

2025 Prescription Drug List

TRADITIONAL 5-TIER FOR
QUALIFIED HEALTH PLANS

St Luke'sTM
+ Health Plan

Last updated September 2024

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 plan 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 offered at a \$0 copay on many of our plans
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 generic 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 your generic prescription for medications. HDHP preventive categories are listed below and are designated as “PREV” on the PDL.

- 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.

PREV - 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>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	2	OL 70 / 7 days
<i>diclofenac potassium tab 50 mg</i>	2	
<i>celecoxib cap 100 mg</i>	1	
<i>celecoxib cap 200 mg</i>	1	
<i>celecoxib cap 400 mg</i>	2	
<i>celecoxib cap 50 mg</i>	1	
<i>diclofenac potassium tab 50 mg</i>	2	
<i>diclofenac sodium soln 1.5%</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 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>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	
<i>fenoprofen calcium tab 600 mg</i>	2	
<i>flurbiprofen tab 100 mg</i>	1	
FLURBIPROFEN 50 MG TAB	4	
<i>ibuprofen tab 400 mg</i>	1	
<i>ibuprofen tab 600 mg</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ibuprofen tab 800 mg</i>	1	
<i>ibuprofen tab 400 mg</i>	1	
<i>ibuprofen tab 600 mg</i>	1	
<i>ibuprofen tab 800 mg</i>	1	
<i>ibuprofen-famotidine tab 800-26.6 mg</i>	2	
<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>nabumetone tab 500 mg</i>	1	
<i>nabumetone tab 750 mg</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sulindac tab 150 mg</i>	1	
<i>sulindac tab 200 mg</i>	1	
OPIOID ANALGESICS, LONG-ACTING		
<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 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 75 mcg/hr</i>	2	QL 15 / 30 days
HYDROCODONE BITARTRATE ER 10 MG CAP ER 12H	4	
HYDROCODONE BITARTRATE ER 15 MG CAP ER 12H	4	
HYDROCODONE BITARTRATE ER 20 MG CAP ER 12H	4	
HYDROCODONE BITARTRATE ER 30 MG CAP ER 12H	4	
HYDROCODONE BITARTRATE ER 40 MG CAP ER 12H	4	
HYDROCODONE BITARTRATE ER 50 MG CAP ER 12H	4	
<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 tab 10 mg</i>	1	QL 150 / 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 for oral susp 40 mg</i>	2	
<i>methadone hcl tab 5 mg</i>	1	QL 150 / 30 days
<i>methadone hcl soln 5 mg/5ml</i>	2	QL 600 / 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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MORPHINE SULFATE ER 10 MG CAP ER 24H	4	QL 60 / 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
<i>morphine sulfate tab er 15 mg</i>	1	QL 60 / 30 days
MORPHINE SULFATE ER 20 MG CAP ER 24H	4	QL 60 / 30 days
<i>morphine sulfate tab er 200 mg</i>	2	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
NUCYNTA ER 100 MG TAB ER 12H	4	
NUCYNTA ER 150 MG TAB ER 12H	4	
NUCYNTA ER 200 MG TAB ER 12H	4	
NUCYNTA ER 250 MG TAB ER 12H	4	
NUCYNTA ER 50 MG TAB ER 12H	4	
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
SUBLOCADE 100 MG/0.5ML SOLN PRSYR	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SUBLOCADE 300 MG/1.5ML SOLN PRSYR	5	PA S
TRAMADOL HCL (ER BIPHASIC) 100 MG TAB ER 24H	4	QL 60 / 30 days
TRAMADOL HCL (ER BIPHASIC) 200 MG TAB ER 24H	4	QL 60 / 30 days
TRAMADOL HCL (ER BIPHASIC) 300 MG TAB ER 24H	4	QL 60 / 30 days
<i>tramadol hcl tab er 24hr 100 mg</i>	2	QL 60 / 30 days
<i>tramadol hcl tab er 24hr 200 mg</i>	2	QL 60 / 30 days
<i>tramadol hcl tab er 24hr 300 mg</i>	2	QL 60 / 30 days
		QL 60 / 30 days
XTAMPZA ER 13.5 MG CP12 DETER	3	ST STC Trial and failure of 1 therapy: morphine ER
		QL 60 / 30 days
XTAMPZA ER 18 MG CP12 DETER	3	ST STC Trial and failure of 1 therapy: morphine ER
		QL 60 / 30 days
XTAMPZA ER 27 MG CP12 DETER	3	ST STC Trial and failure of 1 therapy: morphine ER
		QL 60 / 30 days
XTAMPZA ER 36 MG CP12 DETER	3	ST STC Trial and failure of 1 therapy: morphine ER
		QL 60 / 30 days
XTAMPZA ER 9 MG CP12 DETER	3	ST STC Trial and failure of 1 therapy: morphine ER

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	1	QL 630 / 7 days
ACETAMINOPHEN-CODEINE 120-12 MG/5ML SOLUTION	1	QL 630 / 7 days
<i>acetaminophen w/ codeine tab 300-15 mg</i>	1	QL 300 / 30 days
<i>acetaminophen w/ codeine tab 300-30 mg</i>	1	QL 300 / 30 days
<i>acetaminophen w/ codeine tab 300-60 mg</i>	2	QL 270 / 30 days
APADAZ 4.08-325 MG TAB	4	
APADAZ 6.12-325 MG TAB	4	
APADAZ 8.16-325 MG TAB	4	
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>	2	QL 180 / 30 days
BENZHYDROCODONE-ACETAMINOPHEN 4.08-325 MG TAB	4	
BENZHYDROCODONE-ACETAMINOPHEN 6.12-325 MG TAB	4	
BENZHYDROCODONE-ACETAMINOPHEN 8.16-325 MG TAB	4	
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	2	QL 70 / 7 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	4	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
<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
FENTANYL CITRATE 1200 MCG LOZ HANDLE	2	QL 120 / 30 days PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
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
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1	QL 258 / 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 258 / 30 days
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1	QL 258 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	2	QL 5400 / 30 days
HYDROCODONE-IBUPROFEN 10-200 MG TAB	4	QL 258 / 30 days
HYDROCODONE-IBUPROFEN 5-200 MG TAB	4	QL 258 / 30 days
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	2	QL 258 / 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 90 / 30 days
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	2	QL 960 / 30 days
MORPHINE SULFATE (CONCENTRATE) 100 MG/5ML SOLUTION	2	QL 960 / 30 days
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	2	QL 960 / 30 days
MORPHINE SULFATE 10 MG/5ML SOLUTION	1	QL 1350 / 30 day(s)
MORPHINE SULFATE 15 MG TAB	3	QL 90 / 30 days
<i>morphine sulfate tab 15 mg</i>	2	QL 90 / 30 days
MORPHINE SULFATE 20 MG/5ML SOLUTION	4	QL 675 / 30 days
MORPHINE SULFATE 30 MG TAB	3	QL 90 / 30 days
<i>morphine sulfate tab 30 mg</i>	2	QL 90 / 30 days
NUCYNTA 100 MG TAB	4	
NUCYNTA 50 MG TAB	4	
NUCYNTA 75 MG TAB	4	
<i>oxycodone hcl tab 10 mg</i>	1	QL 180 / 30 days
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	2	QL 90 / 30 days
<i>oxycodone hcl tab 15 mg</i>	2	QL 180 / 30 days
<i>oxycodone hcl tab 20 mg</i>	2	QL 180 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>oxycodone hcl tab 30 mg</i>	2	QL 180 / 30 days
<i>oxycodone hcl tab 5 mg</i>	1	QL 180 / 30 days
<i>oxycodone hcl soln 5 mg/5ml</i>	2	QL 1800 / 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>oxymorphone hcl tab 10 mg</i>	2	QL 120 / 30 days
<i>oxymorphone hcl tab 5 mg</i>	2	QL 120 / 30 days
<i>tramadol hcl tab 50 mg</i>	1	QL 240 / 30 days
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	1	QL 240 / 30 days
ANESTHETICS		
LOCAL ANESTHETICS		
<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	
<i>lidocaine patch 5%</i>	2	
NAYZILAM 5 MG/0.1ML SOLUTION	4	QL 6 / 30 days PRE Preventive
SYNERA 70-70 MG PATCH	4	
<i>lidocaine patch 5%</i>	2	
<i>lidocaine patch 5%</i>	2	
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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 75 MCG FILM	3	QL 60 / 30 days
BELBUCA 750 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 90 / 30 days
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	2	QL 90 / 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
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	4	
<i>naloxone hcl inj 0.4 mg/ml</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	
ZIMHI 5 MG/0.5ML SOLN PRSYR	4	
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
<i>nicotine td patch 24hr 14 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 td patch 24hr 21 mg/24hr</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex gum 4 mg</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 lozenge 4 mg</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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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 td patch 24hr 7 mg/24hr</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 lozenge 4 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine td patch 24hr 14 mg/24hr</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 td patch 24hr 21 mg/24hr</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex gum 4 mg</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 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 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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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 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
NICOTINE 21-14-7 MG/24HR KIT	3	ACA Affordable Care Act Medications
<i>nicotine td patch 24hr 7 mg/24hr</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

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 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 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 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 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 td patch 24hr 14 mg/24hr</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 td patch 24hr 21 mg/24hr</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 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 td patch 24hr 14 mg/24hr</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex lozenge 2 mg</i>	2	ACA Affordable Care Act Medications
<i>nicotine td patch 24hr 21 mg/24hr</i>	2	ACA Affordable Care Act Medications
<i>nicotine polacrilex gum 4 mg</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 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 11 x 0.5 mg & 42 x 1 mg start pack</i>	2	ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
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	
HUMATIN 250 MG CAP	3	
<i>neomycin sulfate tab 500 mg</i>	1	
<i>paramomycin sulfate cap 250 mg</i>	2	
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	
<i>clindamycin phosphate vaginal cream 2%</i>	2	
CLINDESSE 2 % CREAM	4	
<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 cream 0.75%</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>metronidazole gel 0.75%</i>	2	
<i>metronidazole vaginal gel 0.75%</i>	2	
<i>metronidazole gel 1%</i>	2	
<i>metronidazole tab 250 mg</i>	1	
<i>metronidazole cap 375 mg</i>	2	
<i>metronidazole tab 500 mg</i>	1	
<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	
NUVESSA 1.3 % GEL	4	
<i>metronidazole cream 0.75%</i>	2	
<i>metronidazole gel 0.75%</i>	2	
SIVEXTRO 200 MG TAB	5	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 25 mg/ml (base equivalent)</i>	2	
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	2	
<i>vancomycin hcl for oral soln 50 mg/ml (base equivalent)</i>	2	
<i>vancomycin hcl for oral soln 50 mg/ml (base equivalent)</i>	2	
VANDAZOLE 0.75 % GEL	4	
XIFAXAN 200 MG TAB	4	
XIFAXAN 550 MG TAB	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BETA-LACTAM, CEPHALOSPORINS		
CEFACLOR 250 MG CAP	4	
CEFACLOR 500 MG CAP	4	
CEFADROXIL 1 GM TAB	4	
<i>cefadroxil for susp 250 mg/5ml</i>	2	
<i>cefadroxil cap 500 mg</i>	1	
<i>cefadroxil for susp 500 mg/5ml</i>	2	
<i>cefdinir for susp 125 mg/5ml</i>	2	
<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	
<i>cefpodoxime proxetil tab 100 mg</i>	2	
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	2	
<i>cefpodoxime proxetil tab 200 mg</i>	2	
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	2	
<i>cefprozil for susp 125 mg/5ml</i>	2	
<i>cefprozil tab 250 mg</i>	2	
<i>cefprozil for susp 250 mg/5ml</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 cap 250 mg</i>	1	
<i>cephalexin for susp 250 mg/5ml</i>	2	
<i>cephalexin cap 500 mg</i>	1	
<i>cephalexin cap 750 mg</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BETA-LACTAM, PENICILLINS		
AMOXICILLIN 125 MG CHEW TAB	4	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) cap 250 mg</i>	1	
AMOXICILLIN 250 MG CHEW TAB	4	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) cap 500 mg</i>	1	
<i>amoxicillin (trihydrate) tab 500 mg</i>	1	
<i>amoxicillin (trihydrate) tab 875 mg</i>	1	
AMOXICILLIN-POT CLAVULANATE 200-28.5 MG CHEW TAB	4	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	2	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	2	
AMOXICILLIN-POT CLAVULANATE 400-57 MG CHEW TAB	4	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	1	
<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	4	
<i>ampicillin cap 500 mg</i>	2	
AUGMENTIN 125-31.25 MG/5ML RECON SUSP	4	
<i>dicloxacillin sodium cap 250 mg</i>	2	
<i>dicloxacillin sodium cap 500 mg</i>	2	
PENICILLIN V POTASSIUM 125 MG/5ML RECON SOLN	4	
<i>penicillin v potassium tab 250 mg</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PENICILLIN V POTASSIUM 250 MG/5ML RECON SOLN	4	
<i>penicillin v potassium tab 500 mg</i>	1	
MACROLIDES		
AZITHROMYCIN 1 GM PACKET	4	
<i>azithromycin for susp 100 mg/5ml</i>	2	
<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	4	
<i>clarithromycin tab 250 mg</i>	2	
CLARITHROMYCIN 250 MG/5ML RECON SUSP	4	
<i>clarithromycin tab 500 mg</i>	2	
<i>clarithromycin tab er 24hr 500 mg</i>	2	
DIFICID 200 MG TAB	3	
DIFICID 40 MG/ML RECON SUSP	3	
E.E.S. 400 400 MG TAB	4	<div style="display: flex; align-items: center;"> <div style="background-color: #0070C0; color: white; padding: 2px 5px; margin-right: 5px;">ST</div> <div style="background-color: #0070C0; color: white; padding: 2px 5px; margin-right: 5px;">STC</div> <div> <p>Trial and failure of 1 therapy: generic erythromycin ethylsuccinate</p> </div> </div>
<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	
ERYTHROCIN STEARATE 250 MG TAB	3	
<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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	2	
ERYTHROMYCIN ETHYLSUCCINATE 400 MG TAB	4	<div style="display: flex; align-items: center;"> <div style="background-color: #0070C0; color: white; padding: 2px 5px; margin-right: 5px;">ST</div> <div style="background-color: #0070C0; color: white; padding: 2px 5px; margin-right: 5px;">STC</div> <div> <p>Trial and failure of 1 therapy: generic erythromycin ethylsuccinate</p> </div> </div>
<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	2	
QUINOLONES		
BAXDELA 450 MG TAB	4	
BESIVANCE 0.6 % SUSPENSION	3	
CIPRO 250 MG/5ML (5%) RECON SUSP	4	
CIPRO 500 MG/5ML (10%) RECON SUSP	4	
<i>ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)</i>	2	
<i>ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)</i>	2	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	1	
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>levofloxacin oral soln 25 mg/ml</i>	2	
<i>levofloxacin tab 250 mg</i>	1	
<i>levofloxacin tab 500 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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ofloxacin tab 400 mg</i>	2	
SULFONAMIDES		
SULFADIAZINE 500 MG TAB	4	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	2	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	2	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	2	
TETRACYCLINES		
<i>doxycycline monohydrate tab 100 mg</i>	1	
<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>	2	
<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 hyclate tab 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	
<i>doxycycline monohydrate cap 100 mg</i>	1	

