act Medications
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	2	PV ACA Preventive Affordable Care Act Medications
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	2	PV ACA Preventive Affordable Care Act Medications
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	2	PV ACA Preventive Affordable Care Act Medications
NUVARING 0.12-0.015 MG/24HR RING	2	ST STC PV ACA Trial and failure of 1 therapy: generic NuvaRing Preventive Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
TYBLUME 0.1-20 MG-MCG CHEW TAB	4	PV Preventive ACA Affordable Care Act Medications
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
TWIRLA 120-30 MCG/24HR PATCH WK	4	PV Preventive ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	2	PV Preventive ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	2	PV Preventive ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	2	PV Preventive ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	2	PV Preventive ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	2	ACA Affordable Care Act Medications
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	2	ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	2	ACA Affordable Care Act Medications
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	2	ACA Affordable Care Act Medications
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	2	ACA Affordable Care Act Medications
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	2	PV Preventive ACA Affordable Care Act Medications
LO LOESTRIN FE 1 MG-10 MCG / 10 MCG TAB	3	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	2	PV Preventive ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i>	2	PV Preventive ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
ARANELLE 0.5/1/0.5-35 MG-MCG TAB	2	PV Preventive ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	1	PV Preventive ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	1	PV Preventive ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PROGESTINS		
SLYND 4 MG TAB	4	PV Preventive
NEXPLANON 68 MG IMPLANT	4	PV Preventive ACA Affordable Care Act Medications
<i>levonorgestrel tab 1.5 mg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>levonorgestrel tab 1.5 mg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>levonorgestrel tab 1.5 mg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>levonorgestrel tab 1.5 mg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>levonorgestrel tab 1.5 mg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>levonorgestrel tab 1.5 mg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>levonorgestrel tab 1.5 mg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>levonorgestrel tab 1.5 mg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>levonorgestrel tab 1.5 mg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>levonorgestrel tab 1.5 mg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>levonorgestrel tab 1.5 mg</i>	2	PV Preventive ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>levonorgestrel tab 1.5 mg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>levonorgestrel tab 1.5 mg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>levonorgestrel tab 1.5 mg</i>	2	PV Preventive ACA Affordable Care Act Medications
<i>levonorgestrel tab 1.5 mg</i>	2	PV Preventive ACA Affordable Care Act Medications
KYLEENA 19.5 MG IUD	4	PV Preventive ACA Affordable Care Act Medications
LILETTA (52 MG) 20.1 MCG/DAY IUD	4	PV Preventive ACA Affordable Care Act Medications
MIRENA (52 MG) 20 MCG/DAY IUD	4	PV Preventive ACA Affordable Care Act Medications
SKYLA 13.5 MG IUD	4	PV Preventive ACA Affordable Care Act Medications
<i>medroxyprogesterone acetate tab 10 mg</i>	1	
<i>medroxyprogesterone acetate tab 10 mg</i>	1	
<i>medroxyprogesterone acetate tab 2.5 mg</i>	1	
<i>medroxyprogesterone acetate tab 2.5 mg</i>	1	
<i>medroxyprogesterone acetate tab 5 mg</i>	1	
<i>medroxyprogesterone acetate tab 5 mg</i>	1	
DEPO-SUBQ PROVERA 104 104 MG/0.65ML SUSP PRSYR	4	PV Preventive ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>megestrol acetate tab 20 mg</i>	1	
<i>megestrol acetate susp 40 mg/ml</i>	2	
<i>megestrol acetate susp 40 mg/ml</i>	2	
<i>megestrol acetate tab 40 mg</i>	1	
<i>megestrol acetate susp 40 mg/ml</i>	2	
<i>norethindrone acetate tab 5 mg</i>	2	
<i>norethindrone acetate tab 5 mg</i>	2	
<i>norethindrone tab 0.35 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone tab 0.35 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone tab 0.35 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone tab 0.35 mg</i>	1	PV Preventive ACA Affordable Care Act Medications
<i>norethindrone tab 0.35 mg</i>	1	PV Preventive ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>norethindrone tab 0.35 mg</i>	1	PV ACA Preventive Affordable Care Act Medications
<i>norethindrone tab 0.35 mg</i>	1	PV ACA Preventive Affordable Care Act Medications
<i>norethindrone tab 0.35 mg</i>	1	PV ACA Preventive Affordable Care Act Medications
<i>norethindrone tab 0.35 mg</i>	1	PV ACA Preventive Affordable Care Act Medications
<i>norethindrone tab 0.35 mg</i>	1	PV ACA Preventive Affordable Care Act Medications
<i>norethindrone tab 0.35 mg</i>	1	PV ACA Preventive Affordable Care Act Medications
<i>norethindrone tab 0.35 mg</i>	1	PV ACA Preventive Affordable Care Act Medications
<i>norethindrone tab 0.35 mg</i>	1	PV ACA Preventive Affordable Care Act Medications
<i>norethindrone tab 0.35 mg</i>	1	PV ACA Preventive Affordable Care Act Medications
<i>norethindrone tab 0.35 mg</i>	1	PV ACA Preventive Affordable Care Act Medications
<i>norethindrone tab 0.35 mg</i>	1	PV ACA Preventive Affordable Care Act Medications
<i>progesterone cap 100 mg</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>progesterone cap 200 mg</i>	2	
<i>progesterone im in oil 50 mg/ml</i>	2	
ELLA 30 MG TAB	3	PV Preventive ACA Affordable Care Act Medications
SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS		
DUAVEE 0.45-20 MG TAB	3	
OSPHENA 60 MG TAB	4	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
ERMEZA 150 MCG/5ML SOLUTION	4	
<i>levothyroxine sodium tab 100 mcg</i>	1	
<i>levothyroxine sodium tab 112 mcg</i>	1	
<i>levothyroxine sodium tab 125 mcg</i>	1	
<i>levothyroxine sodium tab 137 mcg</i>	1	
<i>levothyroxine sodium tab 150 mcg</i>	1	
<i>levothyroxine sodium tab 175 mcg</i>	1	
<i>levothyroxine sodium tab 200 mcg</i>	1	
<i>levothyroxine sodium tab 25 mcg</i>	1	
<i>levothyroxine sodium tab 50 mcg</i>	1	
<i>levothyroxine sodium tab 75 mcg</i>	1	
<i>levothyroxine sodium tab 88 mcg</i>	1	
<i>levothyroxine sodium tab 100 mcg</i>	1	
<i>levothyroxine sodium tab 112 mcg</i>	1	
<i>levothyroxine sodium tab 125 mcg</i>	1	
<i>levothyroxine sodium tab 137 mcg</i>	1	
<i>levothyroxine sodium tab 150 mcg</i>	1	
<i>levothyroxine sodium tab 175 mcg</i>	1	
<i>levothyroxine sodium tab 200 mcg</i>	1	
<i>levothyroxine sodium tab 25 mcg</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>levothyroxine sodium tab 300 mcg</i>	1	
<i>levothyroxine sodium tab 50 mcg</i>	1	
<i>levothyroxine sodium tab 75 mcg</i>	1	
<i>levothyroxine sodium tab 88 mcg</i>	1	
LEVOTHYROXINE SODIUM 100 MCG CAP	4	
<i>levothyroxine sodium tab 100 mcg</i>	1	
LEVOTHYROXINE SODIUM 112 MCG CAP	4	
<i>levothyroxine sodium tab 112 mcg</i>	1	
LEVOTHYROXINE SODIUM 125 MCG CAP	4	
<i>levothyroxine sodium tab 125 mcg</i>	1	
LEVOTHYROXINE SODIUM 137 MCG CAP	4	
<i>levothyroxine sodium tab 137 mcg</i>	1	
LEVOTHYROXINE SODIUM 13 MCG CAP	4	
LEVOTHYROXINE SODIUM 150 MCG CAP	4	
<i>levothyroxine sodium tab 150 mcg</i>	1	
LEVOTHYROXINE SODIUM 175 MCG CAP	4	
<i>levothyroxine sodium tab 175 mcg</i>	1	
LEVOTHYROXINE SODIUM 200 MCG CAP	4	
<i>levothyroxine sodium tab 200 mcg</i>	1	
LEVOTHYROXINE SODIUM 25 MCG CAP	4	
<i>levothyroxine sodium tab 25 mcg</i>	1	
<i>levothyroxine sodium tab 300 mcg</i>	1	
LEVOTHYROXINE SODIUM 50 MCG CAP	4	
<i>levothyroxine sodium tab 50 mcg</i>	1	
LEVOTHYROXINE SODIUM 75 MCG CAP	4	
<i>levothyroxine sodium tab 75 mcg</i>	1	
LEVOTHYROXINE SODIUM 88 MCG CAP	4	
<i>levothyroxine sodium tab 88 mcg</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>levothyroxine sodium tab 100 mcg</i>	1	
<i>levothyroxine sodium tab 112 mcg</i>	1	
<i>levothyroxine sodium tab 125 mcg</i>	1	
<i>levothyroxine sodium tab 137 mcg</i>	1	
<i>levothyroxine sodium tab 150 mcg</i>	1	
<i>levothyroxine sodium tab 175 mcg</i>	1	
<i>levothyroxine sodium tab 200 mcg</i>	1	
<i>levothyroxine sodium tab 25 mcg</i>	1	
<i>levothyroxine sodium tab 50 mcg</i>	1	
<i>levothyroxine sodium tab 75 mcg</i>	1	
<i>levothyroxine sodium tab 88 mcg</i>	1	
SYNTHROID 100 MCG TAB	3	
SYNTHROID 112 MCG TAB	3	
SYNTHROID 125 MCG TAB	3	
SYNTHROID 137 MCG TAB	3	
SYNTHROID 150 MCG TAB	3	
SYNTHROID 175 MCG TAB	3	
SYNTHROID 200 MCG TAB	3	
SYNTHROID 25 MCG TAB	3	
SYNTHROID 300 MCG TAB	3	
SYNTHROID 50 MCG TAB	3	
SYNTHROID 75 MCG TAB	3	
SYNTHROID 88 MCG TAB	3	
THYQUIDITY 100 MCG/5ML SOLUTION	4	
TIROSINT 100 MCG CAP	4	
TIROSINT 112 MCG CAP	4	
TIROSINT 125 MCG CAP	4	
TIROSINT 137 MCG CAP	4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TIROSINT 13 MCG CAP	4	
TIROSINT 150 MCG CAP	4	
TIROSINT 175 MCG CAP	4	
TIROSINT 200 MCG CAP	4	
TIROSINT 25 MCG CAP	4	
TIROSINT 37.5 MCG CAP	4	
TIROSINT 44 MCG CAP	4	
TIROSINT 50 MCG CAP	4	
TIROSINT 62.5 MCG CAP	4	
TIROSINT 75 MCG CAP	4	
TIROSINT 88 MCG CAP	4	
TIROSINT-SOL 100 MCG/ML SOLUTION	4	
TIROSINT-SOL 112 MCG/ML SOLUTION	4	
TIROSINT-SOL 125 MCG/ML SOLUTION	4	
TIROSINT-SOL 137 MCG/ML SOLUTION	4	
TIROSINT-SOL 13 MCG/ML SOLUTION	4	
TIROSINT-SOL 150 MCG/ML SOLUTION	4	
TIROSINT-SOL 175 MCG/ML SOLUTION	4	
TIROSINT-SOL 200 MCG/ML SOLUTION	4	
TIROSINT-SOL 25 MCG/ML SOLUTION	4	
TIROSINT-SOL 37.5 MCG/ML SOLUTION	4	
TIROSINT-SOL 44 MCG/ML SOLUTION	4	
TIROSINT-SOL 50 MCG/ML SOLUTION	4	
TIROSINT-SOL 62.5 MCG/ML SOLUTION	4	
TIROSINT-SOL 75 MCG/ML SOLUTION	4	
TIROSINT-SOL 88 MCG/ML SOLUTION	4	
<i>levothyroxine sodium tab 100 mcg</i>	3	
<i>levothyroxine sodium tab 112 mcg</i>	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>levothyroxine sodium tab 125 mcg</i>	3	
<i>levothyroxine sodium tab 137 mcg</i>	3	
<i>levothyroxine sodium tab 150 mcg</i>	3	
<i>levothyroxine sodium tab 175 mcg</i>	3	
<i>levothyroxine sodium tab 200 mcg</i>	3	
<i>levothyroxine sodium tab 25 mcg</i>	3	
<i>levothyroxine sodium tab 300 mcg</i>	3	
<i>levothyroxine sodium tab 50 mcg</i>	3	
<i>levothyroxine sodium tab 75 mcg</i>	3	
<i>levothyroxine sodium tab 88 mcg</i>	3	
<i>liothyronine sodium tab 25 mcg</i>	2	
<i>liothyronine sodium tab 50 mcg</i>	2	
<i>liothyronine sodium tab 5 mcg</i>	2	
<i>liothyronine sodium tab 25 mcg</i>	2	
<i>liothyronine sodium tab 50 mcg</i>	2	
<i>liothyronine sodium tab 5 mcg</i>	2	
YORVIPATH 168 MCG/0.56ML SOLN PEN	5	PA S
YORVIPATH 294 MCG/0.98ML SOLN PEN	5	PA S
YORVIPATH 420 MCG/1.4ML SOLN PEN	5	PA S
REZDIFFRA 100 MG TAB	5	QL 30 / 30 day(s) PA S
REZDIFFRA 60 MG TAB	5	QL 30 / 30 day(s) PA S
REZDIFFRA 80 MG TAB	5	QL 30 / 30 day(s) PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ADTHYZA 120 MG TAB	4	
ADTHYZA 130 MG TAB	4	
ADTHYZA 15 MG TAB	4	
ADTHYZA 16.25 MG TAB	4	
ADTHYZA 30 MG TAB	4	
ADTHYZA 32.5 MG TAB	4	
ADTHYZA 60 MG TAB	4	
ADTHYZA 65 MG TAB	4	
ADTHYZA 90 MG TAB	4	
ADTHYZA 97.5 MG TAB	4	
ARMOUR THYROID 120 MG TAB	4	
ARMOUR THYROID 15 MG TAB	4	
ARMOUR THYROID 180 MG TAB	4	
ARMOUR THYROID 240 MG TAB	4	
ARMOUR THYROID 300 MG TAB	4	
ARMOUR THYROID 30 MG TAB	4	
ARMOUR THYROID 60 MG TAB	4	
ARMOUR THYROID 90 MG TAB	4	
EVEXITHROID 120 MG TAB	4	
EVEXITHROID 15 MG TAB	4	
EVEXITHROID 180 MG TAB	4	
EVEXITHROID 30 MG TAB	4	
EVEXITHROID 60 MG TAB	4	
EVEXITHROID 90 MG TAB	4	
NIVA THYROID 120 MG TAB	4	
NIVA THYROID 15 MG TAB	4	
NIVA THYROID 30 MG TAB	4	
NIVA THYROID 60 MG TAB	4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NIVA THYROID 90 MG TAB	4	
NP THYROID 120 MG TAB	4	
NP THYROID 15 MG TAB	4	
NP THYROID 30 MG TAB	4	
NP THYROID 60 MG TAB	4	
NP THYROID 90 MG TAB	4	
RENTHYROID 120 MG TAB	4	
RENTHYROID 15 MG TAB	4	
RENTHYROID 30 MG TAB	4	
RENTHYROID 60 MG TAB	4	
RENTHYROID 90 MG TAB	4	
THYROID 120 MG TAB	4	
THYROID 15 MG TAB	4	
THYROID 30 MG TAB	4	
THYROID 60 MG TAB	4	
THYROID 90 MG TAB	4	
HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
<i>cabergoline tab 0.5 mg</i>	2	
CRENESSITY 100 MG CAP	5	QL PA S 60 / 30 days
CRENESSITY 25 MG CAP	5	QL PA S 60 / 30 days
CRENESSITY 50 MG CAP	5	QL PA S 60 / 30 days
CRENESSITY 50 MG/ML SOLUTION	5	QL PA S 60 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ORILISSA 150 MG TAB	5	PA S
ORILISSA 200 MG TAB	5	PA S
ORIAHNN 300-1-0.5 & 300 MG CAP THPK	5	PA S
ZOLADEX 10.8 MG IMPLANT	5	PA S
ZOLADEX 3.6 MG IMPLANT	5	PA S
LANREOTIDE ACETATE 120 MG/0.5ML SOLUTION	5	PA S
<i>lanreotide acetate extended release inj 120 mg/0.5ml</i>	5	PA S
SOMATULINE DEPOT 120 MG/0.5ML SOLUTION	5	PA S
SOMATULINE DEPOT 60 MG/0.2ML SOLUTION	5	PA S
SOMATULINE DEPOT 90 MG/0.3ML SOLUTION	5	PA S
ELIGARD 7.5 MG KIT	5	PA S
<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>	5	PA S
<i>leuprolide acetate inj kit 5 mg/ml</i>	5	PA S
LUPRON DEPOT (1-MONTH) 3.75 MG KIT	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LUPRON DEPOT (1-MONTH) 7.5 MG KIT	5	PA S
ELIGARD 22.5 MG KIT	5	PA S
LEUPROLIDE ACETATE (3 MONTH) 22.5 MG INJECTABLE	5	PA S
LUPRON DEPOT (3-MONTH) 11.25 MG KIT	5	PA S
LUPRON DEPOT (3-MONTH) 22.5 MG KIT	5	PA S
LUTRATE DEPOT 22.5 MG INJECTABLE	5	PA S
ELIGARD 30 MG KIT	5	PA S
LUPRON DEPOT (4-MONTH) 30 MG KIT	5	PA S
ELIGARD 45 MG KIT	5	PA S
LUPRON DEPOT (6-MONTH) 45 MG KIT	5	PA S
LUPRON DEPOT-PED (1-MONTH) 11.25 MG KIT	5	PA S
LUPRON DEPOT-PED (1-MONTH) 15 MG KIT	5	PA S
LUPRON DEPOT-PED (1-MONTH) 7.5 MG KIT	5	PA S
LUPRON DEPOT-PED (3-MONTH) 11.25 MG (PED) KIT	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LUPRON DEPOT-PED (3-MONTH) 30 MG KIT	5	PA S
LUPRON DEPOT-PED (6-MONTH) 45 MG KIT	5	PA S
KORLYM 300 MG TAB	5	PA S
<i>mifepristone tab 300 mg</i>	5	PA S
SYNAREL 2 MG/ML SOLUTION	5	PA S
MYCAPSSA 20 MG CAP DR	5	PA S
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	5	PA S
OCTREOTIDE ACETATE 100 MCG/ML SOLN PRSYR	5	PA S
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	5	PA S
<i>octreotide acetate for im inj kit 10 mg</i>	5	PA S
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	5	PA S
<i>octreotide acetate for im inj kit 20 mg</i>	5	PA S
<i>octreotide acetate for im inj kit 30 mg</i>	5	PA S
OCTREOTIDE ACETATE 500 MCG/ML SOLN PRSYR	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	5	PA S
OCTREOTIDE ACETATE 50 MCG/ML SOLN PRSYR	5	PA S
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	5	PA S
SANDOSTATIN 100 MCG/ML SOLUTION	5	PA S
SANDOSTATIN 500 MCG/ML SOLUTION	5	PA S
SANDOSTATIN 50 MCG/ML SOLUTION	5	PA S
SANDOSTATIN LAR DEPOT 10 MG KIT	5	PA S
SANDOSTATIN LAR DEPOT 20 MG KIT	5	PA S
SANDOSTATIN LAR DEPOT 30 MG KIT	5	PA S
SIGNIFOR 0.3 MG/ML SOLUTION	5	PA S
SIGNIFOR 0.6 MG/ML SOLUTION	5	PA S
SIGNIFOR 0.9 MG/ML SOLUTION	5	PA S
SOMAVERT 10 MG RECON SOLN	5	PA S
SOMAVERT 15 MG RECON SOLN	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SOMAVERT 20 MG RECON SOLN	5	PA S
SOMAVERT 25 MG RECON SOLN	5	PA S
SOMAVERT 30 MG RECON SOLN	5	PA S
ORGOVYX 120 MG TAB	5	PA S
HORMONAL AGENTS, SUPPRESSANT (THYROID) ANTITHYROID AGENTS		
<i>methimazole tab 10 mg</i>	1	
<i>methimazole tab 10 mg</i>	1	
<i>methimazole tab 5 mg</i>	1	
<i>methimazole tab 5 mg</i>	1	
<i>propylthiouracil tab 50 mg</i>	2	
IMMUNOLOGICAL AGENTS ANGIOEDEMA AGENTS		
ORLADEYO 110 MG CAP	5	PA S
ORLADEYO 150 MG CAP	5	PA S
HAEGARDA 2000 UNIT RECON SOLN	5	PA S
HAEGARDA 3000 UNIT RECON SOLN	5	PA S
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	5	QL 9 / 30 days PA S
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	5	QL 9 / 30 days PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TAKHZYRO 150 MG/ML SOLN PRSYR	5	PA S
TAKHZYRO 300 MG/2ML SOLN PRSYR	5	PA S
TAKHZYRO 300 MG/2ML SOLUTION	5	PA S
IMMUNOLOGICAL AGENTS, OTHER		
ORENCIA 125 MG/ML SOLN PRSYR	5	PA S
ORENCIA 50 MG/0.4ML SOLN PRSYR	5	PA S
ORENCIA 87.5 MG/0.7ML SOLN PRSYR	5	PA S
ORENCIA CLICKJECT 125 MG/ML SOLN A-INJ	5	PA S
KINERET 100 MG/0.67ML SOLN PRSYR	5	PA S
SAPHNELO 300 MG/2ML SOLUTION	5	PA S
OTEZLA 10 & 20 & 30 MG TAB THPK	5	PA S
OTEZLA 4 X 10 & 51 X20 MG TAB THPK	5	PA S
OTEZLA/OTEZLA XR INITIATION PK 10&20&30&(ER)75 MG TAB THPK	5	PA S
AURANOFIN 3 MG CAP	4	
RIDAURA 3 MG CAP	4	
TAVNEOS 10 MG CAP	5	QL 60 / 30 days PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OLUMIANT 1 MG TAB	5	PA S
OLUMIANT 2 MG TAB	5	PA S
OLUMIANT 4 MG TAB	5	PA S
BENLYSTA 120 MG RECON SOLN	5	PA S
BENLYSTA 200 MG/ML SOLN A-INJ	5	PA S
BENLYSTA 200 MG/ML SOLN PRSYR	5	PA S
BENLYSTA 400 MG RECON SOLN	5	PA S
REZUROCK 200 MG TAB	5	PA S
BIMZELX 160 MG/ML SOLN A-INJ	5	PA S
BIMZELX 160 MG/ML SOLN PRSYR	5	PA S
BIMZELX 320 MG/2ML SOLN A-INJ	5	PA S
BIMZELX 320 MG/2ML SOLN PRSYR	5	PA S
SOTYKTU 6 MG TAB	5	QL 30 / 30 days PA S
DUPIXENT 200 MG/1.14ML SOLN A-INJ	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DUPIXENT 200 MG/1.14ML SOLN PRSYR	5	PA S
DUPIXENT 300 MG/2ML SOLN A-INJ	5	PA S
DUPIXENT 300 MG/2ML SOLN PRSYR	5	PA S
ODACTRA 12 SQ-HDM SL TAB	4	
VELSIPITY 2 MG TAB	5	PA S
TREMFYA 100 MG/ML SOLN PRSYR	5	PA S
TREMFYA 200 MG/2ML SOLN PRSYR	5	PA S
TREMFYA ONE-PRESS 100 MG/ML SOLN PEN	5	PA S
TREMFYA PEN 100 MG/ML SOLN A-INJ	5	PA S
TREMFYA-CD/UC INDUCTION 200 MG/2ML SOLN A-INJ	5	PA S
TREMFYA PEN 200 MG/2ML SOLN A-INJ	5	PA S
TALTZ 80 MG/ML SOLN A-INJ	5	PA S
TALTZ 80 MG/ML SOLN PRSYR	5	PA S
NEMLUVIO 30 MG A-INJ	5	PA S
XOLAIR 150 MG/ML SOLN A-INJ	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XOLAIR 150 MG/ML SOLN PRSYR	5	PA S
XOLAIR 150 MG RECON SOLN	5	PA S
XOLAIR 300 MG/2ML SOLN A-INJ	5	PA S
XOLAIR 300 MG/2ML SOLN PRSYR	5	PA S
XOLAIR 75 MG/0.5ML SOLN A-INJ	5	PA S
XOLAIR 75 MG/0.5ML SOLN PRSYR	5	PA S
PALFORZIA (120 MG DAILY DOSE) 20 MG & 100 MG CSPK	5	PA S
PALFORZIA (12 MG DAILY DOSE) 2 X 1 MG & 10 MG CSPK	5	PA S
PALFORZIA (160 MG DAILY DOSE) 3 X 20 MG & 100 MG CSPK	5	PA S
PALFORZIA (1 MG DAILY DOSE) 1 X 1 MG CSPK	5	PA S
PALFORZIA (200 MG DAILY DOSE) 2 X 100 MG CSPK	5	PA S
PALFORZIA (20 MG DAILY DOSE) 20 MG CSPK	5	PA S
PALFORZIA (240 MG DAILY DOSE) 2 X 20 MG & 2 X 100 MG CSPK	5	PA S
PALFORZIA (300 MG MAINTENANCE) 300 MG PACKET	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PALFORZIA (300 MG TITRATION) 300 MG PACKET	5	PA S
PALFORZIA (3 MG DAILY DOSE) 3 X 1 MG CSPK	5	PA S
PALFORZIA (40 MG DAILY DOSE) 2 X 20 MG CSPK	5	PA S
PALFORZIA (6 MG DAILY DOSE) 6 X 1 MG CSPK	5	PA S
PALFORZIA (80 MG DAILY DOSE) 4 X 20 MG CSPK	5	PA S
PALFORZIA INITIAL DOSE 1-3YRS 0.5 & 1 & 1.5 & 3 MG CSPK	5	PA S
PALFORZIA INITIAL DOSE 4-17YRS 0.5 & 1 & 1.5 & 3 & 6 MG CSPK	5	PA S
PALFORZIA INITIAL ESCALATION 0.5 & 1 & 1.5 & 3 & 6 MG CSPK	5	PA S
ARCALYST 220 MG RECON SOLN	5	PA S
SKYRIZI 150 MG/ML SOLN PRSYR	5	PA S
SKYRIZI PEN 150 MG/ML SOLN A-INJ	5	PA S
SKYRIZI 180 MG/1.2ML SOLN CART	5	PA S
SKYRIZI 360 MG/2.4ML SOLN CART	5	PA S
SKYRIZI 600 MG/10ML SOLUTION	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KEVZARA 150 MG/1.14ML SOLN A-INJ	5	PA S
KEVZARA 150 MG/1.14ML SOLN PRSYR	5	PA S
KEVZARA 200 MG/1.14ML SOLN A-INJ	5	PA S
KEVZARA 200 MG/1.14ML SOLN PRSYR	5	PA S
ENSPRYNG 120 MG/ML SOLN PRSYR	5	PA S
COSENTYX 150 MG/ML SOLN PRSYR	5	PA S
COSENTYX (300 MG DOSE) 150 MG/ML SOLN PRSYR	5	PA S
COSENTYX 75 MG/0.5ML SOLN PRSYR	5	PA S
COSENTYX SENSOREADY (300 MG) 150 MG/ML SOLN A-INJ	5	PA S
COSENTYX SENSOREADY PEN 150 MG/ML SOLN A-INJ	5	PA S
COSENTYX UNOREADY 300 MG/2ML SOLN A-INJ	5	PA S
RAGWITEK 12 AMB A 1-U SL TAB	4	
ILUMYA 100 MG/ML SOLN PRSYR	5	PA S
GRASTEK 2800 BAU SL TAB	4	
ACTEMRA 162 MG/0.9ML SOLN PRSYR	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ACTEMRA 200 MG/10ML SOLUTION	5	PA S
ACTEMRA 400 MG/20ML SOLUTION	5	PA S
ACTEMRA 80 MG/4ML SOLUTION	5	PA S
ACTEMRA ACTPEN 162 MG/0.9ML SOLN A-INJ	5	PA S
TYENNE 162 MG/0.9ML SOLN A-INJ	5	PA S
TYENNE 162 MG/0.9ML SOLN PRSYR	5	PA S
TYENNE 200 MG/10ML SOLUTION	5	PA S
TYENNE 400 MG/20ML SOLUTION	5	PA S
TYENNE 80 MG/4ML SOLUTION	5	PA S
XELJANZ 10 MG TAB	5	PA S
XELJANZ 1 MG/ML SOLUTION	5	PA S
XELJANZ 5 MG TAB	5	PA S
XELJANZ XR 11 MG TAB ER 24H	5	PA S
XELJANZ XR 22 MG TAB ER 24H	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RINVOQ 15 MG TAB ER 24H	5	PA S
RINVOQ 30 MG TAB ER 24H	5	PA S
RINVOQ 45 MG TAB ER 24H	5	PA S
STELARA 45 MG/0.5ML SOLUTION	5	PA S
USTEKINUMAB 45 MG/0.5ML SOLUTION	5	PA S
OTULFI 45 MG/0.5ML SOLN PRSYR	5	PA S QLC 0.5 / 84 days
OTULFI 45 MG/0.5ML SOLUTION	5	PA S QLC 0.5 / 84 days
OTULFI 90 MG/ML SOLN PRSYR	5	PA S QLC 1 / 56 days
USTEKINUMAB-AAUZ 45 MG/0.5ML SOLN PRSYR	5	PA S QLC 0.5 / 84 days
USTEKINUMAB-AAUZ 90 MG/ML SOLN PRSYR	5	PA S QLC 1 / 56 days
SELARSDI 45 MG/0.5ML SOLN PRSYR	5	QL 0.5 / 84 day(s) PA S
SELARSDI 45 MG/0.5ML SOLUTION	5	PA S QLC 0.5 / 84 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SELARSDI 90 MG/ML SOLN PRSYR	5	QL 1 / 56 day(s) PA S
ENTYVIO 300 MG RECON SOLN	5	PA S
ENTYVIO PEN 108 MG/0.68ML SOLN A-INJ	5	PA S
IMMUNOSTIMULANTS		
ACTIMMUNE 100 MCG/0.5ML SOLUTION	5	PA S
PEGASYS 180 MCG/0.5ML SOLN PRSYR	5	PA S
PEGASYS 180 MCG/ML SOLUTION	5	PA S
BESREMI 500 MCG/ML SOLN PRSYR	5	PA S
IMMUNOSUPPRESSANTS		
ORENCIA 250 MG RECON SOLN	5	PA S
ADALIMUMAB-AACF (2 PEN) 40 MG/0.8ML AUT-IJ KIT	5	PA S
ADALIMUMAB-AACF (2 SYRINGE) 40 MG/0.8ML PREF SY KT	5	PA S
ADALIMUMAB-AACF(CD/UC/HS STRT) 40 MG/0.8ML AUT-IJ KIT	5	PA S
ADALIMUMAB-AACF(PS/UV STARTER) 40 MG/0.8ML AUT-IJ KIT	5	PA S
HADLIMA 40 MG/0.4ML SOLN PRSYR	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HADLIMA 40 MG/0.8ML SOLN PRSYR	5	PA S
HADLIMA PUSHTOUCH 40 MG/0.4ML SOLN A-INJ	5	PA S
HADLIMA PUSHTOUCH 40 MG/0.8ML SOLN A-INJ	5	PA S
SIMLANDI (1 PEN) 40 MG/0.4ML AUT-IJ KIT	5	PA S
SIMLANDI (1 PEN) 80 MG/0.8ML AUT-IJ KIT	5	PA S
SIMLANDI (1 SYRINGE) 80 MG/0.8ML PREF SY KT	5	PA S
SIMLANDI (2 PEN) 40 MG/0.4ML AUT-IJ KIT	5	PA S
SIMLANDI (2 SYRINGE) 20 MG/0.2ML PREF SY KT	5	PA S
SIMLANDI (2 SYRINGE) 40 MG/0.4ML PREF SY KT	5	PA S
<i>azathioprine tab 50 mg</i>	2	
<i>azathioprine tab 50 mg</i>	2	
CIMZIA (1 SYRINGE) 200 MG/ML PREF SY KT	5	PA S
CIMZIA (2 SYRINGE) 200 MG/ML PREF SY KT	5	PA S
CIMZIA 2 X 200 MG KIT	5	PA S
CIMZIA-STARTER 200 MG/ML PREF SY KT	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>cyclosporine cap 100 mg</i>	2	
<i>cyclosporine cap 25 mg</i>	2	
SANDIMMUNE 100 MG CAP	4	
SANDIMMUNE 100 MG/ML SOLUTION	4	
SANDIMMUNE 25 MG CAP	4	
<i>cyclosporine modified cap 100 mg</i>	2	
<i>cyclosporine modified cap 100 mg</i>	2	
<i>cyclosporine modified oral soln 100 mg/ml</i>	2	
<i>cyclosporine modified cap 25 mg</i>	2	
<i>cyclosporine modified cap 25 mg</i>	2	
<i>cyclosporine modified cap 50 mg</i>	2	
<i>cyclosporine modified cap 100 mg</i>	2	
<i>cyclosporine modified oral soln 100 mg/ml</i>	2	
<i>cyclosporine modified cap 25 mg</i>	2	
NEORAL 100 MG CAP	4	
NEORAL 100 MG/ML SOLUTION	4	
NEORAL 25 MG CAP	4	
ENBREL 25 MG/0.5ML SOLN PRSYR	5	PA S
ENBREL 25 MG/0.5ML SOLUTION	5	PA S
ENBREL 50 MG/ML SOLN PRSYR	5	PA S
ENBREL MINI 50 MG/ML SOLN CART	5	PA S
ENBREL SURECLICK 50 MG/ML SOLN A-INJ	5	PA S
<i>everolimus tab 0.25 mg</i>	2	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>everolimus tab 0.5 mg</i>	2	PA
<i>everolimus tab 0.75 mg</i>	2	PA
<i>everolimus tab 1 mg</i>	2	PA
ZORTRESS 0.25 MG TAB	5	PA ST S STC Trial and failure of 1 therapy: generic Zortress
ZORTRESS 0.5 MG TAB	5	PA ST S STC Trial and failure of 1 therapy: generic Zortress
ZORTRESS 0.75 MG TAB	5	PA ST S STC Trial and failure of 1 therapy: generic Zortress
ZORTRESS 1 MG TAB	5	PA ST S STC Trial and failure of 1 therapy: generic Zortress
SIMPONI 100 MG/ML SOLN A-INJ	5	PA S
SIMPONI 100 MG/ML SOLN PRSYR	5	PA S
SIMPONI 50 MG/0.5ML SOLN A-INJ	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SIMPONI 50 MG/0.5ML SOLN PRSYR	5	PA S
INFLIXIMAB 100 MG RECON SOLN	5	PA S
REMICADE 100 MG RECON SOLN	5	PA S
RENFLEXIS 100 MG RECON SOLN	5	PA S
<i>leflunomide tab 10 mg</i>	2	
<i>leflunomide tab 20 mg</i>	2	
OTREXUP 10 MG/0.4ML SOLN A-INJ	3	
OTREXUP 12.5 MG/0.4ML SOLN A-INJ	3	
OTREXUP 15 MG/0.4ML SOLN A-INJ	3	
OTREXUP 17.5 MG/0.4ML SOLN A-INJ	3	
OTREXUP 20 MG/0.4ML SOLN A-INJ	3	ST STC Trial and failure of 1 therapy: methotrexate tablets or methotrexate IM injection
OTREXUP 22.5 MG/0.4ML SOLN A-INJ	3	
OTREXUP 25 MG/0.4ML SOLN A-INJ	3	
<i>methotrexate sodium for inj 1 gm</i>	2	
METHOTREXATE SODIUM 250 MG/10ML SOLUTION	4	
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	1	
METHOTREXATE SODIUM 50 MG/2ML SOLUTION	1	
METHOTREXATE SODIUM (PF) 1000 MG/40ML SOLUTION	2	
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	2	
METHOTREXATE SODIUM (PF) 1 GM/40ML SOLUTION	2	
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	1	
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	2	
<i>mycophenolate mofetil cap 250 mg</i>	2	
<i>mycophenolate mofetil tab 500 mg</i>	2	
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	2	
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	2	
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	2	
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	2	
RAPAMUNE 0.5 MG TAB	4	
RAPAMUNE 1 MG/ML SOLUTION	4	
RAPAMUNE 1 MG TAB	4	
RAPAMUNE 2 MG TAB	4	
<i>sirolimus tab 0.5 mg</i>	2	
<i>sirolimus oral soln 1 mg/ml</i>	2	
<i>sirolimus tab 1 mg</i>	2	
<i>sirolimus tab 2 mg</i>	2	
ASTAGRAF XL 0.5 MG CAP ER 24H	4	
ASTAGRAF XL 1 MG CAP ER 24H	4	
ASTAGRAF XL 5 MG CAP ER 24H	4	
ENVARUSUS XR 0.75 MG TAB ER 24H	4	ST STC Trial and failure of 1 therapy: generic Envarsus
ENVARUSUS XR 1 MG TAB ER 24H	4	ST STC Trial and failure of 1 therapy: generic Envarsus
ENVARUSUS XR 4 MG TAB ER 24H	4	ST STC Trial and failure of 1 therapy: generic Envarsus

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PROGRAF 0.5 MG CAP	4	
PROGRAF 1 MG CAP	4	
PROGRAF 5 MG CAP	4	
<i>tacrolimus cap 0.5 mg</i>	2	
<i>tacrolimus cap 1 mg</i>	2	
<i>tacrolimus cap 5 mg</i>	2	
LUPKYNIS 7.9 MG CAP	5	PA S
VACCINES		
COMIRNATY 30 MCG/0.3ML SUSPENSION	3	ACA Affordable Care Act Medications
COMIRNATY 30 MCG/0.3ML SUSP PRSYR	3	ACA Affordable Care Act Medications
COMIRNATY 5-11 YEARS 10 MCG/0.3ML SUSPENSION	3	ACA Affordable Care Act Medications