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 10 MG TAB	4	PRE Preventive
BRIVIACT 10 MG/ML SOLUTION	4	PRE Preventive
BRIVIACT 100 MG TAB	4	PRE Preventive
BRIVIACT 25 MG TAB	4	PRE Preventive
BRIVIACT 50 MG TAB	4	PRE Preventive
BRIVIACT 75 MG TAB	4	PRE Preventive
DIACOMIT 250 MG CAP	5	PA S
DIACOMIT 250 MG PACKET	5	PA S
DIACOMIT 500 MG CAP	5	PA S
DIACOMIT 500 MG PACKET	5	PA S
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	2	PRE Preventive
<i>divalproex sodium tab delayed release 125 mg</i>	1	PRE Preventive
<i>divalproex sodium tab delayed release 250 mg</i>	1	PRE Preventive
<i>divalproex sodium tab delayed release 500 mg</i>	1	PRE Preventive
<i>divalproex sodium tab er 24 hr 250 mg</i>	2	PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>divalproex sodium tab er 24 hr 500 mg</i>	2	PRE Preventive
EPIDIOLEX 100 MG/ML SOLUTION	5	PA S
<i>felbamate tab 400 mg</i>	2	PRE Preventive
<i>felbamate tab 600 mg</i>	2	PRE Preventive
<i>felbamate susp 600 mg/5ml</i>	2	PRE Preventive
FINTEPLA 2.2 MG/ML SOLUTION	5	S
FYCOMPA 0.5 MG/ML SUSPENSION	4	PRE Preventive
FYCOMPA 10 MG TAB	4	PRE Preventive
FYCOMPA 12 MG TAB	4	PRE Preventive
FYCOMPA 2 MG TAB	4	PRE Preventive
FYCOMPA 4 MG TAB	4	PRE Preventive
FYCOMPA 6 MG TAB	4	PRE Preventive
FYCOMPA 8 MG TAB	4	PRE Preventive
LAMICTAL XR 21 X 25 MG & 7 X 50 MG KIT	4	ST STC Trial and failure of 1 therapy: generic Lamictal PRE Preventive
LAMICTAL XR 25 & 50 & 100 MG KIT	4	ST STC Trial and failure of 1 therapy: generic Lamictal PRE Preventive
LAMICTAL XR 50 & 100 & 200 MG KIT	4	ST STC Trial and failure of 1 therapy: generic Lamictal PRE Preventive
<i>lamotrigine tab 100 mg</i>	1	PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lamotrigine tab 150 mg</i>	1	PRE Preventive
<i>lamotrigine tab 200 mg</i>	1	PRE Preventive
<i>lamotrigine tab chewable dispersible 25 mg</i>	2	PRE Preventive
<i>lamotrigine tab 25 mg</i>	1	PRE Preventive
<i>lamotrigine tab chewable dispersible 5 mg</i>	2	PRE Preventive
<i>lamotrigine tab er 24hr 100 mg</i>	2	PRE Preventive
<i>lamotrigine tab er 24hr 200 mg</i>	2	PRE Preventive
<i>lamotrigine tab er 24hr 25 mg</i>	2	PRE Preventive
<i>lamotrigine tab er 24hr 250 mg</i>	2	PRE Preventive
<i>lamotrigine tab er 24hr 300 mg</i>	2	PRE Preventive
<i>lamotrigine tab er 24hr 50 mg</i>	2	PRE Preventive
<i>lamotrigine tab 35 x 25 mg starter kit</i>	2	PRE Preventive
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	2	PRE Preventive
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	2	PRE Preventive
<i>levetiracetam oral soln 100 mg/ml</i>	2	PRE Preventive
<i>levetiracetam tab 1000 mg</i>	2	PRE Preventive
<i>levetiracetam tab 250 mg</i>	1	PRE Preventive
<i>levetiracetam tab 500 mg</i>	1	PRE Preventive
<i>levetiracetam oral soln 100 mg/ml</i>	2	PRE Preventive
<i>levetiracetam tab 750 mg</i>	2	PRE Preventive
<i>levetiracetam tab er 24hr 500 mg</i>	2	PRE Preventive
<i>levetiracetam tab er 24hr 750 mg</i>	2	PRE Preventive
<i>levetiracetam tab 500 mg</i>	1	PRE Preventive
SPRITAM 1000 MG TAB	4	PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SPRITAM 250 MG TAB	4	PRE Preventive
SPRITAM 500 MG TAB	4	PRE Preventive
SPRITAM 750 MG TAB	4	PRE Preventive
<i>lamotrigine tab 100 mg</i>	1	PRE Preventive
<i>lamotrigine tab 150 mg</i>	1	PRE Preventive
<i>lamotrigine tab 200 mg</i>	1	PRE Preventive
<i>lamotrigine tab 25 mg</i>	1	PRE Preventive
<i>lamotrigine tab 35 x 25 mg starter kit</i>	2	PRE Preventive
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	2	PRE Preventive
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	2	PRE Preventive
<i>topiramate tab 100 mg</i>	1	PRE Preventive
<i>topiramate sprinkle cap 15 mg</i>	2	PRE Preventive
<i>topiramate tab 200 mg</i>	1	PRE Preventive
<i>topiramate sprinkle cap 25 mg</i>	2	PRE Preventive
<i>topiramate tab 25 mg</i>	1	PRE Preventive
<i>topiramate tab 50 mg</i>	1	PRE Preventive
<i>topiramate cap er 24hr 100 mg</i>	2	PRE Preventive
<i>topiramate cap er 24hr sprinkle 100 mg</i>	2	PRE Preventive
<i>topiramate cap er 24hr sprinkle 150 mg</i>	2	PRE Preventive
<i>topiramate cap er 24hr 200 mg</i>	2	PRE Preventive
<i>topiramate cap er 24hr sprinkle 200 mg</i>	2	PRE Preventive
<i>topiramate cap er 24hr 25 mg</i>	2	PRE Preventive
<i>topiramate cap er 24hr sprinkle 25 mg</i>	2	PRE Preventive
<i>topiramate cap er 24hr 50 mg</i>	2	PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>topiramate cap er 24hr sprinkle 50 mg</i>	2	PRE Preventive
<i>valproic acid cap 250 mg</i>	2	PRE Preventive
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	2	PRE Preventive
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	2	PRE Preventive
XCOPRI 100 MG TAB	4	PRE Preventive
XCOPRI 150 MG TAB	4	PRE Preventive
XCOPRI 200 MG TAB	4	PRE Preventive
XCOPRI 50 MG TAB	4	PRE Preventive
CALCIUM CHANNEL MODIFYING AGENTS		
CELONTIN 300 MG CAP	4	PRE Preventive
<i>ethosuximide cap 250 mg</i>	2	PRE Preventive
<i>ethosuximide soln 250 mg/5ml</i>	2	PRE Preventive
<i>methsuximide cap 300 mg</i>	2	PRE Preventive
ZARONTIN 250 MG CAP	4	ST STC Trial and failure of 1 therapy: generic Zarontin PRE Preventive
ZARONTIN 250 MG/5ML SOLUTION	4	ST STC Trial and failure of 1 therapy: generic Zarontin PRE Preventive
GAMMA-AMINOBUTYRIC ACID (GABA) MODULATING AGENTS		
<i>clobazam tab 10 mg</i>	2	PRE Preventive
<i>clobazam suspension 2.5 mg/ml</i>	2	PRE Preventive
<i>clobazam tab 20 mg</i>	2	PRE Preventive
DIASTAT ACUDIAL 10 MG GEL	3	QL 5 / 30 days PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DIASTAT ACUDIAL 20 MG GEL	3	<ul style="list-style-type: none"> QL 5 / 30 days PRE Preventive
DIASTAT PEDIATRIC 2.5 MG GEL	3	<ul style="list-style-type: none"> QL 5 / 30 days PRE Preventive
<i>diazepam rectal gel delivery system 10 mg</i>	2	<ul style="list-style-type: none"> QL 5 / 30 days PRE Preventive
DIAZEPAM 2.5 MG GEL	4	<ul style="list-style-type: none"> QL 5 / 30 days PRE Preventive
<i>diazepam rectal gel delivery system 20 mg</i>	2	<ul style="list-style-type: none"> QL 5 / 30 days PRE Preventive
<i>gabapentin cap 100 mg</i>	1	<ul style="list-style-type: none"> PRE Preventive
<i>gabapentin oral soln 250 mg/5ml</i>	2	<ul style="list-style-type: none"> QL 2160 / 30 days PRE Preventive
<i>gabapentin cap 300 mg</i>	1	<ul style="list-style-type: none"> PRE Preventive
<i>gabapentin oral soln 250 mg/5ml</i>	2	<ul style="list-style-type: none"> QL 2160 / 30 days PRE Preventive
<i>gabapentin cap 400 mg</i>	1	<ul style="list-style-type: none"> PRE Preventive
<i>gabapentin tab 600 mg</i>	1	<ul style="list-style-type: none"> PRE Preventive
<i>gabapentin tab 800 mg</i>	1	<ul style="list-style-type: none"> PRE Preventive
MYSOLINE 250 MG TAB	4	<ul style="list-style-type: none"> ST STC Trial and failure of 1 therapy: generic Mysoline PRE Preventive
MYSOLINE 50 MG TAB	4	<ul style="list-style-type: none"> ST STC Trial and failure of 1 therapy: generic Mysoline PRE Preventive
<i>phenobarbital tab 100 mg</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>phenobarbital tab 15 mg</i>	1	
<i>phenobarbital tab 16.2 mg</i>	2	
<i>phenobarbital elixir 20 mg/5ml</i>	2	
<i>phenobarbital tab 30 mg</i>	1	
<i>phenobarbital tab 32.4 mg</i>	2	
<i>phenobarbital tab 60 mg</i>	1	
<i>phenobarbital tab 64.8 mg</i>	2	
<i>phenobarbital tab 97.2 mg</i>	2	
PRIMIDONE 125 MG TAB	4	PRE Preventive
<i>primidone tab 250 mg</i>	2	PRE Preventive
<i>primidone tab 50 mg</i>	1	PRE 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
<i>tiagabine hcl tab 12 mg</i>	2	PRE Preventive
<i>tiagabine hcl tab 16 mg</i>	2	PRE Preventive
<i>tiagabine hcl tab 2 mg</i>	2	PRE Preventive
<i>tiagabine hcl tab 4 mg</i>	2	PRE Preventive
VALTOCO 10 MG DOSE 10 MG/0.1ML LIQUID	4	QL 5 / 30 days PRE Preventive
VALTOCO 15 MG DOSE 7.5 MG/0.1ML LIQD THPK	4	QL 5 / 30 days PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VALTOCO 20 MG DOSE 10 MG/0.1ML LIQD THPK	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #800080; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 5 / 30 days </div> <div style="display: flex; align-items: center;"> <div style="background-color: #00CED1; color: white; padding: 2px 5px; border-radius: 3px;">PRE</div> Preventive </div> </div>
VALTOCO 5 MG DOSE 5 MG/0.1ML LIQUID	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #800080; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 5 / 30 days </div> <div style="display: flex; align-items: center;"> <div style="background-color: #00CED1; color: white; padding: 2px 5px; border-radius: 3px;">PRE</div> Preventive </div> </div>
<i>vigabatrin powd pack 500 mg</i>	5	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #000080; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #DC143C; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div>
<i>vigabatrin tab 500 mg</i>	5	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #000080; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #DC143C; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div>
<i>vigabatrin powd pack 500 mg</i>	5	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #000080; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #DC143C; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div>
<i>vigabatrin tab 500 mg</i>	5	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #000080; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #DC143C; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div>
<i>vigabatrin powd pack 500 mg</i>	5	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #000080; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #DC143C; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div>
ZTALMY 50 MG/ML SUSPENSION	5	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #000080; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #DC143C; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div>
SODIUM CHANNEL AGENTS		
APTIOM 200 MG TAB	3	<div style="display: flex; align-items: center;"> <div style="background-color: #00CED1; color: white; padding: 2px 5px; border-radius: 3px;">PRE</div> Preventive </div>
APTIOM 400 MG TAB	3	<div style="display: flex; align-items: center;"> <div style="background-color: #00CED1; color: white; padding: 2px 5px; border-radius: 3px;">PRE</div> Preventive </div>
APTIOM 600 MG TAB	3	<div style="display: flex; align-items: center;"> <div style="background-color: #00CED1; color: white; padding: 2px 5px; border-radius: 3px;">PRE</div> Preventive </div>
APTIOM 800 MG TAB	3	<div style="display: flex; align-items: center;"> <div style="background-color: #00CED1; color: white; padding: 2px 5px; border-radius: 3px;">PRE</div> Preventive </div>
<i>carbamazepine chew tab 100 mg</i>	2	<div style="display: flex; align-items: center;"> <div style="background-color: #00CED1; color: white; padding: 2px 5px; border-radius: 3px;">PRE</div> Preventive </div>
<i>carbamazepine susp 100 mg/5ml</i>	2	<div style="display: flex; align-items: center;"> <div style="background-color: #00CED1; color: white; padding: 2px 5px; border-radius: 3px;">PRE</div> Preventive </div>
<i>carbamazepine tab 200 mg</i>	2	<div style="display: flex; align-items: center;"> <div style="background-color: #00CED1; color: white; padding: 2px 5px; border-radius: 3px;">PRE</div> Preventive </div>
<i>carbamazepine susp 100 mg/5ml</i>	2	<div style="display: flex; align-items: center;"> <div style="background-color: #00CED1; color: white; padding: 2px 5px; border-radius: 3px;">PRE</div> Preventive </div>
<i>carbamazepine cap er 12hr 100 mg</i>	2	<div style="display: flex; align-items: center;"> <div style="background-color: #00CED1; color: white; padding: 2px 5px; border-radius: 3px;">PRE</div> Preventive </div>
<i>carbamazepine tab er 12hr 100 mg</i>	2	<div style="display: flex; align-items: center;"> <div style="background-color: #00CED1; color: white; padding: 2px 5px; border-radius: 3px;">PRE</div> Preventive </div>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>carbamazepine cap er 12hr 200 mg</i>	2	PRE Preventive
<i>carbamazepine tab er 12hr 200 mg</i>	2	PRE Preventive
<i>carbamazepine cap er 12hr 300 mg</i>	2	PRE Preventive
<i>carbamazepine tab er 12hr 400 mg</i>	2	PRE Preventive
CARBATROL 100 MG CAP ER 12H	4	ST STC Trial and failure of 1 therapy: generic carbamazepine PRE Preventive
CARBATROL 200 MG CAP ER 12H	4	ST STC Trial and failure of 1 therapy: generic carbamazepine PRE Preventive
CARBATROL 300 MG CAP ER 12H	4	ST STC Trial and failure of 1 therapy: generic carbamazepine PRE Preventive
DILANTIN 100 MG CAP	4	ST STC Trial and failure of 1 therapy: generic Dilantin PRE Preventive
DILANTIN 125 MG/5ML SUSPENSION	4	ST STC Trial and failure of 1 therapy: generic Dilantin PRE Preventive
DILANTIN 30 MG CAP	4	ST STC Trial and failure of 1 therapy: generic Dilantin PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DILANTIN-125 125 MG/5ML SUSPENSION	3	ST STC Trial and failure of 1 therapy: generic Dilantin PRE Preventive
<i>carbamazepine tab 200 mg</i>	2	PRE Preventive
<i>lacosamide oral solution 10 mg/ml</i>	2	PRE Preventive
<i>lacosamide tab 100 mg</i>	2	PRE Preventive
<i>lacosamide oral solution 10 mg/ml</i>	2	PRE Preventive
<i>lacosamide tab 150 mg</i>	2	PRE Preventive
<i>lacosamide tab 200 mg</i>	2	PRE Preventive
<i>lacosamide tab 50 mg</i>	2	PRE Preventive
<i>lacosamide oral solution 10 mg/ml</i>	2	PRE Preventive
<i>oxcarbazepine tab 150 mg</i>	1	PRE Preventive
<i>oxcarbazepine tab 300 mg</i>	2	PRE Preventive
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	2	PRE Preventive
<i>oxcarbazepine tab 600 mg</i>	2	PRE Preventive
<i>phenytoin sodium extended cap 200 mg</i>	2	PRE Preventive
<i>phenytoin sodium extended cap 300 mg</i>	2	PRE Preventive
<i>phenytoin susp 125 mg/5ml</i>	2	PRE Preventive
<i>phenytoin susp 125 mg/5ml</i>	2	PRE Preventive
<i>phenytoin chew tab 50 mg</i>	2	PRE Preventive
<i>phenytoin chew tab 50 mg</i>	2	PRE Preventive
<i>phenytoin sodium extended cap 100 mg</i>	2	PRE Preventive
<i>phenytoin sodium extended cap 200 mg</i>	2	PRE Preventive
<i>phenytoin sodium extended cap 300 mg</i>	2	PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>rufinamide tab 200 mg</i>	2	PA PRE Preventive
<i>rufinamide susp 40 mg/ml</i>	2	PRE Preventive
<i>rufinamide tab 400 mg</i>	2	PA PRE Preventive
TEGRETOL 100 MG/5ML SUSPENSION	4	ST STC Trial and failure of 1 therapy: generic carbamazepine PRE Preventive
TEGRETOL 200 MG TAB	4	ST STC Trial and failure of 1 therapy: generic carbamazepine PRE Preventive
TEGRETOL-XR 100 MG TAB ER 12H	4	ST STC Trial and failure of 1 therapy: generic carbamazepine PRE Preventive
TEGRETOL-XR 200 MG TAB ER 12H	4	ST STC Trial and failure of 1 therapy: generic carbamazepine PRE Preventive
TEGRETOL-XR 400 MG TAB ER 12H	4	ST STC Trial and failure of 1 therapy: generic carbamazepine PRE Preventive
XCOPRI (250 MG DAILY DOSE) 100 & 150 MG TAB THPK	4	PRE Preventive
XCOPRI (350 MG DAILY DOSE) 150 & 200 MG TAB THPK	4	PRE Preventive
XCOPRI 14 X 12.5 MG & 14 X 25 MG TAB THPK	4	PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XCOPRI 14 X 150 MG & 14 X200 MG TAB THPK	4	PRE Preventive
XCOPRI 14 X 50 MG & 14 X100 MG TAB THPK	4	PRE Preventive
<i>zonisamide cap 100 mg</i>	2	PRE Preventive
<i>zonisamide cap 25 mg</i>	1	PRE Preventive
<i>zonisamide cap 50 mg</i>	1	PRE 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	
<i>galantamine hydrobromide tab 4 mg</i>	2	
GALANTAMINE HYDROBROMIDE 4 MG/ML SOLUTION	4	
<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 tab 10 mg</i>	1	
<i>memantine hcl oral solution 2 mg/ml</i>	2	
<i>memantine hcl oral solution 2 mg/ml</i>	2	
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	2	
<i>memantine hcl tab 5 mg</i>	1	
ANTIDEPRESSANTS		
ANTIDEPRESSANTS, OTHER		
<i>bupropion hcl tab 100 mg</i>	1	PRE Preventive
<i>bupropion hcl tab 75 mg</i>	1	PRE Preventive
<i>bupropion hcl tab er 12hr 100 mg</i>	1	PRE Preventive
<i>bupropion hcl tab er 12hr 150 mg</i>	1	PRE Preventive
<i>bupropion hcl tab er 12hr 200 mg</i>	1	PRE Preventive
<i>bupropion hcl tab er 24hr 150 mg</i>	1	PRE Preventive
<i>bupropion hcl tab er 24hr 300 mg</i>	1	PRE Preventive
CHLORDIAZEPOXIDE-AMITRIPTYLINE 10-25 MG TAB	4	QL 180 / 30 days
CHLORDIAZEPOXIDE-AMITRIPTYLINE 5-12.5 MG TAB	4	QL 180 / 30 days
<i>mirtazapine tab 15 mg</i>	1	PRE Preventive
<i>mirtazapine orally disintegrating tab 15 mg</i>	2	PRE Preventive
<i>mirtazapine tab 30 mg</i>	1	PRE Preventive
<i>mirtazapine orally disintegrating tab 30 mg</i>	2	PRE Preventive
<i>mirtazapine tab 45 mg</i>	1	PRE Preventive
<i>mirtazapine orally disintegrating tab 45 mg</i>	2	PRE Preventive
<i>mirtazapine tab 7.5 mg</i>	2	PRE Preventive
PERPHENAZINE-AMITRIPTYLINE 2-10 MG TAB	4	
PERPHENAZINE-AMITRIPTYLINE 2-25 MG TAB	4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PERPHENAZINE-AMITRIPTYLINE 4-10 MG TAB	4	
PERPHENAZINE-AMITRIPTYLINE 4-25 MG TAB	4	
PERPHENAZINE-AMITRIPTYLINE 4-50 MG TAB	4	
SPRAVATO (56 MG DOSE) 28 MG/DEVICE SOLN THPK	5	PA S
SPRAVATO (84 MG DOSE) 28 MG/DEVICE SOLN THPK	5	PA S
ZURZUVAE 20 MG CAP	5	PA S
ZURZUVAE 25 MG CAP	5	PA S
ZURZUVAE 30 MG CAP	5	PA S
MONOAMINE OXIDASE INHIBITORS		
EMSAM 12 MG/24HR PATCH 24HR	4	PRE Preventive
EMSAM 6 MG/24HR PATCH 24HR	4	PRE Preventive
EMSAM 9 MG/24HR PATCH 24HR	4	PRE Preventive
MARPLAN 10 MG TAB	4	PRE Preventive
PHENELZINE SULFATE 15 MG TAB	4	PRE Preventive
<i>tranylcypromine sulfate tab 10 mg</i>	2	PRE Preventive
SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)		
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	1	PRE Preventive
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	2	PRE Preventive
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	1	PRE Preventive
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	1	PRE Preventive
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	2	PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	2	PRE Preventive
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	2	PRE Preventive
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	1	PRE Preventive
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	1	PRE Preventive
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	1	PRE Preventive
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	2	PRE Preventive
FETZIMA 120 MG CAP ER 24H	4	PRE Preventive
FETZIMA 20 MG CAP ER 24H	4	PRE Preventive
FETZIMA 40 MG CAP ER 24H	4	PRE Preventive
FETZIMA 80 MG CAP ER 24H	4	PRE Preventive
FETZIMA TITRATION 20 & 40 MG CP24 THPK	4	PRE Preventive
<i>fluoxetine hcl cap 10 mg</i>	1	PRE Preventive
<i>fluoxetine hcl cap 20 mg</i>	1	PRE Preventive
<i>fluoxetine hcl solution 20 mg/5ml</i>	2	PRE Preventive
<i>fluoxetine hcl cap 40 mg</i>	1	PRE Preventive
FLUOXETINE HCL 90 MG CAP DR	4	PRE Preventive
<i>fluvoxamine maleate tab 100 mg</i>	2	PRE Preventive
<i>fluvoxamine maleate tab 25 mg</i>	2	PRE Preventive
<i>fluvoxamine maleate tab 50 mg</i>	2	PRE Preventive
NEFAZODONE HCL 100 MG TAB	4	PRE Preventive
NEFAZODONE HCL 150 MG TAB	4	PRE Preventive
NEFAZODONE HCL 200 MG TAB	4	PRE Preventive
NEFAZODONE HCL 250 MG TAB	4	PRE Preventive
NEFAZODONE HCL 50 MG TAB	4	PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>paroxetine hcl tab 10 mg</i>	1	PRE Preventive
<i>paroxetine hcl tab 20 mg</i>	1	PRE Preventive
<i>paroxetine hcl tab 30 mg</i>	1	PRE Preventive
<i>paroxetine hcl tab 40 mg</i>	1	PRE Preventive
<i>sertraline hcl tab 100 mg</i>	1	PRE Preventive
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	2	PRE Preventive
<i>sertraline hcl tab 25 mg</i>	1	PRE Preventive
<i>sertraline hcl tab 50 mg</i>	1	PRE Preventive
<i>trazodone hcl tab 100 mg</i>	1	PRE Preventive
<i>trazodone hcl tab 150 mg</i>	1	PRE Preventive
<i>trazodone hcl tab 50 mg</i>	1	PRE Preventive
TRINTELLIX 10 MG TAB	4	PRE Preventive
TRINTELLIX 20 MG TAB	4	PRE Preventive
TRINTELLIX 5 MG TAB	4	PRE Preventive
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	1	PRE Preventive
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	1	PRE Preventive
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	1	PRE Preventive
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	1	PRE Preventive
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	1	PRE Preventive
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	1	PRE Preventive
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	1	PRE Preventive
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	1	PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>vilazodone hcl tab 10 mg</i>	2	PRE Preventive
<i>vilazodone hcl tab 20 mg</i>	2	PRE Preventive
<i>vilazodone hcl tab 40 mg</i>	2	PRE Preventive
TRICYCLICS		
<i>amitriptyline hcl tab 10 mg</i>	1	PRE Preventive
<i>amitriptyline hcl tab 100 mg</i>	2	PRE Preventive
<i>amitriptyline hcl tab 150 mg</i>	2	PRE Preventive
<i>amitriptyline hcl tab 25 mg</i>	1	PRE Preventive
<i>amitriptyline hcl tab 50 mg</i>	1	PRE Preventive
<i>amitriptyline hcl tab 75 mg</i>	1	PRE Preventive
<i>amoxapine tab 100 mg</i>	2	PRE Preventive
<i>amoxapine tab 150 mg</i>	2	PRE Preventive
<i>amoxapine tab 25 mg</i>	2	PRE Preventive
<i>amoxapine tab 50 mg</i>	2	PRE Preventive
<i>clomipramine hcl cap 25 mg</i>	2	PRE Preventive
<i>clomipramine hcl cap 50 mg</i>	2	PRE Preventive
<i>clomipramine hcl cap 75 mg</i>	2	PRE Preventive
<i>desipramine hcl tab 10 mg</i>	2	PRE Preventive
<i>desipramine hcl tab 100 mg</i>	2	PRE Preventive
<i>desipramine hcl tab 150 mg</i>	2	PRE Preventive
<i>desipramine hcl tab 25 mg</i>	2	PRE Preventive
<i>desipramine hcl tab 50 mg</i>	2	PRE Preventive
<i>desipramine hcl tab 75 mg</i>	2	PRE Preventive
<i>doxepin hcl cap 10 mg</i>	1	PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>doxepin hcl conc 10 mg/ml</i>	1	PRE Preventive
<i>doxepin hcl cap 100 mg</i>	2	PRE Preventive
<i>doxepin hcl cap 150 mg</i>	2	PRE Preventive
<i>doxepin hcl cap 25 mg</i>	1	PRE Preventive
<i>doxepin hcl cap 50 mg</i>	2	PRE Preventive
<i>doxepin hcl cap 75 mg</i>	2	PRE Preventive
<i>imipramine hcl tab 10 mg</i>	1	PRE Preventive
<i>imipramine hcl tab 25 mg</i>	1	PRE Preventive
<i>imipramine hcl tab 50 mg</i>	1	PRE Preventive
<i>nortriptyline hcl cap 10 mg</i>	1	PRE Preventive
<i>nortriptyline hcl soln 10 mg/5ml</i>	2	PRE Preventive
<i>nortriptyline hcl cap 25 mg</i>	1	PRE Preventive
<i>nortriptyline hcl cap 50 mg</i>	1	PRE Preventive
<i>nortriptyline hcl cap 75 mg</i>	1	PRE Preventive
<i>protriptyline hcl tab 10 mg</i>	2	PRE Preventive
<i>protriptyline hcl tab 5 mg</i>	2	PRE Preventive
<i>trimipramine maleate cap 100 mg</i>	2	PRE Preventive
<i>trimipramine maleate cap 25 mg</i>	2	PRE Preventive
<i>trimipramine maleate cap 50 mg</i>	2	PRE Preventive
ANTIEMETICS		
ANTIEMETICS, OTHER		
<i>prochlorperazine suppos 25 mg</i>	2	
<i>meclizine hcl tab 25 mg</i>	1	
<i>metoclopramide hcl tab 10 mg (base equivalent)</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 5 mg (base equivalent)</i>	1	
METOCLOPRAMIDE HCL 5 MG TAB DISP	4	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	2	
<i>perphenazine tab 16 mg</i>	2	PRE Preventive
<i>perphenazine tab 2 mg</i>	2	PRE Preventive
<i>perphenazine tab 4 mg</i>	2	PRE Preventive
<i>perphenazine tab 8 mg</i>	2	PRE Preventive
<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		
ANZEMET 50 MG TAB	4	
<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 therapy pack 80 & 125 mg</i>	2	QL 6 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>aprepitant capsule 80 mg</i>	2	QL 4 / 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
EMEND 125 MG/5ML RECON SUSP	3	QL 3 / 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	
ONDANSETRON HCL 24 MG TAB	4	
<i>ondansetron hcl tab 4 mg</i>	1	
<i>ondansetron hcl oral soln 4 mg/5ml</i>	1	
<i>ondansetron hcl tab 8 mg</i>	1	
VARUBI (180 MG DOSE) 2 X 90 MG TAB THPK	3	QL 4.2 / 30 days
ANTIFUNGALS		
<i>clotrimazole troche 10 mg</i>	2	
CRESEMBA 186 MG CAP	5	PA S
CRESEMBA 372 MG RECON SOLN	5	PA S
CRESEMBA 74.5 MG CAP	5	PA S
<i>econazole nitrate cream 1%</i>	2	
ERTACZO 2 % CREAM	4	
EXELDERM 1 % CREAM	4	
EXELDERM 1 % SOLUTION	4	
<i>fluconazole for susp 10 mg/ml</i>	2	
<i>fluconazole tab 100 mg</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	
GYNAZOLE-1 2 % CREAM	4	
<i>itraconazole oral soln 10 mg/ml</i>	2	
<i>itraconazole cap 100 mg</i>	2	
<i>ketoconazole cream 2%</i>	2	
<i>ketoconazole shampoo 2%</i>	1	
<i>ketoconazole tab 200 mg</i>	2	
<i>nystatin topical powder 100000 unit/gm</i>	2	
LULICONAZOLE 1 % CREAM	4	
MENTAX 1 % CREAM	4	
MICONAZOLE 3 200 MG SUPPOS	4	
NAFTIFINE HCL 1 % CREAM	4	
NOXAFIL 300 MG PACKET	5	PA S
<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 susp 100000 unit/ml</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nystatin tab 500000 unit</i>	2	
<i>nystatin topical powder 100000 unit/gm</i>	2	
ORAVIG 50 MG TAB	4	
<i>oxiconazole nitrate cream 1%</i>	2	
<i>posaconazole tab delayed release 100 mg</i>	2	
<i>posaconazole susp 40 mg/ml</i>	2	
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		

AIMOVIG 140 MG/ML SOLN A-INJ	3	<p>QL 1 / 30 days</p> <p>ST</p> <p>STC Trial and failure of 3 classes: beta blocker (propranolol, timolol, metoprolol, nadolol, atenolol), antidepressant (amitriptyline, nortriptyline, venlafaxine) and antiepileptic (topiramate, valproate)</p>
------------------------------	---	---

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
---------------------	------	-----------------------

AIMOVIG 70 MG/ML SOLN A-INJ	3	<p>QL 1 / 30 days</p> <p>ST</p> <p>STC Trial and failure of 3 classes: beta blocker (propranolol, timolol, metoprolol, nadolol, atenolol), antidepressant (amitriptyline, nortriptyline, venlafaxine) and antiepileptic (topiramate, valproate)</p>
-----------------------------	---	---

AJOVY 225 MG/1.5ML SOLN A-INJ	3	<p>ST</p> <p>QLC 4.5 / 84 days</p> <p>STC Trial and failure of 3 classes: beta blocker (propranolol, timolol, metoprolol, nadolol, atenolol), antidepressant (amitriptyline, nortriptyline, venlafaxine) and antiepileptic (topiramate, valproate)</p>
-------------------------------	---	--

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EMGALITY (300 MG DOSE) 100 MG/ML SOLN PRSYR	3	<p>QL 3 / 30 days</p> <p>ST</p> <p>STC Trial and failure of 3 classes: beta blocker (propranolol, timolol, metoprolol, nadolol, atenolol), antidepressant (amitriptyline, nortriptyline, venlafaxine) and antiepileptic (topiramate, valproate)</p>
EMGALITY 120 MG/ML SOLN A-INJ	3	<p>QL 2 / 30 days</p> <p>ST</p> <p>STC Trial and failure of 3 classes: beta blocker (propranolol, timolol, metoprolol, nadolol, atenolol), antidepressant (amitriptyline, nortriptyline, venlafaxine) and antiepileptic (topiramate, valproate)</p>
EMGALITY 120 MG/ML SOLN PRSYR	3	<p>QL 2 / 30 days</p> <p>ST</p> <p>STC Trial and failure of 3 classes: beta blocker (propranolol, timolol, metoprolol, nadolol, atenolol), antidepressant (amitriptyline, nortriptyline, venlafaxine) and antiepileptic (topiramate, valproate)</p>
NURTEC 75 MG TAB DISP	3	<p>QL 8 / 30 days</p> <p>ST</p> <p>STC Trial and failure of 1 therapy: Ubrelvy</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
QULIPTA 10 MG TAB	3	<p>QL 30 / 30 days</p> <p>ST</p> <p>STC Trial and failure of 3 therapies: Ajoovy, Aimovig and Emgality</p>
QULIPTA 60 MG TAB	3	<p>QL 30 / 30 days</p> <p>ST</p> <p>STC Trial and failure of 3 therapies: Ajoovy, Aimovig and Emgality</p>
UBRELVY 100 MG TAB	3	<p>QL 10 / 30 days</p> <p>ST</p> <p>STC Trial and failure of 2 therapies: any two different generic triptans</p>
UBRELVY 50 MG TAB	3	<p>QL 10 / 30 days</p> <p>ST</p> <p>STC Trial and failure of 2 therapies: any two different generic triptans</p>
ERGOT ALKALOIDS		
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	2	QL 9 / 30 days
ERGOMAR 2 MG SL TAB	4	
ERGOTAMINE-CAFFEINE 1-100 MG TAB	2	
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
REYVOW 100 MG TAB	3	QL 8 / 30 days ST STC Trial and failure of 1 therapy: Ubrelvy
REYVOW 50 MG TAB	3	QL 8 / 30 days ST STC Trial and failure of 1 therapy: Ubrelvy
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	1	
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	1	
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	1	
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	1	
<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	
<i>sumatriptan succinate tab 25 mg</i>	1	
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	2	QLC 27 / 90 days
<i>sumatriptan succinate tab 50 mg</i>	1	
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIMYASTHENIC AGENTS PARASYMPATHOMIMETICS		
<i>pyridostigmine bromide tab 60 mg</i>	2	
<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	2	
<i>pyridostigmine bromide tab er 180 mg</i>	2	
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		
<i>cycloserine cap 250 mg</i>	2	
<i>ethambutol hcl tab 100 mg</i>	2	
<i>ethambutol hcl tab 400 mg</i>	2	
ISONIAZID 100 MG TAB	4	
<i>isoniazid tab 300 mg</i>	1	
<i>isoniazid syrup 50 mg/5ml</i>	2	
PASER 4 GM PACKET	4	
PRETOMANID 200 MG TAB	4	PA
PRIFTIN 150 MG TAB	3	
<i>pyrazinamide tab 500 mg</i>	2	
<i>rifampin cap 150 mg</i>	2	
<i>rifampin cap 300 mg</i>	2	
SIRTURO 100 MG TAB	5	PA S
SIRTURO 20 MG TAB	5	PA S
TRECTOR 250 MG TAB	4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTINEOPLASTICS		
ALKYLATING AGENTS		
<i>cyclophosphamide cap 25 mg</i>	5	S
CYCLOPHOSPHAMIDE 25 MG TAB	5	S
<i>cyclophosphamide cap 50 mg</i>	5	S
CYCLOPHOSPHAMIDE 50 MG TAB	5	S
GLEOSTINE 10 MG CAP	5	PA S
GLEOSTINE 100 MG CAP	5	PA S
GLEOSTINE 40 MG CAP	5	PA S
LEUKERAN 2 MG TAB	5	S
MATULANE 50 MG CAP	5	S
MELPHALAN 2 MG TAB	5	S
MYLERAN 2 MG TAB	5	S
<i>temozolomide cap 100 mg</i>	5	S
<i>temozolomide cap 140 mg</i>	5	S
<i>temozolomide cap 180 mg</i>	5	S
<i>temozolomide cap 20 mg</i>	5	S
<i>temozolomide cap 250 mg</i>	5	S
<i>temozolomide cap 5 mg</i>	5	S
ANTIANDROGENS		
<i>abiraterone acetate tab 250 mg</i>	5	S
<i>abiraterone acetate tab 500 mg</i>	5	S
<i>bicalutamide tab 50 mg</i>	5	S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ERLEADA 240 MG TAB	5	PA S
ERLEADA 60 MG TAB	5	PA S
FLUTAMIDE 125 MG CAP	5	S
<i>nilutamide tab 150 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
YONSA 125 MG TAB	5	PA S
ANTIANGIOGENIC AGENTS		
<i>lenalidomide cap 10 mg</i>	5	PA S
<i>lenalidomide cap 15 mg</i>	5	PA S
<i>lenalidomide caps 2.5 mg</i>	5	PA S
<i>lenalidomide cap 20 mg</i>	5	PA S

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
REVLIMID 5 MG CAP	5	ST S STC Trial and failure of 1 therapy: generic Revlimid
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	5	S
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	S
ANTIMETABOLITES		
<i>capecitabine tab 150 mg</i>	5	S
<i>capecitabine tab 500 mg</i>	5	S
<i>mercaptopurine tab 50 mg</i>	5	S
ONUREG 200 MG TAB	5	PA S
ONUREG 300 MG TAB	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PURIXAN 2000 MG/100ML SUSPENSION	5	PA S
TABLOID 40 MG TAB	5	S
ANTINEOPLASTICS, OTHER		
<i>hydroxyurea cap 500 mg</i>	5	S
INQOVI 35-100 MG TAB	5	PA S
<i>leucovorin calcium tab 15 mg</i>	2	
<i>leucovorin calcium tab 25 mg</i>	2	
<i>leucovorin calcium tab 5 mg</i>	2	
LONSURF 15-6.14 MG TAB	5	PA S
LONSURF 20-8.19 MG TAB	5	PA S
LYSODREN 500 MG TAB	5	S
OJJAARA 100 MG TAB	5	PA S
OJJAARA 150 MG TAB	5	PA S
OJJAARA 200 MG TAB	5	PA S
QINLOCK 50 MG TAB	5	S
WELIREG 40 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	ACA Affordable Care Act Medications
<i>letrozole tab 2.5 mg</i>	1	ACA Affordable Care Act Medications
ENZYME INHIBITORS		
ETOPOSIDE 50 MG CAP	5	S
HYCAMTIN 0.25 MG CAP	5	PA S
HYCAMTIN 1 MG CAP	5	PA S
MOLECULAR TARGET INHIBITORS		
ALECENSA 150 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
AYVAKIT 100 MG TAB	5	S
AYVAKIT 200 MG TAB	5	S
AYVAKIT 25 MG TAB	5	S
AYVAKIT 300 MG TAB	5	S
AYVAKIT 50 MG TAB	5	S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BALVERSA 3 MG TAB	5	PA S
BALVERSA 4 MG TAB	5	PA S
BALVERSA 5 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 50 MG CAP	5	PA S
BOSULIF 500 MG TAB	5	PA S
BRAFTOVI 75 MG CAP	5	S
BRUKINSA 80 MG CAP	5	PA S
CABOMETYX 20 MG TAB	5	PA S
CABOMETYX 40 MG TAB	5	PA S
CABOMETYX 60 MG TAB	5	PA S
CALQUENCE 100 MG CAP	5	S
CALQUENCE 100 MG TAB	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CAPRELSA 100 MG TAB	5	PA S
CAPRELSA 300 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
COPIKTRA 15 MG CAP	5	S
COPIKTRA 25 MG CAP	5	S
COTELLIC 20 MG TAB	5	S
DAURISMO 100 MG TAB	5	PA S
DAURISMO 25 MG TAB	5	PA S
ERIVEDGE 150 MG CAP	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 for oral susp 2 mg</i>	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>everolimus tab 2.5 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
EXKIVITY 40 MG CAP	5	PA S
FOTIVDA 0.89 MG CAP	5	S
FOTIVDA 1.34 MG CAP	5	S
GAVRETO 100 MG CAP	5	S
<i>gefitinib tab 250 mg</i>	5	S
GILOTRIF 20 MG TAB	5	S
GILOTRIF 30 MG TAB	5	S
GILOTRIF 40 MG TAB	5	S
IBRANCE 100 MG CAP	5	PA S
IBRANCE 100 MG TAB	5	PA S
IBRANCE 125 MG CAP	5	PA S
IBRANCE 125 MG TAB	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
IBRANCE 75 MG CAP	5	PA S
IBRANCE 75 MG TAB	5	PA S
ICLUSIG 10 MG TAB	5	PA S
ICLUSIG 15 MG TAB	5	PA S
ICLUSIG 30 MG TAB	5	PA S
ICLUSIG 45 MG TAB	5	PA S
IDHIFA 100 MG TAB	5	PA S
IDHIFA 50 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
IMBRUVICA 140 MG CAP	5	PA S
IMBRUVICA 140 MG TAB	5	PA S
IMBRUVICA 280 MG TAB	5	PA S
IMBRUVICA 420 MG TAB	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
IMBRUVICA 560 MG TAB	5	PA S
IMBRUVICA 70 MG CAP	5	PA S
IMBRUVICA 70 MG/ML SUSPENSION	5	PA S
INLYTA 1 MG TAB	5	PA S
INLYTA 5 MG TAB	5	PA S
INREBIC 100 MG CAP	5	S
IRESSA 250 MG TAB	5	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
JAYPIRCA 100 MG TAB	5	QL 30 / 30 days PA S
JAYPIRCA 50 MG TAB	5	QL 60 / 30 days PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
KISQALI FEMARA (200 MG DOSE) 200 & 2.5 MG TAB THPK	5	S
KISQALI FEMARA (400 MG DOSE) 200 & 2.5 MG TAB THPK	5	S
KISQALI FEMARA (600 MG DOSE) 200 & 2.5 MG TAB THPK	5	S
KOSELUGO 10 MG CAP	5	PA S
KOSELUGO 25 MG CAP	5	PA S
KRAZATI 200 MG TAB	5	QL 180 / 30 days PA S
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
LORBRENA 25 MG TAB	5	PA S
LUMAKRAS 120 MG TAB	5	PA S
LUMAKRAS 320 MG TAB	5	S
LYNPARZA 100 MG TAB	5	PA S
LYNPARZA 150 MG TAB	5	PA S
LYTGOBI (12 MG DAILY DOSE) 4 MG TAB THPK	5	S
LYTGOBI (16 MG DAILY DOSE) 4 MG TAB THPK	5	S
LYTGOBI (20 MG DAILY DOSE) 4 MG TAB THPK	5	S
MEKINIST 0.05 MG/ML RECON SOLN	5	S
MEKINIST 0.5 MG TAB	5	PA S
MEKINIST 2 MG TAB	5	PA S
MEKTOVI 15 MG TAB	5	S
NERLYNX 40 MG TAB	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NINLARO 2.3 MG CAP	5	PA S
NINLARO 3 MG CAP	5	PA S
NINLARO 4 MG CAP	5	PA S
ODOMZO 200 MG CAP	5	PA S
<i>pazopanib hcl tab 200 mg (base equiv)</i>	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
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
RETEVMO 40 MG CAP	5	PA S
RETEVMO 80 MG CAP	5	PA S
REZLIDHIA 150 MG CAP	5	QL 60 / 30 days PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ROZLYTREK 100 MG CAP	5	PA S
ROZLYTREK 200 MG CAP	5	PA S
RUBRACA 200 MG TAB	5	PA S
RUBRACA 250 MG TAB	5	PA S
RUBRACA 300 MG TAB	5	PA S
RYDAPT 25 MG CAP	5	PA S
SCEMBLIX 20 MG TAB	5	PA S
SCEMBLIX 40 MG TAB	5	PA S
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	5	PA S
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SPRYCEL 80 MG TAB	5	PA S
STIVARGA 40 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
SYNRIBO 3.5 MG RECON SOLN	5	S
TABRECTA 150 MG TAB	5	PA S
TABRECTA 200 MG TAB	5	PA S
TAFINLAR 10 MG TAB SOL	5	S
TAFINLAR 50 MG CAP	5	PA S
TAFINLAR 75 MG CAP	5	PA S
TAGRISSO 40 MG TAB	5	PA S
TAGRISSO 80 MG TAB	5	PA S
TALZENNA 0.1 MG CAP	5	S
TALZENNA 0.25 MG CAP	5	S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TALZENNA 0.35 MG CAP	5	S
TALZENNA 0.5 MG CAP	5	S
TALZENNA 0.75 MG CAP	5	S
TALZENNA 1 MG CAP	5	S
TASIGNA 150 MG CAP	5	PA S
TASIGNA 200 MG CAP	5	PA S
TASIGNA 50 MG CAP	5	PA S
TAZVERIK 200 MG TAB	5	S
TEPMETKO 225 MG TAB	5	S
TIBSOVO 250 MG TAB	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 5 mg</i>	5	PA S
<i>everolimus tab 7.5 mg</i>	5	PA S
TRUQAP 160 MG TAB	5	PA S
TRUQAP 200 MG TAB	5	PA S
TRUSELTIQ (100MG DAILY DOSE) 100 MG CAP THPK	5	S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRUSELTIQ (125MG DAILY DOSE) 100 & 25 MG CAP THPK	5	S
TRUSELTIQ (50MG DAILY DOSE) 25 MG CAP THPK	5	S
TRUSELTIQ (75MG DAILY DOSE) 25 MG CAP THPK	5	S
TUKYSA 150 MG TAB	5	PA S
TUKYSA 50 MG TAB	5	PA S
TURALIO 125 MG CAP	5	S
TURALIO 200 MG CAP	5	S
VANFLYTA 17.7 MG TAB	5	S
VANFLYTA 26.5 MG TAB	5	S
VENCLEXTA 10 MG TAB	5	PA S
VENCLEXTA 100 MG TAB	5	PA S
VENCLEXTA 50 MG TAB	5	PA S
VENCLEXTA STARTING PACK 10 & 50 & 100 MG TAB THPK	5	PA S
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VIJOICE 125 MG TAB THPK	5	S
VIJOICE 200 & 50 MG TAB THPK	5	S
VIJOICE 50 MG TAB THPK	5	S
VITRAKVI 100 MG CAP	5	PA S
VITRAKVI 20 MG/ML SOLUTION	5	PA S
VITRAKVI 25 MG CAP	5	PA S
VIZIMPRO 15 MG TAB	5	S
VIZIMPRO 30 MG TAB	5	S
VIZIMPRO 45 MG TAB	5	S
VOTRIENT 200 MG TAB	5	PA S
XALKORI 200 MG CAP	5	PA S
XALKORI 250 MG CAP	5	PA S
XOSPATA 40 MG TAB	5	PA S
XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK	5	S
XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK	5	S
XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK	5	S
XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK	5	S
XPOVIO (60 MG TWICE WEEKLY) 20 MG TAB THPK	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	5	S
XPOVIO (80 MG TWICE WEEKLY) 20 MG TAB THPK	5	PA S
ZEJULA 100 MG CAP	5	PA S
ZEJULA 100 MG TAB	5	S
ZEJULA 200 MG TAB	5	S
ZEJULA 300 MG TAB	5	S
ZELBORAF 240 MG TAB	5	PA S
ZYDELIG 100 MG TAB	5	PA S
ZYDELIG 150 MG TAB	5	PA S
ZYKADIA 150 MG TAB	5	S
RETINOIDS		
<i>bexarotene gel 1%</i>	5	PA S
<i>bexarotene cap 75 mg</i>	5	PA S
PANRETIN 0.1 % GEL	5	PA S
TARGRETIN 1 % GEL	5	ST S STC Trial and failure of 1 therapy: generic Targretin
<i>tretinoin cap 10 mg</i>	5	S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TREATMENT ADJUNCTS		
MESNEX 400 MG TAB	3	
VONJO 100 MG CAP	5	PA S
ANTIPARASITICS ANTHELMINTHICS		
<i>albendazole tab 200 mg</i>	2	
EMVERM 100 MG CHEW TAB	4	
<i>ivermectin tab 3 mg</i>	2	
<i>praziquantel tab 600 mg</i>	2	
ANTIPROTOZOALS		
ALINIA 100 MG/5ML RECON SUSP	3	ST STC Trial and failure of 1 therapy: generic Alinia
ARAKODA 100 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	
<i>chloroquine phosphate tab 250 mg</i>	2	
<i>chloroquine phosphate tab 500 mg</i>	2	
COARTEM 20-120 MG TAB	4	
<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	
IMPAVIDO 50 MG CAP	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KRINTAFEL 150 MG TAB	4	
LAMPIT 120 MG TAB	4	
LAMPIT 30 MG TAB	4	
<i>mefloquine hcl tab 250 mg</i>	2	
NITAZOXANIDE 500 MG TAB	2	
<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	
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	
TRIHEXYPHENIDYL 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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NOURIANZ 40 MG TAB	5	PA S
<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	
KYNMOBI 10 MG FILM	3	
KYNMOBI 15 MG FILM	3	
KYNMOBI 20 MG FILM	3	
KYNMOBI 25 MG FILM	3	
KYNMOBI 30 MG FILM	3	
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	
<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 mg</i>	1	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	1	
<i>ropinirole hydrochloride tab 0.25 mg</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ropinirole hydrochloride tab 0.5 mg</i>	1	
<i>ropinirole hydrochloride tab 1 mg</i>	1	
<i>ropinirole hydrochloride tab 2 mg</i>	1	
<i>ropinirole hydrochloride tab 3 mg</i>	1	
<i>ropinirole hydrochloride tab 4 mg</i>	1	
<i>ropinirole hydrochloride tab 5 mg</i>	1	
<i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i>	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 6 mg (base equivalent)</i>	2	
<i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</i>	2	
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	
CARBIDOPA-LEVODOPA 10-100 MG TAB DISP	4	
<i>carbidopa & levodopa tab 25-100 mg</i>	2	
CARBIDOPA-LEVODOPA 25-100 MG TAB DISP	4	
<i>carbidopa & levodopa tab 25-250 mg</i>	2	
CARBIDOPA-LEVODOPA 25-250 MG TAB DISP	4	
<i>carbidopa & levodopa tab er 25-100 mg</i>	2	
<i>carbidopa & levodopa tab er 50-200 mg</i>	2	
DUOPA 4.63-20 MG/ML SUSPENSION	4	
INBRIJA 42 MG CAP	5	PA S
RYTARY 23.75-95 MG CAP ER	4	ST STC Trial and failure of 1 therapy: generic Rytary