MNEXSPIKE 10 MCG/0.2ML SUSP PRSYR	3	ACA Affordable Care Act Medications
MODERNA COVID-19 VAC 6M-11Y 25 MCG/0.25ML SUSPENSION	3	ACA Affordable Care Act Medications
MODERNA COVID-19 VAC 6M-11Y 25 MCG/0.25ML SUSP PRSYR	3	ACA Affordable Care Act Medications
PFIZER COVID-19 VAC-TRIS 5-11Y 10 MCG/0.3ML SUSPENSION	3	ACA Affordable Care Act Medications
PFIZER COVID-19 VAC-TRIS 6M-4Y 3 MCG/0.3ML SUSPENSION	3	ACA Affordable Care Act Medications
SPIKEVAX 50 MCG/0.5ML SUSPENSION	3	ACA Affordable Care Act Medications
SPIKEVAX 50 MCG/0.5ML SUSP PRSYR	3	ACA Affordable Care Act Medications
SPIKEVAX 6M-11Y 25 MCG/0.25ML SUSP PRSYR	3	ACA Affordable Care Act Medications
NOVAVAX COVID-19 VACCINE 5 MCG/0.5ML SUSPENSION	3	ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PENTACEL RECON SUSP	3	ACA Affordable Care Act Medications
PEDIARIX SUSP PRSYR	3	ACA Affordable Care Act Medications
KINRIX 0.5 ML SUSP PRSYR	3	ACA Affordable Care Act Medications
QUADRACEL 0.5 ML SUSP PRSYR	3	ACA Affordable Care Act Medications
QUADRACEL SUSPENSION	3	ACA Affordable Care Act Medications
VAXELIS SUSPENSION	3	ACA Affordable Care Act Medications
VAXELIS SUSP PRSYR	3	ACA Affordable Care Act Medications
DAPTACEL 23-15-5 SUSPENSION	3	ACA Affordable Care Act Medications
INFANRIX 25-58-10 SUSPENSION	3	ACA Affordable Care Act Medications
ACTHIB RECON SOLN	3	ACA Affordable Care Act Medications
HIBERIX 10 MCG RECON SOLN	3	ACA Affordable Care Act Medications
PEDVAX HIB 7.5 MCG/0.5ML SUSPENSION	4	ACA Affordable Care Act Medications
TWINRIX 720-20 ELU-MCG/ML SUSP PRSYR	3	ACA Affordable Care Act Medications
HAVRIX 1440 EL U/ML SUSP PRSYR	3	ACA Affordable Care Act Medications
HAVRIX 720 EL U/0.5ML SUSPENSION	3	ACA Affordable Care Act Medications
HAVRIX 720 EL U/0.5ML SUSP PRSYR	3	ACA Affordable Care Act Medications
VAQTA 25 UNIT/0.5ML SUSPENSION	3	ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VAQTA 25 UNIT/0.5ML SUSP PRSYR	3	ACA Affordable Care Act Medications
VAQTA 50 UNIT/ML SUSPENSION	3	ACA Affordable Care Act Medications
VAQTA 50 UNIT/ML SUSP PRSYR	3	ACA Affordable Care Act Medications
PREHEVBRIO 10 MCG/ML SUSPENSION	3	ACA Affordable Care Act Medications
ENGRIX-B 10 MCG/0.5ML SUSP PRSYR	3	ACA Affordable Care Act Medications
ENGRIX-B 20 MCG/ML SUSPENSION	3	ACA Affordable Care Act Medications
ENGRIX-B 20 MCG/ML SUSP PRSYR	3	ACA Affordable Care Act Medications
RECOMBIVAX HB 10 MCG/ML SUSPENSION	3	ACA Affordable Care Act Medications
RECOMBIVAX HB 10 MCG/ML SUSP PRSYR	3	ACA Affordable Care Act Medications
RECOMBIVAX HB 40 MCG/ML SUSPENSION	3	ACA Affordable Care Act Medications
RECOMBIVAX HB 5 MCG/0.5ML SUSPENSION	3	ACA Affordable Care Act Medications
RECOMBIVAX HB 5 MCG/0.5ML SUSP PRSYR	3	ACA Affordable Care Act Medications
HEPLISAV-B 20 MCG/0.5ML SOLN PRSYR	3	ACA Affordable Care Act Medications
GARDASIL 9 SUSPENSION	3	ACA Affordable Care Act Medications
GARDASIL 9 SUSP PRSYR	3	ACA Affordable Care Act Medications
FLUMIST LIQUID	3	ACA Affordable Care Act Medications
FLUMIST QUADRIVALENT SUSPENSION	3	ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FLUBLOK 0.5 ML SOLN PRSYR	3	ACA Affordable Care Act Medications
AFLURIA SUSPENSION	3	ACA Affordable Care Act Medications
FLUZONE SUSPENSION	3	ACA Affordable Care Act Medications
FLUZONE HIGH-DOSE 0.5 ML SUSP PRSYR	3	ACA Affordable Care Act Medications
AFLURIA PRESERVATIVE FREE 0.5 ML SUSP PRSYR	3	ACA Affordable Care Act Medications
FLUARIX 0.5 ML SUSP PRSYR	3	ACA Affordable Care Act Medications
FLULAVAL 0.5 ML SUSP PRSYR	3	ACA Affordable Care Act Medications
FLUZONE 0.5 ML SUSP PRSYR	3	ACA Affordable Care Act Medications
AFLURIA QUADRIVALENT 0.5 ML SUSP PRSYR	3	ACA Affordable Care Act Medications
AFLURIA QUADRIVALENT SUSPENSION	3	ACA Affordable Care Act Medications
FLUARIX QUADRIVALENT 0.5 ML SUSP PRSYR	3	ACA Affordable Care Act Medications
FLULAVAL QUADRIVALENT 0.5 ML SUSP PRSYR	3	ACA Affordable Care Act Medications
FLUZONE QUADRIVALENT 0.5 ML SUSP PRSYR	3	ACA Affordable Care Act Medications
FLUZONE QUADRIVALENT SUSPENSION	3	ACA Affordable Care Act Medications
FLUCELVAX 0.5 ML SUSP PRSYR	3	ACA Affordable Care Act Medications
FLUCELVAX SUSPENSION	3	ACA Affordable Care Act Medications
FLUCELVAX QUADRIVALENT 0.5 ML SUSP PRSYR	3	ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FLUCELVAX QUADRIVALENT SUSPENSION	3	ACA Affordable Care Act Medications
FLUAD 0.5 ML SUSP PRSYR	3	ACA Affordable Care Act Medications
FLUAD QUADRIVALENT 0.5 ML PRSYR	3	ACA Affordable Care Act Medications
FLUBLOK QUADRIVALENT 0.5 ML SOLN PRSYR	3	ACA Affordable Care Act Medications
FLUZONE HIGH-DOSE QUADRIVALENT 0.7 ML SUSP PRSYR	3	ACA Affordable Care Act Medications
PROQUAD RECON SUSP	3	ACA Affordable Care Act Medications
M-M-R II RECON SOLN	3	ACA Affordable Care Act Medications
PRIORIX RECON SUSP	3	ACA Affordable Care Act Medications
PENMENVY RECON SUSP	3	ACA Affordable Care Act Medications
MENVEO RECON SOLN	3	ACA Affordable Care Act Medications
MENVEO SOLUTION	3	ACA Affordable Care Act Medications
MENACTRA SOLUTION	3	ACA Affordable Care Act Medications
MENQUADFI 0.5 ML SOLUTION	3	ACA Affordable Care Act Medications
MENQUADFI SOLUTION	3	ACA Affordable Care Act Medications
TRUMENBA SUSP PRSYR	3	ACA Affordable Care Act Medications
BEXSERO SUSP PRSYR	3	ACA Affordable Care Act Medications
PREVNAR 13 SUSPENSION	4	ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VAXNEUVANCE 0.5 ML SUSP PRSYR	3	ACA Affordable Care Act Medications
PREVNAR 20 0.5 ML SUSP PRSYR	3	ACA Affordable Care Act Medications
CAPVAXIVE 0.5 ML SOLN PRSYR	3	ACA Affordable Care Act Medications
PNEUMOVAX 23 25 MCG/0.5ML SOLN PRSYR	3	ACA Affordable Care Act Medications
PNEUMOVAX 23 25 MCG/0.5ML SOLUTION	3	ACA Affordable Care Act Medications
IPOL SUSPENSION	3	ACA Affordable Care Act Medications
RABAVERT RECON SUSP	4	
IMOVAX RABIES 2.5 UNIT/ML RECON SUSP	3	
ROTARIX SUSPENSION	3	ACA Affordable Care Act Medications
ROTATEQ SOLUTION	3	ACA Affordable Care Act Medications
MRESVIA 50 MCG/0.5ML SUSP PRSYR	3	AL1 At least 60 yrs old ACA Affordable Care Act Medications
AREXVY 120 MCG/0.5ML RECON SUSP	3	AL1 At least 60 yrs old ACA Affordable Care Act Medications
ABRYSVO 120 MCG/0.5ML RECON SOLN	3	ACA Affordable Care Act Medications
TDVAX 2-2 LF/0.5ML SUSPENSION	4	ACA Affordable Care Act Medications
TENIVAC 5-2 LF/0.5ML SUSPENSION	3	ACA Affordable Care Act Medications
TETANUS-DIPHTHERIA TOXOIDS TD 2-2 LF/0.5ML SUSPENSION	4	ACA Affordable Care Act Medications
ADACEL 5-2-15.5 LF-MCG/0.5 SUSPENSION	3	ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ADACEL 5-2-15.5 LF-MCG/0.5 SUSP PRSYR	3	ACA Affordable Care Act Medications
BOOSTRIX 5-2.5-18.5 LF-MCG/0.5 SUSPENSION	3	ACA Affordable Care Act Medications
BOOSTRIX 5-2.5-18.5 LF-MCG/0.5 SUSP PRSYR	3	ACA Affordable Care Act Medications
VARIVAX 1350 PFU/0.5ML RECON SUSP	3	ACA Affordable Care Act Medications
SHINGRIX 50 MCG/0.5ML RECON SUSP	3	ACA Affordable Care Act Medications
INFLAMMATORY BOWEL DISEASE AGENTS		
AMINOSALICYLATES		
<i>balsalazide disodium cap 750 mg</i>	2	
<i>mesalamine suppos 1000 mg</i>	2	
<i>mesalamine tab delayed release 1.2 gm</i>	2	
<i>mesalamine cap dr 400 mg</i>	2	
<i>mesalamine enema 4 gm</i>	2	
<i>mesalamine tab delayed release 800 mg</i>	2	
<i>mesalamine cap er 24hr 0.375 gm</i>	2	
DIPENTUM 250 MG CAP	4	
<i>sulfasalazine tab 500 mg</i>	2	
<i>sulfasalazine tab delayed release 500 mg</i>	2	
GLUCOCORTICOIDS		
<i>budesonide delayed release particles cap 3 mg</i>	2	
<i>budesonide tab er 24hr 9 mg</i>	4	QL 30 / 30 day(s)
UCERIS 2 MG/ACT FOAM	5	PA S
<i>hydrocortisone tab 10 mg</i>	2	
<i>hydrocortisone tab 20 mg</i>	2	
<i>hydrocortisone tab 5 mg</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CORTIFOAM 10 % FOAM	4	
<i>hydrocortisone enema 100 mg/60ml</i>	2	
METABOLIC BONE DISEASE AGENTS		
TYMLOS 3120 MCG/1.56ML SOLN PEN	5	PA S
<i>alendronate sodium tab 10 mg</i>	1	PV Preventive
<i>alendronate sodium tab 35 mg</i>	1	PV Preventive
<i>alendronate sodium oral soln 70 mg/75ml</i>	2	PV Preventive
<i>alendronate sodium tab 70 mg</i>	1	PV Preventive
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	2	PV Preventive
<i>calcitonin (salmon) inj 200 unit/ml</i>	2	PV Preventive
<i>calcitriol cap 0.25 mcg</i>	1	
<i>calcitriol cap 0.5 mcg</i>	2	
<i>cholecalciferol cap 1.25 mg (50000 unit)</i>	1	
<i>cholecalciferol cap 1.25 mg (50000 unit)</i>	1	
<i>cholecalciferol cap 1.25 mg (50000 unit)</i>	1	
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	5	S
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	5	S
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	5	S
PROLIA 60 MG/ML SOLN PRSYR	5	PA S
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	1	
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	1	
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	1	
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	1	PV Preventive
<i>paricalcitol cap 1 mcg</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>paricalcitol cap 2 mcg</i>	2	
<i>paricalcitol cap 4 mcg</i>	2	
<i>raloxifene hcl tab 60 mg</i>	2	ACA Affordable Care Act Medications
<i>risedronate sodium tab 150 mg</i>	2	PV Preventive
<i>risedronate sodium tab 30 mg</i>	2	PV Preventive
<i>risedronate sodium tab 35 mg</i>	2	PV Preventive
<i>risedronate sodium tab 5 mg</i>	2	PV Preventive
EVENITY 105 MG/1.17ML SOLN PRSYR	5	PA S
BONSITY 560 MCG/2.24ML SOLN PEN	5	PA S
FORTEO 560 MCG/2.24ML SOLN PEN	5	PA S
TERIPARATIDE 560 MCG/2.24ML SOLN PEN	5	PA S
<i>teriparatide soln pen-inj 560 mcg/2.24ml</i>	5	PA S
MISCELLANEOUS THERAPEUTIC AGENTS		
ASSURE CONTROL SOLUTION 2/3 LIQUID	3	PV Preventive
CARESENS S CONTROL SOLN A/B LIQUID	3	PV Preventive
CONTOUR CONTROL HIGH LIQUID	3	PV Preventive
CONTOUR CONTROL LOW LIQUID	3	PV Preventive
CONTOUR CONTROL NORMAL LIQUID	3	PV Preventive
CONTOUR NEXT CONTROL LOW SOLUTION	3	PV Preventive
CONTOUR NEXT CONTROL NORMAL SOLUTION	3	PV Preventive
CONTOUR PLUS CONTROL SOLUTION LIQUID	3	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EASY TOUCH HEALTHPRO HIGH/LOW LIQUID	3	PV Preventive
FONDCIRCLE CONTROL SOLUTION NORMAL LIQUID	3	PV Preventive
IHEALTH CONTROL SOLUTION LIQUID	3	PV Preventive
ONETOUCH ULTRA CONTROL LIQUID	3	PV Preventive
ONETOUCH VERIO HIGH LIQUID	3	PV Preventive
ONETOUCH VERIO LIQUID	3	PV Preventive
VIVAGUARD INO CONTROL SOLUTION LIQUID	3	PV Preventive
CONTOUR NEXT EZ W/DEVICE KIT	3	QLC 1 / 365 days PV Preventive
CONTOUR NEXT GEN MONITOR W/DEVICE KIT	3	QLC 1 / 365 days PV Preventive
CONTOUR NEXT MONITOR W/DEVICE KIT	3	QLC 1 / 365 days PV Preventive
CONTOUR NEXT ONE KIT	3	PV Preventive
CONTOUR NEXT ONE W/DEVICE KIT	3	QLC 1 / 365 days PV Preventive
FEMCAP 22 MM DEVICE	3	PV Preventive ACA Affordable Care Act Medications
FEMCAP 26 MM DEVICE	3	PV Preventive ACA Affordable Care Act Medications
FEMCAP 30 MM DEVICE	3	PV Preventive ACA Affordable Care Act Medications
FC2 FEMALE CONDOM MISC	3	PV Preventive ACA Affordable Care Act Medications
DUREX EXTRA SENSITIVE THIN DEVICE	3	PV Preventive ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DUREX EXTRA SENSITIVE THIN MISC	3	PV ACA Preventive Affordable Care Act Medications
DUREX TROPICAL MISC	3	PV ACA Preventive Affordable Care Act Medications
FANTASY LUBRICATED MISC	3	PV ACA Preventive Affordable Care Act Medications
FANTASY LUBRICATED/SPERMICIDE MISC	3	PV ACA Preventive Affordable Care Act Medications
KAMELEON LUBRICATED MISC	3	PV ACA Preventive Affordable Care Act Medications
KIMONO COLORS DEVICE	3	PV ACA Preventive Affordable Care Act Medications
KIMONO MAXX-LARGE FLARE MISC	3	PV ACA Preventive Affordable Care Act Medications
KIMONO MICRO THIN PLUS MISC	3	PV ACA Preventive Affordable Care Act Medications
KIMONO MISC	3	PV ACA Preventive Affordable Care Act Medications
KIMONO PLUS MISC	3	PV ACA Preventive Affordable Care Act Medications
KIMONO PS MISC	3	PV ACA Preventive Affordable Care Act Medications
KIMONO PS PLUS MISC	3	PV ACA Preventive Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KIMONO SENSATION MISC	3	PV ACA Preventive Affordable Care Act Medications
KIMONO SENSATION PLUS MISC	3	PV ACA Preventive Affordable Care Act Medications
KIMONO SPECIAL DEVICE	3	PV ACA Preventive Affordable Care Act Medications
K-Y ME & YOU EXTRA LUBRICATED DEVICE	3	PV ACA Preventive Affordable Care Act Medications
K-Y ME & YOU INTENSE DEVICE	3	PV ACA Preventive Affordable Care Act Medications
MAXX MISC	3	PV ACA Preventive Affordable Care Act Medications
MAXX PLUS MISC	3	PV ACA Preventive Affordable Care Act Medications
REALITY LATEX CONDOMS MISC	3	PV ACA Preventive Affordable Care Act Medications
REALITY LATEX/ULTRA TEXTURED DEVICE	3	PV ACA Preventive Affordable Care Act Medications
REALITY LATEX/ULTRA THIN DEVICE	3	PV ACA Preventive Affordable Care Act Medications
TROJAN BARESKIN DEVICE	3	PV ACA Preventive Affordable Care Act Medications
TROJAN-ENZ LUBRICATED MISC	3	PV ACA Preventive Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TROJAN-ENZ/SPERMICIDAL MISC	3	PV ACA Preventive Affordable Care Act Medications
TROJAN MAGNUM MISC	3	PV ACA Preventive Affordable Care Act Medications
TROJAN ULTRA RIBBED LUBRICATED DEVICE	3	PV ACA Preventive Affordable Care Act Medications
TROJAN ULTRA THIN MISC	3	PV ACA Preventive Affordable Care Act Medications
TROJAN ULTRA THIN/SPERMICIDAL MISC	3	PV ACA Preventive Affordable Care Act Medications
TRUE COVER DEVICE	3	PV ACA Preventive Affordable Care Act Medications
TRUSTEX COLOR CONDOMS + LUBE MISC	3	PV ACA Preventive Affordable Care Act Medications
TRUSTEX LUB/RIBBED/STUDDED MISC	3	PV ACA Preventive Affordable Care Act Medications
TRUSTEX LUBRICATED EX LARGE MISC	3	PV ACA Preventive Affordable Care Act Medications
TRUSTEX LUBRICATED EXTRA ST MISC	3	PV ACA Preventive Affordable Care Act Medications
TRUSTEX LUBRICATED MISC	3	PV ACA Preventive Affordable Care Act Medications
TRUSTEX LUBRICATED/SPERMICIDE MISC	3	PV ACA Preventive Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRUSTEX LUB/SPERMICIDE EX ST MISC	3	PV ACA Preventive Affordable Care Act Medications
TRUSTEX LUB/SPERMICIDE XL MISC	3	PV ACA Preventive Affordable Care Act Medications
TRUSTEX NATURAL CONDOMS + LUBE MISC	3	PV ACA Preventive Affordable Care Act Medications
TRUSTEX-NONOXYNOL-9/RIB/STUD MISC	3	PV ACA Preventive Affordable Care Act Medications
TRUSTEX RIA LUBRICATED MISC	3	PV ACA Preventive Affordable Care Act Medications
TRUSTEX RIA LUB/SPERMICIDE MISC	3	PV ACA Preventive Affordable Care Act Medications
KIMONO MICRO THIN MISC	3	PV ACA Preventive Affordable Care Act Medications
TROJAN ENZ MISC	3	PV ACA Preventive Affordable Care Act Medications
TRUSTEX NON-LUBRICATED MISC	3	PV ACA Preventive Affordable Care Act Medications
TRUSTEX RIA NON-LUBRICATED MISC	3	PV ACA Preventive Affordable Care Act Medications
CONDOMS MISC	3	PV ACA Preventive Affordable Care Act Medications
DUREX REALFEEL DEVICE	3	PV ACA Preventive Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DEXCOM G6 RECEIVER DEVICE	3	ST QLC 1 / 365 days STC Must also be on any insulin PV Preventive
DEXCOM G7 RECEIVER DEVICE	3	ST QLC 1 / 365 days STC Must also be on any insulin PV Preventive
FREESTYLE LIBRE 14 DAY READER DEVICE	3	ST QLC 1 / 365 days STC Must also be on any insulin PV Preventive
FREESTYLE LIBRE 2 READER DEVICE	3	ST QLC 1 / 365 days STC Must also be on any insulin PV Preventive
FREESTYLE LIBRE 3 READER DEVICE	3	ST QLC 1 / 365 days STC Must also be on any insulin PV Preventive
FREESTYLE LIBRE READER DEVICE	3	ST QLC 1 / 365 days STC Must also be on any insulin PV Preventive
FREESTYLE LIBRE 2 SENSOR MISC	3	QL 2 / 28 day(s) ST STC Must also be on any insulin PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DEXCOM G6 TRANSMITTER MISC	3	ST QLC 1 / 90 days STC Must also be on any insulin PV Preventive
DEXCOM G6 SENSOR MISC	3	QL 3 / 30 day(s) ST STC Must also be on any insulin PV Preventive
DEXCOM G7 15 DAY SENSOR MISC	3	QL 2 / 30 day(s) STC Must Also Be On Any Insulin PV Preventive
DEXCOM G7 SENSOR MISC	3	QL 3 / 30 day(s) ST STC Must also be on any insulin PV Preventive
FREESTYLE LIBRE 14 DAY SENSOR MISC	3	QL 2 / 28 day(s) ST STC Must also be on any insulin PV Preventive
FREESTYLE LIBRE 2 PLUS SENSOR MISC	3	QL 2 / 28 day(s) ST STC Must also be on any insulin PV Preventive
FREESTYLE LIBRE 3 PLUS SENSOR MISC	3	QL 2 / 28 day(s) ST STC Must also be on any insulin PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FREESTYLE LIBRE 3 SENSOR MISC	3	QL 2 / 28 day(s)
		ST
		STC Must also be on any insulin
		PV Preventive
PARAGARD INTRAUTERINE COPPER IUD	4	PV Preventive
		ACA Affordable Care Act Medications
CAYA DIAPHRAGM	3	PV Preventive
		ACA Affordable Care Act Medications
OMNIFLEX DIAPHRAGM DIAPHRAGM	3	PV Preventive
		ACA Affordable Care Act Medications
WIDE-SEAL DIAPHRAGM 60 2 % DIAPHRAGM	3	PV Preventive
		ACA Affordable Care Act Medications
WIDE-SEAL DIAPHRAGM 65 2 % DIAPHRAGM	3	PV Preventive
		ACA Affordable Care Act Medications
WIDE-SEAL DIAPHRAGM 70 2 % DIAPHRAGM	3	PV Preventive
		ACA Affordable Care Act Medications
WIDE-SEAL DIAPHRAGM 75 2 % DIAPHRAGM	3	PV Preventive
		ACA Affordable Care Act Medications
WIDE-SEAL DIAPHRAGM 80 2 % DIAPHRAGM	3	PV Preventive
		ACA Affordable Care Act Medications
WIDE-SEAL DIAPHRAGM 85 2 % DIAPHRAGM	3	PV Preventive
		ACA Affordable Care Act Medications
WIDE-SEAL DIAPHRAGM 90 2 % DIAPHRAGM	3	PV Preventive
		ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
WIDE-SEAL DIAPHRAGM 95 2 % DIAPHRAGM	3	PV Preventive ACA Affordable Care Act Medications
IQIRVO 80 MG TAB	5	QL 30 / 30 days PA S
WAINUA 45 MG/0.8ML SOLN A-INJ	5	QL 0.8 / 30 days PA S
VOWST CAP	5	PA S
MONOJECT FILTER NEEDLE 18G X 1-1/2" MISC	3	QL 120 / 30 days
MONOJECT FILTER NEEDLE 20G X 1-1/2" MISC	3	QL 120 / 30 days
CONTOUR NEXT TEST STRIP	3	QL 400 / 100 days PV Preventive
CONTOUR TEST STRIP	3	QL 400 / 100 days PV Preventive
ONETOUCH ULTRA BLUE TEST STRIP	3	QL 400 / 100 days PV Preventive
ONETOUCH ULTRA STRIP	3	QL 400 / 100 days PV Preventive
ONETOUCH ULTRA TEST STRIP	3	QL 400 / 100 days PV Preventive
ONETOUCH VERIO STRIP	3	QL 400 / 100 days PV Preventive
FLOW-EZE VENTED NEEDLE MISC	3	QL 120 / 30 days
MONOJECT MEDICATION TRANSF NDL MISC	3	QL 120 / 30 days
AUTOPEN DEVICE	3	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BD PEN MINI MISC	3	PV Preventive
BD PEN MISC	3	PV Preventive
CEQUR SIMPLICITY 2U DEVICE	3	PV Preventive
INPEN 100-BLUE-LILLY-HUMALOG DEVICE	3	PV Preventive
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE	3	PV Preventive
INPEN 100-GREY-LILLY-HUMALOG DEVICE	3	PV Preventive
INPEN 100-GREY-NOVOLOG-FIASP DEVICE	3	PV Preventive
INPEN 100-PINK-LILLY-HUMALOG DEVICE	3	PV Preventive
INPEN 100-PINK-NOVOLOG-FIASP DEVICE	3	PV Preventive
NOVOPEN ECHO DEVICE	3	PV Preventive
OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC	3	QL 10 / 30 day(s)
		PA
		PV Preventive
OMNIPOD 5 G6 INTRO (GEN 5) KIT	3	PA
		PV Preventive
OMNIPOD 5 G6 PODS (GEN 5) MISC	3	QL 15 / 30 day(s)
		PA
		PV Preventive
OMNIPOD 5 G7 INTRO (GEN 5) KIT	3	PA
		PV Preventive
OMNIPOD 5 G7 PODS (GEN 5) MISC	3	QL 15 / 30 day(s)
		PA
		PV Preventive
OMNIPOD 5 LIBRE2 G6 INTRO G5 KIT	3	PA
		PV Preventive
OMNIPOD 5 LIBRE2 PLUS G6 PODS MISC	3	QL 10 / 30 days
		PA
		PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OMNIPOD CLASSIC PODS (GEN 3) MISC	3	QL 15 / 30 day(s) PA PV Preventive
OMNIPOD DASH INTRO (GEN 4) KIT	3	PA PV Preventive
OMNIPOD DASH PDM (GEN 4) KIT	3	PA PV Preventive
OMNIPOD DASH PODS (GEN 4) MISC	3	QL 15 / 30 day(s) PA PV Preventive
TWIST REFILL KIT/INFUSION SET KIT	3	PA PV Preventive
TWIST REFILL KIT KIT	3	PA PV Preventive
TWIST STARTER KIT KIT	3	PA PV Preventive
1ST TIER UNIFINE PENTIPS 29G X 12MM MISC	3	PV Preventive
1ST TIER UNIFINE PENTIPS 31G X 5 MM MISC	3	PV Preventive
1ST TIER UNIFINE PENTIPS 31G X 6 MM MISC	3	PV Preventive
1ST TIER UNIFINE PENTIPS 31G X 8 MM MISC	3	PV Preventive
1ST TIER UNIFINE PENTIPS 32G X 4 MM MISC	3	PV Preventive
1ST TIER UNIFINE PENTIPS 32G X 6 MM MISC	3	PV Preventive
1ST TIER UNIFINE PENTIPS 33G X 4 MM MISC	3	PV Preventive
1ST TIER UNIFINE PENTIPS PLUS 29G X 12MM MISC	3	PV Preventive
1ST TIER UNIFINE PENTIPS PLUS 31G X 5 MM MISC	3	PV Preventive
1ST TIER UNIFINE PENTIPS PLUS 31G X 6 MM MISC	3	PV Preventive
1ST TIER UNIFINE PENTIPS PLUS 31G X 8 MM MISC	3	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
1ST TIER UNIFINE PENTIPS PLUS 32G X 4 MM MISC	3	PV Preventive
1ST TIER UNIFINE PENTIPS PLUS 33G X 4 MM MISC	3	PV Preventive
ABOUTTIME PEN NEEDLE 30G X 8 MM MISC	3	PV Preventive
ABOUTTIME PEN NEEDLE 31G X 5 MM MISC	3	PV Preventive
ABOUTTIME PEN NEEDLE 31G X 8 MM MISC	3	PV Preventive
ABOUTTIME PEN NEEDLE 32G X 4 MM MISC	3	PV Preventive
ADVOCATE INSULIN PEN NEEDLE 32G X 4 MM MISC	3	PV Preventive
ADVOCATE INSULIN PEN NEEDLES 29G X 12.7MM MISC	3	PV Preventive
ADVOCATE INSULIN PEN NEEDLES 31G X 5 MM MISC	3	PV Preventive
ADVOCATE INSULIN PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
ADVOCATE INSULIN PEN NEEDLES 33G X 4 MM MISC	3	PV Preventive
AQINJECT PEN NEEDLE 31G X 5 MM MISC	3	PV Preventive
AQINJECT PEN NEEDLE 32G X 4 MM MISC	3	PV Preventive
ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM MISC	3	PV Preventive
ASSURE ID PRO PEN NEEDLES 30G X 5 MM MISC	3	PV Preventive
ASSURE ID SAFETY PEN NEEDLES 30G X 8 MM MISC	3	PV Preventive
AUM INSULIN SAFETY PEN NEEDLE 31G X 4 MM MISC	3	PV Preventive
AUM INSULIN SAFETY PEN NEEDLE 31G X 5 MM MISC	3	PV Preventive
AUM MINI INSULIN PEN NEEDLE 32G X 4 MM MISC	3	PV Preventive
AUM MINI INSULIN PEN NEEDLE 32G X 5 MM MISC	3	PV Preventive
AUM MINI INSULIN PEN NEEDLE 32G X 6 MM MISC	3	PV Preventive
AUM MINI INSULIN PEN NEEDLE 32G X 8 MM MISC	3	PV Preventive
AUM MINI INSULIN PEN NEEDLE 33G X 4 MM MISC	3	PV Preventive
AUM MINI INSULIN PEN NEEDLE 33G X 5 MM MISC	3	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AUM MINI INSULIN PEN NEEDLE 33G X 6 MM MISC	3	PV Preventive
AUM PEN NEEDLE 32G X 4 MM MISC	3	PV Preventive
AUM PEN NEEDLE 32G X 5 MM MISC	3	PV Preventive
AUM PEN NEEDLE 32G X 6 MM MISC	3	PV Preventive
AUM PEN NEEDLE 33G X 4 MM MISC	3	PV Preventive
AUM PEN NEEDLE 33G X 5 MM MISC	3	PV Preventive
AUM PEN NEEDLE 33G X 6 MM MISC	3	PV Preventive
AUM READYGARD DUO PEN NEEDLE 32G X 4 MM MISC	3	PV Preventive
AUM SAFETY PEN NEEDLE 31G X 4 MM MISC	3	PV Preventive
AUM SAFETY PEN NEEDLE 31G X 5 MM MISC	3	PV Preventive
AURORA PEN NEEDLES 29G X 12MM MISC	3	PV Preventive
AURORA PEN NEEDLES 31G X 6 MM MISC	3	PV Preventive
AURORA PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
BD AUTOSHIELD DUO 30G X 5 MM MISC	3	PV Preventive
BD PEN NEEDLE MICRO ULTRAFINE 32G X 6 MM MISC	3	PV Preventive
BD PEN NEEDLE MINI ULTRAFINE 31G X 5 MM MISC	3	PV Preventive
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM MISC	3	PV Preventive
BD PEN NEEDLE NANO ULTRAFINE 32G X 4 MM MISC	3	PV Preventive
BD PEN NEEDLE ORIG ULTRAFINE 29G X 12.7MM MISC	3	PV Preventive
BD PEN NEEDLE SHORT ULTRAFINE 31G X 8 MM MISC	3	PV Preventive
CAREFINE PEN NEEDLES 29G X 12MM MISC	3	PV Preventive
CAREFINE PEN NEEDLES 30G X 8 MM MISC	3	PV Preventive
CAREFINE PEN NEEDLES 31G X 6 MM MISC	3	PV Preventive
CAREFINE PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CAREFINE PEN NEEDLES 32G X 4 MM MISC	3	PV Preventive
CAREFINE PEN NEEDLES 32G X 5 MM MISC	3	PV Preventive
CAREFINE PEN NEEDLES 32G X 6 MM MISC	3	PV Preventive
CAREONE UNIFINE PENTIPS PLUS 29G X 12MM MISC	3	PV Preventive
CAREONE UNIFINE PENTIPS PLUS 31G X 5 MM MISC	3	PV Preventive
CAREONE UNIFINE PENTIPS PLUS 31G X 6 MM MISC	3	PV Preventive
CAREONE UNIFINE PENTIPS PLUS 31G X 8 MM MISC	3	PV Preventive
CAREONE UNIFINE PENTIPS PLUS 32G X 4 MM MISC	3	PV Preventive
CAREONE UNIFINE PENTIPS PLUS 33G X 4 MM MISC	3	PV Preventive
CARETOUCH PEN NEEDLES 29G X 12MM MISC	3	PV Preventive
CARETOUCH PEN NEEDLES 31G X 5 MM MISC	3	PV Preventive
CARETOUCH PEN NEEDLES 31G X 6 MM MISC	3	PV Preventive
CARETOUCH PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
CARETOUCH PEN NEEDLES 32G X 4 MM MISC	3	PV Preventive
CARETOUCH PEN NEEDLES 32G X 5 MM MISC	3	PV Preventive
CARETOUCH PEN NEEDLES 33G X 4 MM MISC	3	PV Preventive
CLEVER CHOICE COMFORT EZ 29G X 12MM MISC	3	PV Preventive
CLEVER CHOICE COMFORT EZ 33G X 4 MM MISC	3	PV Preventive
CLICKFINE PEN NEEDLES 31G X 5 MM MISC	3	PV Preventive
CLICKFINE PEN NEEDLES 31G X 6 MM MISC	3	PV Preventive
CLICKFINE PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
CLICKFINE PEN NEEDLES 32G X 4 MM MISC	3	PV Preventive
COMFORT EZ MICRO PEN NEEDLES 32G X 4 MM MISC	3	PV Preventive
COMFORT EZ PEN NEEDLES 31G X 5 MM MISC	3	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
COMFORT EZ PEN NEEDLES 31G X 6 MM MISC	3	PV Preventive
COMFORT EZ PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
COMFORT EZ PEN NEEDLES 32G X 4 MM MISC	3	PV Preventive
COMFORT EZ PEN NEEDLES 32G X 5 MM MISC	3	PV Preventive
COMFORT EZ PEN NEEDLES 32G X 6 MM MISC	3	PV Preventive
COMFORT EZ PEN NEEDLES 32G X 8 MM MISC	3	PV Preventive
COMFORT EZ PEN NEEDLES 33G X 4 MM MISC	3	PV Preventive
COMFORT EZ PEN NEEDLES 33G X 5 MM MISC	3	PV Preventive
COMFORT EZ PEN NEEDLES 33G X 6 MM MISC	3	PV Preventive
COMFORT EZ PEN NEEDLES 33G X 8 MM MISC	3	PV Preventive
COMFORT EZ PRO PEN NEEDLES 30G X 8 MM MISC	3	PV Preventive
COMFORT EZ PRO PEN NEEDLES 31G X 4 MM MISC	3	PV Preventive
COMFORT EZ PRO PEN NEEDLES 31G X 5 MM MISC	3	PV Preventive
COMFORT EZ SHORT PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
COMFORT TOUCH INSULIN PEN NEED 31G X 4 MM MISC	3	PV Preventive
COMFORT TOUCH INSULIN PEN NEED 31G X 5 MM MISC	3	PV Preventive
COMFORT TOUCH INSULIN PEN NEED 31G X 6 MM MISC	3	PV Preventive
COMFORT TOUCH INSULIN PEN NEED 31G X 8 MM MISC	3	PV Preventive
COMFORT TOUCH INSULIN PEN NEED 32G X 4 MM MISC	3	PV Preventive
COMFORT TOUCH INSULIN PEN NEED 32G X 5 MM MISC	3	PV Preventive
COMFORT TOUCH INSULIN PEN NEED 32G X 6 MM MISC	3	PV Preventive
COMFORT TOUCH INSULIN PEN NEED 32G X 8 MM MISC	3	PV Preventive
COMFORT TOUCH INSULIN PEN NEED 33G X 4 MM MISC	3	PV Preventive