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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 10 mg</i>	2	PRE Preventive
<i>chlorpromazine hcl tab 100 mg</i>	2	PRE Preventive
<i>chlorpromazine hcl tab 200 mg</i>	2	PRE Preventive
<i>chlorpromazine hcl tab 25 mg</i>	2	PRE Preventive
<i>chlorpromazine hcl tab 50 mg</i>	2	PRE Preventive
<i>fluphenazine hcl tab 1 mg</i>	2	PRE Preventive
<i>fluphenazine hcl tab 10 mg</i>	2	PRE Preventive
<i>fluphenazine hcl tab 2.5 mg</i>	2	PRE Preventive
FLUPHENAZINE HCL 2.5 MG/5ML ELIXIR	4	PRE Preventive
<i>fluphenazine hcl tab 5 mg</i>	2	PRE Preventive
FLUPHENAZINE HCL 5 MG/ML CONC	4	PRE Preventive

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

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>aripiprazole tab 2 mg</i>	1	PRE Preventive
<i>aripiprazole tab 20 mg</i>	2	PRE Preventive
<i>aripiprazole tab 30 mg</i>	2	PRE Preventive
<i>aripiprazole tab 5 mg</i>	1	PRE Preventive
ARISTADA 1064 MG/3.9ML PRSYR	5	PA S PRE Preventive
ARISTADA 441 MG/1.6ML PRSYR	5	PA S PRE Preventive
ARISTADA 662 MG/2.4ML PRSYR	5	PA S PRE Preventive
ARISTADA 882 MG/3.2ML PRSYR	5	PA S PRE Preventive
ARISTADA INITIO 675 MG/2.4ML PRSYR	5	PA S PRE Preventive
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	2	PRE Preventive
<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	2	PRE Preventive
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	2	PRE Preventive
FANAPT 1 MG TAB	4	ST STC Trial and failure of 2 therapies: any two generic antipsychotic PRE Preventive
FANAPT 10 MG TAB	4	ST STC Trial and failure of 2 therapies: any two generic antipsychotic PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FANAPT 12 MG TAB	4	<p>ST</p> <p>STC Trial and failure of 2 therapies: any two generic antipsychotic</p> <p>PRE Preventive</p>
FANAPT 2 MG TAB	4	<p>ST</p> <p>STC Trial and failure of 2 therapies: any two generic antipsychotic</p> <p>PRE Preventive</p>
FANAPT 4 MG TAB	4	<p>ST</p> <p>STC Trial and failure of 2 therapies: any two generic antipsychotic</p> <p>PRE Preventive</p>
FANAPT 6 MG TAB	4	<p>ST</p> <p>STC Trial and failure of 2 therapies: any two generic antipsychotic</p> <p>PRE Preventive</p>
FANAPT 8 MG TAB	4	<p>ST</p> <p>STC Trial and failure of 2 therapies: any two generic antipsychotic</p> <p>PRE Preventive</p>
FANAPT TITRATION PACK 1 & 2 & 4 & 6 MG TAB	4	<p>ST</p> <p>STC Trial and failure of 2 therapies: any two generic antipsychotic</p> <p>PRE Preventive</p>
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	5	<p>PA</p> <p>S</p> <p>PRE Preventive</p>
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	5	<p>PA</p> <p>S</p> <p>PRE Preventive</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	5	PA S PRE Preventive
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	5	PA S PRE Preventive
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	5	PA S PRE Preventive
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	5	PA S PRE Preventive
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	5	PA S PRE Preventive
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	5	PA S PRE Preventive
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	5	PA S PRE Preventive
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	5	PA S PRE Preventive
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	5	PA S PRE Preventive
<i>lurasidone hcl tab 120 mg</i>	2	ST PRE Preventive
<i>lurasidone hcl tab 20 mg</i>	2	ST PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lurasidone hcl tab 40 mg</i>	2	ST PRE Preventive
<i>lurasidone hcl tab 60 mg</i>	2	ST PRE Preventive
<i>lurasidone hcl tab 80 mg</i>	2	ST PRE Preventive
NUPLAZID 10 MG TAB	5	PA S
NUPLAZID 34 MG CAP	5	PA S
<i>olanzapine tab 10 mg</i>	1	PRE Preventive
<i>olanzapine orally disintegrating tab 10 mg</i>	2	PRE Preventive
<i>olanzapine tab 15 mg</i>	1	PRE Preventive
<i>olanzapine orally disintegrating tab 15 mg</i>	2	PRE Preventive
<i>olanzapine tab 2.5 mg</i>	1	PRE Preventive
<i>olanzapine tab 20 mg</i>	1	PRE Preventive
<i>olanzapine orally disintegrating tab 20 mg</i>	2	PRE Preventive
<i>olanzapine tab 5 mg</i>	1	PRE Preventive
<i>olanzapine orally disintegrating tab 5 mg</i>	2	PRE Preventive
<i>olanzapine tab 7.5 mg</i>	1	PRE Preventive
<i>paliperidone tab er 24hr 1.5 mg</i>	2	PRE Preventive
<i>paliperidone tab er 24hr 3 mg</i>	2	PRE Preventive
<i>paliperidone tab er 24hr 6 mg</i>	2	PRE Preventive
<i>paliperidone tab er 24hr 9 mg</i>	2	PRE Preventive
PERSERIS 120 MG PRSYR	5	PA S PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PERSERIS 90 MG PRSYR	5	PA S PRE Preventive
<i>quetiapine fumarate tab 100 mg</i>	1	PRE Preventive
<i>quetiapine fumarate tab 200 mg</i>	1	PRE Preventive
<i>quetiapine fumarate tab 25 mg</i>	1	PRE Preventive
<i>quetiapine fumarate tab 300 mg</i>	1	PRE Preventive
<i>quetiapine fumarate tab 400 mg</i>	1	PRE Preventive
<i>quetiapine fumarate tab 50 mg</i>	1	PRE Preventive
<i>quetiapine fumarate tab er 24hr 150 mg</i>	1	PRE Preventive
<i>quetiapine fumarate tab er 24hr 200 mg</i>	2	PRE Preventive
<i>quetiapine fumarate tab er 24hr 300 mg</i>	2	PRE Preventive
<i>quetiapine fumarate tab er 24hr 400 mg</i>	2	PRE Preventive
<i>quetiapine fumarate tab er 24hr 50 mg</i>	2	PRE Preventive
REXULTI 0.25 MG TAB	3	ST STC Trial and failure of 2 therapies: any two generic antipsychotic PRE Preventive
REXULTI 0.5 MG TAB	3	ST STC Trial and failure of 2 therapies: any two generic antipsychotic PRE Preventive
REXULTI 1 MG TAB	3	ST STC Trial and failure of 2 therapies: any two generic antipsychotic PRE Preventive
REXULTI 2 MG TAB	3	ST STC Trial and failure of 2 therapies: any two generic antipsychotic PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
REXULTI 3 MG TAB	3	ST STC Trial and failure of 2 therapies: any two generic antipsychotic PRE Preventive
REXULTI 4 MG TAB	3	ST STC Trial and failure of 2 therapies: any two generic antipsychotic PRE Preventive
RISPERDAL CONSTA 12.5 MG SRER	5	PA S PRE Preventive
RISPERDAL CONSTA 25 MG SRER	5	PA S PRE Preventive
RISPERDAL CONSTA 37.5 MG SRER	5	PA S PRE Preventive
RISPERDAL CONSTA 50 MG SRER	5	PA S PRE Preventive
<i>risperidone tab 0.25 mg</i>	1	PRE Preventive
RISPERIDONE 0.25 MG TAB DISP	4	PRE Preventive
<i>risperidone tab 0.5 mg</i>	1	PRE Preventive
<i>risperidone orally disintegrating tab 0.5 mg</i>	2	PRE Preventive
<i>risperidone tab 1 mg</i>	1	PRE Preventive
<i>risperidone orally disintegrating tab 1 mg</i>	2	PRE Preventive
<i>risperidone soln 1 mg/ml</i>	2	PRE Preventive
<i>risperidone tab 2 mg</i>	1	PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>risperidone orally disintegrating tab 2 mg</i>	2	PRE Preventive
<i>risperidone tab 3 mg</i>	1	PRE Preventive
<i>risperidone orally disintegrating tab 3 mg</i>	2	PRE Preventive
<i>risperidone tab 4 mg</i>	1	PRE Preventive
<i>risperidone orally disintegrating tab 4 mg</i>	2	PRE Preventive
<i>risperidone microspheres for im extended rel susp 12.5 mg</i>	5	PA S PRE Preventive
<i>risperidone microspheres for im extended rel susp 25 mg</i>	5	PA S PRE Preventive
<i>risperidone microspheres for im extended rel susp 37.5 mg</i>	5	PA S PRE Preventive
<i>risperidone microspheres for im extended rel susp 50 mg</i>	5	PA S PRE Preventive
SECUADO 3.8 MG/24HR PATCH 24HR	4	ST STC Trial and failure of 1 therapy: Latuda PRE Preventive
SECUADO 5.7 MG/24HR PATCH 24HR	4	ST STC Trial and failure of 1 therapy: Latuda PRE Preventive
SECUADO 7.6 MG/24HR PATCH 24HR	4	ST STC Trial and failure of 1 therapy: Latuda PRE Preventive
UZEDY 100 MG/0.28ML SUSP PRSYR	5	PA S PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
UZEDY 125 MG/0.35ML SUSP PRSYR	5	PA S PRE Preventive
UZEDY 150 MG/0.42ML SUSP PRSYR	5	PA S PRE Preventive
UZEDY 200 MG/0.56ML SUSP PRSYR	5	PA S PRE Preventive
UZEDY 250 MG/0.7ML SUSP PRSYR	5	PA S PRE Preventive
UZEDY 50 MG/0.14ML SUSP PRSYR	5	PA S PRE Preventive
UZEDY 75 MG/0.21ML SUSP PRSYR	5	PA S PRE Preventive
VRAYLAR 1.5 & 3 MG CAP THPK	4	ST STC Trial and failure of 2 therapies: any two generic antipsychotic PRE Preventive
VRAYLAR 1.5 MG CAP	4	ST STC Trial and failure of 2 therapies: any two generic antipsychotic PRE Preventive
VRAYLAR 3 MG CAP	4	ST STC Trial and failure of 2 therapies: any two generic antipsychotic PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VRAYLAR 4.5 MG CAP	4	<p>ST</p> <p>STC Trial and failure of 2 therapies: any two generic antipsychotic</p> <p>PRE Preventive</p>
VRAYLAR 6 MG CAP	4	<p>ST</p> <p>STC Trial and failure of 2 therapies: any two generic antipsychotic</p> <p>PRE Preventive</p>
<i>ziprasidone hcl cap 20 mg</i>	2	PRE Preventive
<i>ziprasidone hcl cap 40 mg</i>	2	PRE Preventive
<i>ziprasidone hcl cap 60 mg</i>	2	PRE Preventive
<i>ziprasidone hcl cap 80 mg</i>	2	PRE Preventive
ZYPREXA RELPREVV 210 MG RECON SUSP	5	<p>PA</p> <p>S</p> <p>PRE Preventive</p>
ZYPREXA RELPREVV 300 MG RECON SUSP	5	<p>PA</p> <p>S</p> <p>PRE Preventive</p>
ZYPREXA RELPREVV 405 MG RECON SUSP	5	<p>PA</p> <p>S</p> <p>PRE Preventive</p>
TREATMENT-RESISTANT		
<i>clozapine tab 100 mg</i>	2	PRE Preventive
<i>clozapine orally disintegrating tab 100 mg</i>	2	PRE Preventive
CLOZAPINE 12.5 MG TAB DISP	4	PRE Preventive
<i>clozapine orally disintegrating tab 150 mg</i>	2	PRE Preventive
<i>clozapine tab 200 mg</i>	2	PRE Preventive
<i>clozapine orally disintegrating tab 200 mg</i>	2	PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>clozapine tab 25 mg</i>	1	PRE Preventive
<i>clozapine orally disintegrating tab 25 mg</i>	2	PRE Preventive
<i>clozapine tab 50 mg</i>	2	PRE Preventive
VERSACLOZ 50 MG/ML SUSPENSION	4	PRE 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 4 mg (base equivalent)</i>	1	QL 270 / 30 days
ANTIVIRALS		
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS		
FOSCAVIR 6000 MG/250ML SOLUTION	5	S
LIVTENCITY 200 MG TAB	5	QL 120 / 30 days S
PREVYMIS 240 MG TAB	5	PA S
PREVYMIS 240 MG/12ML SOLUTION	5	PA S
PREVYMIS 480 MG TAB	5	PA S
PREVYMIS 480 MG/24ML SOLUTION	5	PA S
VALCYTE 450 MG TAB	5	ST S STC Trial and failure of 1 therapy: generic Valcyte

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VALCYTE 50 MG/ML RECON SOLN	5	ST S STC Trial and failure of 1 therapy: generic Valcyte
<i>valganciclovir hcl tab 450 mg (base equivalent)</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	
EPIVIR HBV 5 MG/ML SOLUTION	4	
<i>lamivudine tab 100 mg (hbv)</i>	2	
VEMLIDY 25 MG TAB	5	PA S
ANTI-HEPATITIS C (HCV) AGENTS		
EPCLUSA 150-37.5 MG PACKET	5	PA S
EPCLUSA 200-50 MG PACKET	5	PA S
EPCLUSA 200-50 MG TAB	5	S
HARVONI 33.75-150 MG PACKET	5	S
HARVONI 45-200 MG PACKET	5	S
HARVONI 45-200 MG TAB	5	S
LEDIPASVIR-SOFOSBUVIR 90-400 MG TAB	5	PA S
MAVYRET 100-40 MG TAB	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MAVYRET 50-20 MG PACKET	5	PA S
RIBAVIRIN 200 MG CAP	5	S
<i>ribavirin cap 200 mg</i>	5	S
RIBAVIRIN 200 MG TAB	5	S
<i>ribavirin tab 200 mg</i>	5	S
SOFOSBUVIR-VELPATASVIR 400-100 MG TAB	5	PA S
SOVALDI 150 MG PACKET	5	S
SOVALDI 200 MG PACKET	5	S
SOVALDI 200 MG TAB	5	S
SOVALDI 400 MG TAB	5	S
VIEKIRA PAK 12.5-75-50 & 250 MG TAB THPK	5	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	
DOVATO 50-300 MG TAB	3	
GENVOYA 150-150-200-10 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	
JULUCA 50-25 MG TAB	3	
STRIBILD 150-150-200-300 MG TAB	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TIVICAY 10 MG TAB	3	
TIVICAY 25 MG TAB	3	
TIVICAY 50 MG TAB	3	
TIVICAY PD 5 MG TAB SOL	3	
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)		
COMPLERA 200-25-300 MG TAB	3	
DELSTRIGO 100-300-300 MG TAB	3	
EDURANT 25 MG TAB	4	
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	
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	2	
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	2	
<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	
NEVIRAPINE ER 100 MG TAB ER 24H	4	
<i>nevirapine tab er 24hr 400 mg</i>	2	
ODEFSEY 200-25-25 MG TAB	3	
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)		
<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	
CIMDUO 300-300 MG TAB	3	
DESCOVY 120-15 MG TAB	3	QL 30 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DESCOVY 200-25 MG TAB	3	
<i>emtricitabine caps 200 mg</i>	2	
<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
EMTRIVA 10 MG/ML SOLUTION	4	
<i>lamivudine oral soln 10 mg/ml</i>	2	
<i>lamivudine tab 150 mg</i>	2	
<i>lamivudine tab 300 mg</i>	2	
<i>lamivudine-zidovudine tab 150-300 mg</i>	2	
STAVUDINE 15 MG CAP	4	
STAVUDINE 20 MG CAP	4	
STAVUDINE 30 MG CAP	4	
STAVUDINE 40 MG CAP	4	
<i>tenofovir disoproxil fumarate tab 300 mg</i>	2	
TRIUMEQ 600-50-300 MG TAB	3	
TRIUMEQ PD 60-5-30 MG TAB SOL	3	
TRIZIVIR 300-150-300 MG TAB	4	ST STC Trial and failure of 1 therapy: generic Trizivir
VIREAD 150 MG TAB	5	ST S STC Trial and failure of 1 therapy: generic Viread
VIREAD 200 MG TAB	5	ST S STC Trial and failure of 1 therapy: generic Viread