COMFORT TOUCH INSULIN PEN NEED 33G X 5 MM MISC	3	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
COMFORT TOUCH INSULIN PEN NEED 33G X 6 MM MISC	3	PV Preventive
DIATHRIVE PEN NEEDLE 31G X 5 MM MISC	3	PV Preventive
DIATHRIVE PEN NEEDLE 31G X 6 MM MISC	3	PV Preventive
DIATHRIVE PEN NEEDLE 31G X 8 MM MISC	3	PV Preventive
DIATHRIVE PEN NEEDLE 32G X 4 MM MISC	3	PV Preventive
DROPLET MICRON 34G X 3.5 MM MISC	3	PV Preventive
DROPLET PEN NEEDLES 29G X 10MM MISC	3	PV Preventive
DROPLET PEN NEEDLES 29G X 12MM MISC	3	PV Preventive
DROPLET PEN NEEDLES 30G X 8 MM MISC	3	PV Preventive
DROPLET PEN NEEDLES 31G X 5 MM MISC	3	PV Preventive
DROPLET PEN NEEDLES 31G X 6 MM MISC	3	PV Preventive
DROPLET PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
DROPLET PEN NEEDLES 32G X 4 MM MISC	3	PV Preventive
DROPLET PEN NEEDLES 32G X 5 MM MISC	3	PV Preventive
DROPLET PEN NEEDLES 32G X 6 MM MISC	3	PV Preventive
DROPLET PEN NEEDLES 32G X 8 MM MISC	3	PV Preventive
DROPSAFE SAFETY PEN NEEDLES 31G X 5 MM MISC	3	PV Preventive
DROPSAFE SAFETY PEN NEEDLES 31G X 6 MM MISC	3	PV Preventive
DROPSAFE SAFETY PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
DRUG MART UNIFINE PENTIPS 29G X 12MM MISC	3	PV Preventive
DRUG MART UNIFINE PENTIPS 31G X 6 MM MISC	3	PV Preventive
DRUG MART UNIFINE PENTIPS 31G X 8 MM MISC	3	PV Preventive
DRUG MART UNIFINE PENTIPS 32G X 4 MM MISC	3	PV Preventive
DRUG MART UNIFINE PENTIPS PLUS 32G X 4 MM MISC	3	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EASY COMFORT PEN NEEDLES 29G X 5MM MISC	3	PV Preventive
EASY COMFORT PEN NEEDLES 31G X 5 MM MISC	3	PV Preventive
EASY COMFORT PEN NEEDLES 31G X 6 MM MISC	3	PV Preventive
EASY COMFORT PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
EASY COMFORT PEN NEEDLES 32G X 4 MM MISC	3	PV Preventive
EASY COMFORT PEN NEEDLES 33G X 4 MM MISC	3	PV Preventive
EASY COMFORT PEN NEEDLES 33G X 5 MM MISC	3	PV Preventive
EASY COMFORT PEN NEEDLES 33G X 6 MM MISC	3	PV Preventive
EASY GLIDE PEN NEEDLES 33G X 4 MM MISC	3	PV Preventive
EASY TOUCH PEN NEEDLES 29G X 12MM MISC	3	PV Preventive
EASY TOUCH PEN NEEDLES 30G X 5 MM MISC	3	PV Preventive
EASY TOUCH PEN NEEDLES 30G X 6 MM MISC	3	PV Preventive
EASY TOUCH PEN NEEDLES 30G X 8 MM MISC	3	PV Preventive
EASY TOUCH PEN NEEDLES 31G X 5 MM MISC	3	PV Preventive
EASY TOUCH PEN NEEDLES 31G X 6 MM MISC	3	PV Preventive
EASY TOUCH PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
EASY TOUCH PEN NEEDLES 32G X 4 MM MISC	3	PV Preventive
EASY TOUCH PEN NEEDLES 32G X 5 MM MISC	3	PV Preventive
EASY TOUCH PEN NEEDLES 32G X 6 MM MISC	3	PV Preventive
EASY TOUCH SAFETY PEN NEEDLES 29G X 5MM MISC	3	PV Preventive
EASY TOUCH SAFETY PEN NEEDLES 29G X 8MM MISC	3	PV Preventive
EASY TOUCH SAFETY PEN NEEDLES 30G X 8 MM MISC	3	PV Preventive
EMBECTA AUTOSHIELD DUO 30G X 5 MM MISC	3	PV Preventive
EMBECTA PEN NEEDLE NANO 2 GEN 32G X 4 MM MISC	3	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EMBECTA PEN NEEDLE NANO 32G X 4 MM MISC	3	PV Preventive
EMBECTA PEN NEEDLE U/F 29G X 12.7MM MISC	3	PV Preventive
EMBECTA PEN NEEDLE ULTRAFINE 29G X 12.7MM MISC	3	PV Preventive
EMBECTA PEN NEEDLE ULTRAFINE 31G X 5 MM MISC	3	PV Preventive
EMBECTA PEN NEEDLE ULTRAFINE 31G X 8 MM MISC	3	PV Preventive
EMBECTA PEN NEEDLE ULTRAFINE 32G X 6 MM MISC	3	PV Preventive
EMBRACE PEN NEEDLES 29G X 12MM MISC	3	PV Preventive
EMBRACE PEN NEEDLES 30G X 5 MM MISC	3	PV Preventive
EMBRACE PEN NEEDLES 30G X 8 MM MISC	3	PV Preventive
EMBRACE PEN NEEDLES 31G X 5 MM MISC	3	PV Preventive
EMBRACE PEN NEEDLES 31G X 6 MM MISC	3	PV Preventive
EMBRACE PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
EMBRACE PEN NEEDLES 32G X 4 MM MISC	3	PV Preventive
FIFTY50 PEN NEEDLES 31G X 5 MM MISC	3	PV Preventive
FIFTY50 PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
FIFTY50 PEN NEEDLES 32G X 4 MM MISC	3	PV Preventive
FIFTY50 PEN NEEDLES 32G X 6 MM MISC	3	PV Preventive
GLOBAL EASE INJECT PEN NEEDLES 29G X 12MM MISC	3	PV Preventive
GLOBAL EASE INJECT PEN NEEDLES 31G X 5 MM MISC	3	PV Preventive
GLOBAL EASE INJECT PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
GLOBAL EASE INJECT PEN NEEDLES 32G X 4 MM MISC	3	PV Preventive
GLOBAL EASY GLIDE PEN NEEDLES 32G X 4 MM MISC	3	PV Preventive
GNP CLICKFINE PEN NEEDLES 31G X 6 MM MISC	3	PV Preventive
GNP CLICKFINE PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GNP PEN NEEDLES 31G X 5 MM MISC	3	PV Preventive
GNP PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
GNP PEN NEEDLES 32G X 4 MM MISC	3	PV Preventive
GNP PEN NEEDLES 32G X 6 MM MISC	3	PV Preventive
GNP ULTICARE PEN NEEDLES 31G X 5 MM MISC	3	PV Preventive
GNP ULTICARE PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
GNP ULTICARE PEN NEEDLES 32G X 4 MM MISC	3	PV Preventive
GNP ULTICARE PEN NEEDLES 32G X 6 MM MISC	3	PV Preventive
GNP ULTIGUARD SAFEPAK NEEDLE 31G X 5 MM MISC	3	PV Preventive
GNP ULTIGUARD SAFEPAK NEEDLE 31G X 8 MM MISC	3	PV Preventive
GNP ULTIGUARD SAFEPAK NEEDLE 32G X 4 MM MISC	3	PV Preventive
GNP ULTIGUARD SAFEPAK NEEDLE 32G X 6 MM MISC	3	PV Preventive
GOODSENSE CLICKFINE PEN NEEDLE 31G X 5 MM MISC	3	PV Preventive
GOODSENSE PEN NEEDLE PENFINE 31G X 5 MM MISC	3	PV Preventive
GOODSENSE PEN NEEDLE PENFINE 31G X 8 MM MISC	3	PV Preventive
GOODSENSE PEN NEEDLE PENFINE 32G X 4 MM MISC	3	PV Preventive
GOODSENSE PEN NEEDLE PENFINE 32G X 6 MM MISC	3	PV Preventive
HEALTHWISE MICRON PEN NEEDLES 32G X 4 MM MISC	3	PV Preventive
HEALTHWISE SHORT PEN NEEDLES 31G X 5 MM MISC	3	PV Preventive
HEALTHWISE SHORT PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
H-E-B INCONTROL PEN NEEDLES 29G X 12MM MISC	3	PV Preventive
H-E-B INCONTROL PEN NEEDLES 31G X 5 MM MISC	3	PV Preventive
H-E-B INCONTROL PEN NEEDLES 31G X 6 MM MISC	3	PV Preventive
H-E-B INCONTROL PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
H-E-B INCONTROL PEN NEEDLES 32G X 4 MM MISC	3	PV Preventive
H-E-B INCONTROL UNIFINE PENTIP 31G X 5 MM MISC	3	PV Preventive
H-E-B INCONTROL UNIFINE PENTIP 31G X 6 MM MISC	3	PV Preventive
H-E-B INCONTROL UNIFINE PENTIP 31G X 8 MM MISC	3	PV Preventive
H-E-B INCONTROL UNIFINE PENTIP 32G X 4 MM MISC	3	PV Preventive
H-E-B INCONTROL UNIFINE PENTIP 33G X 4 MM MISC	3	PV Preventive
HM ULTICARE MINI PEN NEEDLES 31G X 5 MM MISC	3	PV Preventive
HM ULTICARE SHORT PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
INCONTROL ULTICARE PEN NEEDLES 31G X 6 MM MISC	3	PV Preventive
INCONTROL ULTICARE PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
INCONTROL ULTICARE PEN NEEDLES 32G X 4 MM MISC	3	PV Preventive
INSUPEN32G EXTR3ME 32G X 6 MM MISC	3	PV Preventive
INSUPEN PEN NEEDLES 29G X 12MM MISC	3	PV Preventive
INSUPEN PEN NEEDLES 31G X 5 MM MISC	3	PV Preventive
INSUPEN PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
INSUPEN PEN NEEDLES 32G X 4 MM MISC	3	PV Preventive
INSUPEN PEN NEEDLES 33G X 4 MM MISC	3	PV Preventive
INSUPEN SENSITIVE 32G X 6 MM MISC	3	PV Preventive
INSUPEN SENSITIVE 32G X 8 MM MISC	3	PV Preventive
INSUPEN ULTRAFIN 30G X 8 MM MISC	3	PV Preventive
INSUPEN ULTRAFIN 31G X 6 MM MISC	3	PV Preventive
INSUPEN ULTRAFIN 31G X 8 MM MISC	3	PV Preventive
KROGER PEN NEEDLES 29G X 12MM MISC	3	PV Preventive
KROGER PEN NEEDLES 31G X 5 MM MISC	3	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KROGER PEN NEEDLES 31G X 6 MM MISC	3	PV Preventive
KROGER PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
KROGER PEN NEEDLES 32G X 4 MM MISC	3	PV Preventive
KROGER PEN NEEDLES 33G X 4 MM MISC	3	PV Preventive
LEADER UNIFINE PENTIPS 31G X 5 MM MISC	3	PV Preventive
LEADER UNIFINE PENTIPS 32G X 4 MM MISC	3	PV Preventive
LEADER UNIFINE PENTIPS PLUS 31G X 5 MM MISC	3	PV Preventive
LEADER UNIFINE PENTIPS PLUS 31G X 8 MM MISC	3	PV Preventive
LEADER UNIFINE PENTIPS PLUS 32G X 4 MM MISC	3	PV Preventive
LITETOUCH PEN NEEDLES 29G X 12.7MM MISC	3	PV Preventive
LITETOUCH PEN NEEDLES 31G X 5 MM MISC	3	PV Preventive
LITETOUCH PEN NEEDLES 31G X 6 MM MISC	3	PV Preventive
LITETOUCH PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
LITETOUCH PEN NEEDLES 32G X 4 MM MISC	3	PV Preventive
MARATHON MEDICAL PENTIPS 29G X 12MM MISC	3	PV Preventive
MARATHON MEDICAL PENTIPS 31G X 5 MM MISC	3	PV Preventive
MARATHON MEDICAL PENTIPS 31G X 8 MM MISC	3	PV Preventive
MARATHON MEDICAL PENTIPS 32G X 4 MM MISC	3	PV Preventive
MAXICOMFORT II PEN NEEDLE 31G X 6 MM MISC	3	PV Preventive
MAXI-COMFORT SAFETY PEN NEEDLE 29G X 5MM MISC	3	PV Preventive
MAXI-COMFORT SAFETY PEN NEEDLE 29G X 8MM MISC	3	PV Preventive
MEDICINE SHOPPE PEN NEEDLES 29G X 12MM MISC	3	PV Preventive
MEDICINE SHOPPE PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
MEIJER PEN NEEDLES 29G X 12MM MISC	3	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MEIJER PEN NEEDLES 31G X 6 MM MISC	3	PV Preventive
MEIJER PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
MICRODOT PEN NEEDLE 31G X 6 MM MISC	3	PV Preventive
MICRODOT PEN NEEDLE 32G X 4 MM MISC	3	PV Preventive
MICRODOT PEN NEEDLE 33G X 4 MM MISC	3	PV Preventive
MM PEN NEEDLES 31G X 5 MM MISC	3	PV Preventive
MM PEN NEEDLES 31G X 6 MM MISC	3	PV Preventive
MM PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
MM PEN NEEDLES 32G X 4 MM MISC	3	PV Preventive
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM MISC	3	PV Preventive
NOVOFINE PEN NEEDLE 32G X 6 MM MISC	3	PV Preventive
NOVOFINE PLUS PEN NEEDLE 32G X 4 MM MISC	3	PV Preventive
PC UNIFINE PENTIPS 31G X 5 MM MISC	3	PV Preventive
PC UNIFINE PENTIPS 31G X 6 MM MISC	3	PV Preventive
PC UNIFINE PENTIPS 31G X 8 MM MISC	3	PV Preventive
PEN NEEDLE/5-BEVEL TIP 31G X 8 MM MISC	3	PV Preventive
PEN NEEDLE/5-BEVEL TIP 32G X 4 MM MISC	3	PV Preventive
PEN NEEDLES 29G X 12MM MISC	3	PV Preventive
PEN NEEDLES 30G X 5 MM MISC	3	PV Preventive
PEN NEEDLES 30G X 8 MM MISC	3	PV Preventive
PEN NEEDLES 31G X 5 MM MISC	3	PV Preventive
PEN NEEDLES 31G X 6 MM MISC	3	PV Preventive
PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
PEN NEEDLES 32G X 4 MM MISC	3	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PEN NEEDLES 32G X 5 MM MISC	3	PV Preventive
PEN NEEDLES 32G X 6 MM MISC	3	PV Preventive
PEN NEEDLES 33G X 4 MM MISC	3	PV Preventive
PEN NEEDLES 5/16" 31G X 8 MM MISC	3	PV Preventive
PENTIPS 29G X 12MM MISC	3	PV Preventive
PENTIPS 29G X 12MM MISC	3	PV Preventive
PENTIPS 31G X 5 MM MISC	3	PV Preventive
PENTIPS 31G X 5 MM MISC	3	PV Preventive
PENTIPS 31G X 6 MM MISC	3	PV Preventive
PENTIPS 31G X 6 MM MISC	3	PV Preventive
PENTIPS 31G X 8 MM MISC	3	PV Preventive
PENTIPS 31G X 8 MM MISC	3	PV Preventive
PENTIPS 32G X 4 MM MISC	3	PV Preventive
PENTIPS 32G X 4 MM MISC	3	PV Preventive
PENTIPS 32G X 6 MM MISC	3	PV Preventive
PENTIPS GENERIC PEN NEEDLES 29G X 12MM MISC	3	PV Preventive
PENTIPS GENERIC PEN NEEDLES 31G X 5 MM MISC	3	PV Preventive
PENTIPS GENERIC PEN NEEDLES 31G X 6 MM MISC	3	PV Preventive
PENTIPS GENERIC PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
PENTIPS GENERIC PEN NEEDLES 32G X 4 MM MISC	3	PV Preventive
PENTIPS GENERIC PEN NEEDLES 32G X 6 MM MISC	3	PV Preventive
PIP PEN NEEDLES 31G X 5MM 31G X 5 MM MISC	3	PV Preventive
PIP PEN NEEDLES 32G X 4MM 32G X 4 MM MISC	3	PV Preventive
PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM MISC	3	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PREVENT DROPSAFE PEN NEEDLES 31G X 6 MM MISC	3	PV Preventive
PREVENT DROPSAFE PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
PREVENT SAFETY PEN NEEDLES 31G X 6 MM MISC	3	PV Preventive
PREVENT SAFETY PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
PRO COMFORT PEN NEEDLES 32G X 4 MM MISC	3	PV Preventive
PRO COMFORT PEN NEEDLES 32G X 5 MM MISC	3	PV Preventive
PRO COMFORT PEN NEEDLES 32G X 6 MM MISC	3	PV Preventive
PRO COMFORT PEN NEEDLES 32G X 8 MM MISC	3	PV Preventive
PURE COMFORT PEN NEEDLE 32G X 4 MM MISC	3	PV Preventive
PURE COMFORT PEN NEEDLE 32G X 5 MM MISC	3	PV Preventive
PURE COMFORT PEN NEEDLE 32G X 6 MM MISC	3	PV Preventive
PURE COMFORT PEN NEEDLE 32G X 8 MM MISC	3	PV Preventive
PURE COMFORT SAFETY PEN NEEDLE 31G X 5 MM MISC	3	PV Preventive
PURE COMFORT SAFETY PEN NEEDLE 31G X 6 MM MISC	3	PV Preventive
PURE COMFORT SAFETY PEN NEEDLE 32G X 4 MM MISC	3	PV Preventive
PX EXTRA SHORT PEN NEEDLES 31G X 6 MM MISC	3	PV Preventive
PX MINI PEN NEEDLES 31G X 5 MM MISC	3	PV Preventive
PX PEN NEEDLE 29G X 12MM MISC	3	PV Preventive
PX PEN NEEDLE 31G X 8 MM MISC	3	PV Preventive
PX SHORTLENGTH PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
QC PEN NEEDLES 29G X 12MM MISC	3	PV Preventive
QC PEN NEEDLES 31G X 6 MM MISC	3	PV Preventive
QC PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
QC UNIFINE PENTIPS 32G X 4 MM MISC	3	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
QUICK TOUCH INSULIN PEN NEEDLE 29G X 12.7MM MISC	3	PV Preventive
QUICK TOUCH INSULIN PEN NEEDLE 31G X 4 MM MISC	3	PV Preventive
QUICK TOUCH INSULIN PEN NEEDLE 31G X 5 MM MISC	3	PV Preventive
QUICK TOUCH INSULIN PEN NEEDLE 31G X 6 MM MISC	3	PV Preventive
QUICK TOUCH INSULIN PEN NEEDLE 31G X 8 MM MISC	3	PV Preventive
QUICK TOUCH INSULIN PEN NEEDLE 32G X 4 MM MISC	3	PV Preventive
QUICK TOUCH INSULIN PEN NEEDLE 32G X 5 MM MISC	3	PV Preventive
QUICK TOUCH INSULIN PEN NEEDLE 32G X 6 MM MISC	3	PV Preventive
QUICK TOUCH INSULIN PEN NEEDLE 32G X 8 MM MISC	3	PV Preventive
QUICK TOUCH INSULIN PEN NEEDLE 33G X 4 MM MISC	3	PV Preventive
QUICK TOUCH INSULIN PEN NEEDLE 33G X 5 MM MISC	3	PV Preventive
QUICK TOUCH INSULIN PEN NEEDLE 33G X 6 MM MISC	3	PV Preventive
QUICK TOUCH INSULIN PEN NEEDLE 33G X 8 MM MISC	3	PV Preventive
RA PEN NEEDLES 31G X 5 MM MISC	3	PV Preventive
RA PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
RAYA SURE PEN NEEDLE 29G X 12MM MISC	3	PV Preventive
RAYA SURE PEN NEEDLE 31G X 4 MM MISC	3	PV Preventive
RAYA SURE PEN NEEDLE 31G X 5 MM MISC	3	PV Preventive
RAYA SURE PEN NEEDLE 31G X 6 MM MISC	3	PV Preventive
RAYA SURE PEN NEEDLE 31G X 8 MM MISC	3	PV Preventive
RELION MINI PEN NEEDLES 31G X 6 MM MISC	3	PV Preventive
RELION PEN NEEDLES 29G X 12MM MISC	3	PV Preventive
RELION PEN NEEDLES 31G X 6 MM MISC	3	PV Preventive
RELION PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RELION PEN NEEDLES 32G X 4 MM MISC	3	PV Preventive
RELION SHORT PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
SAFETY PEN NEEDLES 30G X 5 MM MISC	3	PV Preventive
SAFETY PEN NEEDLES 30G X 8 MM MISC	3	PV Preventive
SECURESAFE SAFETY PEN NEEDLES 30G X 8 MM MISC	3	PV Preventive
SURE COMFORT PEN NEEDLES 29G X 12.7MM MISC	3	PV Preventive
SURE COMFORT PEN NEEDLES 30G X 8 MM MISC	3	PV Preventive
SURE COMFORT PEN NEEDLES 31G X 5 MM MISC	3	PV Preventive
SURE COMFORT PEN NEEDLES 31G X 6 MM MISC	3	PV Preventive
SURE COMFORT PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
SURE COMFORT PEN NEEDLES 32G X 4 MM MISC	3	PV Preventive
SURE COMFORT PEN NEEDLES 32G X 6 MM MISC	3	PV Preventive
TECHLITE PEN NEEDLES 29G X 10MM MISC	3	PV Preventive
TECHLITE PEN NEEDLES 29G X 12MM MISC	3	PV Preventive
TECHLITE PEN NEEDLES 31G X 5 MM MISC	3	PV Preventive
TECHLITE PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
TECHLITE PEN NEEDLES 32G X 4 MM MISC	3	PV Preventive
TECHLITE PEN NEEDLES 32G X 6 MM MISC	3	PV Preventive
TECHLITE PLUS PEN NEEDLES 32G X 4 MM MISC	3	PV Preventive
TODAYS HEALTH PEN NEEDLES 29G X 12MM MISC	3	PV Preventive
TODAYS HEALTH SHORT PEN NEEDLE 31G X 8 MM MISC	3	PV Preventive
TOPCARE CLICKFINE PEN NEEDLES 31G X 6 MM MISC	3	PV Preventive
TOPCARE CLICKFINE PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
TRUE COMFORT PEN NEEDLES 31G X 5 MM MISC	3	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRUE COMFORT PEN NEEDLES 31G X 6 MM MISC	3	PV Preventive
TRUE COMFORT PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
TRUE COMFORT PEN NEEDLES 32G X 4 MM MISC	3	PV Preventive
TRUE COMFORT PEN NEEDLES 32G X 5 MM MISC	3	PV Preventive
TRUE COMFORT PEN NEEDLES 32G X 6 MM MISC	3	PV Preventive
TRUE COMFORT PEN NEEDLES 33G X 4 MM MISC	3	PV Preventive
TRUE COMFORT PEN NEEDLES 33G X 5 MM MISC	3	PV Preventive
TRUE COMFORT PEN NEEDLES 33G X 6 MM MISC	3	PV Preventive
TRUE COMFORT PRO PEN NEEDLES 31G X 5 MM MISC	3	PV Preventive
TRUE COMFORT PRO PEN NEEDLES 31G X 6 MM MISC	3	PV Preventive
TRUE COMFORT PRO PEN NEEDLES 32G X 4 MM MISC	3	PV Preventive
TRUE COMFORT SAFETY PEN NEEDLE 31G X 5 MM MISC	3	PV Preventive
TRUE COMFORT SAFETY PEN NEEDLE 31G X 6 MM MISC	3	PV Preventive
TRUE COMFORT SAFETY PEN NEEDLE 32G X 4 MM MISC	3	PV Preventive
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM MISC	3	PV Preventive
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 5 MM MISC	3	PV Preventive
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 6 MM MISC	3	PV Preventive
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
TRUEPLUS 5-BEVEL PEN NEEDLES 32G X 4 MM MISC	3	PV Preventive
TRUEPLUS PEN NEEDLES 29G X 12MM MISC	3	PV Preventive
TRUEPLUS PEN NEEDLES 31G X 5 MM MISC	3	PV Preventive
TRUEPLUS PEN NEEDLES 31G X 6 MM MISC	3	PV Preventive
TRUEPLUS PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
TRUEPLUS PEN NEEDLES 32G X 4 MM MISC	3	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ULTICARE MICRO PEN NEEDLES 31G X 6 MM MISC	3	PV Preventive
ULTICARE MICRO PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
ULTICARE MICRO PEN NEEDLES 32G X 4 MM MISC	3	PV Preventive
ULTICARE MINI PEN NEEDLES 30G X 5 MM MISC	3	PV Preventive
ULTICARE MINI PEN NEEDLES 31G X 6 MM MISC	3	PV Preventive
ULTICARE MINI PEN NEEDLES 32G X 6 MM MISC	3	PV Preventive
ULTICARE PEN NEEDLES 29G X 12.7MM MISC	3	PV Preventive
ULTICARE PEN NEEDLES 31G X 5 MM MISC	3	PV Preventive
ULTICARE SHORT PEN NEEDLES 30G X 8 MM MISC	3	PV Preventive
ULTICARE SHORT PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
ULTIGUARD SAFEPACK PEN NEEDLE 29G X 12.7MM MISC	3	PV Preventive
ULTIGUARD SAFEPACK PEN NEEDLE 31G X 5 MM MISC	3	PV Preventive
ULTIGUARD SAFEPACK PEN NEEDLE 31G X 6 MM MISC	3	PV Preventive
ULTIGUARD SAFEPACK PEN NEEDLE 31G X 8 MM MISC	3	PV Preventive
ULTIGUARD SAFEPACK PEN NEEDLE 32G X 4 MM MISC	3	PV Preventive
ULTIGUARD SAFEPACK PEN NEEDLE 32G X 6 MM MISC	3	PV Preventive
ULTILET PEN NEEDLE 29G X 12.7MM MISC	3	PV Preventive
ULTILET PEN NEEDLE 31G X 5 MM MISC	3	PV Preventive
ULTILET PEN NEEDLE 31G X 8 MM MISC	3	PV Preventive
ULTILET PEN NEEDLE 32G X 4 MM MISC	3	PV Preventive
ULTRACARE PEN NEEDLES 31G X 5 MM MISC	3	PV Preventive
ULTRACARE PEN NEEDLES 31G X 6 MM MISC	3	PV Preventive
ULTRACARE PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
ULTRACARE PEN NEEDLES 32G X 4 MM MISC	3	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ULTRACARE PEN NEEDLES 32G X 5 MM MISC	3	PV Preventive
ULTRACARE PEN NEEDLES 32G X 6 MM MISC	3	PV Preventive
ULTRACARE PEN NEEDLES 33G X 4 MM MISC	3	PV Preventive
ULTRA FLO INSULIN PEN NEEDLES 29G X 12MM MISC	3	PV Preventive
ULTRA FLO INSULIN PEN NEEDLES 31G X 5 MM MISC	3	PV Preventive
ULTRA FLO INSULIN PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
ULTRA FLO INSULIN PEN NEEDLES 32G X 4 MM MISC	3	PV Preventive
ULTRA FLO INSULIN PEN NEEDLES 33G X 4 MM MISC	3	PV Preventive
ULTRA-THIN II MINI PEN NEEDLE 31G X 5 MM MISC	3	PV Preventive
ULTRA-THIN II PEN NEEDLES 29G X 12.7MM MISC	3	PV Preventive
ULTRA-THIN II PEN NEEDLE SHORT 31G X 8 MM MISC	3	PV Preventive
ULTRA THIN PEN NEEDLES 32G X 4 MM MISC	3	PV Preventive
UNIFINE OTC PEN NEEDLES 31G X 5 MM MISC	3	PV Preventive
UNIFINE OTC PEN NEEDLES 32G X 4 MM MISC	3	PV Preventive
UNIFINE PENTIPS 29G X 12MM MISC	3	PV Preventive
UNIFINE PENTIPS 30G X 5 MM MISC	3	PV Preventive
UNIFINE PENTIPS 31G X 5 MM MISC	3	PV Preventive
UNIFINE PENTIPS 31G X 6 MM MISC	3	PV Preventive
UNIFINE PENTIPS 31G X 8 MM MISC	3	PV Preventive
UNIFINE PENTIPS 32G X 4 MM MISC	3	PV Preventive
UNIFINE PENTIPS 32G X 6 MM MISC	3	PV Preventive
UNIFINE PENTIPS 33G X 4 MM MISC	3	PV Preventive
UNIFINE PENTIPS PLUS 29G X 12MM MISC	3	PV Preventive
UNIFINE PENTIPS PLUS 30G X 5 MM MISC	3	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
UNIFINE PENTIPS PLUS 31G X 5 MM MISC	3	PV Preventive
UNIFINE PENTIPS PLUS 31G X 6 MM MISC	3	PV Preventive
UNIFINE PENTIPS PLUS 31G X 8 MM MISC	3	PV Preventive
UNIFINE PENTIPS PLUS 32G X 4 MM MISC	3	PV Preventive
UNIFINE PENTIPS PLUS 33G X 4 MM MISC	3	PV Preventive
UNIFINE PROTECT PEN NEEDLE 30G X 5 MM MISC	3	PV Preventive
UNIFINE PROTECT PEN NEEDLE 30G X 8 MM MISC	3	PV Preventive
UNIFINE PROTECT PEN NEEDLE 32G X 4 MM MISC	3	PV Preventive
UNIFINE SAFECONTROL PEN NEEDLE 30G X 5 MM MISC	3	PV Preventive
UNIFINE SAFECONTROL PEN NEEDLE 30G X 8 MM MISC	3	PV Preventive
UNIFINE SAFECONTROL PEN NEEDLE 31G X 5 MM MISC	3	PV Preventive
UNIFINE SAFECONTROL PEN NEEDLE 31G X 6 MM MISC	3	PV Preventive
UNIFINE SAFECONTROL PEN NEEDLE 31G X 8 MM MISC	3	PV Preventive
UNIFINE SAFECONTROL PEN NEEDLE 32G X 4 MM MISC	3	PV Preventive
UNIFINE ULTRA PEN NEEDLE 31G X 5 MM MISC	3	PV Preventive
UNIFINE ULTRA PEN NEEDLE 31G X 6 MM MISC	3	PV Preventive
UNIFINE ULTRA PEN NEEDLE 31G X 8 MM MISC	3	PV Preventive
UNIFINE ULTRA PEN NEEDLE 32G X 4 MM MISC	3	PV Preventive
VERIFINE INSULIN PEN NEEDLE 29G X 12MM MISC	3	PV Preventive
VERIFINE INSULIN PEN NEEDLE 31G X 5 MM MISC	3	PV Preventive
VERIFINE INSULIN PEN NEEDLE 31G X 8 MM MISC	3	PV Preventive
VERIFINE INSULIN PEN NEEDLE 32G X 4 MM MISC	3	PV Preventive
VERIFINE INSULIN PEN NEEDLE 32G X 6 MM MISC	3	PV Preventive
VERIFINE PLUS PEN NEEDLE 31G X 5 MM MISC	3	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VERIFINE PLUS PEN NEEDLE 31G X 8 MM MISC	3	PV Preventive
VERIFINE PLUS PEN NEEDLE 32G X 4 MM MISC	3	PV Preventive
WEGMANS UNIFINE PENTIPS PLUS 31G X 5 MM MISC	3	PV Preventive
WEGMANS UNIFINE PENTIPS PLUS 31G X 6 MM MISC	3	PV Preventive
WEGMANS UNIFINE PENTIPS PLUS 31G X 8 MM MISC	3	PV Preventive
WEGMANS UNIFINE PENTIPS PLUS 32G X 4 MM MISC	3	PV Preventive
ZEVRX PEN NEEDLES 31G X 5 MM MISC	3	PV Preventive
ZEVRX PEN NEEDLES 31G X 6 MM MISC	3	PV Preventive
ZEVRX PEN NEEDLES 31G X 8 MM MISC	3	PV Preventive
ZEVRX PEN NEEDLES 32G X 4 MM MISC	3	PV Preventive
ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
ADVOCATE INSULIN SYRINGE 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
ADVOCATE INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
ADVOCATE INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
ADVOCATE INSULIN SYRINGE 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
ADVOCATE INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
ADVOCATE INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ADVOCATE INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
AQ INSULIN SYRINGE 29G X 1/2" 1 ML MISC	3	QL 120 / 30 days PV Preventive
AQ INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
AQ INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
ASSURE ID INSULIN SAFETY SYR 31G X 15/64" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
ASSURE ID INSULIN SAFETY SYR 31G X 15/64" 1 ML MISC	3	QL 120 / 30 days PV Preventive
BD INSULIN SYRINGE 27.5G X 5/8" 2 ML MISC	3	PV Preventive
BD INSULIN SYRINGE 27G X 1/2" 1 ML MISC	3	QL 120 / 30 days PV Preventive
BD INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
BD INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
BD INSULIN SYRINGE 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
BD INSULIN SYRINGE HALF-UNIT 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML MISC	3	QL 120 / 30 days PV Preventive
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BD INSULIN SYRINGE U/F 1/2UNIT 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
BD INSULIN SYRINGE U/F 30G X 1/2" 1 ML MISC	3	QL 120 / 30 days PV Preventive
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 1 ML MISC	3	QL 120 / 30 days PV Preventive
BD INSULIN SYRINGE ULTRAFINE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
BD INSULIN SYRINGE ULTRAFINE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
BD INSULIN SYRINGE ULTRAFINE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
BD SAFETYGLIDE INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 1 ML MISC	3	QL 120 / 30 days PV Preventive
BD SAFETYGLIDE INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 1 ML MISC	3	QL 120 / 30 days PV Preventive
CAREONE INSULIN SYRINGE 30G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
CAREONE INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
CAREONE INSULIN SYRINGE 30G X 1/2" 1 ML MISC	3	QL 120 / 30 days PV Preventive
CAREONE INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
CAREONE INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
CAREONE INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CARETOUCH INSULIN SYRINGE 28G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
CARETOUCH INSULIN SYRINGE 29G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
CARETOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
CARETOUCH INSULIN SYRINGE 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
CARETOUCH INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
CARETOUCH INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
CARETOUCH INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
COMFORT ASSIST INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
COMFORT EZ INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
COMFORT EZ INSULIN SYRINGE 28G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
COMFORT EZ INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
COMFORT EZ INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
COMFORT EZ INSULIN SYRINGE 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
COMFORT EZ INSULIN SYRINGE 30G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
COMFORT EZ INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
COMFORT EZ INSULIN SYRINGE 30G X 1/2" 1 ML MISC	3	QL 120 / 30 days PV Preventive
COMFORT EZ INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
COMFORT EZ INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
COMFORT EZ INSULIN SYRINGE 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
COMFORT EZ INSULIN SYRINGE 31G X 15/64" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
COMFORT EZ INSULIN SYRINGE 31G X 15/64" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
COMFORT EZ INSULIN SYRINGE 31G X 15/64" 1 ML MISC	3	QL 120 / 30 days PV Preventive
COMFORT EZ INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
COMFORT EZ INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
COMFORT EZ INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
DROPLET INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
DROPLET INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
DROPLET INSULIN SYRINGE 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DROPLET INSULIN SYRINGE 30G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
DROPLET INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
DROPLET INSULIN SYRINGE 30G X 1/2" 1 ML MISC	3	QL 120 / 30 days PV Preventive
DROPLET INSULIN SYRINGE 30G X 15/64" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
DROPLET INSULIN SYRINGE 30G X 15/64" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
DROPLET INSULIN SYRINGE 30G X 15/64" 1 ML MISC	3	QL 120 / 30 days PV Preventive
DROPLET INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
DROPLET INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
DROPLET INSULIN SYRINGE 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
DROPLET INSULIN SYRINGE 31G X 15/64" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
DROPLET INSULIN SYRINGE 31G X 15/64" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
DROPLET INSULIN SYRINGE 31G X 15/64" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
DROPLET INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
DROPLET INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DROPLET INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
DROPSAFE SAFETY SYRINGE/NEEDLE 29G X 1/2" 1 ML MISC	3	QL 120 / 30 days PV Preventive
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 1 ML MISC	3	QL 120 / 30 days PV Preventive
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
EASY COMFORT INSULIN SYRINGE 29G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
EASY COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
EASY COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML MISC	3	QL 120 / 30 days PV Preventive
EASY COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
EASY COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
EASY COMFORT INSULIN SYRINGE 31G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EASY COMFORT INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
EASY COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
EASY COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
EASY COMFORT INSULIN SYRINGE 32G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
EASY COMFORT INSULIN SYRINGE 32G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
EASY TOUCH FLIPLOCK INSULIN SY 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
EASY TOUCH FLIPLOCK INSULIN SY 30G X 1/2" 1 ML MISC	3	QL 120 / 30 days PV Preventive
EASY TOUCH FLIPLOCK INSULIN SY 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
EASY TOUCH FLIPLOCK INSULIN SY 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
EASY TOUCH INSULIN SAFETY SYR 30G X 1/2" 1 ML MISC	3	QL 120 / 30 days PV Preventive
EASY TOUCH INSULIN SAFETY SYR 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
EASY TOUCH INSULIN SYRINGE 27G X 1/2" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EASY TOUCH INSULIN SYRINGE 27G X 1/2" 1 ML MISC	3	QL 120 / 30 days PV Preventive
EASY TOUCH INSULIN SYRINGE 27G X 5/8" 1 ML MISC	3	QL 120 / 30 days PV Preventive
EASY TOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
EASY TOUCH INSULIN SYRINGE 28G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
EASY TOUCH INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
EASY TOUCH INSULIN SYRINGE 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
EASY TOUCH INSULIN SYRINGE 30G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
EASY TOUCH INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
EASY TOUCH INSULIN SYRINGE 30G X 1/2" 1 ML MISC	3	QL 120 / 30 days PV Preventive
EASY TOUCH INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
EASY TOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
EASY TOUCH INSULIN SYRINGE 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
EASY TOUCH INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
EASY TOUCH INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EASY TOUCH INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
EASY TOUCH SHEATHLOCK SYRINGE 30G X 1/2" 1 ML MISC	3	QL 120 / 30 days PV Preventive
EASY TOUCH SHEATHLOCK SYRINGE 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
EASY TOUCH SHEATHLOCK SYRINGE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
EMBECTA INS SYR U/F 1/2 UNIT 31G X 15/64" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
EMBECTA INS SYR U/F 1/2 UNIT 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
EMBECTA INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
EMBECTA INSULIN SYRINGE 28G X 1/2" 1 ML MISC	3	QL 120 / 30 days PV Preventive
EMBECTA INSULIN SYRINGE U-100 27G X 5/8" 1 ML MISC	3	QL 120 / 30 days PV Preventive
EMBECTA INSULIN SYRINGE U-100 28G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
EMBECTA INSULIN SYRINGE U/F 30G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
EMBECTA INSULIN SYRINGE U/F 30G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
EMBECTA INSULIN SYRINGE U/F 30G X 1/2" 1 ML MISC	3	QL 120 / 30 days PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EMBECTA INSULIN SYRINGE U/F 31G X 15/64" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
EMBECTA INSULIN SYRINGE U/F 31G X 15/64" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
EMBECTA INSULIN SYRINGE U/F 31G X 15/64" 1 ML MISC	3	QL 120 / 30 days PV Preventive
EMBECTA INSULIN SYRINGE U/F 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
EMBECTA INSULIN SYRINGE U/F 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
EMBECTA INSULIN SYRINGE U/F 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
EQL INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
EQL INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
EQL INSULIN SYRINGE 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
EQL INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
EQL INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
EQL INSULIN SYRINGE 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
EQL INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
EQL INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EQL INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
FIFTY50 SUPERIOR COMFORT SYR 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
FIFTY50 SUPERIOR COMFORT SYR 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
FIFTY50 SUPERIOR COMFORT SYR 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 1 ML MISC	3	QL 120 / 30 days PV Preventive
GLOBAL EASY GLIDE INSULIN SYR 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
GLOBAL INJECT EASE INSULIN SYR 28G X 1/2" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
GLOBAL INJECT EASE INSULIN SYR 28G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
GLOBAL INJECT EASE INSULIN SYR 29G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
GLOBAL INJECT EASE INSULIN SYR 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
GLOBAL INJECT EASE INSULIN SYR 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
GLOBAL INJECT EASE INSULIN SYR 30G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GLOBAL INJECT EASE INSULIN SYR 30G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
GLOBAL INJECT EASE INSULIN SYR 30G X 1/2" 1 ML MISC	3	QL 120 / 30 days PV Preventive
GLOBAL INJECT EASE INSULIN SYR 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
GLOBAL INJECT EASE INSULIN SYR 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
GLOBAL INJECT EASE INSULIN SYR 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
GLOBAL INJECT EASE INSULIN SYR 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
GLOBAL INJECT EASE INSULIN SYR 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
GLOBAL INJECT EASE INSULIN SYR 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
GLOBAL INSULIN SYRINGES 30G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
GLOBAL INSULIN SYRINGES 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 1 ML MISC	3	QL 120 / 30 days PV Preventive
GLUCOPRO INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GLUCOPRO INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
GLUCOPRO INSULIN SYRINGE 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
GLUCOPRO INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
GLUCOPRO INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
GLUCOPRO INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
GNP INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
GNP INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
GNP INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
GNP INSULIN SYRINGE 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
GNP INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
GNP INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
GNP INSULIN SYRINGE 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
GNP INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
GNP INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GNP INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
GNP INSULIN SYRINGES 28GX1/2" 28G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
GNP INSULIN SYRINGES 29GX1/2" 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
GNP INSULIN SYRINGES 29GX1/2" 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
GNP INSULIN SYRINGES 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
GNP INSULIN SYRINGES 30GX5/16" 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
GNP INSULIN SYRINGES 31GX5/16" 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
GNP ULTRA COM INSULIN SYRINGE 28G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
HEALTHWISE INSULIN SYR/NEEDLE 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
HEALTHWISE INSULIN SYR/NEEDLE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
HEALTHWISE INSULIN SYR/NEEDLE 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
HEALTHWISE INSULIN SYR/NEEDLE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
HEALTHWISE INSULIN SYR/NEEDLE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
HEALTHWISE INSULIN SYR/NEEDLE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HM ULTICARE INSULIN SYRINGE 30G X 1/2" 1 ML MISC	3	QL 120 / 30 days PV Preventive
HM ULTICARE INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
INSULIN SYRINGE 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
INSULIN SYRINGE 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
INSULIN SYRINGE-NEEDLE U-100 27G X 1/2" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
INSULIN SYRINGE-NEEDLE U-100 27G X 1/2" 1 ML MISC	3	QL 120 / 30 days PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
INSULIN SYRINGE-NEEDLE U-100 28G X 1/2" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
INSULIN SYRINGE-NEEDLE U-100 28G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
INSULIN SYRINGE-NEEDLE U-100 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
INSULIN SYRINGE-NEEDLE U-100 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
INSULIN SYRINGE-NEEDLE U-100 30G X 1/2" 1 ML MISC	3	QL 120 / 30 days PV Preventive
INSULIN SYRINGE-NEEDLE U-100 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
INSULIN SYRINGE-NEEDLE U-100 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
INSULIN SYRINGE-NEEDLE U-100 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
INSULIN SYRINGE-NEEDLE U-100 31G X 1/4" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
INSULIN SYRINGE-NEEDLE U-100 31G X 1/4" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
INSULIN SYRINGE-NEEDLE U-100 31G X 1/4" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
INSULIN SYRINGE-NEEDLE U-100 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
INSULIN SYRINGE-NEEDLE U-100 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
INSULIN SYRINGE-NEEDLE U-100 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KINRAY INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
KINRAY INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
KINRAY INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
KINRAY INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
KROGER INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
KROGER INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
KROGER INSULIN SYRINGE 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
KROGER INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
KROGER INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
KROGER INSULIN SYRINGE 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
KROGER INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
KROGER INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
KROGER INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
LEADER INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LEADER INSULIN SYRINGE 28G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
LEADER INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
LEADER INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
LEADER INSULIN SYRINGE 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
LEADER INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
LEADER INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
LEADER INSULIN SYRINGE 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
LEADER INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
LEADER INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
LEADER INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
LITETOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
LITETOUCH INSULIN SYRINGE 28G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
LITETOUCH INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
LITETOUCH INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LITETOUCH INSULIN SYRINGE 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
LITETOUCH INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
LITETOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
LITETOUCH INSULIN SYRINGE 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
LITETOUCH INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
LITETOUCH INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
LITETOUCH INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
LONGS INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 1 ML MISC	3	QL 120 / 30 days PV Preventive
MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
MAXICOMFORT SYR 27G X 1/2" 27G X 1/2" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
MAXICOMFORT SYR 27G X 1/2" 27G X 1/2" 1 ML MISC	3	QL 120 / 30 days PV Preventive
MEDIC INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
MEDIC INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
MM INSULIN SYRINGE/NEEDLE 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
MM INSULIN SYRINGE/NEEDLE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
MM INSULIN SYRINGE/NEEDLE 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
MM INSULIN SYRINGE/NEEDLE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
MM INSULIN SYRINGE/NEEDLE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
MM INSULIN SYRINGE/NEEDLE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML MISC	3	QL 120 / 30 days PV Preventive
MONOJECT INSULIN SYRINGE 27G X 1/2" 1 ML MISC	3	QL 120 / 30 days PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MONOJECT INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
MONOJECT INSULIN SYRINGE 28G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
MONOJECT INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
MONOJECT INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
MONOJECT INSULIN SYRINGE 29G X 1/2" 1 ML MISC	3	QL 120 / 30 days PV Preventive
MONOJECT INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
MONOJECT INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
MONOJECT INSULIN SYRINGE 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
MONOJECT INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
MONOJECT ULTRA COMFORT SYRINGE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
MONOJECT ULTRA COMFORT SYRINGE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
MS INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
MS INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
MS INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
PRECISION SURE-DOSE SYRINGE 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
PREFERRED PLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
PREFERRED PLUS INSULIN SYRINGE 28G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
PREFERRED PLUS INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
PREFERRED PLUS INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
PREFERRED PLUS INSULIN SYRINGE 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
PREFERRED PLUS INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PREFERRED PLUS INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
PREFERRED PLUS INSULIN SYRINGE 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
PRO COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
PRO COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML MISC	3	QL 120 / 30 days PV Preventive
PRO COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
PRO COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
PRO COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
PRO COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
PRODIGY INSULIN SYRINGE 28G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
PRODIGY INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
PRODIGY INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
PX INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
RA INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
RA INSULIN SYRINGE 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RA INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
RA INSULIN SYRINGE 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
REALITY INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
REALITY INSULIN SYRINGE 28G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
REALITY INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
REALITY INSULIN SYRINGE 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
RELION INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
RELION INSULIN SYRINGE 31G X 15/64" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
RELION INSULIN SYRINGE 31G X 15/64" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
RELION INSULIN SYRINGE 31G X 15/64" 1 ML MISC	3	QL 120 / 30 days PV Preventive
RELION INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
RELION INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
RELION INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
SB INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SB INSULIN SYRINGE 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
SB INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
SB INSULIN SYRINGE 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
SB INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
SECURESAFE INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
SECURESAFE INSULIN SYRINGE 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
SURE COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
SURE COMFORT INSULIN SYRINGE 28G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
SURE COMFORT INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
SURE COMFORT INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
SURE COMFORT INSULIN SYRINGE 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
SURE COMFORT INSULIN SYRINGE 30G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
SURE COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
SURE COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML MISC	3	QL 120 / 30 days PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SURE COMFORT INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
SURE COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
SURE COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
SURE COMFORT INSULIN SYRINGE 31G X 1/4" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
SURE COMFORT INSULIN SYRINGE 31G X 1/4" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
SURE COMFORT INSULIN SYRINGE 31G X 1/4" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
SURE COMFORT INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
SURE COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
SURE COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
TECHLITE INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
TECHLITE INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
TECHLITE INSULIN SYRINGE 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
TECHLITE INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
TECHLITE INSULIN SYRINGE 30G X 1/2" 1 ML MISC	3	QL 120 / 30 days PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TECHLITE INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
TECHLITE INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
TECHLITE INSULIN SYRINGE 31G X 15/64" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
TECHLITE INSULIN SYRINGE 31G X 15/64" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
TECHLITE INSULIN SYRINGE 31G X 15/64" 1 ML MISC	3	QL 120 / 30 days PV Preventive
TECHLITE INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
TECHLITE INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
TECHLITE INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
TOPCARE ULTRA COMFORT INS SYR 29G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
TOPCARE ULTRA COMFORT INS SYR 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
TOPCARE ULTRA COMFORT INS SYR 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
TOPCARE ULTRA COMFORT INS SYR 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
TOPCARE ULTRA COMFORT INS SYR 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
TOPCARE ULTRA COMFORT INS SYR 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TOPCARE ULTRA COMFORT INS SYR 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
TOPCARE ULTRA COMFORT INS SYR 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
TOPCARE ULTRA COMFORT INS SYR 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
TRUE COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
TRUE COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML MISC	3	QL 120 / 30 days PV Preventive
TRUE COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
TRUE COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
TRUE COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
TRUE COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
TRUE COMFORT INSULIN SYRINGE 32G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
TRUE COMFORT PRO INSULIN SYR 30G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
TRUE COMFORT PRO INSULIN SYR 30G X 1/2" 1 ML MISC	3	QL 120 / 30 days PV Preventive
TRUE COMFORT PRO INSULIN SYR 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
TRUE COMFORT PRO INSULIN SYR 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRUE COMFORT PRO INSULIN SYR 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
TRUE COMFORT PRO INSULIN SYR 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
TRUE COMFORT PRO INSULIN SYR 32G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
TRUE COMFORT PRO INSULIN SYR 32G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
ULTICARE INSULIN SAFETY SYR 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
ULTICARE INSULIN SAFETY SYR 29G X 1/2" 1 ML MISC	3	QL 120 / 30 days PV Preventive
ULTICARE INSULIN SYR 1/2 UNIT 31G X 1/4" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
ULTICARE INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
ULTICARE INSULIN SYRINGE 28G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
ULTICARE INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
ULTICARE INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
ULTICARE INSULIN SYRINGE 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
ULTICARE INSULIN SYRINGE 30G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
ULTICARE INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
ULTICARE INSULIN SYRINGE 30G X 1/2" 1 ML MISC	3	QL 120 / 30 days PV Preventive
ULTICARE INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
ULTICARE INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ULTICARE INSULIN SYRINGE 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
ULTICARE INSULIN SYRINGE 31G X 1/4" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
ULTICARE INSULIN SYRINGE 31G X 1/4" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
ULTICARE INSULIN SYRINGE 31G X 1/4" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
ULTICARE INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
ULTICARE INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
ULTICARE INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 1 ML MISC	3	QL 120 / 30 days PV Preventive
ULTIGUARD SAFEPACK SYR/NEEDLE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
ULTIGUARD SAFEPACK SYR/NEEDLE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
ULTIGUARD SAFEPACK SYR/NEEDLE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
ULTRACARE INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ULTRACARE INSULIN SYRINGE 30G X 1/2" 1 ML MISC	3	QL 120 / 30 days PV Preventive
ULTRACARE INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
ULTRACARE INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