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VIREAD 250 MG TAB	5	ST S STC Trial and failure of 1 therapy: generic Viread
VIREAD 300 MG TAB	5	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		
FUZEON 90 MG RECON SOLN	5	S
<i>maraviroc tab 150 mg</i>	2	
<i>maraviroc tab 300 mg</i>	2	
RUKOBIA 600 MG TAB ER 12H	4	
SELZENTRY 20 MG/ML SOLUTION	4	
SELZENTRY 25 MG TAB	4	
SELZENTRY 75 MG TAB	4	
SUNLENCA 4 X 300 MG TAB THPK	5	PA S
SUNLENCA 463.5 MG/1.5ML SOLUTION	5	PA S
SUNLENCA 5 X 300 MG TAB THPK	5	PA S
TYBOST 150 MG TAB	4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)		
APTIVUS 250 MG CAP	4	
<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	
<i>darunavir tab 600 mg</i>	2	
<i>darunavir tab 800 mg</i>	2	
EVOTAZ 300-150 MG TAB	3	
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	2	
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	
NORVIR 100 MG PACKET	4	
NORVIR 80 MG/ML SOLUTION	3	
PREZCOBIX 800-150 MG TAB	3	
PREZISTA 100 MG/ML SUSPENSION	3	
PREZISTA 150 MG TAB	3	
PREZISTA 75 MG TAB	3	
REYATAZ 50 MG PACKET	4	
<i>ritonavir tab 100 mg</i>	2	
SYMTUZA 800-150-200-10 MG TAB	3	
VIRACEPT 250 MG TAB	4	
VIRACEPT 625 MG TAB	4	
ANTI-INFLUENZA AGENTS		
<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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	2	
RELENZA DISKHALER 5 MG/ACT AER POW BA	4	
XENLETA 600 MG TAB	5	PA S
XOFLUZA (40 MG DOSE) 1 X 40 MG TAB THPK	4	
XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK	4	
ANTIHERPETIC AGENTS		
<i>acyclovir cap 200 mg</i>	1	
<i>acyclovir susp 200 mg/5ml</i>	2	
<i>acyclovir tab 400 mg</i>	1	
<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	
<i>valacyclovir hcl tab 1 gm</i>	2	
<i>valacyclovir hcl tab 500 mg</i>	1	
ANTIVIRAL, CORONAVIRUS AGENTS		
PAXLOVID (150/100) 10 X 150 MG & 10 X 100MG TAB THPK	3	
ANXIOLYTICS		
ANXIOLYTICS, OTHER		
<i>bupirone hcl tab 10 mg</i>	1	
<i>bupirone hcl tab 15 mg</i>	1	
<i>bupirone hcl tab 30 mg</i>	2	
<i>bupirone hcl tab 5 mg</i>	1	
<i>hydroxyzine hcl tab 10 mg</i>	1	
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	2	
<i>hydroxyzine hcl tab 25 mg</i>	1	
<i>hydroxyzine hcl tab 50 mg</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HYDROXYZINE PAMOATE 100 MG CAP	4	
<i>hydroxyzine pamoate cap 25 mg</i>	1	
<i>hydroxyzine pamoate cap 50 mg</i>	1	
<i>meprobamate tab 200 mg</i>	2	
<i>meprobamate tab 400 mg</i>	2	
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 25 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 PRE Preventive
<i>clonazepam orally disintegrating tab 0.25 mg</i>	2	QL 90 / 30 days PRE Preventive
<i>clonazepam tab 0.5 mg</i>	1	QL 90 / 30 days PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>clonazepam orally disintegrating tab 0.5 mg</i>	2	QL 90 / 30 days PRE Preventive
<i>clonazepam tab 1 mg</i>	1	QL 90 / 30 days PRE Preventive
<i>clonazepam orally disintegrating tab 1 mg</i>	2	QL 90 / 30 days PRE Preventive
<i>clonazepam tab 2 mg</i>	1	QL 90 / 30 days PRE Preventive
<i>clonazepam orally disintegrating tab 2 mg</i>	2	QL 90 / 30 days PRE 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 2 mg</i>	1	QL 120 / 30 days
<i>diazepam tab 5 mg</i>	1	QL 120 / 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 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 tab 2 mg</i>	1	QL 120 / 30 days
<i>lorazepam conc 2 mg/ml</i>	2	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		
EQUETRO 100 MG CAP ER 12H	4	PRE Preventive
EQUETRO 200 MG CAP ER 12H	4	PRE Preventive
EQUETRO 300 MG CAP ER 12H	4	PRE Preventive
<i>lithium oral solution 8 meq/5ml</i>	2	PRE Preventive
LITHIUM CARBONATE 150 MG CAP	4	PRE Preventive
<i>lithium carbonate cap 150 mg</i>	1	PRE Preventive
LITHIUM CARBONATE 300 MG CAP	4	PRE Preventive
<i>lithium carbonate cap 300 mg</i>	1	PRE Preventive
<i>lithium carbonate tab 300 mg</i>	1	PRE Preventive
LITHIUM CARBONATE 600 MG CAP	4	PRE Preventive
<i>lithium carbonate cap 600 mg</i>	1	PRE Preventive
<i>lithium carbonate tab er 300 mg</i>	1	PRE Preventive
<i>lithium carbonate tab er 450 mg</i>	1	PRE Preventive
LITHOBID 300 MG TAB ER	4	PRE Preventive
BLOOD GLUCOSE REGULATORS ANTIDIABETIC AGENTS		
<i>acarbose tab 100 mg</i>	2	PRE Preventive
<i>acarbose tab 25 mg</i>	2	PRE Preventive
<i>acarbose tab 50 mg</i>	2	PRE Preventive
BYDUREON BCISE 2 MG/0.85ML A-INJ	4	PA PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>glimepiride tab 1 mg</i>	1	PRE Preventive
<i>glimepiride tab 2 mg</i>	1	PRE Preventive
<i>glimepiride tab 4 mg</i>	1	PRE Preventive
<i>glipizide tab 10 mg</i>	1	PRE Preventive
GLIPIZIDE 2.5 MG TAB	4	PRE Preventive
<i>glipizide tab 5 mg</i>	1	PRE Preventive
<i>glipizide tab er 24hr 10 mg</i>	1	PRE Preventive
<i>glipizide tab er 24hr 2.5 mg</i>	1	PRE Preventive
<i>glipizide tab er 24hr 5 mg</i>	1	PRE Preventive
<i>glipizide tab er 24hr 10 mg</i>	1	PRE Preventive
<i>glipizide tab er 24hr 2.5 mg</i>	1	PRE Preventive
<i>glipizide tab er 24hr 5 mg</i>	1	PRE Preventive
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	2	PRE Preventive
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	2	PRE Preventive
<i>glipizide-metformin hcl tab 5-500 mg</i>	2	PRE Preventive
<i>glyburide tab 1.25 mg</i>	1	PRE Preventive
<i>glyburide tab 2.5 mg</i>	1	PRE Preventive
<i>glyburide tab 5 mg</i>	1	PRE Preventive
GLYBURIDE MICRONIZED 1.5 MG TAB	1	PRE Preventive
GLYBURIDE MICRONIZED 3 MG TAB	1	PRE Preventive
GLYBURIDE MICRONIZED 6 MG TAB	1	PRE Preventive
<i>glyburide-metformin tab 1.25-250 mg</i>	1	PRE Preventive
<i>glyburide-metformin tab 2.5-500 mg</i>	1	PRE Preventive
<i>glyburide-metformin tab 5-500 mg</i>	1	PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GLYXAMBI 10-5 MG TAB	3	ST STC Trial and failure of 1 therapy: metformin PRE Preventive
GLYXAMBI 25-5 MG TAB	3	ST STC Trial and failure of 1 therapy: metformin PRE Preventive
JANUMET 50-1000 MG TAB	3	PRE Preventive
JANUMET 50-500 MG TAB	3	PRE Preventive
JANUMET XR 100-1000 MG TAB ER 24H	3	PRE Preventive
JANUMET XR 50-1000 MG TAB ER 24H	3	PRE Preventive
JANUMET XR 50-500 MG TAB ER 24H	3	PRE Preventive
JANUVIA 100 MG TAB	3	PRE Preventive
JANUVIA 25 MG TAB	3	PRE Preventive
JANUVIA 50 MG TAB	3	PRE Preventive
<i>metformin hcl tab 1000 mg</i>	1	PRE Preventive
<i>metformin hcl tab 500 mg</i>	1	PRE Preventive
<i>metformin hcl tab 850 mg</i>	1	PRE Preventive
<i>metformin hcl tab er 24hr 500 mg</i>	1	PRE Preventive
<i>metformin hcl tab er 24hr 750 mg</i>	1	PRE Preventive
MIGLITOL 100 MG TAB	2	PRE Preventive
<i>miglitol tab 100 mg</i>	2	PRE Preventive
MIGLITOL 25 MG TAB	2	PRE Preventive
<i>miglitol tab 25 mg</i>	2	PRE Preventive
MIGLITOL 50 MG TAB	2	PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>miglitol tab 50 mg</i>	2	PRE Preventive
MOUNJARO 10 MG/0.5ML SOLN PEN	3	QL 2 / 28 days PA PRE Preventive
MOUNJARO 12.5 MG/0.5ML SOLN PEN	3	QL 2 / 28 days PA PRE Preventive
MOUNJARO 15 MG/0.5ML SOLN PEN	3	QL 2 / 28 days PA PRE Preventive
MOUNJARO 2.5 MG/0.5ML SOLN PEN	3	QL 2 / 28 days PA PRE Preventive
MOUNJARO 5 MG/0.5ML SOLN PEN	3	QL 2 / 28 days PA PRE Preventive
MOUNJARO 7.5 MG/0.5ML SOLN PEN	3	QL 2 / 28 days PA PRE Preventive
<i>nateglinide tab 120 mg</i>	2	PRE Preventive
<i>nateglinide tab 60 mg</i>	2	PRE Preventive
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/1.5ML SOLN PEN	3	PA PRE Preventive
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	3	PA PRE Preventive
OZEMPIC (1 MG/DOSE) 4 MG/3ML SOLN PEN	3	PA PRE Preventive
OZEMPIC (2 MG/DOSE) 8 MG/3ML SOLN PEN	3	PA PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	1	PRE Preventive
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	1	PRE Preventive
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	1	PRE Preventive
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	2	PRE Preventive
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	2	PRE Preventive
<i>repaglinide tab 0.5 mg</i>	2	PRE Preventive
<i>repaglinide tab 1 mg</i>	2	PRE Preventive
<i>repaglinide tab 2 mg</i>	2	PRE Preventive
RYBELSUS 14 MG TAB	3	PA PRE Preventive
RYBELSUS 3 MG TAB	3	PA PRE Preventive
RYBELSUS 7 MG TAB	3	PA PRE Preventive
SOLIQUA 100-33 UNT-MCG/ML SOLN PEN	3	PRE Preventive
SYNJARDY 12.5-1000 MG TAB	3	PRE Preventive
SYNJARDY 12.5-500 MG TAB	3	PRE Preventive
SYNJARDY 5-1000 MG TAB	3	PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SYNJARDY 5-500 MG TAB	3	PRE Preventive
SYNJARDY XR 10-1000 MG TAB ER 24H	3	PRE Preventive
SYNJARDY XR 12.5-1000 MG TAB ER 24H	3	PRE Preventive
SYNJARDY XR 25-1000 MG TAB ER 24H	3	PRE Preventive
SYNJARDY XR 5-1000 MG TAB ER 24H	3	PRE Preventive
TRIJARDY XR 10-5-1000 MG TAB ER 24H	3	ST STC Trial and failure of 1 therapy: metformin PRE Preventive
TRIJARDY XR 12.5-2.5-1000 MG TAB ER 24H	3	ST STC Trial and failure of 1 therapy: metformin PRE Preventive
TRIJARDY XR 25-5-1000 MG TAB ER 24H	3	ST STC Trial and failure of 1 therapy: metformin PRE Preventive
TRIJARDY XR 5-2.5-1000 MG TAB ER 24H	3	ST STC Trial and failure of 1 therapy: metformin PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRULICITY 0.75 MG/0.5ML SOLN PEN	3	PA PRE Preventive
TRULICITY 1.5 MG/0.5ML SOLN PEN	3	PA PRE Preventive
TRULICITY 3 MG/0.5ML SOLN PEN	3	PA PRE Preventive
TRULICITY 4.5 MG/0.5ML SOLN PEN	3	PA PRE Preventive
XIGDUO XR 10-1000 MG TAB ER 24H	3	ST STC Trial and failure of 1 therapy: metformin PRE Preventive
XIGDUO XR 10-500 MG TAB ER 24H	3	ST STC Trial and failure of 1 therapy: metformin PRE Preventive
XIGDUO XR 2.5-1000 MG TAB ER 24H	3	ST STC Trial and failure of 1 therapy: metformin PRE Preventive
XIGDUO XR 5-1000 MG TAB ER 24H	3	ST STC Trial and failure of 1 therapy: metformin PRE Preventive
XIGDUO XR 5-500 MG TAB ER 24H	3	ST STC Trial and failure of 1 therapy: metformin PRE Preventive
XULTOPHY 100-3.6 UNIT-MG/ML SOLN PEN	3	PRE Preventive
GLYCEMIC AGENTS		
BAQSIMI ONE PACK 3 MG/DOSE POWDER	3	PRE Preventive
BAQSIMI TWO PACK 3 MG/DOSE POWDER	3	PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>diazoxide susp 50 mg/ml</i>	2	PRE Preventive
GLUCAGEN HYPOKIT 1 MG RECON SOLN	4	PRE Preventive
GLUCAGON EMERGENCY 1 MG KIT	2	PRE Preventive
GLUCAGON EMERGENCY 1 MG/ML RECON SOLN	3	PRE Preventive
GVOKE HYPOPEN 1-PACK 0.5 MG/0.1ML SOLN A-INJ	3	PRE Preventive
GVOKE HYPOPEN 1-PACK 1 MG/0.2ML SOLN A-INJ	3	PRE Preventive
GVOKE HYPOPEN 2-PACK 0.5 MG/0.1ML SOLN A-INJ	3	PRE Preventive
GVOKE HYPOPEN 2-PACK 1 MG/0.2ML SOLN A-INJ	3	PRE Preventive
GVOKE KIT 1 MG/0.2ML SOLUTION	3	PRE Preventive
GVOKE PFS 0.5 MG/0.1ML SOLN PRSYR	3	PRE Preventive
GVOKE PFS 1 MG/0.2ML SOLN PRSYR	3	PRE Preventive
ZEGALOGUE 0.6 MG/0.6ML SOLN A-INJ	3	PRE Preventive
ZEGALOGUE 0.6 MG/0.6ML SOLN PRSYR	3	PRE Preventive
INSULINS		
FIASP 100 UNIT/ML SOLUTION	3	PRE Preventive
FIASP FLEXTOUCH 100 UNIT/ML SOLN PEN	3	PRE Preventive
FIASP PENFILL 100 UNIT/ML SOLN CART	3	PRE Preventive
HUMALOG 100 UNIT/ML SOLN CART	4	PRE Preventive
HUMALOG 100 UNIT/ML SOLUTION	4	PRE Preventive
HUMALOG JUNIOR KWIKPEN 100 UNIT/ML SOLN PEN	4	PRE Preventive
HUMALOG KWIKPEN 100 UNIT/ML SOLN PEN	4	PRE Preventive
HUMALOG KWIKPEN 200 UNIT/ML SOLN PEN	4	PRE Preventive
HUMALOG MIX 50/50 (50-50) 100 UNIT/ML SUSPENSION	4	PRE Preventive
HUMALOG MIX 50/50 KWIKPEN (50-50) 100 UNIT/ML SUSP PEN	4	PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HUMALOG MIX 75/25 (75-25) 100 UNIT/ML SUSPENSION	4	PRE Preventive
HUMALOG MIX 75/25 KWIKPEN (75-25) 100 UNIT/ML SUSP PEN	4	PRE Preventive
HUMALOG TEMPO PEN 100 UNIT/ML SOLN PEN	4	PRE Preventive
HUMULIN 70/30 (70-30) 100 UNIT/ML SUSPENSION	4	PRE Preventive
HUMULIN 70/30 KWIKPEN (70-30) 100 UNIT/ML SUSP PEN	4	PRE Preventive
HUMULIN N 100 UNIT/ML SUSPENSION	4	PRE Preventive
HUMULIN N KWIKPEN 100 UNIT/ML SUSP PEN	4	PRE Preventive
HUMULIN R 100 UNIT/ML SOLUTION	4	PRE Preventive
HUMULIN R U-500 (CONCENTRATED) 500 UNIT/ML SOLUTION	3	PRE Preventive
HUMULIN R U-500 KWIKPEN 500 UNIT/ML SOLN PEN	3	PRE Preventive
INSULIN ASP PROT & ASP FLEXPEN (70-30) 100 UNIT/ML SUSP PEN	3	PRE Preventive
INSULIN ASPART 100 UNIT/ML SOLUTION	3	PRE Preventive
INSULIN ASPART FLEXPEN 100 UNIT/ML SOLN PEN	3	PRE Preventive
INSULIN ASPART PENFILL 100 UNIT/ML SOLN CART	3	PRE Preventive
INSULIN ASPART PROT & ASPART (70-30) 100 UNIT/ML SUSPENSION	3	PRE Preventive
INSULIN GLARGINE-YFGN 100 UNIT/ML SOLN PEN	3	PRE Preventive
INSULIN GLARGINE-YFGN 100 UNIT/ML SOLUTION	3	PRE Preventive
INSULIN LISPRO (1 UNIT DIAL) 100 UNIT/ML SOLN PEN	4	PRE Preventive
INSULIN LISPRO 100 UNIT/ML SOLUTION	4	PRE Preventive
INSULIN LISPRO JUNIOR KWIKPEN 100 UNIT/ML SOLN PEN	4	PRE Preventive
INSULIN LISPRO PROT & LISPRO (75-25) 100 UNIT/ML SUSP PEN	4	PRE Preventive
LEVEMIR 100 UNIT/ML SOLUTION	3	PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LEVEMIR FLEXPEN 100 UNIT/ML SOLN PEN	3	PRE Preventive
LEVEMIR FLEXTOUCH 100 UNIT/ML SOLN PEN	3	PRE Preventive
NOVOLIN 70/30 (70-30) 100 UNIT/ML SUSPENSION	3	PRE Preventive
NOVOLIN 70/30 FLEXPEN (70-30) 100 UNIT/ML SUSP PEN	3	PRE Preventive
NOVOLIN 70/30 FLEXPEN RELION (70-30) 100 UNIT/ML SUSP PEN	3	PRE Preventive
NOVOLIN 70/30 RELION (70-30) 100 UNIT/ML SUSPENSION	3	PRE Preventive
NOVOLIN N 100 UNIT/ML SUSPENSION	3	PRE Preventive
NOVOLIN N FLEXPEN 100 UNIT/ML SUSP PEN	3	PRE Preventive
NOVOLIN N FLEXPEN RELION 100 UNIT/ML SUSP PEN	3	PRE Preventive
NOVOLIN N RELION 100 UNIT/ML SUSPENSION	3	PRE Preventive
NOVOLIN R 100 UNIT/ML SOLUTION	3	PRE Preventive
NOVOLIN R FLEXPEN 100 UNIT/ML SOLN PEN	3	PRE Preventive
NOVOLIN R FLEXPEN RELION 100 UNIT/ML SOLN PEN	3	PRE Preventive
NOVOLIN R RELION 100 UNIT/ML SOLUTION	3	PRE Preventive
NOVOLOG 100 UNIT/ML SOLUTION	3	PRE Preventive
NOVOLOG 70/30 FLEXPEN RELION (70-30) 100 UNIT/ML SUSP PEN	3	PRE Preventive
NOVOLOG FLEXPEN 100 UNIT/ML SOLN PEN	3	PRE Preventive
NOVOLOG FLEXPEN RELION 100 UNIT/ML SOLN PEN	3	PRE Preventive
NOVOLOG MIX 70/30 (70-30) 100 UNIT/ML SUSPENSION	3	PRE Preventive
NOVOLOG MIX 70/30 FLEXPEN (70-30) 100 UNIT/ML SUSP PEN	3	PRE Preventive
NOVOLOG MIX 70/30 RELION (70-30) 100 UNIT/ML SUSPENSION	3	PRE Preventive
NOVOLOG PENFILL 100 UNIT/ML SOLN CART	3	PRE Preventive
NOVOLOG RELION 100 UNIT/ML SOLUTION	3	PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SEMGLEE (YFGN) 100 UNIT/ML SOLN PEN	3	PRE Preventive
SEMGLEE (YFGN) 100 UNIT/ML SOLUTION	3	PRE Preventive
TOUJEO MAX SOLOSTAR 300 UNIT/ML SOLN PEN	3	PRE Preventive
TOUJEO SOLOSTAR 300 UNIT/ML SOLN PEN	3	PRE Preventive
TRESIBA 100 UNIT/ML SOLUTION	3	ST STC Trial and failure of 1 therapy: Any insulin glargine product PRE Preventive
TRESIBA FLEXTOUCH 100 UNIT/ML SOLN PEN	3	ST STC Trial and failure of 1 therapy: Any insulin glargine product PRE Preventive
TRESIBA FLEXTOUCH 200 UNIT/ML SOLN PEN	3	ST STC Trial and failure of 1 therapy: Any insulin glargine product PRE Preventive
BLOOD PRODUCTS AND MODIFIERS		
ANTICOAGULANTS		
<i>dabigatran etexilate mesylate cap 110 mg (etexilate base eq)</i>	2	QL 60 / 30 day(s) PRE Preventive
<i>dabigatran etexilate mesylate cap 150 mg (etexilate base eq)</i>	2	QL 60 / 30 days PRE Preventive
<i>dabigatran etexilate mesylate cap 75 mg (etexilate base eq)</i>	2	QL 60 / 30 days PRE Preventive
ELIQUIS 2.5 MG TAB	3	QL 90 / 30 days PRE Preventive
ELIQUIS 5 MG TAB	3	QL 90 / 30 days PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ELIQUIS DVT/PE STARTER PACK 5 MG TAB THPK	3	QLC 74 / 180 days PRE Preventive
<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>	2	PRE Preventive
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>	2	PRE Preventive
<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>	2	PRE Preventive
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	2	PRE Preventive
<i>enoxaparin sodium inj 300 mg/3ml</i>	2	PRE Preventive
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	2	PRE Preventive
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	2	PRE Preventive
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	2	PRE Preventive
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	2	PRE Preventive
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	2	PRE Preventive
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	2	PRE Preventive
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	2	PRE Preventive
FRAGMIN 10000 UNIT/4ML SOLUTION	4	PRE Preventive
FRAGMIN 10000 UNIT/ML SOLN PRSYR	4	PRE Preventive
FRAGMIN 12500 UNIT/0.5ML SOLN PRSYR	4	PRE Preventive
FRAGMIN 15000 UNIT/0.6ML SOLN PRSYR	4	PRE Preventive
FRAGMIN 18000 UNT/0.72ML SOLN PRSYR	4	PRE Preventive
FRAGMIN 2500 UNIT/0.2ML SOLN PRSYR	4	PRE Preventive
FRAGMIN 5000 UNIT/0.2ML SOLN PRSYR	4	PRE Preventive
FRAGMIN 7500 UNIT/0.3ML SOLN PRSYR	4	PRE Preventive
FRAGMIN 95000 UNIT/3.8ML SOLUTION	4	PRE Preventive
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	2	PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	2	PRE Preventive
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	2	PRE Preventive
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	2	PRE Preventive
<i>heparin sodium (porcine) pf inj 1000 unit/ml</i>	2	PRE Preventive
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	2	PRE Preventive
HEPARIN SODIUM (PORCINE) PF 5000 UNIT/ML SOLUTION	4	PRE Preventive
<i>warfarin sodium tab 1 mg</i>	1	PRE Preventive
<i>warfarin sodium tab 10 mg</i>	1	PRE Preventive
<i>warfarin sodium tab 2 mg</i>	1	PRE Preventive
<i>warfarin sodium tab 2.5 mg</i>	1	PRE Preventive
<i>warfarin sodium tab 3 mg</i>	1	PRE Preventive
<i>warfarin sodium tab 4 mg</i>	1	PRE Preventive
<i>warfarin sodium tab 5 mg</i>	1	PRE Preventive
<i>warfarin sodium tab 6 mg</i>	1	PRE Preventive
<i>warfarin sodium tab 7.5 mg</i>	1	PRE Preventive
PRADAXA 110 MG CAP	4	QL 60 / 30 day(s) PRE Preventive
PRADAXA 110 MG PACKET	4	QL 60 / 30 days PRE Preventive
PRADAXA 150 MG PACKET	4	QL 60 / 30 days PRE Preventive
PRADAXA 20 MG PACKET	4	QL 60 / 30 days PRE Preventive
PRADAXA 30 MG PACKET	4	QL 60 / 30 days PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PRADAXA 40 MG PACKET	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 60 / 30 days</div> <div>PRE Preventive</div> </div>
PRADAXA 50 MG PACKET	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 60 / 30 days</div> <div>PRE Preventive</div> </div>
<i>warfarin sodium tab 1 mg</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>PRE Preventive</div> </div>
<i>warfarin sodium tab 10 mg</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>PRE Preventive</div> </div>
<i>warfarin sodium tab 2 mg</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>PRE Preventive</div> </div>
<i>warfarin sodium tab 2.5 mg</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>PRE Preventive</div> </div>
<i>warfarin sodium tab 3 mg</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>PRE Preventive</div> </div>
<i>warfarin sodium tab 4 mg</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>PRE Preventive</div> </div>
<i>warfarin sodium tab 5 mg</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>PRE Preventive</div> </div>
<i>warfarin sodium tab 6 mg</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>PRE Preventive</div> </div>
<i>warfarin sodium tab 7.5 mg</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>PRE Preventive</div> </div>
XARELTO 1 MG/ML RECON SUSP	3	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>PA</div> <div>PRE Preventive</div> </div>
XARELTO 10 MG TAB	3	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 60 / 30 days</div> <div>PRE Preventive</div> </div>
XARELTO 15 MG TAB	3	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 60 / 30 days</div> <div>PRE Preventive</div> </div>
XARELTO 2.5 MG TAB	3	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 60 / 30 days</div> <div>PRE Preventive</div> </div>
XARELTO 20 MG TAB	3	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 60 / 30 days</div> <div>PRE Preventive</div> </div>
XARELTO STARTER PACK 15 & 20 MG TAB THPK	3	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 60 / 30 days</div> <div>PRE Preventive</div> </div>
ZONTIVITY 2.08 MG TAB	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 30 / 30 days</div> <div>PRE Preventive</div> </div>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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) 10 MCG/0.4ML SOLN PRSYR	5	S
ARANESP (ALBUMIN FREE) 100 MCG/0.5ML SOLN PRSYR	5	S
ARANESP (ALBUMIN FREE) 100 MCG/ML SOLUTION	5	S
ARANESP (ALBUMIN FREE) 150 MCG/0.3ML SOLN PRSYR	5	S
ARANESP (ALBUMIN FREE) 200 MCG/0.4ML SOLN PRSYR	5	S
ARANESP (ALBUMIN FREE) 200 MCG/ML SOLUTION	5	S
ARANESP (ALBUMIN FREE) 25 MCG/0.42ML SOLN PRSYR	5	S
ARANESP (ALBUMIN FREE) 25 MCG/ML SOLUTION	5	S
ARANESP (ALBUMIN FREE) 300 MCG/0.6ML SOLN PRSYR	5	S
ARANESP (ALBUMIN FREE) 40 MCG/0.4ML SOLN PRSYR	5	S
ARANESP (ALBUMIN FREE) 40 MCG/ML SOLUTION	5	S
ARANESP (ALBUMIN FREE) 500 MCG/ML SOLN PRSYR	5	S
ARANESP (ALBUMIN FREE) 60 MCG/0.3ML SOLN PRSYR	5	S
ARANESP (ALBUMIN FREE) 60 MCG/ML SOLUTION	5	S
FULPHILA 6 MG/0.6ML SOLN PRSYR	5	S
LEUKINE 250 MCG RECON SOLN	5	S
MIRCERA 100 MCG/0.3ML SOLN PRSYR	4	
MIRCERA 120 MCG/0.3ML SOLN PRSYR	4	
MIRCERA 150 MCG/0.3ML SOLN PRSYR	4	
MIRCERA 200 MCG/0.3ML SOLN PRSYR	4	
MIRCERA 30 MCG/0.3ML SOLN PRSYR	4	
MIRCERA 50 MCG/0.3ML SOLN PRSYR	4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MIRCERA 75 MCG/0.3ML SOLN PRSYR	4	
MULPLETA 3 MG TAB	5	S
NIVESTYM 300 MCG/0.5ML SOLN PRSYR	5	S
NIVESTYM 300 MCG/ML SOLUTION	5	S
NIVESTYM 480 MCG/0.8ML SOLN PRSYR	5	S
NIVESTYM 480 MCG/1.6ML SOLUTION	5	S
NYVEPRIA 6 MG/0.6ML SOLN PRSYR	5	S
PROCRIT 10000 UNIT/ML SOLUTION	5	PA S
PROCRIT 2000 UNIT/ML SOLUTION	5	PA S
PROCRIT 20000 UNIT/ML SOLUTION	5	PA S
PROCRIT 3000 UNIT/ML SOLUTION	5	PA S
PROCRIT 4000 UNIT/ML SOLUTION	5	PA S
PROCRIT 40000 UNIT/ML SOLUTION	5	PA S
PROMACTA 12.5 MG PACKET	5	S
PROMACTA 12.5 MG TAB	5	PA S
PROMACTA 25 MG PACKET	5	S
PROMACTA 25 MG TAB	5	PA S
PROMACTA 50 MG TAB	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PROMACTA 75 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
RETACRIT 10000 UNIT/ML SOLUTION	5	PA S
RETACRIT 2000 UNIT/ML SOLUTION	5	PA S
RETACRIT 20000 UNIT/ML SOLUTION	5	PA S
RETACRIT 3000 UNIT/ML SOLUTION	5	PA S
RETACRIT 4000 UNIT/ML SOLUTION	5	PA S
RETACRIT 40000 UNIT/ML SOLUTION	5	PA S
ZARXIO 300 MCG/0.5ML SOLN PRSYR	5	S
ZARXIO 480 MCG/0.8ML SOLN PRSYR	5	S
ZIEXTENZO 6 MG/0.6ML SOLN PRSYR	5	S
HEMOSTASIS AGENTS		
ALPHANATE 2000 UNIT RECON SOLN	5	S
ALPHANATE 250 UNIT RECON SOLN	5	S
ALPHANATE 500 UNIT RECON SOLN	5	S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ALPHANINE SD 1000 UNIT RECON SOLN	5	S
ALPHANINE SD 1500 UNIT RECON SOLN	5	S
ALPHANINE SD 500 UNIT RECON SOLN	5	S
ALPROLIX 1000 UNIT RECON SOLN	5	S
ALPROLIX 2000 UNIT RECON SOLN	5	S
ALPROLIX 250 UNIT RECON SOLN	5	S
ALPROLIX 3000 UNIT RECON SOLN	5	S
ALPROLIX 4000 UNIT RECON SOLN	5	S
ALPROLIX 500 UNIT RECON SOLN	5	S
ALTUVIIIIO 1000 UNIT RECON SOLN	5	S
ALTUVIIIIO 2000 UNIT RECON SOLN	5	S
ALTUVIIIIO 250 UNIT RECON SOLN	5	S
ALTUVIIIIO 3000 UNIT RECON SOLN	5	S
ALTUVIIIIO 4000 UNIT RECON SOLN	5	S
ALTUVIIIIO 500 UNIT RECON SOLN	5	S
BENEFIX 1000 UNIT KIT	5	S
BENEFIX 2000 UNIT KIT	5	S
BENEFIX 250 UNIT KIT	5	S
BENEFIX 3000 UNIT KIT	5	S
BENEFIX 500 UNIT KIT	5	S
COAGADEX 250 UNIT RECON SOLN	5	S
COAGADEX 500 UNIT RECON SOLN	5	S
CORIFACT 1000-1600 UNIT KIT	5	S
ELOCTATE 1000 UNIT RECON SOLN	5	S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ELOCTATE 1500 UNIT RECON SOLN	5	S
ELOCTATE 2000 UNIT RECON SOLN	5	S
ELOCTATE 250 UNIT RECON SOLN	5	S
ELOCTATE 3000 UNIT RECON SOLN	5	S
ELOCTATE 4000 UNIT RECON SOLN	5	S
ELOCTATE 500 UNIT RECON SOLN	5	S
ELOCTATE 5000 UNIT RECON SOLN	5	S
ELOCTATE 6000 UNIT RECON SOLN	5	S
ELOCTATE 750 UNIT RECON SOLN	5	S
ESPEROCT 1000 UNIT RECON SOLN	5	S
ESPEROCT 1500 UNIT RECON SOLN	5	S
ESPEROCT 2000 UNIT RECON SOLN	5	S
ESPEROCT 3000 UNIT RECON SOLN	5	S
ESPEROCT 500 UNIT RECON SOLN	5	S
FEIBA 1000 UNIT RECON SOLN	5	S
FEIBA 2500 UNIT RECON SOLN	5	S
FEIBA 500 UNIT RECON SOLN	5	S
FIBRYGA RECON SOLN	5	S
HEMLIBRA 105 MG/0.7ML SOLUTION	5	S
HEMLIBRA 12 MG/0.4ML SOLUTION	5	S
HEMLIBRA 150 MG/ML SOLUTION	5	S
HEMLIBRA 30 MG/ML SOLUTION	5	S
HEMLIBRA 300 MG/2ML SOLUTION	5	S
HEMLIBRA 60 MG/0.4ML SOLUTION	5	S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HEMOFIL M 1000 UNIT RECON SOLN	5	S
HEMOFIL M 1700 UNIT RECON SOLN	5	S
HEMOFIL M 250 UNIT RECON SOLN	5	S
HEMOFIL M 500 UNIT RECON SOLN	5	S
HUMATE-P 1000-2400 UNIT RECON SOLN	5	S
HUMATE-P 250-600 UNIT RECON SOLN	5	S
HUMATE-P 500-1200 UNIT RECON SOLN	5	S
IDELVION 1000 UNIT RECON SOLN	5	S
IDELVION 2000 UNIT RECON SOLN	5	S
IDELVION 250 UNIT RECON SOLN	5	S
IDELVION 3500 UNIT RECON SOLN	5	S
IDELVION 500 UNIT RECON SOLN	5	S
IXINITY 1000 UNIT RECON SOLN	5	S
IXINITY 1500 UNIT RECON SOLN	5	S
IXINITY 2000 UNIT RECON SOLN	5	S
IXINITY 250 UNIT RECON SOLN	5	S
IXINITY 3000 UNIT RECON SOLN	5	S
IXINITY 500 UNIT RECON SOLN	5	S
JIVI 1000 UNIT RECON SOLN	5	S
JIVI 2000 UNIT RECON SOLN	5	S
JIVI 3000 UNIT RECON SOLN	5	S
JIVI 500 UNIT RECON SOLN	5	S
KOATE 1000 UNIT RECON SOLN	5	S
KOATE 250 UNIT RECON SOLN	5	S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KOATE 500 UNIT RECON SOLN	5	S
KOATE-DVI 1000 UNIT RECON SOLN	5	S
KOATE-DVI 500 UNIT RECON SOLN	5	S
KOGENATE FS 1000 UNIT KIT	5	S
KOGENATE FS 2000 UNIT KIT	5	S
KOGENATE FS 250 UNIT KIT	5	S
KOGENATE FS 3000 UNIT KIT	5	S
KOGENATE FS 500 UNIT KIT	5	S
KOVALTRY 1000 UNIT RECON SOLN	5	S
KOVALTRY 2000 UNIT RECON SOLN	5	S
KOVALTRY 250 UNIT RECON SOLN	5	S
KOVALTRY 3000 UNIT RECON SOLN	5	S
KOVALTRY 500 UNIT RECON SOLN	5	S
NOVOEIGHT 1000 UNIT RECON SOLN	5	S
NOVOEIGHT 1500 UNIT RECON SOLN	5	S
NOVOEIGHT 2000 UNIT RECON SOLN	5	S
NOVOEIGHT 250 UNIT RECON SOLN	5	S
NOVOEIGHT 3000 UNIT RECON SOLN	5	S
NOVOEIGHT 500 UNIT RECON SOLN	5	S
NOVOSEVEN RT 1 MG RECON SOLN	5	S
NOVOSEVEN RT 2 MG RECON SOLN	5	S
NOVOSEVEN RT 5 MG RECON SOLN	5	S
NOVOSEVEN RT 8 MG RECON SOLN	5	S
NUWIQ 1000 UNIT KIT	5	S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NUWIQ 1000 UNIT RECON SOLN	5	S
NUWIQ 1500 UNIT KIT	5	S
NUWIQ 1500 UNIT RECON SOLN	5	S
NUWIQ 2000 UNIT KIT	5	S
NUWIQ 2000 UNIT RECON SOLN	5	S
NUWIQ 250 UNIT KIT	5	S
NUWIQ 250 UNIT RECON SOLN	5	S
NUWIQ 2500 UNIT KIT	5	S
NUWIQ 2500 UNIT RECON SOLN	5	S
NUWIQ 3000 UNIT KIT	5	S
NUWIQ 3000 UNIT RECON SOLN	5	S
NUWIQ 4000 UNIT KIT	5	S
NUWIQ 4000 UNIT RECON SOLN	5	S
NUWIQ 500 UNIT KIT	5	S
NUWIQ 500 UNIT RECON SOLN	5	S
OBIZUR 500 UNIT RECON SOLN	5	S
<i>phytonadione tab 5 mg</i>	2	
PROFILNINE 1000 UNIT RECON SOLN	5	S
PROFILNINE 1500 UNIT RECON SOLN	5	S
PROFILNINE 500 UNIT RECON SOLN	5	S
REBINYN 1000 UNIT RECON SOLN	5	S
REBINYN 2000 UNIT RECON SOLN	5	S
REBINYN 3000 UNIT RECON SOLN	5	S
REBINYN 500 UNIT RECON SOLN	5	S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RECOMBINATE 1241-1800 UNIT RECON SOLN	5	S
RECOMBINATE 1801-2400 UNIT RECON SOLN	5	S
RECOMBINATE 220-400 UNIT RECON SOLN	5	S
RECOMBINATE 401-800 UNIT RECON SOLN	5	S
RECOMBINATE 801-1240 UNIT RECON SOLN	5	S
RIASTAP RECON SOLN	5	S
RIXUBIS 1000 UNIT RECON SOLN	5	S
RIXUBIS 2000 UNIT RECON SOLN	5	S
RIXUBIS 250 UNIT RECON SOLN	5	S
RIXUBIS 3000 UNIT RECON SOLN	5	S
RIXUBIS 500 UNIT RECON SOLN	5	S
SEVENFACT 1 MG RECON SOLN	5	S
SEVENFACT 5 MG RECON SOLN	5	S
<i>tranexamic acid tab 650 mg</i>	2	
TRETTEN 2500 UNIT RECON SOLN	5	S
VONVENDI 1300 UNIT RECON SOLN	5	S
VONVENDI 650 UNIT RECON SOLN	5	S
WILATE 1000-1000 UNIT KIT	5	S
WILATE 500-500 UNIT KIT	5	S
XYNTHA 1000 UNIT KIT	5	S
XYNTHA 2000 UNIT KIT	5	S
XYNTHA 250 UNIT KIT	5	S
XYNTHA 500 UNIT KIT	5	S
XYNTHA SOLOFUSE 1000 UNIT KIT	5	S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XYNTHA SOLOFUSE 2000 UNIT KIT	5	S
XYNTHA SOLOFUSE 250 UNIT KIT	5	S
XYNTHA SOLOFUSE 3000 UNIT KIT	5	S
XYNTHA SOLOFUSE 500 UNIT KIT	5	S
PLATELET MODIFYING AGENTS		
<i>aspirin tab delayed release 81 mg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>aspirin chew tab 81 mg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>aspirin tab delayed release 81 mg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>aspirin chew tab 81 mg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>aspirin tab delayed release 81 mg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>aspirin tab delayed release 81 mg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>aspirin tab delayed release 81 mg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>aspirin chew tab 81 mg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>aspirin tab delayed release 81 mg</i>	1	ACA Affordable Care Act Medications PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>aspirin tab delayed release 81 mg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>aspirin tab delayed release 81 mg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>aspirin chew tab 81 mg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>aspirin tab delayed release 81 mg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>aspirin tab delayed release 81 mg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	2	PRE Preventive
<i>aspirin tab delayed release 81 mg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>aspirin chew tab 81 mg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>aspirin tab delayed release 81 mg</i>	1	ACA Affordable Care Act Medications PRE Preventive
BRILINTA 60 MG TAB	3	QL 60 / 30 days PRE Preventive
BRILINTA 90 MG TAB	3	QL 60 / 30 days PRE Preventive
CABLIVI 11 MG KIT	5	PA S
<i>aspirin chew tab 81 mg</i>	1	ACA Affordable Care Act Medications PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>cilostazol tab 100 mg</i>	1	PRE Preventive
<i>cilostazol tab 50 mg</i>	1	PRE Preventive
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	1	OL 30 / 30 days PRE Preventive
<i>aspirin chew tab 81 mg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>aspirin tab delayed release 81 mg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>aspirin tab delayed release 81 mg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>aspirin tab delayed release 81 mg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>aspirin tab delayed release 81 mg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>dipyridamole tab 25 mg</i>	2	PRE Preventive
<i>dipyridamole tab 50 mg</i>	2	PRE Preventive
<i>dipyridamole tab 75 mg</i>	2	PRE Preventive
DOPTELET 20 MG TAB	5	PA S
<i>aspirin tab delayed release 81 mg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>aspirin tab delayed release 81 mg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>aspirin chew tab 81 mg</i>	1	ACA Affordable Care Act Medications PRE Preventive