ULTRACARE INSULIN SYRINGE 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
ULTRACARE INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
ULTRACARE INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
ULTRACARE INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
ULTRA COMFORT INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
ULTRA FLO INSULIN SYR 1/2 UNIT 30G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
ULTRA FLO INSULIN SYR 1/2 UNIT 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
ULTRA FLO INSULIN SYR 1/2 UNIT 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
ULTRA FLO INSULIN SYRINGE 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ULTRA FLO INSULIN SYRINGE 30G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
ULTRA FLO INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
ULTRA FLO INSULIN SYRINGE 30G X 1/2" 1 ML MISC	3	QL 120 / 30 days PV Preventive
ULTRA FLO INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
ULTRA FLO INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
ULTRA FLO INSULIN SYRINGE 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
ULTRA FLO INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
ULTRA FLO INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
ULTRA FLO INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
ULTRA-THIN II INS SYR SHORT 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
ULTRA-THIN II INS SYR SHORT 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
ULTRA-THIN II INS SYR SHORT 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
ULTRA-THIN II INS SYR SHORT 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
ULTRA-THIN II INS SYR SHORT 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ULTRA-THIN II INS SYR SHORT 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
VALUE HEALTH INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
VALUE HEALTH INSULIN SYRINGE 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
VANISHPOINT INSULIN SYRINGE 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
VANISHPOINT INSULIN SYRINGE 29G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
VANISHPOINT INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
VANISHPOINT INSULIN SYRINGE 30G X 3/16" 0.5 ML MISC	3	PV Preventive
VANISHPOINT INSULIN SYRINGE 30G X 3/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
VANISHPOINT INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
VANISHPOINT INSULIN SYRINGE 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
VERIFINE INSULIN SYRINGE 28G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
VERIFINE INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
VERIFINE INSULIN SYRINGE 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VERIFINE INSULIN SYRINGE 30G X 1/2" 1 ML MISC	3	QL 120 / 30 days PV Preventive
VERIFINE INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
VERIFINE INSULIN SYRINGE 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
VERIFINE INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PV Preventive
VERIFINE INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
VERIFINE INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PV Preventive
VP INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PV Preventive
ZEVRX INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
ZEVRX INSULIN SYRINGE 30G X 1/2" 1 ML MISC	3	QL 120 / 30 days PV Preventive
ZEVRX INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PV Preventive
ZEVRX INSULIN SYRINGE 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
EMBECTA INSULIN SYRINGE U-500 31G X 6MM 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
BD INSULIN SYRINGE U-100 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EASY TOUCH INSULIN BARRELS U-100 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
KMART VALU INSULIN SYRINGE 29G U-100 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
KMART VALU INSULIN SYRINGE 29G U-100 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
KMART VALU INSULIN SYRINGE 30G U-100 0.3 ML MISC	3	PV Preventive
KMART VALU INSULIN SYRINGE 30G U-100 0.5 ML MISC	3	QL 120 / 30 days PV Preventive
KMART VALU INSULIN SYRINGE 30G U-100 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
MONOJECT INSULIN SYRINGE U-100 1 ML MISC	3	QL 120 / 30 day(s) PV Preventive
ADJUSTABLE LANCING DEVICE MISC	3	QL 120 / 30 days PV Preventive
ADVOCATE LANCING DEVICE MISC	3	QL 120 / 30 days PV Preventive
ADVOCATE RAPID-SAFE LANCING MISC	3	QL 120 / 30 days PV Preventive
AUTO-LANCET MINI MISC	3	QL 120 / 30 days PV Preventive
AUTO-LANCET MISC	3	QL 120 / 30 days PV Preventive
AUTOLET LANCING DEVICE MISC	3	QL 120 / 30 days PV Preventive
AUTOLET LITE LANCING DEVICE MISC	3	QL 120 / 30 days PV Preventive
AUTOLET MINI MISC	3	QL 120 / 30 days PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AUTOLET PLUS MISC	3	QL 120 / 30 days PV Preventive
CARDIOCOM LANCING DEVICE MISC	3	QL 120 / 30 days PV Preventive
CAREONE ADVANCED LANCING DEV MISC	3	QL 120 / 30 days PV Preventive
CARETOUCH LANCING/EJECTOR MISC	3	QL 120 / 30 days PV Preventive
CHOSEN LANCING DEVICE MISC	3	QL 120 / 30 days PV Preventive
CVS LANCING DEVICE MISC	3	QL 120 / 30 days PV Preventive
DIATHRIVE LANCING DEVICE MISC	3	QL 120 / 30 days PV Preventive
DROPLET GENTEEL LANCING DEVICE MISC	3	QL 120 / 30 days PV Preventive
DROPLET LANCING DEVICE MISC	3	QL 120 / 30 days PV Preventive
DRUG MART LANCING DEVICE MISC	3	QL 120 / 30 days PV Preventive
EASY MINI EJECT LANCING DEVICE MISC	3	QL 120 / 30 days PV Preventive
EASY MINI LANCING DEVICE MISC	3	QL 120 / 30 days PV Preventive
EASY TOUCH LANCING DEVICE MISC	3	QL 120 / 30 days PV Preventive
EMBRACE LANCING DEVICE/EJECTOR MISC	3	QL 120 / 30 days PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FONDCIRCLE LANCING DEVICE MISC	3	QL 120 / 30 days PV Preventive
FORA LANCING DEVICE MISC	3	QL 120 / 30 days PV Preventive
GENTEEL PLUS LANCING (BLACK) MISC	3	QL 120 / 30 days PV Preventive
GENTEEL PLUS LANCING DEV(BLUE) MISC	3	QL 120 / 30 days PV Preventive
GENTEEL PLUS LANCING DEV(PINK) MISC	3	QL 120 / 30 days PV Preventive
GENTEEL PLUS LANCING (PURPLE) MISC	3	QL 120 / 30 days PV Preventive
GENTEEL PLUS LANCING (WHITE) MISC	3	QL 120 / 30 days PV Preventive
GLOBAL LANCING DEVICE MISC	3	QL 120 / 30 days PV Preventive
GNP LANCING SYSTEM DEVICE MISC	3	QL 120 / 30 days PV Preventive
GOJJI LANCING DEVICE/CLEAR CAP MISC	3	QL 120 / 30 days PV Preventive
GOODSENSE LANCING DEVICE MISC	3	QL 120 / 30 days PV Preventive
HEALTH CARE LANCING DEVICE MISC	3	QL 120 / 30 days PV Preventive
H-E-B INCONTROL ADV LANCING MISC	3	QL 120 / 30 days PV Preventive
IHEALTH LANCING DEVICE MISC	3	QL 120 / 30 days PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
IN TOUCH LANCING DEVICE MISC	3	QL 120 / 30 days PV Preventive
KROGER AUTOLET LANCING DEVICE MISC	3	QL 120 / 30 days PV Preventive
KROGER LANCING DEVICE MISC	3	QL 120 / 30 days PV Preventive
LANCET DEVICE MISC	3	QL 120 / 30 days PV Preventive
LANCET DEVICE WITH EJECTOR MISC	3	QL 120 / 30 days PV Preventive
LANCING DEVICE MISC	3	QL 120 / 30 days PV Preventive
LANCING DEVICE MISC	3	QL 120 / 30 days PV Preventive
LANZO MISC	3	QL 120 / 30 days PV Preventive
LEADER ADVANCED LANCING DEVICE MISC	3	QL 120 / 30 days PV Preventive
LIBERTY MINI LANCING DEVICE MISC	3	QL 120 / 30 days PV Preventive
LITE TOUCH LANCING PEN MISC	3	QL 120 / 30 days PV Preventive
MICROLET NEXT LANCING DEVICE MISC	3	QL 120 / 30 days PV Preventive
MINI LANCING DEVICE MISC	3	QL 120 / 30 days PV Preventive
MM LANCING DEVICE MISC	3	QL 120 / 30 days PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MULTI-LANCET DEVICE MISC	3	QL 120 / 30 days PV Preventive
NOVA SUREFLEX LANCING DEVICE MISC	3	QL 120 / 30 days PV Preventive
ONETOUCH DELICA PLUS LANCING MISC	3	QL 120 / 30 days PV Preventive
PRODIGY LANCING DEVICE MISC	3	QL 120 / 30 days PV Preventive
PX ADVANCED LANCING DEVICE MISC	3	QL 120 / 30 days PV Preventive
PX LANCET AUTO INJECTOR MISC	3	QL 120 / 30 days PV Preventive
QC ADVANCED LANCING DEVICE MISC	3	QL 120 / 30 days PV Preventive
RELION LANCING DEVICE MISC	3	QL 120 / 30 days PV Preventive
RIGHTTEST GD500 LANCING DEVICE MISC	3	QL 120 / 30 days PV Preventive
SELECT-LITE LANCING DEVICE MISC	3	QL 120 / 30 days PV Preventive
SIMPLE DIAGNOSTICS LANCING DEV MISC	3	QL 120 / 30 days PV Preventive
SMART DIABETES VANTAGE LANCING MISC	3	QL 120 / 30 days PV Preventive
SM TRUEDRAW LANCING DEVICE MISC	3	QL 120 / 30 days PV Preventive
SOLUS V2 LANCING DEVICE MISC	3	QL 120 / 30 days PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SURE COMFORT LANCING PEN MISC	3	QL 120 / 30 days PV Preventive
TGT LANCING DEVICE MISC	3	QL 120 / 30 days PV Preventive
TODAYS HEALTH LANCING DEVICE MISC	3	QL 120 / 30 days PV Preventive
TRUEDRAW LANCING DEVICE MISC	3	QL 120 / 30 days PV Preventive
ULTI-LANCE AUTOMATIC MISC	3	QL 120 / 30 days PV Preventive
VALUE PLUS LANCING DEVICE MISC	3	QL 120 / 30 days PV Preventive
VIVAGUARD LANCING DEVICE MISC	3	QL 120 / 30 days PV Preventive
ACCU-CHEK FASTCLIX LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
ACCU-CHEK SAFE-T PRO LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
ACCU-CHEK SOFTCLIX LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
ACTI-LANCE 28G MISC	3	QL 120 / 30 day(s) PV Preventive
ACTI-LANCE LITE LANCETS 28G MISC	3	QL 120 / 30 day(s) PV Preventive
ACTI-LANCE SPECIAL LANCETS 17G MISC	3	QL 120 / 30 day(s) PV Preventive
ACTI-LANCE UNIVERSAL 23G MISC	3	QL 120 / 30 day(s) PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ADVANCED MOBILE LANCET MISC	3	QL 120 / 30 day(s) PV Preventive
ADVOCATE LANCETS 30G MISC	3	QL 120 / 30 day(s) PV Preventive
ADVOCATE LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
ADVOCATE SAFETY LANCETS 21G MISC	3	QL 120 / 30 day(s) PV Preventive
ADVOCATE SAFETY LANCETS 23G MISC	3	QL 120 / 30 day(s) PV Preventive
ADVOCATE SAFETY LANCETS 26G MISC	3	QL 120 / 30 day(s) PV Preventive
ADVOCATE SAFETY LANCETS 28G MISC	3	QL 120 / 30 day(s) PV Preventive
ADVOCATE SAFETY LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
AGAMATRIX ULTRA-THIN LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
AIMSCO TWIST LANCETS 32G MISC	3	QL 120 / 30 day(s) PV Preventive
AIMSCO TWIST LANCETS 33G MISC	3	QL 120 / 30 day(s) PV Preventive
AQUALANCE LANCETS 30G MISC	3	QL 120 / 30 day(s) PV Preventive
ASSURE COMFORT LANCETS 28G MISC	3	QL 120 / 30 day(s) PV Preventive
ASSURE HAEMOLANCE PLUS HIGH MISC	3	QL 120 / 30 day(s) PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ASSURE HAEMOLANCE PLUS LOW MISC	3	QL 120 / 30 day(s) PV Preventive
ASSURE HAEMOLANCE PLUS MICRO MISC	3	QL 120 / 30 day(s) PV Preventive
ASSURE HAEMOLANCE PLUS NORMAL MISC	3	QL 120 / 30 day(s) PV Preventive
ASSURE HAEMOLANCE PLUS PED MISC	3	QL 120 / 30 day(s) PV Preventive
ASSURE LANCE LANCETS 21G MISC	3	QL 120 / 30 day(s) PV Preventive
ASSURE LANCE LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
ASSURE LANCE PLUS SAFETY 25G MISC	3	QL 120 / 30 day(s) PV Preventive
ASSURE LANCE PLUS SAFETY 30G MISC	3	QL 120 / 30 day(s) PV Preventive
ASSURE LANCE SAFETY LANCET 28G MISC	3	QL 120 / 30 day(s) PV Preventive
AURORA LANCET SUPER THIN 30G MISC	3	QL 120 / 30 day(s) PV Preventive
AURORA LANCET THIN 23G MISC	3	QL 120 / 30 day(s) PV Preventive
BD MICROTAINER LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
CAREONE LANCET SUPER THIN 30G MISC	3	QL 120 / 30 day(s) PV Preventive
CAREONE LANCET THIN 23G MISC	3	QL 120 / 30 day(s) PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CARESENS LANCETS 30G MISC	3	QL 120 / 30 day(s) PV Preventive
CARESENS LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
CARETOUCH SAFETY LANCETS 26G MISC	3	QL 120 / 30 day(s) PV Preventive
CARETOUCH SAFETY LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
CARETOUCH TWIST LANCETS 28G MISC	3	QL 120 / 30 day(s) PV Preventive
CARETOUCH TWIST LANCETS 30G MISC	3	QL 120 / 30 day(s) PV Preventive
CARETOUCH TWIST LANCETS 33G MISC	3	QL 120 / 30 day(s) PV Preventive
CARETOUCH TWIST MC LANCETS 30G MISC	3	QL 120 / 30 day(s) PV Preventive
CHOSEN LANCETS 30G MISC	3	QL 120 / 30 day(s) PV Preventive
CHOSEN SAFETY LANCETS 28G MISC	3	QL 120 / 30 day(s) PV Preventive
CLEANLET LANCETS 28G MISC	3	QL 120 / 30 day(s) PV Preventive
CLEVER CHEK LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
CLEVER CHOICE COMFORT EZ MISC	3	QL 120 / 30 day(s) PV Preventive
CLEVER CHOICE LANCETS 21G MISC	3	QL 120 / 30 day(s) PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CLEVER CHOICE LANCETS 23G MISC	3	QL 120 / 30 day(s) PV Preventive
CLEVER CHOICE LANCETS 28G MISC	3	QL 120 / 30 day(s) PV Preventive
COAGUCHEK LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
COMFORT ASSURED LANCETS 28G MISC	3	QL 120 / 30 day(s) PV Preventive
COMFORT ASSURED LANCETS 33G MISC	3	QL 120 / 30 day(s) PV Preventive
COMFORT TOUCH LANCETS 31G MISC	3	QL 120 / 30 day(s) PV Preventive
COMFORT TOUCH PLUS LANCETS 28G MISC	3	QL 120 / 30 day(s) PV Preventive
COMFORT TOUCH PLUS LANCETS 30G MISC	3	QL 120 / 30 day(s) PV Preventive
COMFORT TOUCH TWIST LANCET 30G MISC	3	QL 120 / 30 day(s) PV Preventive
CVS LANCETS 21G MISC	3	QL 120 / 30 day(s) PV Preventive
CVS LANCETS MICRO THIN 33G MISC	3	QL 120 / 30 day(s) PV Preventive
CVS LANCETS ORIGINAL MISC	3	QL 120 / 30 day(s) PV Preventive
CVS LANCETS THIN 26G MISC	3	QL 120 / 30 day(s) PV Preventive
CVS LANCETS ULTRA THIN 30G MISC	3	QL 120 / 30 day(s) PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CVS LANCETS ULTRA-THIN 30G MISC	3	QL 120 / 30 day(s) PV Preventive
CVS ULTRA THIN LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
DIATHRIVE LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
DIATHRIVE LANCET ULTRA THIN 30 MISC	3	QL 120 / 30 day(s) PV Preventive
DROPLET LANCETS ULTRA THIN 30G MISC	3	QL 120 / 30 day(s) PV Preventive
DROPLET PERSONAL LANCETS 30G MISC	3	QL 120 / 30 day(s) PV Preventive
DROPSAFE ACTI-LANCE 23G MISC	3	QL 120 / 30 day(s) PV Preventive
DRUG MART LANCETS THIN 26G MISC	3	QL 120 / 30 day(s) PV Preventive
DRUG MART ON-THE-GO LANCET 30G MISC	3	QL 120 / 30 day(s) PV Preventive
DRUG MART UNILET LANCETS 28G MISC	3	QL 120 / 30 day(s) PV Preventive
DRUG MART UNILET LANCETS 30G MISC	3	QL 120 / 30 day(s) PV Preventive
DRUG MART UNILET LANCETS 33G MISC	3	QL 120 / 30 day(s) PV Preventive
EASY COMFORT LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
EASY COMFORT LANCETS TWIST TOP MISC	3	QL 120 / 30 day(s) PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EASY TOUCH LANCETS 21G MISC	3	QL 120 / 30 day(s) PV Preventive
EASY TOUCH LANCETS 23G MISC	3	QL 120 / 30 day(s) PV Preventive
EASY TOUCH LANCETS 26G MISC	3	QL 120 / 30 day(s) PV Preventive
EASY TOUCH LANCETS 28G MISC	3	QL 120 / 30 day(s) PV Preventive
EASY TOUCH LANCETS 28G/TWIST MISC	3	QL 120 / 30 day(s) PV Preventive
EASY TOUCH LANCETS 30G MISC	3	QL 120 / 30 day(s) PV Preventive
EASY TOUCH LANCETS 30G/TWIST MISC	3	QL 120 / 30 day(s) PV Preventive
EASY TOUCH LANCETS 32G MISC	3	QL 120 / 30 day(s) PV Preventive
EASY TOUCH LANCETS 32G/TWIST MISC	3	QL 120 / 30 day(s) PV Preventive
EASY TOUCH LANCETS 33G/TWIST MISC	3	QL 120 / 30 day(s) PV Preventive
EASY TOUCH SAFETY LANCETS 21G MISC	3	QL 120 / 30 day(s) PV Preventive
EASY TOUCH SAFETY LANCETS 23G MISC	3	QL 120 / 30 day(s) PV Preventive
EASY TOUCH SAFETY LANCETS 26G MISC	3	QL 120 / 30 day(s) PV Preventive
EASY TOUCH SAFETY LANCETS 28G MISC	3	QL 120 / 30 day(s) PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EMBRACE LANCETS ULTRA THIN 30G MISC	3	QL 120 / 30 day(s) PV Preventive
EMBRACE PRESSURE ACTIVATED 21G MISC	3	QL 120 / 30 day(s) PV Preventive
EMBRACE PRESSURE ACTIVATED 28G MISC	3	QL 120 / 30 day(s) PV Preventive
EQL COLOR LANCETS 21G MISC	3	QL 120 / 30 day(s) PV Preventive
EQL COLOR LANCETS MICRO 33G MISC	3	QL 120 / 30 day(s) PV Preventive
EQL SUPER THIN LANCETS 30G MISC	3	QL 120 / 30 day(s) PV Preventive
EQL THIN LANCETS 26G MISC	3	QL 120 / 30 day(s) PV Preventive
E-Z JECT LANCET MICRO-THIN 33G MISC	3	QL 120 / 30 day(s) PV Preventive
E-Z JECT LANCETS 21G MISC	3	QL 120 / 30 day(s) PV Preventive
E-Z JECT LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
E-Z JECT LANCETS THIN 26G MISC	3	QL 120 / 30 day(s) PV Preventive
E-Z JECT LANCET SUPER THIN 30G MISC	3	QL 120 / 30 day(s) PV Preventive
EZ-LETS LANCETS 21G MISC	3	QL 120 / 30 day(s) PV Preventive
EZ-LETS LANCETS 26G MISC	3	QL 120 / 30 day(s) PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EZ-LETS LANCETS 28G MISC	3	QL 120 / 30 day(s) PV Preventive
EZ-LETS LANCETS 30G MISC	3	QL 120 / 30 day(s) PV Preventive
FIFTY50 SAFETY SEAL LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
FIFTY50 UNILET LANCETS 33G MISC	3	QL 120 / 30 day(s) PV Preventive
FINE 30 MISC	3	QL 120 / 30 day(s) PV Preventive
FINGERSTIX LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
FONDCIRCLE SINGLE USE LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
FORA LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
FREESTYLE LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
FREESTYLE UNISTICK II LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
GENTEEL BUTTERFLY TOUCH LANCET MISC	3	QL 120 / 30 day(s) PV Preventive
GENTLE-LET GP LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
GENTLE-LET LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
GLOBAL INJECT EASE LANCETS 28G MISC	3	QL 120 / 30 day(s) PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GLOBAL INJECT EASE LANCETS 30G MISC	3	QL 120 / 30 day(s) PV Preventive
GLUCOCOM LANCETS 28G MISC	3	QL 120 / 30 day(s) PV Preventive
GLUCOCOM LANCETS 30G MISC	3	QL 120 / 30 day(s) PV Preventive
GLUCOCOM LANCETS 33G MISC	3	QL 120 / 30 day(s) PV Preventive
GNP LANCETS 21G MISC	3	QL 120 / 30 day(s) PV Preventive
GNP LANCETS THIN 26G MISC	3	QL 120 / 30 day(s) PV Preventive
GNP STERILE LANCETS 28G MISC	3	QL 120 / 30 day(s) PV Preventive
GNP STERILE LANCETS 30G MISC	3	QL 120 / 30 day(s) PV Preventive
GNP STERILE LANCETS 33G MISC	3	QL 120 / 30 day(s) PV Preventive
GOJJI STERILE LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
GOODSENSE COLOR LANCETS 33G MISC	3	QL 120 / 30 day(s) PV Preventive
GOODSENSE LANCETS 26G UNIV MISC	3	QL 120 / 30 day(s) PV Preventive
GOODSENSE LANCETS 30G MISC	3	QL 120 / 30 day(s) PV Preventive
GOODSENSE LANCETS 30G UNIV MISC	3	QL 120 / 30 day(s) PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GOODSENSE LANCETS 33G MISC	3	QL 120 / 30 day(s) PV Preventive
GOODSENSE LANCETS 33G UNIV MISC	3	QL 120 / 30 day(s) PV Preventive
HAEMOLANCE LOW FLOW LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
HAEMOLANCE MISC	3	QL 120 / 30 day(s) PV Preventive
HAEMOLANCE PLUS HIGH FLOW MISC	3	QL 120 / 30 day(s) PV Preventive
HAEMOLANCE PLUS LOW FLOW MISC	3	QL 120 / 30 day(s) PV Preventive
HAEMOLANCE PLUS MAX FLOW MISC	3	QL 120 / 30 day(s) PV Preventive
HAEMOLANCE PLUS MISC	3	QL 120 / 30 day(s) PV Preventive
HAEMOLANCE PLUS PEDIATRIC FLOW MISC	3	QL 120 / 30 day(s) PV Preventive
H-E-B INCONTROL LANCETS 28G MISC	3	QL 120 / 30 day(s) PV Preventive
H-E-B INCONTROL LANCETS 30G MISC	3	QL 120 / 30 day(s) PV Preventive
H-E-B INCONTROL LANCETS 33G MISC	3	QL 120 / 30 day(s) PV Preventive
HY-VEE LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
HY-VEE THIN LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
IN TOUCH STERILE LANCETS 30G MISC	3	QL 120 / 30 day(s) PV Preventive
KINNEY LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
KINNEY THIN LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
KROGER HEALTHPRO LANCET 26G MISC	3	QL 120 / 30 day(s) PV Preventive
KROGER LANCETS 21G MISC	3	QL 120 / 30 day(s) PV Preventive
KROGER LANCETS MICRO THIN 33G MISC	3	QL 120 / 30 day(s) PV Preventive
KROGER LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
KROGER LANCETS SUPER THIN MISC	3	QL 120 / 30 day(s) PV Preventive
KROGER LANCETS THIN 26G MISC	3	QL 120 / 30 day(s) PV Preventive
KROGER LANCETS THIN MISC	3	QL 120 / 30 day(s) PV Preventive
KROGER LANCETS ULTRATHIN 30G MISC	3	QL 120 / 30 day(s) PV Preventive
LANCETS 28G THIN MISC	3	QL 120 / 30 day(s) PV Preventive
LANCETS 30G MISC	3	QL 120 / 30 day(s) PV Preventive
LANCETS 33G MISC	3	QL 120 / 30 day(s) PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LANCETS MICRO THIN 33G MISC	3	QL 120 / 30 day(s) PV Preventive
LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
LANCETS SUPER THIN 28G MISC	3	QL 120 / 30 day(s) PV Preventive
LANCETS SUPER THIN MISC	3	QL 120 / 30 day(s) PV Preventive
LANCETS THIN MISC	3	QL 120 / 30 day(s) PV Preventive
LANCETS ULTRA THIN 30G MISC	3	QL 120 / 30 day(s) PV Preventive
LANCETS ULTRA THIN MISC	3	QL 120 / 30 day(s) PV Preventive
LIBERTY MEDICAL LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
LITETOUCH LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
LITE TOUCH LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
LIVE BETTER LANCET SUPER THIN MISC	3	QL 120 / 30 day(s) PV Preventive
LONGS LANCETS STANDARD MISC	3	QL 120 / 30 day(s) PV Preventive
LONGS LANCETS THIN MISC	3	QL 120 / 30 day(s) PV Preventive
LONGS LANCETS ULTRA THIN MISC	3	QL 120 / 30 day(s) PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MEDICHOICE SAFETY LANCET EXTRA MISC	3	QL 120 / 30 day(s) PV Preventive
MEDICHOICE SAFETY LANCET MISC	3	QL 120 / 30 day(s) PV Preventive
MEDICHOICE SAFETY LANCET NORM MISC	3	QL 120 / 30 day(s) PV Preventive
MEDLANCE EXTRA 21G MISC	3	QL 120 / 30 day(s) PV Preventive
MEDLANCE LITE 25G MISC	3	QL 120 / 30 day(s) PV Preventive
MEDLANCE PLUS EXTRA 21G MISC	3	QL 120 / 30 day(s) PV Preventive
MEDLANCE PLUS LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
MEDLANCE PLUS LITE 25G MISC	3	QL 120 / 30 day(s) PV Preventive
MEDLANCE PLUS SPECIAL 0.8MM MISC	3	QL 120 / 30 day(s) PV Preventive
MEDLANCE PLUS SUPERLITE 30G MISC	3	QL 120 / 30 day(s) PV Preventive
MEDLANCE PLUS UNIVERSAL 21G MISC	3	QL 120 / 30 day(s) PV Preventive
MEDLANCE UNIVERSAL 21G MISC	3	QL 120 / 30 day(s) PV Preventive
MEIJER LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
MEIJER LANCETS THIN MISC	3	QL 120 / 30 day(s) PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MEIJER LANCETS UNIVERSAL 21G MISC	3	QL 120 / 30 day(s) PV Preventive
MEIJER LANCETS UNIVERSAL 30G MISC	3	QL 120 / 30 day(s) PV Preventive
MEIJER LANCETS UNIVERSAL 33G MISC	3	QL 120 / 30 day(s) PV Preventive
MEIJER SUPER THIN LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
MICROLET LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
MM TWIST LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
MOBILE LANCETS 30G MISC	3	QL 120 / 30 day(s) PV Preventive
MONOLET LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
MONOLET OPD LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
MONOLETTOR SAFETY LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
MPD SAFETY LANCET 21G MISC	3	QL 120 / 30 day(s) PV Preventive
MPD SAFETY LANCET 23G MISC	3	QL 120 / 30 day(s) PV Preventive
MPD SAFETY LANCET 28G MISC	3	QL 120 / 30 day(s) PV Preventive
MPD SAFETY LANCET 30G MISC	3	QL 120 / 30 day(s) PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MYGLUCOHEALTH LANCETS 30G MISC	3	QL 120 / 30 day(s) PV Preventive
NOVA SAFETY LANCETS 23G MISC	3	QL 120 / 30 day(s) PV Preventive
NOVA SAFETY LANCETS 28G MISC	3	QL 120 / 30 day(s) PV Preventive
NOVA SUREFLEX LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
ONETOUCH DELICA PLUS LANCET30G MISC	3	QL 120 / 30 day(s) PV Preventive
ONETOUCH DELICA PLUS LANCET33G MISC	3	QL 120 / 30 day(s) PV Preventive
ONETOUCH DELICA SAFETY LANCING MISC	3	QL 120 / 30 day(s) PV Preventive
ONETOUCH ULTRASOFT 2 LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
PERFECT LANCETS 28G MISC	3	QL 120 / 30 day(s) PV Preventive
PERFECT LANCETS 30G MISC	3	QL 120 / 30 day(s) PV Preventive
PERFECT POINT SAFETY LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
PHARMACIST CHOICE LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
PHARMACY COUNTER LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
PIP LANCETS 28G MISC	3	QL 120 / 30 day(s) PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PIP LANCETS 30G MISC	3	QL 120 / 30 day(s) PV Preventive
PRECISION THINS GP LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
PREFERRED PLUS LANCETS COLORED MISC	3	QL 120 / 30 day(s) PV Preventive
PREFERRED PLUS LANCETS THIN MISC	3	QL 120 / 30 day(s) PV Preventive
PRO COMFORT LANCETS 30G MISC	3	QL 120 / 30 day(s) PV Preventive
PRO COMFORT LANCETS 31G MISC	3	QL 120 / 30 day(s) PV Preventive
PRO COMFORT SAFETY LANCETS 30G MISC	3	QL 120 / 30 day(s) PV Preventive
PRODIGY LANCETS 28G MISC	3	QL 120 / 30 day(s) PV Preventive
PRODIGY SAFETY LANCETS 26G MISC	3	QL 120 / 30 day(s) PV Preventive
PRODIGY TWIST TOP LANCETS 28G MISC	3	QL 120 / 30 day(s) PV Preventive
PSS SELECT GP LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
PSS SELECT SAFETY LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
PURE COMFORT LANCETS 30G MISC	3	QL 120 / 30 day(s) PV Preventive
PX LANCETS MICROTHIN 33G MISC	3	QL 120 / 30 day(s) PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PX LANCETS ULTRA THIN 28G MISC	3	QL 120 / 30 day(s) PV Preventive
QC LANCETS SUPER THIN 30G MISC	3	QL 120 / 30 day(s) PV Preventive
QC LANCETS ULTRA THIN MISC	3	QL 120 / 30 day(s) PV Preventive
QC UNILET LANCETS 28G MISC	3	QL 120 / 30 day(s) PV Preventive
QC UNILET LANCETS MICRO THIN MISC	3	QL 120 / 30 day(s) PV Preventive
RA E-ZJECT LANCETS 28G MISC	3	QL 120 / 30 day(s) PV Preventive
RA E-ZJECT LANCETS THIN 26G MISC	3	QL 120 / 30 day(s) PV Preventive
RA E-ZJECT LANCETS THIN 28G MISC	3	QL 120 / 30 day(s) PV Preventive
RA E-ZJECT LANCETS ULTRA THIN MISC	3	QL 120 / 30 day(s) PV Preventive
READYLANCE SAFETY LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
REALITY LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
REALITY TRIGGER LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
RELION LANCET DEVICES 30G MISC	3	QL 120 / 30 day(s) PV Preventive