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>aspirin tab delayed release 81 mg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>aspirin tab delayed release 81 mg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>aspirin tab delayed release 81 mg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>prasugrel hcl tab 10 mg (base equiv)</i>	2	QL 30 / 30 days PRE Preventive
<i>prasugrel hcl tab 5 mg (base equiv)</i>	2	QL 30 / 30 days PRE Preventive
<i>aspirin chew tab 81 mg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>aspirin tab delayed release 81 mg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>aspirin chew tab 81 mg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>aspirin tab delayed release 81 mg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>aspirin chew tab 81 mg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>aspirin chew tab 81 mg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>aspirin chew tab 81 mg</i>	1	ACA Affordable Care Act Medications PRE Preventive

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>aspirin chew tab 81 mg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>aspirin tab delayed release 81 mg</i>	1	ACA Affordable Care Act Medications PRE Preventive
TAVALISSE 100 MG TAB	5	PA S
TAVALISSE 150 MG TAB	5	PA S
CARDIOVASCULAR AGENTS		
ALPHA-ADRENERGIC AGONISTS		
<i>clonidine td patch weekly 0.1 mg/24hr</i>	2	PRE Preventive
<i>clonidine td patch weekly 0.2 mg/24hr</i>	2	PRE Preventive
<i>clonidine td patch weekly 0.3 mg/24hr</i>	2	PRE Preventive
<i>clonidine hcl tab 0.1 mg</i>	1	PRE Preventive
<i>clonidine hcl tab 0.2 mg</i>	1	PRE Preventive
<i>clonidine hcl tab 0.3 mg</i>	1	PRE Preventive
<i>guanfacine hcl tab 1 mg</i>	2	QL 60 / 30 days PRE Preventive
<i>guanfacine hcl tab 2 mg</i>	2	QL 60 / 30 days PRE Preventive
METHYLDOPA 250 MG TAB	4	PRE Preventive
METHYLDOPA 500 MG TAB	4	PRE 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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ALPHA-ADRENERGIC BLOCKING AGENTS		
<i>doxazosin mesylate tab 1 mg</i>	1	PRE Preventive
<i>doxazosin mesylate tab 2 mg</i>	1	PRE Preventive
<i>doxazosin mesylate tab 4 mg</i>	1	PRE Preventive
<i>doxazosin mesylate tab 8 mg</i>	1	PRE Preventive
<i>phenoxybenzamine hcl cap 10 mg</i>	5	PA S PRE Preventive
<i>prazosin hcl cap 1 mg</i>	1	PRE Preventive
<i>prazosin hcl cap 2 mg</i>	2	PRE Preventive
<i>prazosin hcl cap 5 mg</i>	2	PRE Preventive
<i>terazosin hcl cap 1 mg (base equivalent)</i>	1	PRE Preventive
<i>terazosin hcl cap 10 mg (base equivalent)</i>	1	PRE Preventive
<i>terazosin hcl cap 2 mg (base equivalent)</i>	1	PRE Preventive
<i>terazosin hcl cap 5 mg (base equivalent)</i>	1	PRE Preventive
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil tab 16 mg</i>	2	PRE Preventive
<i>candesartan cilexetil tab 32 mg</i>	2	PRE Preventive
<i>candesartan cilexetil tab 4 mg</i>	2	PRE Preventive
<i>candesartan cilexetil tab 8 mg</i>	2	PRE Preventive
<i>irbesartan tab 150 mg</i>	1	PRE Preventive
<i>irbesartan tab 300 mg</i>	1	PRE Preventive
<i>irbesartan tab 75 mg</i>	1	PRE Preventive
<i>losartan potassium tab 100 mg</i>	1	PRE Preventive
<i>losartan potassium tab 25 mg</i>	1	PRE Preventive

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>enalapril maleate tab 5 mg</i>	1	PRE Preventive
<i>fosinopril sodium tab 10 mg</i>	1	PRE Preventive
<i>fosinopril sodium tab 20 mg</i>	1	PRE Preventive
<i>fosinopril sodium tab 40 mg</i>	1	PRE Preventive
<i>lisinopril tab 10 mg</i>	1	PRE Preventive
<i>lisinopril tab 2.5 mg</i>	1	PRE Preventive
<i>lisinopril tab 20 mg</i>	1	PRE Preventive
<i>lisinopril tab 30 mg</i>	1	PRE Preventive
<i>lisinopril tab 40 mg</i>	1	PRE Preventive
<i>lisinopril tab 5 mg</i>	1	PRE Preventive
<i>moexipril hcl tab 15 mg</i>	2	PRE Preventive
<i>moexipril hcl tab 7.5 mg</i>	2	PRE Preventive
PERINDOPRIL ERBUMINE 2 MG TAB	2	PRE Preventive
<i>perindopril erbumine tab 2 mg</i>	2	PRE Preventive
<i>perindopril erbumine tab 4 mg</i>	2	PRE Preventive
PERINDOPRIL ERBUMINE 8 MG TAB	4	PRE Preventive
<i>quinapril hcl tab 10 mg</i>	1	PRE Preventive
<i>quinapril hcl tab 20 mg</i>	1	PRE Preventive
<i>quinapril hcl tab 40 mg</i>	1	PRE Preventive
<i>quinapril hcl tab 5 mg</i>	1	PRE Preventive
<i>ramipril cap 1.25 mg</i>	1	PRE Preventive
<i>ramipril cap 10 mg</i>	1	PRE Preventive
<i>ramipril cap 2.5 mg</i>	1	PRE Preventive
<i>ramipril cap 5 mg</i>	1	PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>trandolapril tab 1 mg</i>	1	PRE Preventive
<i>trandolapril tab 2 mg</i>	1	PRE Preventive
<i>trandolapril tab 4 mg</i>	1	PRE Preventive
ANTIARRHYTHMICS		
<i>amiodarone hcl tab 100 mg</i>	2	PRE Preventive
<i>amiodarone hcl tab 200 mg</i>	1	PRE Preventive
<i>digoxin tab 125 mcg (0.125 mg)</i>	1	PRE Preventive
<i>digoxin tab 250 mcg (0.25 mg)</i>	1	PRE Preventive
DIGOXIN 0.05 MG/ML SOLUTION	4	PRE Preventive
<i>digoxin oral soln 0.05 mg/ml</i>	2	PRE Preventive
<i>digoxin tab 125 mcg (0.125 mg)</i>	1	PRE Preventive
<i>digoxin tab 250 mcg (0.25 mg)</i>	1	PRE Preventive
<i>digoxin tab 62.5 mcg (0.0625 mg)</i>	2	PRE Preventive
<i>disopyramide phosphate cap 100 mg</i>	2	PRE Preventive
<i>disopyramide phosphate cap 150 mg</i>	2	PRE Preventive
<i>dofetilide cap 125 mcg (0.125 mg)</i>	2	PRE Preventive
<i>dofetilide cap 250 mcg (0.25 mg)</i>	2	PRE Preventive
<i>dofetilide cap 500 mcg (0.5 mg)</i>	2	PRE Preventive
<i>flecainide acetate tab 100 mg</i>	2	PRE Preventive
<i>flecainide acetate tab 150 mg</i>	2	PRE Preventive
<i>flecainide acetate tab 50 mg</i>	2	PRE Preventive
LANOXIN 125 MCG TAB	4	PRE Preventive
LANOXIN 250 MCG TAB	4	PRE Preventive
LANOXIN 62.5 MCG TAB	4	PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>mexiletine hcl cap 150 mg</i>	2	PRE Preventive
<i>mexiletine hcl cap 200 mg</i>	2	PRE Preventive
<i>mexiletine hcl cap 250 mg</i>	2	PRE Preventive
MULTAQ 400 MG TAB	3	PRE Preventive
NORPACE 100 MG CAP	4	PRE Preventive
NORPACE 150 MG CAP	4	PRE Preventive
NORPACE CR 100 MG CAP ER 12H	4	PRE Preventive
NORPACE CR 150 MG CAP ER 12H	4	PRE Preventive
<i>amiodarone hcl tab 100 mg</i>	2	PRE Preventive
<i>amiodarone hcl tab 200 mg</i>	1	PRE Preventive
<i>propafenone hcl tab 150 mg</i>	1	PRE Preventive
<i>propafenone hcl tab 225 mg</i>	2	PRE Preventive
<i>propafenone hcl tab 300 mg</i>	2	PRE Preventive
<i>propafenone hcl cap er 12hr 225 mg</i>	2	PRE Preventive
<i>propafenone hcl cap er 12hr 325 mg</i>	2	PRE Preventive
<i>propafenone hcl cap er 12hr 425 mg</i>	2	PRE Preventive
<i>quinidine gluconate tab er 324 mg</i>	2	PRE Preventive
QUINIDINE SULFATE 200 MG TAB	4	PRE Preventive
QUINIDINE SULFATE 300 MG TAB	4	PRE Preventive
<i>sotalol hcl tab 120 mg</i>	1	PRE Preventive
<i>sotalol hcl tab 160 mg</i>	2	PRE Preventive
<i>sotalol hcl tab 240 mg</i>	2	PRE Preventive
<i>sotalol hcl tab 80 mg</i>	1	PRE Preventive
<i>sotalol hcl (afib/af) tab 120 mg</i>	2	PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sotalol hcl (afib/af) tab 160 mg</i>	2	PRE Preventive
<i>sotalol hcl (afib/af) tab 80 mg</i>	1	PRE Preventive
<i>sotalol hcl tab 120 mg</i>	1	PRE Preventive
<i>sotalol hcl tab 160 mg</i>	2	PRE Preventive
<i>sotalol hcl tab 240 mg</i>	2	PRE Preventive
<i>sotalol hcl tab 80 mg</i>	1	PRE Preventive
BETA-ADRENERGIC BLOCKING AGENTS		
<i>acebutolol hcl cap 200 mg</i>	2	PRE Preventive
<i>acebutolol hcl cap 400 mg</i>	2	PRE Preventive
<i>atenolol tab 100 mg</i>	1	PRE Preventive
<i>atenolol tab 25 mg</i>	1	PRE Preventive
<i>atenolol tab 50 mg</i>	1	PRE Preventive
<i>betaxolol hcl tab 10 mg</i>	2	PRE Preventive
<i>betaxolol hcl tab 20 mg</i>	2	PRE Preventive
<i>bisoprolol fumarate tab 10 mg</i>	2	PRE Preventive
<i>bisoprolol fumarate tab 5 mg</i>	1	PRE Preventive
<i>carvedilol tab 12.5 mg</i>	1	PRE Preventive
<i>carvedilol tab 25 mg</i>	1	PRE Preventive
<i>carvedilol tab 3.125 mg</i>	1	PRE Preventive
<i>carvedilol tab 6.25 mg</i>	1	PRE Preventive
<i>labetalol hcl tab 100 mg</i>	1	PRE Preventive
<i>labetalol hcl tab 200 mg</i>	2	PRE Preventive
<i>labetalol hcl tab 300 mg</i>	2	PRE Preventive
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	1	PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	2	PRE Preventive
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	1	PRE Preventive
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	1	PRE Preventive
<i>metoprolol tartrate tab 100 mg</i>	1	PRE Preventive
<i>metoprolol tartrate tab 25 mg</i>	1	PRE Preventive
<i>metoprolol tartrate tab 37.5 mg</i>	1	PRE Preventive
<i>metoprolol tartrate tab 50 mg</i>	1	PRE Preventive
<i>metoprolol tartrate tab 75 mg</i>	1	PRE Preventive
<i>nadolol tab 20 mg</i>	2	PRE Preventive
<i>nadolol tab 40 mg</i>	2	PRE Preventive
<i>nadolol tab 80 mg</i>	2	PRE Preventive
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	2	PRE Preventive
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	2	PRE Preventive
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	2	PRE Preventive
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	2	PRE Preventive
<i>pindolol tab 10 mg</i>	2	PRE Preventive
<i>pindolol tab 5 mg</i>	2	PRE Preventive
<i>propranolol hcl tab 10 mg</i>	1	PRE Preventive
<i>propranolol hcl tab 20 mg</i>	1	PRE Preventive
<i>propranolol hcl oral soln 20 mg/5ml</i>	1	PRE Preventive
<i>propranolol hcl tab 40 mg</i>	1	PRE Preventive
PROPRANOLOL HCL 40 MG/5ML SOLUTION	3	PRE Preventive
<i>propranolol hcl tab 60 mg</i>	2	PRE Preventive
<i>propranolol hcl tab 80 mg</i>	2	PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>propranolol hcl cap er 24hr 120 mg</i>	2	PRE Preventive
<i>propranolol hcl cap er 24hr 160 mg</i>	2	PRE Preventive
<i>propranolol hcl cap er 24hr 60 mg</i>	2	PRE Preventive
<i>propranolol hcl cap er 24hr 80 mg</i>	2	PRE Preventive
<i>timolol maleate tab 10 mg</i>	2	PRE Preventive
<i>timolol maleate tab 20 mg</i>	2	PRE Preventive
<i>timolol maleate tab 5 mg</i>	2	PRE Preventive
CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES		
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	1	PRE Preventive
<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	1	PRE Preventive
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	1	PRE Preventive
<i>felodipine tab er 24hr 10 mg</i>	1	PRE Preventive
<i>felodipine tab er 24hr 2.5 mg</i>	1	PRE Preventive
<i>felodipine tab er 24hr 5 mg</i>	1	PRE Preventive
<i>nifedipine cap 10 mg</i>	2	PRE Preventive
<i>nifedipine cap 20 mg</i>	2	PRE Preventive
<i>nifedipine tab er 24hr 30 mg</i>	1	PRE Preventive
<i>nifedipine tab er 24hr 60 mg</i>	2	PRE Preventive
<i>nifedipine tab er 24hr 90 mg</i>	2	PRE Preventive
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	1	PRE Preventive
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	2	PRE Preventive
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	2	PRE Preventive
<i>nimodipine cap 30 mg</i>	2	PRE Preventive
NYMALIZE 6 MG/ML SOLUTION	4	PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES		
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	1	PRE Preventive
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	1	PRE Preventive
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	1	PRE Preventive
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	2	PRE Preventive
<i>diltiazem hcl cap er 24hr 120 mg</i>	1	PRE Preventive
<i>diltiazem hcl cap er 24hr 180 mg</i>	2	PRE Preventive
<i>diltiazem hcl cap er 24hr 240 mg</i>	2	PRE Preventive
<i>diltiazem hcl tab 120 mg</i>	2	PRE Preventive
<i>diltiazem hcl tab 30 mg</i>	1	PRE Preventive
<i>diltiazem hcl tab 60 mg</i>	1	PRE Preventive
<i>diltiazem hcl tab 90 mg</i>	2	PRE Preventive
<i>diltiazem hcl cap er 12hr 120 mg</i>	2	PRE Preventive
<i>diltiazem hcl cap er 24hr 120 mg</i>	1	PRE Preventive
<i>diltiazem hcl tab er 24hr 120 mg</i>	2	PRE Preventive
<i>diltiazem hcl cap er 24hr 180 mg</i>	2	PRE Preventive
<i>diltiazem hcl cap er 24hr 240 mg</i>	2	PRE Preventive
<i>diltiazem hcl cap er 12hr 60 mg</i>	2	PRE Preventive
<i>diltiazem hcl cap er 12hr 90 mg</i>	2	PRE Preventive
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	1	PRE Preventive
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	1	PRE Preventive
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	2	PRE Preventive
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	2	PRE Preventive
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	2	PRE Preventive

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>verapamil hcl tab er 240 mg</i>	1	PRE Preventive
CARDIOVASCULAR AGENTS, OTHER		
<i>acetazolamide tab 125 mg</i>	2	PRE Preventive
<i>acetazolamide tab 250 mg</i>	2	PRE Preventive
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	PRE Preventive
AMILORIDE-HYDROCHLOROTHIAZIDE 5-50 MG TAB	4	PRE Preventive
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	PRE Preventive
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	PRE Preventive
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	PRE Preventive
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	PRE Preventive
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	PRE Preventive
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	PRE Preventive
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	2	PRE Preventive
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	2	PRE Preventive
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	2	PRE Preventive
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	2	PRE Preventive
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	2	PRE Preventive
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	2	PRE Preventive
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	2	PRE Preventive
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	2	PRE Preventive
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	2	PRE Preventive
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	2	PRE Preventive
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	2	PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	2	PRE Preventive
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	2	PRE Preventive
<i>atenolol & chlorthalidone tab 100-25 mg</i>	2	PRE Preventive
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	PRE Preventive
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	2	PRE Preventive
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	2	PRE Preventive
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	2	PRE Preventive
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	2	PRE Preventive
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	PRE Preventive
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	PRE Preventive
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	PRE 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
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	2	PRE Preventive
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	2	PRE Preventive
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	2	PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CORLANOR 5 MG TAB	3	
CORLANOR 5 MG/5ML SOLUTION	3	
CORLANOR 7.5 MG TAB	3	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	PRE Preventive
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	PRE Preventive
ENTRESTO 24-26 MG TAB	3	
ENTRESTO 49-51 MG TAB	3	
ENTRESTO 97-103 MG TAB	3	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	2	PRE Preventive
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	2	PRE Preventive
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	PRE Preventive
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	PRE Preventive
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	2	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	PRE Preventive
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	PRE Preventive
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	PRE Preventive
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	PRE Preventive
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	PRE Preventive
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	PRE Preventive
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	2	PRE Preventive
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	2	PRE Preventive
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	2	PRE Preventive
<i>metyrosine cap 250 mg</i>	5	OL 360 / 30 days PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NEXLETOL 180 MG TAB	3	PA PRE Preventive
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	PRE Preventive
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	PRE Preventive
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	PRE Preventive
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	2	PRE Preventive
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	2	PRE Preventive
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	2	PRE Preventive
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	2	PRE Preventive
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	2	PRE Preventive
<i>pentoxifylline tab er 400 mg</i>	2	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	2	PRE Preventive
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	2	PRE Preventive
QUINAPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	2	PRE Preventive
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	2	PRE Preventive
<i>ranolazine tab er 12hr 1000 mg</i>	2	PRE Preventive
<i>ranolazine tab er 12hr 500 mg</i>	2	PRE Preventive
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	2	PRE Preventive
TELMISARTAN-AMLODIPINE 40-10 MG TAB	4	PRE Preventive
<i>telmisartan-amlodipine tab 40-10 mg</i>	2	PRE Preventive
TELMISARTAN-AMLODIPINE 40-5 MG TAB	4	PRE Preventive
<i>telmisartan-amlodipine tab 40-5 mg</i>	2	PRE Preventive
TELMISARTAN-AMLODIPINE 80-10 MG TAB	4	PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>telmisartan-amlodipine tab 80-10 mg</i>	2	PRE Preventive
TELMISARTAN-AMLODIPINE 80-5 MG TAB	4	PRE Preventive
<i>telmisartan-amlodipine tab 80-5 mg</i>	2	PRE Preventive
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	PRE Preventive
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	PRE Preventive
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	PRE Preventive
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	2	PRE Preventive
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	2	PRE Preventive
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	2	PRE Preventive
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	2	PRE Preventive
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	2	PRE Preventive
VECAMYL 2.5 MG TAB	5	S
VERQUVO 10 MG TAB	3	PRE Preventive
VERQUVO 2.5 MG TAB	3	PRE Preventive
VERQUVO 5 MG TAB	3	PRE Preventive
DIURETICS, LOOP		
<i>bumetanide tab 0.5 mg</i>	1	PRE Preventive
<i>bumetanide tab 1 mg</i>	2	PRE Preventive
<i>bumetanide tab 2 mg</i>	2	PRE Preventive
<i>ethacrynic acid tab 25 mg</i>	2	
FUROSCIX 80 MG/10ML CART KIT	5	S
<i>furosemide oral soln 10 mg/ml</i>	1	PRE Preventive
<i>furosemide tab 20 mg</i>	1	PRE Preventive
<i>furosemide tab 40 mg</i>	1	PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>furosemide tab 80 mg</i>	1	PRE Preventive
<i>toremide tab 10 mg</i>	1	PRE Preventive
<i>toremide tab 100 mg</i>	1	PRE Preventive
<i>toremide tab 20 mg</i>	1	PRE Preventive
<i>toremide tab 5 mg</i>	1	PRE Preventive
DIURETICS, POTASSIUM-SPARING		
<i>amiloride hcl tab 5 mg</i>	1	PRE Preventive
<i>eplerenone tab 25 mg</i>	2	PRE Preventive
<i>eplerenone tab 50 mg</i>	2	PRE Preventive
<i>triamterene cap 100 mg</i>	2	PRE Preventive
<i>triamterene cap 50 mg</i>	2	PRE Preventive
DIURETICS, THIAZIDE		
<i>chlorthalidone tab 25 mg</i>	1	PRE Preventive
<i>chlorthalidone tab 50 mg</i>	1	PRE Preventive
DIURIL 250 MG/5ML SUSPENSION	4	PRE Preventive
<i>hydrochlorothiazide cap 12.5 mg</i>	1	PRE Preventive
<i>hydrochlorothiazide tab 12.5 mg</i>	1	PRE Preventive
<i>hydrochlorothiazide tab 25 mg</i>	1	PRE Preventive
<i>hydrochlorothiazide tab 50 mg</i>	1	PRE Preventive
<i>indapamide tab 1.25 mg</i>	1	PRE Preventive
<i>indapamide tab 2.5 mg</i>	1	PRE Preventive
<i>metolazone tab 10 mg</i>	2	PRE Preventive
<i>metolazone tab 2.5 mg</i>	2	PRE Preventive
<i>metolazone tab 5 mg</i>	2	PRE Preventive