RELION LANCETS MICRO-THIN 33G MISC	3	QL 120 / 30 day(s) PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RELION LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
RELION LANCETS THIN 26G MISC	3	QL 120 / 30 day(s) PV Preventive
RELION LANCETS ULTRA-THIN 30G MISC	3	QL 120 / 30 day(s) PV Preventive
RELION ULTRA THIN LANCETS 30G MISC	3	QL 120 / 30 day(s) PV Preventive
RELION ULTRA THIN PLUS LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
REXALL LANCETS ULTRA THIN 30G MISC	3	QL 120 / 30 day(s) PV Preventive
RIGHTTEST GL300 LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
SAFE-T-LANCE MISC	3	QL 120 / 30 day(s) PV Preventive
SAFE-T-LANCE PLUS MISC	3	QL 120 / 30 day(s) PV Preventive
SAFETY LANCET 30G/PRESSURE ACT MISC	3	QL 120 / 30 day(s) PV Preventive
SAFETY LANCETS 21G MISC	3	QL 120 / 30 day(s) PV Preventive
SAFETY LANCETS 23G MISC	3	QL 120 / 30 day(s) PV Preventive
SAFETY LANCETS 28G MISC	3	QL 120 / 30 day(s) PV Preventive
SAFETY LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SAPSCARE TWIST TOP LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
SAPS HEALTH PLUS LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
SAPS HEALTH TWIST TOP LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
SAPS TWIST TOP LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
SB LANCETS THIN MISC	3	QL 120 / 30 day(s) PV Preventive
SB LANCETS ULTRA THIN MISC	3	QL 120 / 30 day(s) PV Preventive
SINGLE-LET MISC	3	QL 120 / 30 day(s) PV Preventive
SMARTEST LANCETS 28G MISC	3	QL 120 / 30 day(s) PV Preventive
SMART SENSE COLOR LANCETS 33G MISC	3	QL 120 / 30 day(s) PV Preventive
SMART SENSE STANDARD LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
SMART SENSE SUPER THIN LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
SMART SENSE THIN LANCETS 26G MISC	3	QL 120 / 30 day(s) PV Preventive
SM LANCETS 33G MISC	3	QL 120 / 30 day(s) PV Preventive
SOLUS V2 LANCETS 28G MISC	3	QL 120 / 30 day(s) PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SOLUS V2 TWIST LANCETS 30G MISC	3	QL 120 / 30 day(s) PV Preventive
STERILANCE TL MISC	3	QL 120 / 30 day(s) PV Preventive
SUPER THIN LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
SURE COMFORT LANCETS 18G MISC	3	QL 120 / 30 day(s) PV Preventive
SURE COMFORT LANCETS 21G MISC	3	QL 120 / 30 day(s) PV Preventive
SURE COMFORT LANCETS 23G MISC	3	QL 120 / 30 day(s) PV Preventive
SURE COMFORT LANCETS 28G MISC	3	QL 120 / 30 day(s) PV Preventive
SURE COMFORT LANCETS 30G MISC	3	QL 120 / 30 day(s) PV Preventive
SURELITE LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
TECHLITE AST LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
TECHLITE LANCETS 26G MISC	3	QL 120 / 30 day(s) PV Preventive
TECHLITE LANCETS 30G MISC	3	QL 120 / 30 day(s) PV Preventive
TECHLITE LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
TGT LANCET MICRO THIN 33G MISC	3	QL 120 / 30 day(s) PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TGT LANCET THIN 26G MISC	3	QL 120 / 30 day(s) PV Preventive
TGT LANCET ULTRA THIN 30G MISC	3	QL 120 / 30 day(s) PV Preventive
THINLETS GP LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
TODAYS HEALTH THIN LANCETS 28G MISC	3	QL 120 / 30 day(s) PV Preventive
TODAYS HEALTH THIN LANCETS 30G MISC	3	QL 120 / 30 day(s) PV Preventive
TOPCARE LANCETS MICRO-THIN 33G MISC	3	QL 120 / 30 day(s) PV Preventive
TRAVEL LANCETS ADVANCED 28G MISC	3	QL 120 / 30 day(s) PV Preventive
TRUE COMFORT SAFETY LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
TRUE COMFORT TWIST TOP LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
TRUEPLUS LANCETS 26G MISC	3	QL 120 / 30 day(s) PV Preventive
TRUEPLUS LANCETS 28G MISC	3	QL 120 / 30 day(s) PV Preventive
TRUEPLUS LANCETS 30G MISC	3	QL 120 / 30 day(s) PV Preventive
TRUEPLUS LANCETS 33G MISC	3	QL 120 / 30 day(s) PV Preventive
TRUEPLUS SAFETY LANCETS 28G MISC	3	QL 120 / 30 day(s) PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TWIST TOP LANCETS 30G MISC	3	QL 120 / 30 day(s) PV Preventive
ULTILET CLASSIC LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
ULTILET LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
ULTILET SAFETY LANCETS 23G MISC	3	QL 120 / 30 day(s) PV Preventive
ULTILET SAFETY LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
ULTRA-CARE LANCETS 30G MISC	3	QL 120 / 30 day(s) PV Preventive
ULTRA-THIN II AUTO LANCET MISC	3	QL 120 / 30 day(s) PV Preventive
ULTRA-THIN II LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
ULTRA THIN LANCETS 31G MISC	3	QL 120 / 30 day(s) PV Preventive
UNILET COMFORTOUCH LANCET MISC	3	QL 120 / 30 day(s) PV Preventive
UNILET EXCELITE II MISC	3	QL 120 / 30 day(s) PV Preventive
UNILET EXCELITE MISC	3	QL 120 / 30 day(s) PV Preventive
UNILET GP 28 ULTRA THIN MISC	3	QL 120 / 30 day(s) PV Preventive
UNILET G.P. LANCET MISC	3	QL 120 / 30 day(s) PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
UNILET G.P. SUPERLITE LANCET MISC	3	QL 120 / 30 day(s) PV Preventive
UNILET LANCET MISC	3	QL 120 / 30 day(s) PV Preventive
UNILET MICRO-THIN 33G MISC	3	QL 120 / 30 day(s) PV Preventive
UNILET SUPERLITE LANCET MISC	3	QL 120 / 30 day(s) PV Preventive
UNILET SUPER-THIN 30G MISC	3	QL 120 / 30 day(s) PV Preventive
UNILET ULTRA-THIN 28G MISC	3	QL 120 / 30 day(s) PV Preventive
UNISTIK 1 MISC	3	QL 120 / 30 day(s) PV Preventive
UNISTIK 2 COMFORT MISC	3	QL 120 / 30 day(s) PV Preventive
UNISTIK 2 EXTRA MISC	3	QL 120 / 30 day(s) PV Preventive
UNISTIK 2 MISC	3	QL 120 / 30 day(s) PV Preventive
UNISTIK 2 NEONATAL MISC	3	QL 120 / 30 day(s) PV Preventive
UNISTIK 2 NORMAL MISC	3	QL 120 / 30 day(s) PV Preventive
UNISTIK 2 SUPER MISC	3	QL 120 / 30 day(s) PV Preventive
UNISTIK 3 COMFORT MISC	3	QL 120 / 30 day(s) PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
UNISTIK 3 EXTRA MISC	3	QL 120 / 30 day(s) PV Preventive
UNISTIK 3 GENTLE MISC	3	QL 120 / 30 day(s) PV Preventive
UNISTIK 3 MISC	3	QL 120 / 30 day(s) PV Preventive
UNISTIK 3 NEONATAL MISC	3	QL 120 / 30 day(s) PV Preventive
UNISTIK 3 NORMAL MISC	3	QL 120 / 30 day(s) PV Preventive
UNISTIK CZT COMFORT MISC	3	QL 120 / 30 day(s) PV Preventive
UNISTIK CZT NORMAL MISC	3	QL 120 / 30 day(s) PV Preventive
UNISTIK NORMAL MISC	3	QL 120 / 30 day(s) PV Preventive
UNISTIK PRO SAFETY LANCET MISC	3	QL 120 / 30 day(s) PV Preventive
UNISTIK SAFETY LANCETS 28G MISC	3	QL 120 / 30 day(s) PV Preventive
UNISTIK SAFETY LANCETS 30G MISC	3	QL 120 / 30 day(s) PV Preventive
UNISTIK TOUCH SAFETY LANC 21G MISC	3	QL 120 / 30 day(s) PV Preventive
UNISTIK TOUCH SAFETY LANC 23G MISC	3	QL 120 / 30 day(s) PV Preventive
UNISTIK TOUCH SAFETY LANC 28G MISC	3	QL 120 / 30 day(s) PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
UNISTIK TOUCH SAFETY LANC 30G MISC	3	QL 120 / 30 day(s) PV Preventive
UNIVERSAL 1 LANCETS THIN 26G MISC	3	QL 120 / 30 day(s) PV Preventive
UNIVERSAL 1 LANCETS THIN 33G MISC	3	QL 120 / 30 day(s) PV Preventive
UNIVERSAL 1 LANCETS ULTRA THIN MISC	3	QL 120 / 30 day(s) PV Preventive
VALUE PLUS LANCETS SUPER THIN MISC	3	QL 120 / 30 day(s) PV Preventive
VALUE PLUS LANCET STANDARD 21G MISC	3	QL 120 / 30 day(s) PV Preventive
VALUE PLUS LANCETS THIN 26G MISC	3	QL 120 / 30 day(s) PV Preventive
VERIFINE SAFE LANCET MINI 21G MISC	3	QL 120 / 30 day(s) PV Preventive
VERIFINE SAFE LANCET MINI 23G MISC	3	QL 120 / 30 day(s) PV Preventive
VERIFINE SAFE LANCET MINI 28G MISC	3	QL 120 / 30 day(s) PV Preventive
VERIFINE SAFE LANCET MINI 30G MISC	3	QL 120 / 30 day(s) PV Preventive
VERIFINE UNIVERSAL LANCETS 28G MISC	3	QL 120 / 30 day(s) PV Preventive
VERIFINE UNIVERSAL LANCETS 30G MISC	3	QL 120 / 30 day(s) PV Preventive
VERIFINE UNIVERSAL LANCETS 33G MISC	3	QL 120 / 30 day(s) PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VIVAGUARD LANCETS 30G MISC	3	QL 120 / 30 day(s) PV Preventive
VIVAGUARD LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
VIVAGUARD SAFETY LANCETS 28G MISC	3	QL 120 / 30 day(s) PV Preventive
WALGREENS LANCETS MICRO THIN MISC	3	QL 120 / 30 day(s) PV Preventive
WALGREENS LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
WALGREENS LANCETS SUPER THIN MISC	3	QL 120 / 30 day(s) PV Preventive
WALGREENS THIN LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
WALGREENS ULTRA THIN LANCETS MISC	3	QL 120 / 30 day(s) PV Preventive
ZEVRX TWIST TOP LANCETS 30G MISC	3	QL 120 / 30 day(s) PV Preventive
ACCU-CHEK FASTCLIX LANCET KIT	3	QL 120 / 30 days PV Preventive
ACCU-CHEK SOFTCLIX LANCET DEV KIT	3	QL 120 / 30 days PV Preventive
AUTOLET II CLINISAFE KIT	3	QL 120 / 30 days PV Preventive
AUTOLET LITE CLINISAFE KIT	3	QL 120 / 30 days PV Preventive
AUTOLET LITE STARTER PACK KIT	3	QL 120 / 30 days PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AUTOLET PLATFORMS MISC	3	QL 120 / 30 days PV Preventive
GENTEEL CONTACT TIPS (BLUE) MISC	3	QL 120 / 30 days PV Preventive
GENTEEL CONTACT TIPS (CLEAR) MISC	3	QL 120 / 30 days PV Preventive
GENTEEL CONTACT TIPS (GREEN) MISC	3	QL 120 / 30 days PV Preventive
GENTEEL CONTACT TIPS (ORANGE) MISC	3	QL 120 / 30 days PV Preventive
GENTEEL CONTACT TIPS (RAINBOW) MISC	3	QL 120 / 30 days PV Preventive
GENTEEL CONTACT TIPS (VIOLET) MISC	3	QL 120 / 30 days PV Preventive
GENTEEL CONTACT TIPS (YELLOW) MISC	3	QL 120 / 30 days PV Preventive
GENTEEL LANCING KIT (BLUE) KIT	3	QL 120 / 30 days PV Preventive
GENTEEL NOZZLES MISC	3	QL 120 / 30 days PV Preventive
GENTLE-LET PLATFORMS MISC	3	QL 120 / 30 days PV Preventive
HYPOLANCE AST LANCING KIT	3	QL 120 / 30 days PV Preventive
LANCET TRANSPORTER CASE MISC	3	QL 120 / 30 days PV Preventive
MULTI-LANCET DEVICE 2 KIT	3	QL 120 / 30 days PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PSS SELECT PLATFORMS MISC	3	QL 120 / 30 days PV Preventive
RELION LANCING DEVICE KIT	3	QL 120 / 30 days PV Preventive
RIGHTTEST ALTERNATE SITE ADAPT MISC	3	QL 120 / 30 days PV Preventive
SELECT-LITE DEVICE/LANCETS KIT	3	QL 120 / 30 days PV Preventive
STERILANCE PA MISC	3	QL 120 / 30 days PV Preventive
PENBRAYA RECON SUSP	3	ACA Affordable Care Act Medications
<i>methylergonovine maleate tab 0.2 mg</i>	2	
<i>methylergonovine maleate tab 0.2 mg</i>	4	
<i>methylergonovine maleate tab 0.2 mg</i>	2	
OPVEE 2.7 MG/0.1ML SOLUTION	3	
MONOJECT HYPODERMIC NEEDLE 14G X 1-1/2" MISC	3	QL 120 / 30 days
MONOJECT HYPODERMIC NEEDLE 14G X 1" MISC	3	QL 120 / 30 days
MONOJECT HYPODERMIC NEEDLE 14G X 2" MISC	3	QL 120 / 30 days
BD DISP NEEDLES 16G X 1-1/2" MISC	3	QL 120 / 30 days
BD HYPODERMIC NEEDLE 16G X 1" MISC	3	QL 120 / 30 days
EASY TOUCH HYPODERMIC NEEDLE 16G X 1-1/2" MISC	3	QL 120 / 30 days
EASY TOUCH HYPODERMIC NEEDLE 16G X 1" MISC	3	QL 120 / 30 days
MONOJECT HYPODERMIC NEEDLE 16G X 1-1/2" MISC	3	QL 120 / 30 days
MONOJECT HYPODERMIC NEEDLE 16G X 1" MISC	3	QL 120 / 30 days
MONOJECT HYPODERMIC NEEDLE 16G X 3/4" MISC	3	QL 120 / 30 days
MONOJECT HYPODERMIC NEEDLE 16G X 5/8" MISC	3	QL 120 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BD BLUNT FILL NEEDLE 18G X 1-1/2" MISC	3	QL 120 / 30 days
BD BLUNT FILL NEEDLE W/FILTER 18G X 1-1/2" MISC	3	QL 120 / 30 days
BD DISP NEEDLES 18G X 1-1/2" MISC	3	QL 120 / 30 days
BD ECLIPSE NEEDLE 18G X 1-1/2" MISC	3	QL 120 / 30 days
BD ECLIPSE SHIELDED NEEDLE 18G X 1-1/2" MISC	3	QL 120 / 30 days
BD HYPODERMIC NEEDLE 18G X 1-1/2" MISC	3	QL 120 / 30 days
BD HYPODERMIC NEEDLE 18G X 1" MISC	3	QL 120 / 30 days
BD SAFETYGLIDE NEEDLE 18G X 1-1/2" MISC	3	QL 120 / 30 days
CAREPOINT POLY HUB NEEDLE 18G X 1-1/2" MISC	3	QL 120 / 30 days
CAREPOINT POLY HUB NEEDLE 18G X 1" MISC	3	QL 120 / 30 days
CARETOUCH HYPODERMIC NEEDLE 18G X 1-1/2" MISC	3	QL 120 / 30 days
EASYPOINT NEEDLE 18G X 1-1/2" MISC	3	QL 120 / 30 days
EASYPOINT NEEDLE 18G X 1" MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK NEEDLES 18G X 1-1/2" MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK NEEDLES 18G X 1" MISC	3	QL 120 / 30 days
EASY TOUCH HYPODERMIC NEEDLE 18G X 1-1/2" MISC	3	QL 120 / 30 days
EASY TOUCH HYPODERMIC NEEDLE 18G X 1.25" MISC	3	QL 120 / 30 days
EASY TOUCH HYPODERMIC NEEDLE 18G X 1" MISC	3	QL 120 / 30 days
HYPODERMIC NEEDLE 18G X 1-1/2" MISC	3	QL 120 / 30 days
HYPODERMIC NEEDLE 18G X 1" MISC	3	QL 120 / 30 days
MONOJECT HYPODERMIC NEEDLE 18G X 1-1/2" MISC	3	QL 120 / 30 days
MONOJECT HYPODERMIC NEEDLE 18G X 1" MISC	3	QL 120 / 30 days
MONOJECT MAGELLAN SAFETY NDL 18G X 1-1/2" MISC	3	QL 120 / 30 days
MONOJECT MAGELLAN SAFETY NDL 18G X 1" MISC	3	QL 120 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
POLY HUB NEEDLE 18G X 1-1/2" MISC	3	QL 120 / 30 days
POLY HUB NEEDLE 18G X 1" MISC	3	QL 120 / 30 days
BD DISP NEEDLES 19G X 1" MISC	3	QL 120 / 30 days
BD HYPODERMIC NEEDLE 19G X 1-1/2" MISC	3	QL 120 / 30 days
BD HYPODERMIC NEEDLE 19G X 1" MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK NEEDLES 19G X 1-1/2" MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK NEEDLES 19G X 1" MISC	3	QL 120 / 30 days
EASY TOUCH HYPODERMIC NEEDLE 19G X 1-1/2" MISC	3	QL 120 / 30 days
EASY TOUCH HYPODERMIC NEEDLE 19G X 1" MISC	3	QL 120 / 30 days
MONOJECT HYPODERMIC NEEDLE 19G X 1-1/2" MISC	3	QL 120 / 30 days
MONOJECT HYPODERMIC NEEDLE 19G X 1" MISC	3	QL 120 / 30 days
MONOJECT MAGELLAN SAFETY NDL 19G X 1-1/2" MISC	3	QL 120 / 30 days
MONOJECT MAGELLAN SAFETY NDL 19G X 1" MISC	3	QL 120 / 30 days
SECURESAFE HYPODERMIC NEEDLE 19G X 1-1/2" MISC	3	QL 120 / 30 days
SECURESAFE HYPODERMIC NEEDLE 19G X 1" MISC	3	QL 120 / 30 days
BD DISP NEEDLES 20G X 1-1/2" MISC	3	QL 120 / 30 days
BD DISP NEEDLES 20G X 1" MISC	3	QL 120 / 30 days
CAREPOINT POLY HUB NEEDLE 20G X 1" MISC	3	QL 120 / 30 days
CARETOUCH HYPODERMIC NEEDLE 20G X 1" MISC	3	QL 120 / 30 days
EASYPOINT NEEDLE 20G X 1-1/2" MISC	3	QL 120 / 30 days
EASYPOINT NEEDLE 20G X 1" MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK NEEDLES 20G X 1-1/2" MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK NEEDLES 20G X 1" MISC	3	QL 120 / 30 days
EASY TOUCH HYPODERMIC NEEDLE 20G X 1-1/2" MISC	3	QL 120 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EASY TOUCH HYPODERMIC NEEDLE 20G X 1" MISC	3	QL 120 / 30 days
HYPODERMIC NEEDLE 20G X 1-1/2" MISC	3	QL 120 / 30 days
HYPODERMIC NEEDLE 20G X 1" MISC	3	QL 120 / 30 days
MONOJECT BLUNTIP CANNULA 20G X 1-1/2" MISC	3	QL 120 / 30 days
MONOJECT HYPODERMIC NEEDLE 20G X 1-1/2" MISC	3	QL 120 / 30 days
MONOJECT HYPODERMIC NEEDLE 20G X 1" MISC	3	QL 120 / 30 days
MONOJECT MAGELLAN SAFETY NDL 20G X 1-1/2" MISC	3	QL 120 / 30 days
MONOJECT MAGELLAN SAFETY NDL 20G X 1" MISC	3	QL 120 / 30 days
BD DISP NEEDLES 21G X 1-1/2" MISC	3	QL 120 / 30 days
BD ECLIPSE NEEDLE 21G X 1-1/2" MISC	3	QL 120 / 30 days
BD ECLIPSE NEEDLE 21G X 1" MISC	3	QL 120 / 30 days
BD HYPODERMIC NEEDLE 21G X 1" MISC	3	QL 120 / 30 days
BD HYPODERMIC NEEDLE 21G X 2" MISC	3	QL 120 / 30 days
BD SAFETYGLIDE NEEDLE 21G X 1" MISC	3	QL 120 / 30 days
BD SAFETYGLIDE SHIELDED NEEDLE 21G X 1-1/2" MISC	3	QL 120 / 30 days
CAREPOINT POLY HUB NEEDLE 21G X 1-1/2" MISC	3	QL 120 / 30 days
CAREPOINT POLY HUB NEEDLE 21G X 1" MISC	3	QL 120 / 30 days
EASYPOINT NEEDLE 21G X 1-1/2" MISC	3	QL 120 / 30 days
EASYPOINT NEEDLE 21G X 1" MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK NEEDLES 21G X 1-1/2" MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK NEEDLES 21G X 1" MISC	3	QL 120 / 30 days
EASY TOUCH HYPODERMIC NEEDLE 21G X 1-1/2" MISC	3	QL 120 / 30 days
EASY TOUCH HYPODERMIC NEEDLE 21G X 1" MISC	3	QL 120 / 30 days
HYPODERMIC NEEDLE 21G X 1-1/2" MISC	3	QL 120 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HYPODERMIC NEEDLE 21G X 1" MISC	3	QL 120 / 30 days
MONOJECT BLUNTIP CANNULA 21G X 1" MISC	3	QL 120 / 30 days
MONOJECT HYPODERMIC NEEDLE 21G X 1-1/2" MISC	3	QL 120 / 30 days
MONOJECT HYPODERMIC NEEDLE 21G X 1" MISC	3	QL 120 / 30 days
MONOJECT HYPODERMIC NEEDLE 21G X 2" MISC	3	QL 120 / 30 days
MONOJECT MAGELLAN SAFETY NDL 21G X 1-1/2" MISC	3	QL 120 / 30 days
MONOJECT MAGELLAN SAFETY NDL 21G X 1" MISC	3	QL 120 / 30 days
MONOJECT MAGELLAN SAFETY NDL 21G X 5/8" MISC	3	
POLY HUB NEEDLE 21G X 1-1/2" MISC	3	QL 120 / 30 days
POLY HUB NEEDLE 21G X 1" MISC	3	QL 120 / 30 days
SECURESAFE HYPODERMIC NEEDLE 21G X 1-1/2" MISC	3	QL 120 / 30 days
YALE DISP NEEDLES 21G X 1-1/4" MISC	3	QL 120 / 30 days
BD DISP NEEDLES 22G X 1-1/2" MISC	3	QL 120 / 30 days
BD HYPODERMIC NEEDLE 22G X 1-1/2" MISC	3	QL 120 / 30 days
BD HYPODERMIC NEEDLE 22G X 1" MISC	3	QL 120 / 30 days
BD SAFETYGLIDE SHIELDED NEEDLE 22G X 1-1/2" MISC	3	QL 120 / 30 days
CAREPOINT POLY HUB NEEDLE 22G X 1-1/2" MISC	3	QL 120 / 30 days
CAREPOINT POLY HUB NEEDLE 22G X 1" MISC	3	QL 120 / 30 days
CARETOUCH HYPODERMIC NEEDLE 22G X 1" MISC	3	QL 120 / 30 days
EASYPOINT NEEDLE 22G X 1-1/2" MISC	3	QL 120 / 30 days
EASYPOINT NEEDLE 22G X 1" MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK NEEDLES 22G X 1-1/2" MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK NEEDLES 22G X 1" MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK NEEDLES 22G X 3/4" MISC	3	QL 120 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EASY TOUCH HYPODERMIC NEEDLE 22G X 1-1/2" MISC	3	QL 120 / 30 days
EASY TOUCH HYPODERMIC NEEDLE 22G X 1" MISC	3	QL 120 / 30 days
HYPODERMIC NEEDLE 22G X 1-1/2" MISC	3	QL 120 / 30 days
HYPODERMIC NEEDLE 22G X 1" MISC	3	QL 120 / 30 days
MONOJECT HYPODERMIC NEEDLE 22G X 1-1/2" MISC	3	QL 120 / 30 days
MONOJECT HYPODERMIC NEEDLE 22G X 1" MISC	3	QL 120 / 30 days
MONOJECT MAGELLAN SAFETY NDL 22G X 1-1/2" MISC	3	QL 120 / 30 days
MONOJECT MAGELLAN SAFETY NDL 22G X 1" MISC	3	QL 120 / 30 days
POLY HUB NEEDLE 22G X 1-1/2" MISC	3	QL 120 / 30 days
POLY HUB NEEDLE 22G X 1" MISC	3	QL 120 / 30 days
SECURESAFE HYPODERMIC NEEDLE 22G X 1" MISC	3	QL 120 / 30 days
BD DISP NEEDLE 23G X 1" MISC	3	QL 120 / 30 days
BD ECLIPSE NEEDLE 23G X 1" MISC	3	QL 120 / 30 days
BD HYPODERMIC NEEDLE 23G X 1" MISC	3	QL 120 / 30 days
BD HYPODERMIC NEEDLE 23G X 3/4" MISC	3	QL 120 / 30 days
BD INTEGRA NEEDLE 23G X 1" MISC	3	QL 120 / 30 days
BD PRECISIONGLIDE NEEDLE 23G X 1-1/2" MISC	3	QL 120 / 30 days
BD SAFETYGLIDE NEEDLE 23G X 1-1/2" MISC	3	QL 120 / 30 days
BD SAFETYGLIDE SHIELDED NEEDLE 23G X 1" MISC	3	QL 120 / 30 days
CAREPOINT POLY HUB NEEDLE 23G X 1-1/2" MISC	3	QL 120 / 30 days
CAREPOINT POLY HUB NEEDLE 23G X 1" MISC	3	QL 120 / 30 days
CAREPOINT SAFETY 1ST NEEDLE 23G X 1-1/2" MISC	3	QL 120 / 30 days
CAREPOINT SAFETY 1ST NEEDLE 23G X 1" MISC	3	QL 120 / 30 days
CARETOUCH HYPODERMIC NEEDLE 23G X 1-1/2" MISC	3	QL 120 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CARETOUCH HYPODERMIC NEEDLE 23G X 1" MISC	3	QL 120 / 30 days
EASYPPOINT NEEDLE 23G X 1" MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK NEEDLES 23G X 1-1/2" MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK NEEDLES 23G X 1" MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK NEEDLES 23G X 5/8" MISC	3	QL 120 / 30 days
EASY TOUCH HYPODERMIC NEEDLE 23G X 1-1/2" MISC	3	QL 120 / 30 days
EASY TOUCH HYPODERMIC NEEDLE 23G X 1-1/4" MISC	3	QL 120 / 30 days
EASY TOUCH HYPODERMIC NEEDLE 23G X 1" MISC	3	QL 120 / 30 days
EASY TOUCH HYPODERMIC NEEDLE 23G X 3/4" MISC	3	QL 120 / 30 days
HYPODERMIC NEEDLE 23G X 1-1/2" MISC	3	QL 120 / 30 days
HYPODERMIC NEEDLE 23G X 1" MISC	3	QL 120 / 30 days
MONOJECT HYPODERMIC NEEDLE 23G X 1" MISC	3	QL 120 / 30 days
MONOJECT HYPODERMIC NEEDLE 23G X 3/4" MISC	3	QL 120 / 30 days
MONOJECT MAGELLAN SAFETY NDL 23G X 1" MISC	3	QL 120 / 30 days
MONOJECT MAGELLAN SAFETY NDL 23G X 5/8" MISC	3	QL 120 / 30 days
POLY HUB NEEDLE 23G X 1-1/2" MISC	3	QL 120 / 30 days
POLY HUB NEEDLE 23G X 1" MISC	3	QL 120 / 30 days
VERISAFE SAFETY STERILE NEEDLE 23G X 1-1/2" MISC	3	QL 120 / 30 days
EASY TOUCH HYPODERMIC NEEDLE 24G X 1.25" MISC	3	QL 120 / 30 days
EASY TOUCH HYPODERMIC NEEDLE 24G X 1" MISC	3	QL 120 / 30 days
BD DISP NEEDLE 25G X 1" MISC	3	QL 120 / 30 days
BD DISP NEEDLES 25G X 5/8" MISC	3	QL 120 / 30 days
BD DISP NEEDLES 25G X 7/8" MISC	3	QL 120 / 30 days
BD ECLIPSE NEEDLE 25G X 1-1/2" MISC	3	QL 120 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BD ECLIPSE NEEDLE 25G X 1" MISC	3	QL 120 / 30 days
BD ECLIPSE NEEDLE 25G X 5/8" MISC	3	QL 120 / 30 days
BD HYPODERMIC NEEDLE 25G X 1-1/2" MISC	3	QL 120 / 30 days
BD SAFETYGLIDE NEEDLE 25G X 1" MISC	3	QL 120 / 30 days
BD SAFETYGLIDE NEEDLE 25G X 5/8" MISC	3	QL 120 / 30 days
CAREPOINT POLY HUB NEEDLE 25G X 1-1/2" MISC	3	QL 120 / 30 days
CAREPOINT POLY HUB NEEDLE 25G X 1" MISC	3	QL 120 / 30 days
CAREPOINT POLY HUB NEEDLE 25G X 5/8" MISC	3	QL 120 / 30 days
CAREPOINT SAFETY 1ST NEEDLE 25G X 1-1/2" MISC	3	QL 120 / 30 days
CAREPOINT SAFETY 1ST NEEDLE 25G X 1" MISC	3	QL 120 / 30 days
CAREPOINT SAFETY 1ST NEEDLE 25G X 5/8" MISC	3	QL 120 / 30 days
CARETOUCH HYPODERMIC NEEDLE 25G X 1-1/2" MISC	3	QL 120 / 30 days
CARETOUCH HYPODERMIC NEEDLE 25G X 1" MISC	3	QL 120 / 30 days
CARETOUCH HYPODERMIC NEEDLE 25G X 5/8" MISC	3	QL 120 / 30 days
DROPSAFE SICURA 25G X 1" MISC	3	QL 120 / 30 days
DROPSAFE SICURA 25G X 5/8" MISC	3	QL 120 / 30 days
EASYPOINT NEEDLE 25G X 1-1/2" MISC	3	QL 120 / 30 days
EASYPOINT NEEDLE 25G X 1" MISC	3	QL 120 / 30 days
EASYPOINT NEEDLE 25G X 5/8" MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK NEEDLES 25G X 1-1/2" MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK NEEDLES 25G X 1" MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK NEEDLES 25G X 5/8" MISC	3	QL 120 / 30 days
EASY TOUCH HYPODERMIC NEEDLE 25G X 1-1/2" MISC	3	QL 120 / 30 days
EASY TOUCH HYPODERMIC NEEDLE 25G X 1" MISC	3	QL 120 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EASY TOUCH HYPODERMIC NEEDLE 25G X 5/8" MISC	3	QL 120 / 30 days
HYPODERMIC NEEDLE 25G X 1-1/2" MISC	3	QL 120 / 30 days
HYPODERMIC NEEDLE 25G X 5/8" MISC	3	QL 120 / 30 days
MONOJECT HYPODERMIC NEEDLE 25G X 1-1/2" MISC	3	QL 120 / 30 days
MONOJECT HYPODERMIC NEEDLE 25G X 1-1/4" MISC	3	QL 120 / 30 days
MONOJECT HYPODERMIC NEEDLE 25G X 1" MISC	3	QL 120 / 30 days
MONOJECT HYPODERMIC NEEDLE 25G X 2" MISC	3	QL 120 / 30 days
MONOJECT HYPODERMIC NEEDLE 25G X 5/8" MISC	3	QL 120 / 30 days
MONOJECT MAGELLAN SAFETY NDL 25G X 1" MISC	3	QL 120 / 30 days
MONOJECT MAGELLAN SAFETY NDL 25G X 5/8" MISC	3	QL 120 / 30 days
PERFECT POINT SAFETY NEEDLE 25G X 1" MISC	3	QL 120 / 30 days
POLY HUB NEEDLE 25G X 1-1/2" MISC	3	QL 120 / 30 days
POLY HUB NEEDLE 25G X 1" MISC	3	QL 120 / 30 days
POLY HUB NEEDLE 25G X 5/8" MISC	3	QL 120 / 30 days
SECURESAFE HYPODERMIC NEEDLE 25G X 1-1/2" MISC	3	QL 120 / 30 days
VERISAFE SAFETY STERILE NEEDLE 25G X 1" MISC	3	QL 120 / 30 days
BD HYPODERMIC NEEDLE 26G X 1/2" MISC	3	QL 120 / 30 days
CARETOUCH HYPODERMIC NEEDLE 26G X 1" MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK NEEDLES 26G X 1/2" MISC	3	QL 120 / 30 days
EASY TOUCH HYPODERMIC NEEDLE 26G X 1/2" MISC	3	QL 120 / 30 days
EASY TOUCH HYPODERMIC NEEDLE 26G X 3/8" MISC	3	QL 120 / 30 days
EASY TOUCH HYPODERMIC NEEDLE 26G X 5/8" MISC	3	QL 120 / 30 days
HYPODERMIC NEEDLE 26G X 1/2" MISC	3	QL 120 / 30 days
MONOJECT HYPODERMIC NEEDLE 26G X 1-1/2" MISC	3	QL 120 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MONOJECT HYPODERMIC NEEDLE 26G X 1/2" MISC	3	QL 120 / 30 days
SECURESAFE HYPODERMIC NEEDLE 26G X 1/2" MISC	3	QL 120 / 30 days
BD DISP NEEDLES 27G X 1/2" MISC	3	QL 120 / 30 days
BD ECLIPSE NEEDLE 27G X 1/2" MISC	3	QL 120 / 30 days
BD PRECISIONGLIDE NEEDLE 27G X 1-1/2" MISC	3	QL 120 / 30 days
BD SAFETYGLIDE NEEDLE 27G X 5/8" MISC	3	
CAREPOINT POLY HUB NEEDLE 27G X 1/2" MISC	3	QL 120 / 30 days
CARETOUCH HYPODERMIC NEEDLE 27G X 1-1/2" MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK NEEDLES 27G X 1/2" MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK NEEDLES 27G X 1" MISC	3	QL 120 / 30 days
EASY TOUCH HYPODERMIC NEEDLE 27G X 1-1/2" MISC	3	QL 120 / 30 days
EASY TOUCH HYPODERMIC NEEDLE 27G X 1-1/4" MISC	3	QL 120 / 30 days
EASY TOUCH HYPODERMIC NEEDLE 27G X 1/2" MISC	3	QL 120 / 30 days
HYPODERMIC NEEDLE 27G X 1-1/2" MISC	3	QL 120 / 30 days
HYPODERMIC NEEDLE 27G X 1/2" MISC	3	QL 120 / 30 days
MONOJECT HYPODERMIC NEEDLE 27G X 1-1/2" MISC	3	QL 120 / 30 days
MONOJECT HYPODERMIC NEEDLE 27G X 1-1/4" MISC	3	QL 120 / 30 days
MONOJECT HYPODERMIC NEEDLE 27G X 1/2" MISC	3	QL 120 / 30 days
POLY HUB NEEDLE 27G X 1-1/4" MISC	3	QL 120 / 30 days
POLY HUB NEEDLE 27G X 1/2" MISC	3	QL 120 / 30 days
SECURESAFE HYPODERMIC NEEDLE 27G X 1/2" MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK NEEDLES 28G X 1/2" MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK NEEDLES 29G X 1/2" MISC	3	QL 120 / 30 days
BD DISP NEEDLES 30G X 1/2" MISC	3	QL 120 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BD ECLIPSE LUER-LOK NEEDLE 30G X 1/2" MISC	3	QL 120 / 30 days
CAREPOINT POLY HUB NEEDLE 30G X 1/2" MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK NEEDLES 30G X 1/2" MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK NEEDLES 30G X 5/16" MISC	3	QL 120 / 30 days
EASY TOUCH HYPODERMIC NEEDLE 30G X 1/2" MISC	3	QL 120 / 30 days
EASY TOUCH HYPODERMIC NEEDLE 30G X 1" MISC	3	QL 120 / 30 days
MONOJECT HYPODERMIC NEEDLE 30G X 3/4" MISC	3	QL 120 / 30 days
POLY HUB NEEDLE 30G X 1/2" MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK NEEDLES 31G X 5/16" MISC	3	QL 120 / 30 days
EASY TOUCH HYPODERMIC NEEDLE 31G X 5/16" MISC	3	QL 120 / 30 days
EASY TOUCH HYPODERMIC NEEDLE 32G X 5/16" MISC	3	QL 120 / 30 days
MONOJECT INTRODUCER NEEDLE 18G X 1-1/4" MISC	3	
BD FILTER NEEDLE/5 MICRON MISC	3	QL 120 / 30 days
MONOJECT FILTER ASPIRATOR MISC	3	QL 120 / 30 days
LIVDELZI 10 MG CAP	5	QL 30 / 30 days PA S
SODIUM PHENYLBUTYRATE POWDER	5	PA S
OPTICHAMBER DIAMOND DEVICE	3	
OPTICHAMBER DIAMOND-LG MASK DEVICE	3	
OPTICHAMBER DIAMOND-MD MASK MISC	3	
OPTICHAMBER DIAMOND MISC	3	
OPTICHAMBER DIAMOND-SM MASK MISC	3	
BARDIA BULB IRRIGATION SYRINGE 60 ML MISC	3	QL 120 / 30 days
BARDIA PISTON IRRIGATION SYR 60 ML MISC	3	QL 120 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BD CONTROL SYRINGE LUER-LOK 10 ML MISC	3	QL 120 / 30 day(s)
BD LUER-LOK SYRINGE 10 ML MISC	3	QL 120 / 30 day(s)
BD PLASTIPAK SYRINGE 3 ML MISC	3	QL 120 / 30 day(s)
BD SYRINGE 50 ML MISC	3	
BD SYRINGE BLUNT CANNULA 17G 10 ML MISC	3	QL 120 / 30 day(s)
BD SYRINGE DISPOSABLE 50 ML MISC	3	
BD SYRINGE DUAL CANNULA 10 ML MISC	3	QL 120 / 30 day(s)
BD SYRINGE LUER-LOK 10 ML MISC	3	QL 120 / 30 day(s)
BD SYRINGE LUER-LOK 1 ML MISC	3	QL 120 / 30 day(s)
BD SYRINGE LUER-LOK 20 ML MISC	3	QL 120 / 30 days
BD SYRINGE LUER-LOK 30 ML MISC	3	QL 120 / 30 days
BD SYRINGE LUER-LOK 3 ML MISC	3	QL 120 / 30 day(s)
BD SYRINGE LUER-LOK 5 ML MISC	3	QL 120 / 30 day(s)
BD SYRINGE LUER SLIP TIP 50 ML MISC	3	
BD SYRINGE LUER SLIP TIP 5 ML MISC	3	QL 120 / 30 day(s)
BD SYRINGE SLIP TIP 10 ML MISC	3	QL 120 / 30 day(s)
BD SYRINGE SLIP TIP 1 ML MISC	3	QL 120 / 30 day(s)
BD SYRINGE SLIP TIP 3 ML MISC	3	QL 120 / 30 day(s)
CAREPOINT SYRINGE CATHETER TIP 60 ML MISC	3	QL 120 / 30 days
CAREPOINT SYRINGE LUER LOCK 10 ML MISC	3	QL 120 / 30 day(s)
CAREPOINT SYRINGE LUER LOCK 1 ML MISC	3	QL 120 / 30 day(s)
CAREPOINT SYRINGE LUER LOCK 20 ML MISC	3	QL 120 / 30 days
CAREPOINT SYRINGE LUER LOCK 30 ML MISC	3	QL 120 / 30 days
CAREPOINT SYRINGE LUER LOCK 3 ML MISC	3	QL 120 / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CAREPOINT SYRINGE LUER LOCK 5 ML MISC	3	QL 120 / 30 day(s)
CAREPOINT SYRINGE LUER LOCK 60 ML MISC	3	QL 120 / 30 days
CAREPOINT SYRINGE LUER SLIP 1 ML MISC	3	QL 120 / 30 day(s)
CAREPOINT SYRINGE LUER SLIP 60 ML MISC	3	QL 120 / 30 days
CARETOUCH CATHETER TIP SYRINGE 60 ML MISC	3	QL 120 / 30 days
CARETOUCH LUER LOCK 10 ML MISC	3	QL 120 / 30 day(s)
CARETOUCH LUER LOCK 1 ML MISC	3	QL 120 / 30 day(s)
CARETOUCH LUER LOCK 3 ML MISC	3	QL 120 / 30 day(s)
CARETOUCH LUER LOCK 5 ML MISC	3	QL 120 / 30 day(s)
CARETOUCH LUER SLIP 10 ML MISC	3	QL 120 / 30 day(s)
CARETOUCH LUER SLIP 1 ML MISC	3	QL 120 / 30 day(s)
CARETOUCH LUER SLIP 3 ML MISC	3	QL 120 / 30 day(s)
CARETOUCH LUER SLIP 5 ML MISC	3	QL 120 / 30 day(s)
EASY GLIDE CATH TIP SYRINGE 60 ML MISC	3	QL 120 / 30 days
EASY GLIDE LUER LOCK SYRINGE 10 ML MISC	3	QL 120 / 30 day(s)
EASY GLIDE LUER LOCK SYRINGE 1 ML MISC	3	QL 120 / 30 day(s)
EASY GLIDE LUER LOCK SYRINGE 20 ML MISC	3	QL 120 / 30 days
EASY GLIDE LUER LOCK SYRINGE 30 ML MISC	3	QL 120 / 30 days
EASY GLIDE LUER LOCK SYRINGE 3 ML MISC	3	QL 120 / 30 day(s)
EASY GLIDE LUER LOCK SYRINGE 5 ML MISC	3	QL 120 / 30 day(s)
EASY GLIDE LUER LOCK SYRINGE 60 ML MISC	3	QL 120 / 30 days
EASY GLIDE SLIP LOCK SYRINGE 1 ML MISC	3	QL 120 / 30 day(s)
EASY TOUCH SYRINGE BARREL 10 ML MISC	3	QL 120 / 30 day(s)
EASY TOUCH SYRINGE BARREL 1 ML MISC	3	QL 120 / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EASY TOUCH SYRINGE BARREL 20 ML MISC	3	QL 120 / 30 days
EASY TOUCH SYRINGE BARREL 3 ML MISC	3	QL 120 / 30 day(s)
EASY TOUCH SYRINGE BARREL 5 ML MISC	3	QL 120 / 30 day(s)
EASY TOUCH SYRINGE BARREL 60 ML MISC	3	QL 120 / 30 days
LUER LOCK SAFETY SYRINGES 3 ML MISC	3	QL 120 / 30 day(s)
MONOJECT BLUNTIP SYR/CANNULA 3 ML MISC	3	QL 120 / 30 day(s)
MONOJECT BLUNTIP SYR/CANNULA 6 ML MISC	3	QL 120 / 30 days
MONOJECT CONTROL SYRINGE 12 ML MISC	3	QL 120 / 30 days
MONOJECT CONTROL SYRINGE 20 ML MISC	3	QL 120 / 30 days
MONOJECT PHARMACY TRAY 12 ML MISC	3	QL 120 / 30 days
MONOJECT PHARMACY TRAY 1 ML MISC	3	QL 120 / 30 day(s)
MONOJECT PHARMACY TRAY 20 ML MISC	3	QL 120 / 30 days
MONOJECT PHARMACY TRAY 35 ML MISC	3	QL 120 / 30 days
MONOJECT PHARMACY TRAY 3 ML MISC	3	QL 120 / 30 day(s)
MONOJECT PHARMACY TRAY 60 ML MISC	3	QL 120 / 30 days
MONOJECT PHARMACY TRAY 6 ML MISC	3	QL 120 / 30 days
MONOJECT PISTON SYRINGE 140 ML MISC	3	QL 120 / 30 days
MONOJECT SOFTPACK/CATHTIP 35 ML MISC	3	QL 120 / 30 days
MONOJECT SOFTPACK/LLOCK 20 ML MISC	3	QL 120 / 30 days
MONOJECT SOFTPACK/LLOCK 35 ML MISC	3	QL 120 / 30 days
MONOJECT SOFTPACK/LLOCK 60 ML MISC	3	QL 120 / 30 days
MONOJECT SOFTPACK/LTIP 20 ML MISC	3	QL 120 / 30 days
MONOJECT SOFTPACK/RG LOCK 35 ML MISC	3	QL 120 / 30 days
MONOJECT SOFTPACK/RG LUER 60 ML MISC	3	QL 120 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MONOJECT SYRINGE 12 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE 3 ML MISC	3	QL 120 / 30 day(s)
MONOJECT SYRINGE 6 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE CATH TIP 35 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE CATH TIP 60 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE ECCENTRIC TIP 60 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE ECC LUER 20 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE ECC LUER 35 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE LUER LOCK 20 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE LUER LOCK 35 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE LUER LOCK 60 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE LUER LOCK 6 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE LUER-LOCK TIP 140 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE LUER-LOCK TIP 60 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE PHARMACY TRAY 1 ML MISC	3	QL 120 / 30 day(s)
MONOJECT SYRINGE REG LUER 12 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE REG LUER 20 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE REG LUER 35 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE REG LUER 3 ML MISC	3	QL 120 / 30 day(s)
MONOJECT SYRINGE REG LUER 6 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE REGULAR TIP 20 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE REGULAR TIP 3 ML MISC	3	QL 120 / 30 day(s)
MONOJECT SYRINGE REGULAR TIP 60 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE REGULAR TIP 6 ML MISC	3	QL 120 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MONOJECT SYRINGE TOOMEY TYPE 60 ML MISC	3	QL 120 / 30 days
MONOJECT TB SYRINGE 1 ML MISC	3	QL 120 / 30 day(s)
NORM-JECT LUER LOCK SYRINGE 10 ML MISC	3	QL 120 / 30 day(s)
NORM-JECT LUER LOCK SYRINGE 20 ML MISC	3	QL 120 / 30 days
NORM-JECT LUER SLIP SYRINGE 1 ML MISC	3	QL 120 / 30 day(s)
SYRINGE DISPOSABLE 10 ML MISC	3	QL 120 / 30 day(s)
SYRINGE ECCENTRIC TIP 10 ML MISC	3	QL 120 / 30 day(s)
SYRINGE LUER LOCK 10 ML MISC	3	QL 120 / 30 day(s)
SYRINGE LUER LOCK 20 ML MISC	3	QL 120 / 30 days
SYRINGE LUER LOCK 30 ML MISC	3	QL 120 / 30 days
SYRINGE LUER LOCK 3 ML MISC	3	QL 120 / 30 day(s)
SYRINGE LUER LOCK 5 ML MISC	3	QL 120 / 30 day(s)
SYRINGE LUER LOCK 60 ML MISC	3	QL 120 / 30 days
SYRINGE LUER SLIP 10 ML MISC	3	QL 120 / 30 day(s)
SYRINGE LUER SLIP 1 ML MISC	3	QL 120 / 30 day(s)
SYRINGE LUER SLIP 35 ML MISC	3	QL 120 / 30 days
SYRINGE LUER SLIP 3 ML MISC	3	QL 120 / 30 day(s)
SYRINGE LUER SLIP 5 ML MISC	3	QL 120 / 30 day(s)
SYRINGE LUER SLIP 60 ML MISC	3	QL 120 / 30 days
TOOMEY SYRINGE 70 ML MISC	3	QL 120 / 30 days
BD LUER-LOK SYRINGE 20G X 1" 10 ML MISC	3	QL 120 / 30 days
BD LUER-LOK SYRINGE 20G X 1-1/2" 10 ML MISC	3	QL 120 / 30 days
BD LUER-LOK SYRINGE 21G X 1" 10 ML MISC	3	QL 120 / 30 days
BD LUER-LOK SYRINGE 21G X 1-1/2" 10 ML MISC	3	QL 120 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BD LUER-LOK SYRINGE 22G X 1" 10 ML MISC	3	QL 120 / 30 days
CRONO SYRINGE 19G X 1-1/2" 10 ML MISC	3	
EASY TOUCH FLIPLOCK SAFETY SYR 18G X 1" 10 ML MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK SAFETY SYR 18G X 1.5" 10 ML MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK SAFETY SYR 20G X 1" 10 ML MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK SAFETY SYR 20G X 1-1/2" 10 ML MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK SAFETY SYR 21G X 1" 10 ML MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK SAFETY SYR 21G X 1-1/2" 10 ML MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK SAFETY SYR 22G X 1-1/2" 10 ML MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK SAFETY SYR 25G X 1" 10 ML MISC	3	QL 120 / 30 days
EASY TOUCH SHEATHLOCK SYRINGE 21G X 1-1/2" 10 ML MISC	3	QL 120 / 30 days
EASY TOUCH SHEATHLOCK SYRINGE 22G X 1-1/2" 10 ML MISC	3	QL 120 / 30 days
EASY TOUCH SHEATHLOCK SYRINGE 25G X 1" 10 ML MISC	3	QL 120 / 30 days
SYRINGE LUER LOCK 20G X 1" 10 ML MISC	3	QL 120 / 30 days
SYRINGE LUER LOCK 20G X 1-1/2" 10 ML MISC	3	QL 120 / 30 days
SYRINGE LUER LOCK 21G X 1" 10 ML MISC	3	QL 120 / 30 days
SYRINGE LUER LOCK 22G X 1" 10 ML MISC	3	QL 120 / 30 days
SYRINGE LUER LOCK 22G X 1-1/2" 10 ML MISC	3	QL 120 / 30 days
VANISHPOINT SAFETY SYRINGE 21G X 1-1/2" 10 ML MISC	3	QL 120 / 30 days
VANISHPOINT SYRINGE 21G X 1-1/2" 10 ML MISC	3	QL 120 / 30 days
MONOJECT LIFESHIELD SYRINGE 18G X 1" 12 ML MISC	3	QL 120 / 30 days
MONOJECT MAGELLAN SYRINGE 18G X 1" 12 ML MISC	3	QL 120 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MONOJECT MAGELLAN SYRINGE 20G X 1-1/2" 12 ML MISC	3	QL 120 / 30 days
MONOJECT MAGELLAN SYRINGE 21G X 1-1/2" 12 ML MISC	3	
MONOJECT MAGELLAN SYRINGE 21G X 1" 12 ML MISC	3	
MONOJECT MAGELLAN SYRINGE 22G X 1-1/2" 12 ML MISC	3	
MONOJECT SYRINGE 18G X 1" 12 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE 20G X 1-1/2" 12 ML MISC	3	QL 120 / 30 days
SYRINGE/HYPODERMIC SAFETY 18G X 1" 12 ML MISC	3	QL 120 / 30 days
BD ECLIPSE SYRINGE 27G X 1/2" 1 ML MISC	3	QL 120 / 30 days
BD ECLIPSE SYRINGE 30G X 1/2" 1 ML MISC	3	QL 120 / 30 days
BD LUER-LOK SYRINGE 20G X 1" 1 ML MISC	3	QL 120 / 30 days
BD LUER-LOK SYRINGE 25G X 5/8" 1 ML MISC	3	QL 120 / 30 days
BD SAFETYGLIDE SYRINGE/NEEDLE 27G X 5/8" 1 ML MISC	3	QL 120 / 30 days
BD SYRINGE/NEEDLE 25G X 5/8" 1 ML MISC	3	QL 120 / 30 days
BD SYRINGE SLIP TIP 26G X 5/8" 1 ML MISC	3	QL 120 / 30 days
CAREPOINT SAFETY1ST SYR/NEEDLE 23G X 1" 1 ML MISC	3	QL 120 / 30 days
CAREPOINT SAFETY1ST SYR/NEEDLE 25G X 1" 1 ML MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK SAFETY SYR 25G X 1" 1 ML MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK SAFETY SYR 26G X 3/8" 1 ML MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK SAFETY SYR 27G X 1/2" 1 ML MISC	3	QL 120 / 30 days
EASY TOUCH FLURINGE 25G X 1" 1 ML MISC	3	QL 120 / 30 days
EASY TOUCH FLURINGE 25G X 5/8" 1 ML MISC	3	QL 120 / 30 days
EASY TOUCH FLURINGE FLIPLOCK 25G X 1" 1 ML MISC	3	QL 120 / 30 days
EASY TOUCH FLURINGE FLIPLOCK 25G X 5/8" 1 ML MISC	3	QL 120 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EASY TOUCH FLURINGE SHEATHLOCK 25G X 1" 1 ML MISC	3	QL 120 / 30 days
EASY TOUCH FLURINGE SHEATHLOCK 25G X 5/8" 1 ML MISC	3	QL 120 / 30 days
EASY TOUCH SAFETY SYRINGE 25G X 1" 1 ML MISC	3	QL 120 / 30 days
EASY TOUCH SAFETY SYRINGE 25G X 5/8" 1 ML MISC	3	QL 120 / 30 days
EASY TOUCH TB SHEATHLOCK SYR 26G X 5/8" 1 ML MISC	3	QL 120 / 30 days
MAGELLAN SYRINGE-SAFETY NEEDLE 23G X 1" 1 ML MISC	3	QL 120 / 30 days
MONOJECT MAGELLAN SYRINGE 23G X 1" 1 ML MISC	3	QL 120 / 30 days
MONOJECT MAGELLAN SYRINGE 25G X 1" 1 ML MISC	3	QL 120 / 30 days
MONOJECT MAGELLAN SYRINGE 25G X 5/8" 1 ML MISC	3	QL 120 / 30 days
SECURESAFE SYRINGE/NEEDLE 25G X 1-1/2" 1 ML MISC	3	
SECURESAFE SYRINGE/NEEDLE 27G X 1/2" 1 ML MISC	3	QL 120 / 30 days
SYRINGE LUER SLIP 25G X 5/8" 1 ML MISC	3	QL 120 / 30 days
SYRINGE LUER SLIP 26G X 3/8" 1 ML MISC	3	QL 120 / 30 days
SYRINGE LUER SLIP 27G X 1/2" 1 ML MISC	3	QL 120 / 30 days
ULTICARE SYRINGE 22G X 1-1/2" 1 ML MISC	3	QL 120 / 30 days
ULTICARE TUBERCULIN SAFETY SYR 27G X 1/2" 1 ML MISC	3	QL 120 / 30 days
ULTICARE TUBERCULIN SAFETY SYR 27G X 5/8" 1 ML MISC	3	QL 120 / 30 days
ULTICARE TUBERCULIN SAFETY SYR 28G X 1/2" 1 ML MISC	3	QL 120 / 30 days
VANISHPOINT SYRINGE 25G X 1" 1 ML MISC	3	QL 120 / 30 days
VERISAFE SAFE STERILE SYRINGE 25G X 1" 1 ML MISC	3	QL 120 / 30 days
CRONO SYRINGE 19G X 1-1/2" 20 ML MISC	3	
BD ECLIPSE SYRINGE 21G X 1" 3 ML MISC	3	QL 120 / 30 days
BD ECLIPSE SYRINGE 25G X 1" 3 ML MISC	3	QL 120 / 30 days
BD ECLIPSE SYRINGE/NEEDLE 22G X 1" 3 ML MISC	3	QL 120 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BD ECLIPSE SYRINGE/NEEDLE 23G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
BD ECLIPSE SYRINGE/NEEDLE 23G X 1" 3 ML MISC	3	QL 120 / 30 days
BD ECLIPSE SYRINGE/NEEDLE 25G X 5/8" 3 ML MISC	3	QL 120 / 30 days
BD INTEGRA SYRINGE 21G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
BD INTEGRA SYRINGE 22G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
BD INTEGRA SYRINGE 23G X 1" 3 ML MISC	3	QL 120 / 30 days
BD INTEGRA SYRINGE 25G X 1" 3 ML MISC	3	QL 120 / 30 days
BD INTEGRA SYRINGE 25G X 5/8" 3 ML MISC	3	QL 120 / 30 days
BD LUER-LOK SYRINGE 18G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
BD LUER-LOK SYRINGE 20G X 1" 3 ML MISC	3	QL 120 / 30 days
BD LUER-LOK SYRINGE 21G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
BD LUER-LOK SYRINGE 21G X 1" 3 ML MISC	3	QL 120 / 30 days
BD LUER-LOK SYRINGE 22G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
BD LUER-LOK SYRINGE 22G X 1" 3 ML MISC	3	QL 120 / 30 days
BD LUER-LOK SYRINGE 23G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
BD LUER-LOK SYRINGE 23G X 1" 3 ML MISC	3	QL 120 / 30 days
BD LUER-LOK SYRINGE 25G X 1-1/2" 3 ML MISC	3	QL 120 / 30 day(s)
BD LUER-LOK SYRINGE 25G X 1" 3 ML MISC	3	QL 120 / 30 days
BD LUER-LOK SYRINGE 25G X 5/8" 3 ML MISC	3	QL 120 / 30 days
BD LUER-LOK SYRINGE 26G X 5/8" 3 ML MISC	3	QL 120 / 30 days
BD PLASTIPAK SYRINGE 21G X 1" 3 ML MISC	3	QL 120 / 30 days
BD SAFETYGLIDE NEEDLE 21G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
BD SAFETYGLIDE SYRINGE/NEEDLE 25G X 1" 3 ML MISC	3	QL 120 / 30 days
BD SYRINGE/NEEDLE 22G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BD SYRINGE/NEEDLE 23G X 1" 3 ML MISC	3	QL 120 / 30 days
BD SYRINGE/NEEDLE 25G X 5/8" 3 ML MISC	3	QL 120 / 30 days
CAREPOINT SAFETY1ST SYR/NEEDLE 23G X 1" 3 ML MISC	3	QL 120 / 30 days
CAREPOINT SAFETY1ST SYR/NEEDLE 25G X 1" 3 ML MISC	3	QL 120 / 30 days
CAREPOINT SAFETY1ST SYR/NEEDLE 25G X 5/8" 3 ML MISC	3	QL 120 / 30 days
CAREPOINT SYRINGE LUER LOCK 20G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
CAREPOINT SYRINGE LUER LOCK 20G X 1" 3 ML MISC	3	QL 120 / 30 days
CAREPOINT SYRINGE LUER LOCK 22G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
CAREPOINT SYRINGE LUER LOCK 22G X 1" 3 ML MISC	3	QL 120 / 30 days
CAREPOINT SYRINGE LUER LOCK 23G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
CAREPOINT SYRINGE LUER LOCK 23G X 1" 3 ML MISC	3	QL 120 / 30 days
CAREPOINT SYRINGE LUER LOCK 25G X 1-1/2" 3 ML MISC	3	QL 120 / 30 day(s)
CAREPOINT SYRINGE LUER LOCK 25G X 1" 3 ML MISC	3	QL 120 / 30 days
CARETOUCH LUER LOCK 23G X 1" 3 ML MISC	3	QL 120 / 30 days
CARETOUCH LUER LOCK SYR/NEEDLE 22G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
CARETOUCH LUER LOCK SYR/NEEDLE 22G X 1" 3 ML MISC	3	QL 120 / 30 days
CARETOUCH LUER LOCK SYR/NEEDLE 23G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
CARETOUCH LUER LOCK SYR/NEEDLE 25G X 1-1/2" 3 ML MISC	3	QL 120 / 30 day(s)
CARETOUCH LUER LOCK SYR/NEEDLE 25G X 1" 3 ML MISC	3	QL 120 / 30 days
CARETOUCH LUER LOCK SYR/NEEDLE 25G X 5/8" 3 ML MISC	3	QL 120 / 30 days
EASYPOINT NEEDLE/SYRINGE 18G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
EASYPOINT NEEDLE/SYRINGE 18G X 1" 3 ML MISC	3	QL 120 / 30 days
EASYPOINT NEEDLE/SYRINGE 23G X 1" 3 ML MISC	3	QL 120 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EASYPPOINT NEEDLE/SYRINGE 25G X 1" 3 ML MISC	3	QL 120 / 30 days
EASYPPOINT NEEDLE/SYRINGE 25G X 5/8" 3 ML MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK SAFETY SYR 18G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK SAFETY SYR 18G X 1" 3 ML MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK SAFETY SYR 19G X 1" 3 ML MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK SAFETY SYR 19G X 1.5" 3 ML MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK SAFETY SYR 20G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK SAFETY SYR 20G X 1" 3 ML MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK SAFETY SYR 21G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK SAFETY SYR 21G X 1" 3 ML MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK SAFETY SYR 22G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK SAFETY SYR 22G X 1" 3 ML MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK SAFETY SYR 23G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK SAFETY SYR 23G X 1" 3 ML MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK SAFETY SYR 25G X 1" 3 ML MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK SAFETY SYR 25G X 5/8" 3 ML MISC	3	QL 120 / 30 days
EASY TOUCH SAFETY SYRINGE 20G X 1" 3 ML MISC	3	QL 120 / 30 days
EASY TOUCH SAFETY SYRINGE 21G X 1" 3 ML MISC	3	QL 120 / 30 days
EASY TOUCH SAFETY SYRINGE 22G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
EASY TOUCH SAFETY SYRINGE 22G X 1" 3 ML MISC	3	QL 120 / 30 days
EASY TOUCH SAFETY SYRINGE 23G X 1" 3 ML MISC	3	QL 120 / 30 days
EASY TOUCH SAFETY SYRINGE 25G X 1" 3 ML MISC	3	QL 120 / 30 days
EASY TOUCH SAFETY SYRINGE 25G X 5/8" 3 ML MISC	3	QL 120 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EASY TOUCH SHEATHLOCK SYRINGE 21G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
EASY TOUCH SHEATHLOCK SYRINGE 21G X 1" 3 ML MISC	3	QL 120 / 30 days
EASY TOUCH SHEATHLOCK SYRINGE 22G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
EASY TOUCH SHEATHLOCK SYRINGE 22G X 1" 3 ML MISC	3	QL 120 / 30 days
EASY TOUCH SHEATHLOCK SYRINGE 23G X 1" 3 ML MISC	3	QL 120 / 30 days
EASY TOUCH SHEATHLOCK SYRINGE 25G X 1" 3 ML MISC	3	QL 120 / 30 days
EASY TOUCH SHEATHLOCK SYRINGE 25G X 5/8" 3 ML MISC	3	QL 120 / 30 days
LUER LOCK SAFETY SYRINGES 21G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
LUER LOCK SAFETY SYRINGES 22G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
LUER LOCK SAFETY SYRINGES 22G X 1" 3 ML MISC	3	QL 120 / 30 days
LUER LOCK SAFETY SYRINGES 23G X 1" 3 ML MISC	3	QL 120 / 30 days
LUER LOCK SAFETY SYRINGES 25G X 1" 3 ML MISC	3	QL 120 / 30 days
LUER LOCK SAFETY SYRINGES 25G X 5/8" 3 ML MISC	3	QL 120 / 30 days
MONOJECT LIFESHIELD SYRINGE 18G X 1" 3 ML MISC	3	QL 120 / 30 days
MONOJECT MAGELLAN SYRINGE 20G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
MONOJECT MAGELLAN SYRINGE 20G X 1" 3 ML MISC	3	QL 120 / 30 days
MONOJECT MAGELLAN SYRINGE 21G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
MONOJECT MAGELLAN SYRINGE 21G X 1" 3 ML MISC	3	QL 120 / 30 days
MONOJECT MAGELLAN SYRINGE 22G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
MONOJECT MAGELLAN SYRINGE 22G X 1" 3 ML MISC	3	QL 120 / 30 days
MONOJECT MAGELLAN SYRINGE 23G X 1" 3 ML MISC	3	QL 120 / 30 days
MONOJECT MAGELLAN SYRINGE 25G X 1" 3 ML MISC	3	QL 120 / 30 days
MONOJECT MAGELLAN SYRINGE 25G X 5/8" 3 ML MISC	3	QL 120 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MONOJECT SYRINGE 20G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE 20G X 1" 3 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE 20G X 3/4" 3 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE 21G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE 21G X 1" 3 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE 22G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE 22G X 1" 3 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE 23G X 1" 3 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE 25G X 1-1/4" 3 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE 25G X 1" 3 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE 25G X 5/8" 3 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE 27G X 1-1/4" 3 ML MISC	3	QL 120 / 30 days
SECURESAFE SYRINGE/NEEDLE 20G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
SECURESAFE SYRINGE/NEEDLE 20G X 1" 3 ML MISC	3	QL 120 / 30 days
SECURESAFE SYRINGE/NEEDLE 21G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
SECURESAFE SYRINGE/NEEDLE 22G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
SECURESAFE SYRINGE/NEEDLE 25G X 5/8" 3 ML MISC	3	QL 120 / 30 days
SYRINGE LUER LOCK 20G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
SYRINGE LUER LOCK 20G X 1" 3 ML MISC	3	QL 120 / 30 days
SYRINGE LUER LOCK 21G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
SYRINGE LUER LOCK 21G X 1" 3 ML MISC	3	QL 120 / 30 days
SYRINGE LUER LOCK 22G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
SYRINGE LUER LOCK 22G X 1" 3 ML MISC	3	QL 120 / 30 days
SYRINGE LUER LOCK 23G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SYRINGE LUER LOCK 23G X 1" 3 ML MISC	3	QL 120 / 30 days
SYRINGE LUER LOCK 25G X 1-1/2" 3 ML MISC	3	QL 120 / 30 day(s)
SYRINGE LUER LOCK 25G X 1" 3 ML MISC	3	QL 120 / 30 days
SYRINGE LUER LOCK 25G X 5/8" 3 ML MISC	3	QL 120 / 30 days
ULTICARE SYRINGE 22G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
VANISHPOINT SAFETY SYRINGE 20G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
VANISHPOINT SAFETY SYRINGE 20G X 1" 3 ML MISC	3	QL 120 / 30 days
VANISHPOINT SAFETY SYRINGE 21G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
VANISHPOINT SAFETY SYRINGE 21G X 1" 3 ML MISC	3	QL 120 / 30 days
VANISHPOINT SAFETY SYRINGE 22G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
VANISHPOINT SAFETY SYRINGE 22G X 1" 3 ML MISC	3	QL 120 / 30 days
VANISHPOINT SAFETY SYRINGE 23G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
VANISHPOINT SAFETY SYRINGE 23G X 1" 3 ML MISC	3	QL 120 / 30 days
VANISHPOINT SAFETY SYRINGE 25G X 1-1/2" 3 ML MISC	3	QL 120 / 30 day(s)
VANISHPOINT SAFETY SYRINGE 25G X 1" 3 ML MISC	3	QL 120 / 30 days
VANISHPOINT SAFETY SYRINGE 25G X 5/8" 3 ML MISC	3	QL 120 / 30 days
VANISHPOINT SYRINGE 20G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
VANISHPOINT SYRINGE 20G X 1" 3 ML MISC	3	QL 120 / 30 days
VANISHPOINT SYRINGE 21G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
VANISHPOINT SYRINGE 21G X 1" 3 ML MISC	3	QL 120 / 30 days
VANISHPOINT SYRINGE 22G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
VANISHPOINT SYRINGE 22G X 1" 3 ML MISC	3	QL 120 / 30 days
VANISHPOINT SYRINGE 23G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
VANISHPOINT SYRINGE 23G X 1" 3 ML MISC	3	QL 120 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VANISHPOINT SYRINGE 25G X 1-1/2" 3 ML MISC	3	QL 120 / 30 day(s)
VANISHPOINT SYRINGE 25G X 1" 3 ML MISC	3	QL 120 / 30 days
VANISHPOINT SYRINGE 25G X 5/8" 3 ML MISC	3	QL 120 / 30 days
BD LUER-LOK SYRINGE 20G X 1-1/2" 5 ML MISC	3	QL 120 / 30 days
BD LUER-LOK SYRINGE 20G X 1" 5 ML MISC	3	QL 120 / 30 days
BD LUER-LOK SYRINGE 21G X 1-1/2" 5 ML MISC	3	QL 120 / 30 days
BD LUER-LOK SYRINGE 21G X 1" 5 ML MISC	3	QL 120 / 30 days
BD LUER-LOK SYRINGE 22G X 1-1/2" 5 ML MISC	3	QL 120 / 30 days
BD LUER-LOK SYRINGE 22G X 1" 5 ML MISC	3	QL 120 / 30 days
BD SAFETYGLIDE SHIELDED NEEDLE 22G X 1-1/2" 5 ML MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK SAFETY SYR 18G X 1" 5 ML MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK SAFETY SYR 20G X 1-1/2" 5 ML MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK SAFETY SYR 20G X 1" 5 ML MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK SAFETY SYR 21G X 1-1/2" 5 ML MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK SAFETY SYR 21G X 1" 5 ML MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK SAFETY SYR 22G X 1-1/2" 5 ML MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK SAFETY SYR 25G X 1" 5 ML MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK SAFETY SYR 25G X 5/8" 5 ML MISC	3	QL 120 / 30 days
EASY TOUCH SHEATHLOCK SYRINGE 21G X 1-1/2" 5 ML MISC	3	QL 120 / 30 days
EASY TOUCH SHEATHLOCK SYRINGE 22G X 1-1/2" 5 ML MISC	3	QL 120 / 30 days
EASY TOUCH SHEATHLOCK SYRINGE 25G X 1" 5 ML MISC	3	QL 120 / 30 days
SYRINGE LUER LOCK 20G X 1-1/2" 5 ML MISC	3	QL 120 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SYRINGE LUER LOCK 20G X 1" 5 ML MISC	3	QL 120 / 30 days
SYRINGE LUER LOCK 21G X 1-1/2" 5 ML MISC	3	QL 120 / 30 days
SYRINGE LUER LOCK 21G X 1" 5 ML MISC	3	QL 120 / 30 days
SYRINGE LUER LOCK 22G X 1-1/2" 5 ML MISC	3	QL 120 / 30 days
VANISHPOINT SAFETY SYRINGE 21G X 1-1/2" 5 ML MISC	3	QL 120 / 30 days
VANISHPOINT SAFETY SYRINGE 21G X 1" 5 ML MISC	3	QL 120 / 30 days
VANISHPOINT SAFETY SYRINGE 22G X 1-1/2" 5 ML MISC	3	QL 120 / 30 days
VANISHPOINT SYRINGE 21G X 1-1/2" 5 ML MISC	3	QL 120 / 30 days
MONOJECT MAGELLAN SYRINGE 18G X 1" 6 ML MISC	3	
MONOJECT MAGELLAN SYRINGE 20G X 1-1/2" 6 ML MISC	3	QL 120 / 30 days
MONOJECT MAGELLAN SYRINGE 21G X 1-1/2" 6 ML MISC	3	QL 120 / 30 days
MONOJECT MAGELLAN SYRINGE 21G X 1" 6 ML MISC	3	QL 120 / 30 days
MONOJECT MAGELLAN SYRINGE 22G X 1-1/2" 6 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE 20G X 1-1/2" 6 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE 21G X 1-1/2" 6 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE 21G X 1" 6 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE 22G X 1-1/2" 6 ML MISC	3	QL 120 / 30 days
BD ALLERGIST TRAY 27G X 1/2" 1 ML KIT	3	QL 120 / 30 days
BD ALLERGY SYRINGE 27G X 1/2" 0.5 ML MISC	3	QL 120 / 30 days
BD ALLERGY SYRINGE 27G X 3/8" 0.5 ML MISC	3	QL 120 / 30 days
BD ALLERGY SYRINGE 27G X 3/8" 1 ML MISC	3	QL 120 / 30 days
BD ALLERGY SYRINGE 28G X 1/2" 1 ML MISC	3	QL 120 / 30 days
BD SAFETYGLIDE ALLERGY SYRINGE 27G X 1/2" 1 ML MISC	3	QL 120 / 30 days
BD SAFETYGLIDE SYRINGE/NEEDLE 27G X 3/8" 1 ML MISC	3	QL 120 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BD SYRINGE SLIP TIP 25G X 5/8" 1 ML MISC	3	QL 120 / 30 days
BD SYRINGE SLIP TIP 26G X 3/8" 1 ML MISC	3	QL 120 / 30 days
BD TB SYRINGE 21G X 1" 1 ML MISC	3	QL 120 / 30 days
BD TB SYRINGE 26G X 3/8" 1 ML MISC	3	QL 120 / 30 days
BD TB SYRINGE 27G X 1/2" 0.5 ML MISC	3	QL 120 / 30 days
BD TB SYRINGE 27G X 1/2" 1 ML MISC	3	QL 120 / 30 days
BD TB SYRINGE 27G X 3/8" 1 ML MISC	3	QL 120 / 30 days
CAREPOINT TUBERCLN SYR/LUER SL 25G X 5/8" 1 ML MISC	3	QL 120 / 30 days
EASY TOUCH ALLERGY SYRINGE 26G X 3/8" 1 ML MISC	3	QL 120 / 30 days
EASY TOUCH ALLERGY SYRINGE 27G X 1/2" 1 ML MISC	3	QL 120 / 30 days
EASY TOUCH TB FLIPLOCK SYRINGE 26G X 5/8" 1 ML MISC	3	QL 120 / 30 days
EASY TOUCH TB FLIPLOCK SYRINGE 27G X 1/2" 1 ML MISC	3	QL 120 / 30 days
EASY TOUCH TB FLIPLOCK SYRINGE 28G X 1/2" 1 ML MISC	3	QL 120 / 30 days
EASY TOUCH TB SHEATHLOCK SYR 25G X 5/8" 1 ML MISC	3	QL 120 / 30 days
EASY TOUCH TB SHEATHLOCK SYR 27G X 1/2" 1 ML MISC	3	QL 120 / 30 days
EASY TOUCH TB SHEATHLOCK SYR 28G X 1/2" 1 ML MISC	3	QL 120 / 30 days
MAGELLAN TUBERCULIN SYRINGE 27G X 1/2" 1 ML MISC	3	QL 120 / 30 days
MAGELLAN TUBERCULIN SYRINGE 28G X 1/2" 1 ML MISC	3	QL 120 / 30 days
MONOJECT ALLERGIST TRAY 27G X 1/2" 1 ML KIT	3	QL 120 / 30 days
MONOJECT ALLERGIST TRAY 28G X 1/2" 0.5 ML KIT	3	QL 120 / 30 days
MONOJECT ALLERGIST TRAY 28G X 1/2" 1 ML KIT	3	QL 120 / 30 days
MONOJECT SYRINGE 27G X 1/2" 1 ML MISC	3	QL 120 / 30 days
MONOJECT TB SAFETY SYRINGE 25G X 5/8" 1 ML MISC	3	QL 120 / 30 days
MONOJECT TB SAFETY SYRINGE 28G X 1/2" 1 ML MISC	3	QL 120 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MONOJECT TB SYRINGE 25G X 5/8" 1 ML MISC	3	QL 120 / 30 days
MONOJECT TB SYRINGE 26G X 3/8" 1 ML MISC	3	QL 120 / 30 days
MONOJECT TB SYRINGE 27G X 1/2" 1 ML MISC	3	QL 120 / 30 days
MONOJECT TB SYRINGE 28G X 1/2" 0.5 ML MISC	3	QL 120 / 30 days
MONOJECT TB SYRINGE 28G X 1/2" 1 ML MISC	3	QL 120 / 30 days
ULTICARE TUBERCULIN SAFETY SYR 25G X 1" 1 ML MISC	3	QL 120 / 30 days
ULTICARE TUBERCULIN SAFETY SYR 25G X 5/8" 1 ML MISC	3	QL 120 / 30 days
VANISHPOINT ALLERGY TRAY 27G X 1/2" 1 ML KIT	3	QL 120 / 30 days
VANISHPOINT TUBERCULIN SYRINGE 25G X 1" 1 ML MISC	3	QL 120 / 30 days
VANISHPOINT TUBERCULIN SYRINGE 25G X 5/8" 1 ML MISC	3	QL 120 / 30 days
VANISHPOINT TUBERCULIN SYRINGE 27G X 1/2" 1 ML MISC	3	QL 120 / 30 days
VISTOGARD 10 GM PACKET	5	S
OPHTHALMIC AGENTS		
OPHTHALMIC AGENTS, OTHER		
LACRISERT 5 MG INSERT	4	
ATROPINE SULFATE 1 % SOLUTION	4	
ATROPINE SULFATE 1 % SOLUTION	4	
<i>atropine sulfate ophth soln 1%</i>	2	
<i>bacitracin-polymyxin b ophth oint</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	2	
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	2	
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	2	
OXERVATE 0.002 % SOLUTION	5	PA S
<i>cyclopentolate hcl ophth soln 1%</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>cyclosporine (ophth) emulsion 0.05%</i>	2	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	1	
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	1	
XIIDRA 5 % SOLUTION	4	PA ST STC Trial and failure of 1 therapy: generic cyclosporine eye drops
ZYLET 0.5-0.3 % SUSPENSION	4	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	2	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	2	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	2	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	
NEOMYCIN-POLYMYXIN-GRAMICIDIN 1.75-10000-.025 SOLUTION	4	
<i>phenylephrine hcl ophth soln 10%</i>	2	
<i>phenylephrine hcl ophth soln 2.5%</i>	2	
SULFACETAMIDE-PREDNISOLONE 10-0.23 % SOLUTION	4	
<i>tetracaine hcl ophth soln 0.5%</i>	2	
<i>tetracaine hcl ophth soln 0.5%</i>	2	
TETRACAINE HCL 0.5 % SOLUTION	2	
<i>tetracaine hcl ophth soln 0.5%</i>	2	
TOBRADEX 0.3-0.1 % OINTMENT	4	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	2	
TYRVAYA 0.03 MG/ACT SOLUTION	4	PA ST STC Trial and Failure of generic cyclosporine eye drops

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OPHTHALMIC ANTI-ALLERGY AGENTS		
LASTACFT 0.25 % SOLUTION	4	
<i>azelastine hcl ophth soln 0.05%</i>	1	
<i>bepotastine besilate ophth soln 1.5%</i>	2	
ZERVIAE 0.24 % SOLUTION	4	
CROMOLYN SODIUM 4 % SOLUTION	4	
<i>epinastine hcl ophth soln 0.05%</i>	2	
ALOMIDE 0.1 % SOLUTION	4	
ALOCRI 2 % SOLUTION	4	
OPHTHALMIC ANTI-INFECTIVES		
AZASITE 1 % SOLUTION	4	
BACITRACIN 500 UNIT/GM OINTMENT	3	
<i>erythromycin ophth oint 5 mg/gm</i>	1	ACA Affordable Care Act Medications
ZIRGAN 0.15 % GEL	4	
<i>gatifloxacin ophth soln 0.5%</i>	2	
<i>gentamicin sulfate ophth soln 0.3%</i>	1	
LEVOFLOXACIN 0.5 % SOLUTION	4	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	2	
NATACYN 5 % SUSPENSION	3	
<i>ofloxacin ophth soln 0.3%</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
SULFACETAMIDE SODIUM 10 % OINTMENT	4	
SULFACETAMIDE SODIUM 10 % SOLUTION	2	
<i>sulfacetamide sodium ophth soln 10%</i>	2	
<i>tobramycin ophth soln 0.3%</i>	1	
TRIFLURIDINE 1 % SOLUTION	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OPHTHALMIC ANTI-INFLAMMATORIES		
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	2	
MAXIDEX 0.1 % SUSPENSION	4	
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	4	
<i>diclofenac sodium ophth soln 0.1%</i>	1	
<i>difluprednate ophth emulsion 0.05%</i>	2	
FLAREX 0.1 % SUSPENSION	4	
<i>fluorometholone ophth susp 0.1%</i>	2	
FLURBIPROFEN SODIUM 0.03 % SOLUTION	4	
<i>ketorolac tromethamine ophth soln 0.4%</i>	2	
<i>ketorolac tromethamine ophth soln 0.5%</i>	1	
ALREX 0.2 % SUSPENSION	4	
LOTEMAX 0.5 % OINTMENT	4	
LOTEMAX SM 0.38 % GEL	4	
<i>loteprednol etabonate ophth susp 0.2%</i>	2	
<i>loteprednol etabonate ophth gel 0.5%</i>	2	
<i>loteprednol etabonate ophth susp 0.5%</i>	2	
ILEVRO 0.3 % SUSPENSION	4	
<i>prednisolone acetate ophth susp 1%</i>	2	
<i>prednisolone acetate ophth susp 1%</i>	2	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	4	
OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS		
BETAXOLOL HCL 0.5 % SOLUTION	4	
CARTEOLOL HCL 1 % SOLUTION	4	
LEVOBUNOLOL HCL 0.5 % SOLUTION	4	
<i>timolol maleate ophth soln 0.25%</i>	1	
<i>timolol maleate ophth soln 0.5%</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER		
<i>acetazolamide cap er 12hr 500 mg</i>	2	PV Preventive
<i>acetazolamide cap er 12hr 500 mg</i>	2	PV Preventive
APRACLOPIDINE HCL 0.5 % SOLUTION	4	
<i>brimonidine tartrate ophth soln 0.2%</i>	1	
<i>brinzolamide ophth susp 1%</i>	2	
SIMBRINZA 1-0.2 % SUSPENSION	4	
<i>dorzolamide hcl ophth soln 2%</i>	1	
<i>methazolamide tab 25 mg</i>	2	PV Preventive
<i>methazolamide tab 25 mg</i>	2	PV Preventive
<i>methazolamide tab 50 mg</i>	2	PV Preventive
<i>methazolamide tab 50 mg</i>	2	PV Preventive
RHOPRESSA 0.02 % SOLUTION	4	ST STC Trial and failure of 1 therapy: latanoprost solution 0.005%
<i>pilocarpine hcl ophth soln 1%</i>	2	
<i>pilocarpine hcl ophth soln 2%</i>	2	
<i>pilocarpine hcl ophth soln 4%</i>	2	
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS		
<i>bimatoprost ophth soln 0.03%</i>	2	
<i>latanoprost ophth soln 0.005%</i>	1	
<i>tafluprost preservative free (pf) ophth soln 0.0015%</i>	2	
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	2	
OTIC AGENTS		
<i>acetic acid otic soln 2%</i>	2	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	2	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CIPROFLOXACIN-FLUOCINOLONE PF 0.3-0.025 % SOLUTION	4	
<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	2	
<i>fluocinolone acetonide (otic) oil 0.01%</i>	2	
<i>fluocinolone acetonide (otic) oil 0.01%</i>	2	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	2	
CORTISPORIN-TC 3.3-3-10-0.5 MG/ML SUSPENSION	4	
<i>neomycin-polymyxin-hc otic soln 1%</i>	2	
<i>neomycin-polymyxin-hc otic soln 1%</i>	2	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	2	
<i>ofloxacin otic soln 0.3%</i>	2	
RESPIRATORY TRACT/PULMONARY AGENTS ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
QVAR REDHALER 40 MCG/ACT AERO BA	3	PV Preventive
QVAR REDHALER 80 MCG/ACT AERO BA	3	PV Preventive
QNASL 80 MCG/ACT AERO SOLN	4	ST STC Trial and failure of 3 qualifying therapies: fluticasone nasal spray, triamcinolone nasal spray and mometasone nasal spray
QNASL CHILDRENS 40 MCG/ACT AERO SOLN	4	ST STC Trial and failure of 3 qualifying therapies: fluticasone nasal spray, triamcinolone nasal spray and mometasone nasal spray
<i>budesonide inhalation susp 0.25 mg/2ml</i>	2	PV Preventive
<i>budesonide inhalation susp 0.5 mg/2ml</i>	2	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>budesonide inhalation susp 1 mg/2ml</i>	2	PV Preventive
ARNUITY ELLIPTA 100 MCG/ACT AER POW BA	3	PV Preventive
ARNUITY ELLIPTA 200 MCG/ACT AER POW BA	3	PV Preventive
ARNUITY ELLIPTA 50 MCG/ACT AER POW BA	3	PV Preventive
FLUTICASONE FUROATE ELLIPTA 100 MCG/ACT AER POW BA	3	PV Preventive
FLUTICASONE FUROATE ELLIPTA 200 MCG/ACT AER POW BA	3	PV Preventive
FLUTICASONE FUROATE ELLIPTA 50 MCG/ACT AER POW BA	3	PV Preventive
FLUTICASONE PROPIONATE HFA 110 MCG/ACT AEROSOL	3	PV Preventive
FLUTICASONE PROPIONATE HFA 220 MCG/ACT AEROSOL	3	PV Preventive
FLUTICASONE PROPIONATE HFA 44 MCG/ACT AEROSOL	3	PV Preventive
FLUTICASONE PROPIONATE DISKUS 100 MCG/ACT AER POW BA	3	PV Preventive
FLUTICASONE PROPIONATE DISKUS 250 MCG/ACT AER POW BA	3	PV Preventive
FLUTICASONE PROPIONATE DISKUS 50 MCG/ACT AER POW BA	3	PV Preventive
XHANCE 93 MCG/ACT EXHU	4	QL 32 / 30 days
ASMANEX (120 METERED DOSES) 220 MCG/ACT AER POW BA	3	PV Preventive
ASMANEX (14 METERED DOSES) 220 MCG/ACT AER POW BA	3	PV Preventive
ASMANEX (30 METERED DOSES) 110 MCG/ACT AER POW BA	3	PV Preventive
ASMANEX (30 METERED DOSES) 220 MCG/ACT AER POW BA	3	PV Preventive
ASMANEX (60 METERED DOSES) 220 MCG/ACT AER POW BA	3	PV Preventive
ASMANEX HFA 100 MCG/ACT AEROSOL	3	PV Preventive
ASMANEX HFA 200 MCG/ACT AEROSOL	3	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ASMANEX HFA 50 MCG/ACT AEROSOL	3	PV Preventive
ANTIHISTAMINES		
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	1	
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	1	
CARBINOXAMINE MALEATE 4 MG/5ML SOLUTION	4	
<i>carbinoxamine maleate tab 4 mg</i>	2	
CLEMASTINE FUMARATE 2.68 MG TAB	4	
CLEMASZ 2.68 MG TAB	4	
CLEMSZA 2.68 MG TAB	4	
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	1	
<i>cyproheptadine hcl tab 4 mg</i>	1	
<i>desloratadine tab 5 mg</i>	1	
RYCLORA 2 MG/5ML SOLUTION	4	
<i>levocetirizine dihydrochloride tab 5 mg</i>	1	
<i>olopatadine hcl nasal soln 0.6%</i>	2	
<i>promethazine hcl oral soln 6.25 mg/5ml</i>	1	
<i>promethazine hcl oral soln 6.25 mg/5ml</i>	1	
ANTILEUKOTRIENES		
<i>montelukast sodium tab 10 mg (base equiv)</i>	1	PV Preventive
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	1	PV Preventive
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	1	PV Preventive
<i>zafirlukast tab 10 mg</i>	2	PV Preventive
<i>zafirlukast tab 20 mg</i>	2	PV Preventive
BRONCHODILATORS, ANTICHOLINERGIC		
<i>ipratropium bromide inhal soln 0.02%</i>	1	PV Preventive
ATROVENT HFA 17 MCG/ACT AERO SOLN	4	PV Preventive
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	2	
YUPELRI 175 MCG/3ML SOLUTION	4	PA PV Preventive
<i>tiotropium bromide inhal cap 18 mcg (base equiv)</i>	3	PV Preventive
SPIRIVA HANDIHALER 18 MCG CAP	3	PV Preventive
SPIRIVA RESPIMAT 1.25 MCG/ACT AERO SOLN	3	PV Preventive
SPIRIVA RESPIMAT 2.5 MCG/ACT AERO SOLN	3	PV Preventive
INCRUSE ELLIPTA 62.5 MCG/ACT AER POW BA	3	PV Preventive
BRONCHODILATORS, SYMPATHOMIMETIC		
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	2	PV Preventive
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	2	PV Preventive
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	2	PV Preventive
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	1	PV Preventive
<i>albuterol sulfate syrup 2 mg/5ml</i>	1	PV Preventive
<i>albuterol sulfate tab 2 mg</i>	2	PV Preventive
<i>albuterol sulfate tab 4 mg</i>	2	PV Preventive
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	2	PV Preventive
ALBUTEROL SULFATE (5 MG/ML) 0.5% NEBU SOLN	2	PV Preventive
<i>albuterol sulfate syrup 2 mg/5ml</i>	1	PV Preventive
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	1	PV Preventive
VENTOLIN HFA 108 (90 BASE) MCG/ACT AERO SOLN	2	PV Preventive
<i>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)</i>	2	PV Preventive
AUVI-Q 0.1 MG/0.1ML SOLN A-INJ	3	
AUVI-Q 0.3 MG/0.3ML SOLN A-INJ	3	
EPINEPHRINE 0.15 MG/0.15ML SOLN A-INJ	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	2	
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	2	
EPINEPHRINE 0.3 MG/0.3ML SOLN PRSYR	3	
NEFFY 1 MG/0.1ML SOLUTION	4	ST STC Trial and failure of generic epinephrine auto-injector
NEFFY 2 MG/0.1ML SOLUTION	4	ST STC Trial and failure of generic epinephrine auto-injector
SYMJEPI 0.15 MG/0.3ML SOLN PRSYR	3	
SYMJEPI 0.3 MG/0.3ML SOLN PRSYR	3	
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	2	PV Preventive
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	2	PV Preventive
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	2	PV Preventive
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	2	PV Preventive
STRIVERDI RESPIMAT 2.5 MCG/ACT AERO SOLN	3	PV Preventive
SEREVENT DISKUS 50 MCG/ACT AER POW BA	3	PV Preventive
<i>terbutaline sulfate tab 2.5 mg</i>	2	PV Preventive
<i>terbutaline sulfate tab 5 mg</i>	2	PV Preventive
CYSTIC FIBROSIS AGENTS		
PULMOZYME 2.5 MG/2.5ML SOLUTION	5	PA S
TRIKAFTA 100-50-75 & 150 MG TAB THPK	5	PA S
TRIKAFTA 100-50-75 & 75 MG THER PACK	5	PA S
TRIKAFTA 50-25-37.5 & 75 MG TAB THPK	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRIKAFTA 80-40-60 & 59.5 MG THER PACK	5	PA S
KALYDECO 13.4 MG PACKET	5	PA S
KALYDECO 150 MG TAB	5	PA S
KALYDECO 25 MG PACKET	5	PA S
KALYDECO 50 MG PACKET	5	PA S
KALYDECO 5.8 MG PACKET	5	PA S
KALYDECO 75 MG PACKET	5	PA S
ORKAMBI 100-125 MG PACKET	5	PA S
ORKAMBI 100-125 MG TAB	5	PA S
ORKAMBI 150-188 MG PACKET	5	PA S
ORKAMBI 200-125 MG TAB	5	PA S
ORKAMBI 75-94 MG PACKET	5	PA S
SYMDEKO 100-150 & 150 MG TAB THPK	5	PA S
SYMDEKO 50-75 & 75 MG TAB THPK	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BETHKIS 300 MG/4ML NEBU SOLN	5	PA S
KITABIS PAK 300 MG/5ML NEBU SOLN	5	PA S
TOBI 300 MG/5ML NEBU SOLN	5	PA S
TOBI PODHALER 28 MG CAP	5	PA S
<i>tobramycin nebu soln 300 mg/4ml</i>	4	PA
TOBRAMYCIN 300 MG/5ML NEBU SOLN	5	PA S
<i>tobramycin nebu soln 300 mg/5ml</i>	4	PA
ALYFTREK 10-50-125 MG TAB	5	PA S
ALYFTREK 4-20-50 MG TAB	5	PA S
MAST CELL STABILIZERS		
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	2	PV Preventive
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE		
OHTUVAYRE 3 MG/2.5ML SUSPENSION	5	PA S
<i>roflumilast tab 250 mcg</i>	2	PV Preventive
<i>roflumilast tab 500 mcg</i>	2	PV Preventive
<i>theophylline elixir 80 mg/15ml</i>	2	PV Preventive
THEO-24 100 MG CAP ER 24H	4	PV Preventive
THEO-24 200 MG CAP ER 24H	4	PV Preventive
THEO-24 300 MG CAP ER 24H	4	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
THEO-24 400 MG CAP ER 24H	4	PV Preventive
<i>theophylline elixir 80 mg/15ml</i>	2	PV Preventive
<i>theophylline soln 80 mg/15ml</i>	2	PV Preventive
<i>theophylline tab er 12hr 300 mg</i>	2	PV Preventive
<i>theophylline tab er 24hr 400 mg</i>	2	PV Preventive
<i>theophylline tab er 12hr 450 mg</i>	2	PV Preventive
<i>theophylline tab er 24hr 600 mg</i>	2	PV Preventive
PULMONARY ANTIHYPERTENSIVES		
<i>ambrisentan tab 10 mg</i>	5	QL 30 / 30 days PA S
<i>ambrisentan tab 5 mg</i>	5	QL 30 / 30 days PA S
<i>bosentan tab 125 mg</i>	5	QL 60 / 30 days PA S
<i>bosentan tab for oral susp 32 mg</i>	5	QL 120 / 30 day(s) PA S
<i>bosentan tab 62.5 mg</i>	5	QL 60 / 30 days PA S
TRACLEER 32 MG TAB SOL	5	PA S
<i>epoprostenol sodium for inj 0.5 mg</i>	5	PA S
<i>epoprostenol sodium for inj 1.5 mg</i>	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VENTAVIS 10 MCG/ML SOLUTION	5	PA S
VENTAVIS 20 MCG/ML SOLUTION	5	PA S
OPSUMIT 10 MG TAB	5	PA S
OPSYNVI 10-20 MG TAB	5	QL 30 / 30 day(s) PA S
OPSYNVI 10-40 MG TAB	5	QL 30 / 30 day(s) PA S
ADEMPAS 0.5 MG TAB	5	PA S
ADEMPAS 1.5 MG TAB	5	PA S
ADEMPAS 1 MG TAB	5	PA S
ADEMPAS 2.5 MG TAB	5	PA S
ADEMPAS 2 MG TAB	5	PA S
UPTRAVI 1000 MCG TAB	5	PA S
UPTRAVI 1200 MCG TAB	5	PA S
UPTRAVI 1400 MCG TAB	5	PA S
UPTRAVI 1600 MCG TAB	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
UPTRAVI 200 & 800 MCG TAB THPK	5	PA S
UPTRAVI 200 MCG TAB	5	PA S
UPTRAVI 400 MCG TAB	5	PA S
UPTRAVI 600 MCG TAB	5	PA S
UPTRAVI 800 MCG TAB	5	PA S
<i>sildenafil citrate for suspension 10 mg/ml</i>	5	QL 225 / 30 days PA S
<i>sildenafil citrate tab 20 mg</i>	5	QL 90 / 30 day(s) S
<i>tadalafil tab 20 mg (pah)</i>	2	QL 60 / 30 day(s)
<i>tadalafil tab 20 mg (pah)</i>	2	QL 60 / 30 day(s)
<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>	5	PA S
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	5	PA S
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	5	PA S
<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	5	PA S
TYVASO 0.6 MG/ML SOLUTION	5	PA S
TYVASO REFILL 0.6 MG/ML SOLUTION	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TYVASO STARTER 0.6 MG/ML SOLUTION	5	PA S
ORENITRAM 0.125 MG TAB ER	5	PA S
ORENITRAM 0.25 MG TAB ER	5	PA S
ORENITRAM 1 MG TAB ER	5	PA S
ORENITRAM 2.5 MG TAB ER	5	PA S
ORENITRAM 5 MG TAB ER	5	PA S
ORENITRAM MONTH 1 0.125 & 0.25 MG TBER THPK	5	PA S
ORENITRAM MONTH 2 0.125 & 0.25 MG TBER THPK	5	PA S
ORENITRAM MONTH 3 0.125 & 0.25 & 1 MG TBER THPK	5	PA S
PULMONARY FIBROSIS AGENTS		
OFEV 100 MG CAP	5	PA S
OFEV 150 MG CAP	5	PA S
ESBRIET 267 MG CAP	5	QL 90 / 30 days PA ST S STC Trial and failure of 1 therapy: generic Esbriet

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ESBRIET 267 MG TAB	5	QL PA ST S STC Trial and failure of 1 therapy: generic Esbriet
ESBRIET 801 MG TAB	5	QL PA ST S STC Trial and failure of 1 therapy: generic Esbriet
<i>pirfenidone cap 267 mg</i>	5	QL PA S
<i>pirfenidone tab 267 mg</i>	5	QL PA S
PIRFENIDONE 534 MG TAB	5	QL PA S
<i>pirfenidone tab 801 mg</i>	5	QL PA S
RESPIRATORY TRACT AGENTS, OTHER		
<i>acetylcysteine inhal soln 10%</i>	2	
<i>acetylcysteine inhal soln 20%</i>	2	
FASENRA PEN 30 MG/ML SOLN A-INJ	5	PA S
SURVANTA 25-0.9 MG/ML-% SUSPENSION	4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	3	PV Preventive
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	3	PV Preventive
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	3	PV Preventive
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	3	PV Preventive
SYMBICORT 160-4.5 MCG/ACT AEROSOL	3	PV Preventive
SYMBICORT 80-4.5 MCG/ACT AEROSOL	3	PV Preventive
BREZTRI AEROSPHERE 160-9-4.8 MCG/ACT AEROSOL	3	PV Preventive
INFASURF 35-0.9 MG/ML-% SUSPENSION	4	
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	3	
BREO ELLIPTA 100-25 MCG/ACT AER POW BA	3	PV Preventive
BREO ELLIPTA 200-25 MCG/ACT AER POW BA	3	PV Preventive
BREO ELLIPTA 50-25 MCG/INH AER POW BA	3	PV Preventive
FLUTICASONE FUROATE-VILANTEROL 100-25 MCG/ACT AER POW BA	3	PV Preventive
FLUTICASONE FUROATE-VILANTEROL 200-25 MCG/ACT AER POW BA	3	PV Preventive
<i>fluticasone propionate nasal susp 50 mcg/act</i>	1	
ADVAIR HFA 115-21 MCG/ACT AEROSOL	3	PV Preventive
ADVAIR HFA 230-21 MCG/ACT AEROSOL	3	PV Preventive
ADVAIR HFA 45-21 MCG/ACT AEROSOL	3	PV Preventive
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	2	PV Preventive
FLUTICASONE-SALMETEROL 113-14 MCG/ACT AER POW BA	2	PV Preventive
FLUTICASONE-SALMETEROL 115-21 MCG/ACT AEROSOL	3	PV Preventive
FLUTICASONE-SALMETEROL 230-21 MCG/ACT AEROSOL	3	PV Preventive
FLUTICASONE-SALMETEROL 232-14 MCG/ACT AER POW BA	2	PV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	2	PV Preventive
FLUTICASONE-SALMETEROL 45-21 MCG/ACT AEROSOL	3	PV Preventive
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	2	PV Preventive
FLUTICASONE-SALMETEROL 55-14 MCG/ACT AER POW BA	2	PV Preventive
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	2	PV Preventive
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	2	PV Preventive
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	2	PV Preventive
TRELEGY ELLIPTA 100-62.5-25 MCG/ACT AER POW BA	3	PV Preventive
TRELEGY ELLIPTA 200-62.5-25 MCG/ACT AER POW BA	3	PV Preventive
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	2	QL 1800 / 30 days
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	2	QL 1800 / 30 days
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	2	QL 1800 / 30 days
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	2	QL 1800 / 30 days
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	2	QL 1800 / 30 days
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	2	QL 1800 / 30 days
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	2	QL 1800 / 30 days
HYDROCOD POLI-CHLORPHE POLI ER 10-8 MG/5ML SUSP	2	QL 300 / 30 days
COMBIVENT RESPIMAT 20-100 MCG/ACT AERO SOLN	3	PV Preventive
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	2	PV Preventive
NUCALA 100 MG/ML SOLN A-INJ	5	PA S
NUCALA 100 MG/ML SOLN PRSYR	5	PA S
NUCALA 40 MG/0.4ML SOLN PRSYR	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DULERA 100-5 MCG/ACT AEROSOL	4	PV Preventive
DULERA 200-5 MCG/ACT AEROSOL	4	PV Preventive
DULERA 50-5 MCG/ACT AEROSOL	4	PV Preventive
<i>mometasone furoate nasal susp 50 mcg/act</i>	2	
CUROSURF 120 MG/1.5ML SUSPENSION	4	
CUROSURF 240 MG/3ML SUSPENSION	4	
<i>sodium chloride soln nebu 3%</i>	1	
<i>sodium chloride soln nebu 7%</i>	1	
<i>sodium chloride soln nebu 0.9%</i>	2	
<i>sodium chloride soln nebu 10%</i>	2	
<i>sodium chloride soln nebu 3%</i>	1	
<i>sodium chloride soln nebu 7%</i>	1	
TEZSPIRE 210 MG/1.91ML SOLN A-INJ	5	PA S
STIOLTO RESPIMAT 2.5-2.5 MCG/ACT AERO SOLN	3	PV Preventive
ANORO ELLIPTA 62.5-25 MCG/ACT AER POW BA	3	PV Preventive
UMECLIDINIUM-VILANTEROL 62.5-25 MCG/ACT AER POW BA	3	PV Preventive
SKELETAL MUSCLE RELAXANTS		
<i>carisoprodol tab 250 mg</i>	2	QL 120 / 30 days
<i>carisoprodol tab 350 mg</i>	1	QL 120 / 30 days
<i>chlorzoxazone tab 500 mg</i>	2	
<i>cyclobenzaprine hcl tab 10 mg</i>	1	
<i>cyclobenzaprine hcl tab 5 mg</i>	1	
<i>metaxalone tab 400 mg</i>	2	
<i>metaxalone tab 800 mg</i>	2	
<i>methocarbamol tab 500 mg</i>	1	
<i>methocarbamol tab 750 mg</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>orphenadrine citrate tab er 12hr 100 mg</i>	2	
ORPHENADRINE-ASPIRIN-CAFFEINE 25-385-30 MG TAB	2	
SLEEP DISORDER AGENTS		
SLEEP PROMOTING AGENTS		
QUVIVIQ 25 MG TAB	3	ST STC Trial And Failure Of 2 Therapies: Any Two Different Generic Agents For Insomnia
QUVIVIQ 50 MG TAB	3	ST STC Trial And Failure Of 2 Therapies: Any Two Different Generic Agents For Insomnia
<i>estazolam tab 1 mg</i>	2	QL 30 / 30 days
<i>estazolam tab 2 mg</i>	2	QL 30 / 30 days
<i>eszopiclone tab 1 mg</i>	1	QL 30 / 30 days
<i>eszopiclone tab 2 mg</i>	1	QL 30 / 30 days
<i>eszopiclone tab 3 mg</i>	1	QL 30 / 30 days
FLURAZEPAM HCL 15 MG CAP	4	QL 30 / 30 days
FLURAZEPAM HCL 30 MG CAP	4	QL 30 / 30 days
DAYVIGO 10 MG TAB	3	ST STC Trial And Failure Of 2 Therapies: Any Two Different Generic Agents For Insomnia
DAYVIGO 5 MG TAB	3	ST STC Trial And Failure Of 2 Therapies: Any Two Different Generic Agents For Insomnia
<i>ramelteon tab 8 mg</i>	2	QL 30 / 30 days
BELSOMRA 10 MG TAB	3	ST STC Trial And Failure Of 2 Therapies: Any Two Different Generic Agents For Insomnia

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BELSOMRA 15 MG TAB	3	ST STC Trial And Failure Of 2 Therapies: Any Two Different Generic Agents For Insomnia
BELSOMRA 20 MG TAB	3	ST STC Trial And Failure Of 2 Therapies: Any Two Different Generic Agents For Insomnia
BELSOMRA 5 MG TAB	3	ST STC Trial And Failure Of 2 Therapies: Any Two Different Generic Agents For Insomnia
HETLIOZ 20 MG CAP	5	PA S
<i>tasimelteon capsule 20 mg</i>	5	PA S
<i>temazepam cap 15 mg</i>	1	QL 30 / 30 days
<i>temazepam cap 30 mg</i>	1	QL 30 / 30 days
<i>triazolam tab 0.125 mg</i>	2	QL 60 / 30 days
<i>triazolam tab 0.25 mg</i>	2	QL 60 / 30 days
<i>zaleplon cap 10 mg</i>	1	QL 30 / 30 days
<i>zaleplon cap 5 mg</i>	1	QL 30 / 30 days
<i>zolpidem tartrate tab 10 mg</i>	1	QL 30 / 30 days
<i>zolpidem tartrate tab 5 mg</i>	1	QL 30 / 30 days
<i>zolpidem tartrate tab er 12.5 mg</i>	2	QL 30 / 30 days
<i>zolpidem tartrate tab er 6.25 mg</i>	2	QL 30 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
WAKEFULNESS PROMOTING AGENTS		
<i>armodafinil tab 150 mg</i>	2	QL 30 / 30 days
<i>armodafinil tab 200 mg</i>	2	QL 30 / 30 days
<i>armodafinil tab 250 mg</i>	2	QL 30 / 30 days
<i>armodafinil tab 50 mg</i>	1	QL 30 / 30 days
XYWAV 500 MG/ML SOLUTION	5	PA S
<i>modafinil tab 100 mg</i>	2	QL 30 / 30 days
<i>modafinil tab 200 mg</i>	2	QL 30 / 30 days
WAKIX 17.8 MG TAB	5	PA S
WAKIX 4.45 MG TAB	5	PA S
LUMRYZ 4.5 GM PACKET	5	PA S
LUMRYZ 6 GM PACKET	5	PA S
LUMRYZ 7.5 GM PACKET	5	PA S
LUMRYZ 9 GM PACKET	5	PA S
LUMRYZ STARTER PACK 4.5 & 6 & 7.5 GM THER PACK	5	PA S
SODIUM OXYBATE 500 MG/ML SOLUTION	5	PA S
XYREM 500 MG/ML SOLUTION	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SUNOSI 150 MG TAB	5	QL 30 / 30 days PA S
SUNOSI 75 MG TAB	5	QL 30 / 30 days PA S
WEIGHT LOSS AGENTS		
WEGOVY 0.25 MG/0.5ML SOLN A-INJ	4	PA WL Weight loss medications are not covered on your plan. This medication may be covered for other FDA approved indications.
WEGOVY 0.5 MG/0.5ML SOLN A-INJ	4	PA WL Weight loss medications are not covered on your plan. This medication may be covered for other FDA approved indications.
WEGOVY 1.7 MG/0.75ML SOLN A-INJ	4	PA WL Weight loss medications are not covered on your plan. This medication may be covered for other FDA approved indications.
WEGOVY 1 MG/0.5ML SOLN A-INJ	4	PA WL Weight loss medications are not covered on your plan. This medication may be covered for other FDA approved indications.

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZEPBOUND 10 MG/0.5ML SOLN A-INJ	4	PA WL Weight loss medications are not covered on your plan. This medication may be covered for other FDA approved indications.
ZEPBOUND 10 MG/0.5ML SOLUTION	4	PA WL Weight loss medications are not covered on your plan. This medication may be covered for other FDA approved indications.
ZEPBOUND 12.5 MG/0.5ML SOLN A-INJ	4	PA WL Weight loss medications are not covered on your plan. This medication may be covered for other FDA approved indications.
ZEPBOUND 12.5 MG/0.5ML SOLUTION	4	PA
ZEPBOUND 15 MG/0.5ML SOLN A-INJ	4	PA WL Weight loss medications are not covered on your plan. This medication may be covered for other FDA approved indications.
ZEPBOUND 15 MG/0.5ML SOLUTION	4	PA
ZEPBOUND 2.5 MG/0.5ML SOLN A-INJ	4	PA WL Weight loss medications are not covered on your plan. This medication may be covered for other FDA approved indications.

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZEPBOUND 2.5 MG/0.5ML SOLUTION	4	PA WL Weight loss medications are not covered on your plan. This medication may be covered for other FDA approved indications.
ZEPBOUND 5 MG/0.5ML SOLN A-INJ	4	PA WL Weight loss medications are not covered on your plan. This medication may be covered for other FDA approved indications.
ZEPBOUND 5 MG/0.5ML SOLUTION	4	PA WL Weight loss medications are not covered on your plan. This medication may be covered for other FDA approved indications.
ZEPBOUND 7.5 MG/0.5ML SOLN A-INJ	4	PA WL Weight loss medications are not covered on your plan. This medication may be covered for other FDA approved indications.
ZEPBOUND 7.5 MG/0.5ML SOLUTION	4	PA WL Weight loss medications are not covered on your plan. This medication may be covered for other FDA approved indications.

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