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i>	2	ACA Affordable Care Act Medications PRE Preventive
<i>lovastatin tab 10 mg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>lovastatin tab 20 mg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>lovastatin tab 40 mg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>pravastatin sodium tab 10 mg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>pravastatin sodium tab 20 mg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>pravastatin sodium tab 40 mg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>pravastatin sodium tab 80 mg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>rosuvastatin calcium tab 10 mg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>rosuvastatin calcium tab 20 mg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>rosuvastatin calcium tab 40 mg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>rosuvastatin calcium tab 5 mg</i>	1	ACA Affordable Care Act Medications PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>simvastatin tab 10 mg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>simvastatin tab 20 mg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>simvastatin tab 40 mg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>simvastatin tab 5 mg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>simvastatin tab 80 mg</i>	1	ACA Affordable Care Act Medications PRE Preventive
DYSLIPIDEMICS, OTHER		
<i>cholestyramine powder packets 4 gm</i>	2	PRE Preventive
<i>cholestyramine powder 4 gm/dose</i>	2	PRE Preventive
<i>cholestyramine light powder packets 4 gm</i>	2	PRE Preventive
<i>cholestyramine light powder 4 gm/dose</i>	2	PRE Preventive
<i>colesevelam hcl tab 625 mg</i>	2	PRE Preventive
<i>colestipol hcl tab 1 gm</i>	2	PRE Preventive
<i>colestipol hcl granules 5 gm</i>	2	PRE Preventive
<i>colestipol hcl granule packets 5 gm</i>	2	PRE Preventive
<i>ezetimibe tab 10 mg</i>	1	PRE Preventive
<i>ezetimibe-simvastatin tab 10-10 mg</i>	2	PRE Preventive
<i>ezetimibe-simvastatin tab 10-20 mg</i>	2	PRE Preventive
<i>ezetimibe-simvastatin tab 10-40 mg</i>	2	PRE Preventive
<i>ezetimibe-simvastatin tab 10-80 mg</i>	2	PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>icosapent ethyl cap 0.5 gm</i>	1	PRE Preventive
<i>icosapent ethyl cap 1 gm</i>	1	PRE Preventive
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
LEQVIO 284 MG/1.5ML SOLN PRSYR	5	PA S
NEXLIZET 180-10 MG TAB	3	PRE Preventive
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	2	PRE Preventive
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	2	PRE Preventive
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	2	PRE Preventive
<i>cholestyramine light powder 4 gm/dose</i>	2	PRE Preventive
REPATHA 140 MG/ML SOLN PRSYR	3	PA PRE Preventive
REPATHA PUSHTRONEX SYSTEM 420 MG/3.5ML SOLN CART	3	PA PRE Preventive
REPATHA SURECLICK 140 MG/ML SOLN A-INJ	3	PA PRE Preventive
VASCEPA 0.5 GM CAP	2	PRE Preventive
VASCEPA 1 GM CAP	2	PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
<i>spironolactone tab 100 mg</i>	1	PRE Preventive
<i>spironolactone tab 25 mg</i>	1	PRE Preventive
<i>spironolactone tab 50 mg</i>	1	PRE Preventive
SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS (SGLT2I)		
FARXIGA 10 MG TAB	3	ST STC Trial and failure of 1 therapy: metformin PRE Preventive
FARXIGA 5 MG TAB	3	ST STC Trial and failure of 1 therapy: metformin PRE Preventive
JARDIANCE 10 MG TAB	3	PRE Preventive
JARDIANCE 25 MG TAB	3	ST STC Trial and failure of 1 therapy: metformin PRE Preventive
VASODILATORS, DIRECT-ACTING ARTERIAL		
<i>hydralazine hcl tab 10 mg</i>	1	PRE Preventive
<i>hydralazine hcl tab 100 mg</i>	1	PRE Preventive
<i>hydralazine hcl tab 25 mg</i>	1	PRE Preventive
<i>hydralazine hcl tab 50 mg</i>	1	PRE Preventive
<i>minoxidil tab 10 mg</i>	1	PRE Preventive
<i>minoxidil tab 2.5 mg</i>	1	PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS		
<i>isosorbide dinitrate tab 10 mg</i>	2	PRE Preventive
<i>isosorbide dinitrate tab 20 mg</i>	2	PRE Preventive
<i>isosorbide dinitrate tab 30 mg</i>	2	PRE Preventive
<i>isosorbide dinitrate tab 5 mg</i>	2	PRE Preventive
<i>isosorbide mononitrate tab 10 mg</i>	1	PRE Preventive
<i>isosorbide mononitrate tab 20 mg</i>	1	PRE Preventive
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	1	PRE Preventive
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	1	PRE Preventive
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	1	PRE Preventive
NITRO-BID 2 % OINTMENT	4	PRE Preventive
NITRO-DUR 0.3 MG/HR PATCH 24HR	4	PRE Preventive
NITRO-DUR 0.8 MG/HR PATCH 24HR	4	PRE Preventive
NITRO-TIME 2.5 MG CAP ER	4	PRE Preventive
NITRO-TIME 6.5 MG CAP ER	4	PRE Preventive
NITRO-TIME 9 MG CAP ER	4	PRE Preventive
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	2	PRE Preventive
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	2	PRE Preventive
<i>nitroglycerin sl tab 0.3 mg</i>	2	PRE Preventive
<i>nitroglycerin oint 0.4%</i>	2	
<i>nitroglycerin sl tab 0.4 mg</i>	1	PRE Preventive
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	2	PRE Preventive
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	2	PRE Preventive
<i>nitroglycerin sl tab 0.6 mg</i>	2	PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	2	PRE Preventive
RECTIV 0.4 % OINTMENT	4	
CENTRAL NERVOUS SYSTEM AGENTS AMYOTROPHIC LATERAL SCLEROSIS (ALS) AGENTS		
EXSERVAN 50 MG FILM	5	PA S
RADICAVA ORS 105 MG/5ML SUSPENSION	5	PA S
RADICAVA ORS STARTER KIT 105 MG/5ML SUSPENSION	5	PA S
RELYVRIO 3-1 GM PACKET	5	S
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 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>	2	QL 90 / 30 days
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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>dextroamphetamine sulfate tab 10 mg</i>	2	QL 90 / 30 days
<i>dextroamphetamine sulfate tab 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 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
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	2	QL 90 / 30 days
<i>lisdexamfetamine dimesylate cap 10 mg</i>	3	QL 90 / 30 days
<i>lisdexamfetamine dimesylate chew tab 10 mg</i>	3	QL 90 / 30 days
<i>lisdexamfetamine dimesylate cap 20 mg</i>	3	QL 90 / 30 days
<i>lisdexamfetamine dimesylate chew tab 20 mg</i>	3	QL 90 / 30 days
<i>lisdexamfetamine dimesylate cap 30 mg</i>	3	QL 60 / 30 days
<i>lisdexamfetamine dimesylate chew tab 30 mg</i>	3	QL 60 / 30 days
<i>lisdexamfetamine dimesylate cap 40 mg</i>	3	QL 30 / 30 days
<i>lisdexamfetamine dimesylate chew tab 40 mg</i>	3	QL 30 / 30 days
<i>lisdexamfetamine dimesylate cap 50 mg</i>	3	QL 30 / 30 days
<i>lisdexamfetamine dimesylate chew tab 50 mg</i>	3	QL 30 / 30 days
<i>lisdexamfetamine dimesylate cap 60 mg</i>	3	QL 30 / 30 days
<i>lisdexamfetamine dimesylate chew tab 60 mg</i>	3	QL 30 / 30 days
<i>lisdexamfetamine dimesylate cap 70 mg</i>	3	QL 30 / 30 days
<i>methamphetamine hcl tab 5 mg</i>	2	QL 150 / 30 days
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	2	QL 1800 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>dextroamphetamine sulfate tab 10 mg</i>	2	QL 90 / 30 days
<i>dextroamphetamine sulfate tab 5 mg</i>	2	QL 90 / 30 days
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES		
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	2	QL 90 / 30 days
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	2	QL 30 / 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
<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>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 2 mg (base equiv)</i>	1	QL 90 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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>methylphenidate hcl chew tab 10 mg</i>	2	QL 90 / 30 days
<i>methylphenidate hcl tab 10 mg</i>	1	QL 90 / 30 days
<i>methylphenidate hcl soln 10 mg/5ml</i>	2	QL 900 / 30 days
<i>methylphenidate hcl chew tab 2.5 mg</i>	2	QL 90 / 30 days
<i>methylphenidate hcl tab 20 mg</i>	2	QL 90 / 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 soln 5 mg/5ml</i>	2	QL 1800 / 30 days
<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
<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)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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)
CENTRAL NERVOUS SYSTEM, OTHER		
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
AUSTEDO XR 12 MG TAB ER 24H	5	S
AUSTEDO XR 24 MG TAB ER 24H	5	S
AUSTEDO XR 6 MG TAB ER 24H	5	S
AUSTEDO XR PATIENT TITRATION 6 & 12 & 24 MG TBER THPK	5	S
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	2	QL 70 / 7 days
<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
FIRDAPSE 10 MG TAB	5	PA S
INGREZZA 40 & 80 MG CAP THPK	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
INGREZZA 40 MG CAP	5	PA S
INGREZZA 60 MG CAP	5	PA S
INGREZZA 80 MG CAP	5	PA S
<i>riluzole tab 50 mg</i>	5	S
TENCON 50-325 MG TAB	4	QL 70 / 7 days
<i>tetrabenazine tab 12.5 mg</i>	5	PA S
<i>tetrabenazine tab 25 mg</i>	5	PA S
FIBROMYALGIA AGENTS		
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	1	PRE Preventive
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	1	PRE Preventive
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	1	PRE Preventive
<i>pregabalin cap 100 mg</i>	1	PRE Preventive
<i>pregabalin cap 150 mg</i>	1	PRE Preventive
<i>pregabalin soln 20 mg/ml</i>	2	PRE Preventive
<i>pregabalin cap 200 mg</i>	1	PRE Preventive
<i>pregabalin cap 225 mg</i>	1	PRE Preventive
<i>pregabalin cap 25 mg</i>	1	PRE Preventive
<i>pregabalin cap 300 mg</i>	1	PRE Preventive
<i>pregabalin cap 50 mg</i>	1	PRE Preventive
<i>pregabalin cap 75 mg</i>	1	PRE Preventive
SAVELLA 100 MG TAB	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
MULTIPLE SCLEROSIS AGENTS		
AUBAGIO 14 MG TAB	5	PA S
AUBAGIO 7 MG TAB	5	PA S
AVONEX PEN 30 MCG/0.5ML AUT-IJ KIT	5	PA S
AVONEX PREFILLED 30 MCG/0.5ML PREF SY KT	5	PA S
BETASERON 0.3 MG KIT	5	S
<i>dalfampridine tab er 12hr 10 mg</i>	5	S
<i>dimethyl fumarate capsule delayed release 120 mg</i>	5	PA S
<i>dimethyl fumarate capsule delayed release 240 mg</i>	5	PA S
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	5	PA S
<i>fingolimod hcl cap 0.5 mg (base equiv)</i>	5	PA S
GILENYA 0.25 MG CAP	5	QL 30 / 30 days PA S
GILENYA 0.5 MG CAP	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	5	PA S
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	5	PA S
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	5	PA S
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	5	PA S
KESIMPTA 20 MG/0.4ML SOLN A-INJ	5	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
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 0.25 MG TAB THPK	5	PA S
MAYZENT STARTER PACK 12 X 0.25 MG TAB THPK	5	PA S
OCREVUS 300 MG/10ML SOLUTION	5	PA S
PLEGRIDY 125 MCG/0.5ML SOLN PEN	5	PA S
PLEGRIDY 125 MCG/0.5ML SOLN PRSYR	5	PA S
PLEGRIDY STARTER PACK 63 & 94 MCG/0.5ML SOLN PEN	5	PA S
PLEGRIDY STARTER PACK 63 & 94 MCG/0.5ML SOLN PRSYR	5	PA S
REBIF 22 MCG/0.5ML SOLN PRSYR	5	S
REBIF 44 MCG/0.5ML SOLN PRSYR	5	S
REBIF REBIDOSE 22 MCG/0.5ML SOLN A-INJ	5	S
REBIF REBIDOSE 44 MCG/0.5ML SOLN A-INJ	5	S
REBIF REBIDOSE TITRATION PACK 6X8.8 & 6X22 MCG SOLN A-INJ	5	S
REBIF TITRATION PACK 6X8.8 & 6X22 MCG SOLN PRSYR	5	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>teriflunomide tab 14 mg</i>	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>teriflunomide tab 7 mg</i>	5	PA S
VUMERITY 231 MG CAP DR	5	S
ZEPOSIA 0.92 MG CAP	5	S
ZEPOSIA 7-DAY STARTER PACK 4 X 0.23MG & 3 X 0.46MG CAP THPK	5	S
ZEPOSIA STARTER KIT 0.23MG & 0.46MG & 0.92MG CAP THPK	5	S
ZEPOSIA STARTER KIT 0.23MG & 0.46MG 0.92MG(21) CAP THPK	5	S
DENTAL AND ORAL AGENTS		
<i>sodium fluoride gel 1.1% (0.5% f)</i>	1	ACA Affordable Care Act Medications
<i>cevimeline hcl cap 30 mg</i>	2	
<i>chlorhexidine gluconate soln 0.12%</i>	1	
<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>stannous fluoride gel 0.4%</i>	2	ACA Affordable Care Act Medications
<i>sodium fluoride paste 1.1%</i>	1	ACA Affordable Care Act Medications
<i>stannous fluoride conc 0.63%</i>	2	ACA Affordable Care Act Medications
<i>sodium fluoride paste 1.1%</i>	1	ACA Affordable Care Act Medications
FLUORIDEX SENSITIVITY RELIEF 1.1-5 % PASTE	4	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>stannous fluoride gel 0.4%</i>	2	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>triamcinolone acetonide dental paste 0.1%</i>	2	
NAFRINSE DAILY ACIDULATED 1 MG/5ML RECON SOLN	4	ACA Affordable Care Act Medications
NAFRINSE DAILY/NEUTRAL 0.05 % RECON SOLN	4	ACA Affordable Care Act Medications
NAFRINSE WEEKLY 0.2 % RECON SOLN	4	ACA Affordable Care Act Medications
<i>triamcinolone acetonide dental paste 0.1%</i>	2	
PARODONTAX 0.454 % PASTE	4	ACA Affordable Care Act Medications
<i>chlorhexidine gluconate soln 0.12%</i>	1	
<i>stannous fluoride conc 0.63%</i>	2	ACA Affordable Care Act Medications
<i>pilocarpine hcl tab 5 mg</i>	2	
<i>pilocarpine hcl tab 7.5 mg</i>	2	
PREVIDENT 0.2 % SOLUTION	4	
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
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sodium fluoride-potassium nitrate gel 1.1-5%</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-potassium nitrate gel 1.1-5%</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
<i>sodium fluoride-potassium nitrate gel 1.1-5%</i>	1	ACA Affordable Care Act Medications
<i>triamcinolone acetonide dental paste 0.1%</i>	2	
DERMATOLOGICAL AGENTS		
ACNE AND ROSACEA AGENTS		
<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>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	
<i>isotretinoin cap 10 mg</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>isotretinoin cap 20 mg</i>	2	
<i>isotretinoin cap 40 mg</i>	2	
<i>tretinoin cream 0.025%</i>	2	
<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>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>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>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	2	
RHOFADE 1 % CREAM	4	
<i>sulfacetamide sodium lotion 10% (acne)</i>	2	
<i>tazarotene gel 0.05%</i>	2	
<i>tazarotene cream 0.1%</i>	2	
<i>tazarotene gel 0.1%</i>	2	
TAZORAC 0.05 % CREAM	3	
<i>tretinoin gel 0.01%</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>tretinoin cream 0.025%</i>	2	
<i>tretinoin cream 0.05%</i>	2	
<i>tretinoin cream 0.1%</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	
DERMATITIS AND PRURITUS AGENTS		
ADBRY 150 MG/ML SOLN PRSYR	5	PA S
<i>hydrocortisone cream 2.5%</i>	1	
<i>alclometasone dipropionate cream 0.05%</i>	2	
<i>alclometasone dipropionate oint 0.05%</i>	2	
AMCINONIDE 0.1 % LOTION	4	
<i>lactic acid (ammonium lactate) cream 12%</i>	2	
<i>lactic acid (ammonium lactate) lotion 12%</i>	2	
<i>hydrocortisone acetate suppos 25 mg</i>	2	
<i>hydrocortisone acetate suppos 25 mg</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 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 valerate cream 0.1% (base equivalent)</i>	2	
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	2	
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BYLVAY (PELLETS) 200 MCG CAP SPRINK	5	PA S
BYLVAY (PELLETS) 600 MCG CAP SPRINK	5	PA S
BYLVAY 1200 MCG CAP	5	PA S
BYLVAY 400 MCG CAP	5	PA S
<i>clobetasol propionate emollient base cream 0.05%</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	
<i>clobetasol propionate emollient base cream 0.05%</i>	2	
<i>clocortolone pivalate cream 0.1%</i>	2	
CORDRAN 4 MCG/SQCM TAPE	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	
FLUOCINONIDE 0.05 % GEL	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	
HALOG 0.1 % OINTMENT	4	
<i>hydrocortisone acetate suppos 25 mg</i>	2	
<i>hydrocortisone perianal cream 1%</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>hydrocortisone acetate suppos 25 mg</i>	2	
<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	
PREDNICARBATE 0.1 % OINTMENT	4	
<i>hydrocortisone perianal cream 2.5%</i>	2	
<i>hydrocortisone perianal cream 1%</i>	2	
<i>hydrocortisone perianal cream 1%</i>	2	
<i>hydrocortisone perianal cream 2.5%</i>	2	
<i>hydrocortisone perianal cream 2.5%</i>	2	
<i>selenium sulfide lotion 2.5%</i>	1	
<i>tacrolimus oint 0.03%</i>	2	
<i>tacrolimus oint 0.1%</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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 0.1%</i>	1	
<i>triamcinolone acetonide cream 0.5%</i>	1	
DERMATOLOGICAL AGENTS, OTHER		
ANALPRAM-HC 2.5-1 % LOTION	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	
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
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	1	
ENSTILAR 0.005-0.064 % FOAM	3	
<i>finasteride tab 1 mg</i>	1	
FLUOROURACIL 2 % SOLUTION	4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fluorouracil cream 5%</i>	2	
<i>fluorouracil soln 5%</i>	2	
HYFTOR 0.2 % GEL	5	PA S QLC 30 / 90 days
<i>imiquimod cream 5%</i>	2	
METHOXSALLEN RAPID 10 MG CAP	4	
NEO-SYNALAR 0.5-0.025 % CREAM	4	
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	2	
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	2	
OPZELURA 1.5 % CREAM	5	QL 60 / 30 days PA S
OTEZLA 30 MG TAB	5	PA S
PODOFILOX 0.5 % SOLUTION	4	
<i>podofilox soln 0.5%</i>	2	
PROCTOFOAM HC 1-1 % FOAM	4	
REGRANEX 0.01 % GEL	4	
SANTYL 250 UNIT/GM OINTMENT	4	
<i>silver sulfadiazine cream 1%</i>	1	
<i>silver sulfadiazine cream 1%</i>	1	
VALCHLOR 0.016 % GEL	5	PA S
VEREGEN 15 % OINTMENT	4	
ZORYVE 0.3 % CREAM	5	QL 60 / 30 days PA S
ZORYVE 0.3 % FOAM	5	QL 60 / 30 day(s) PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PEDICULICIDES/SCABICIDES		
CROTAN 10 % LOTION	4	
IVERMECTIN 0.5 % LOTION	4	
LINDANE 1 % SHAMPOO	4	
<i>malathion lotion 0.5%</i>	2	
NATROBA 0.9 % SUSPENSION	4	
<i>permethrin cream 5%</i>	2	
SOOLANTRA 1 % CREAM	2	
SPINOSAD 0.9 % SUSPENSION	4	
TOPICAL ANTI-INFECTIVES		
<i>acyclovir oint 5%</i>	2	
ALTABAX 1 % OINTMENT	4	
<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%</i>	2	
<i>clindamycin phosphate lotion 1%</i>	2	
<i>clindamycin phosphate soln 1%</i>	2	
<i>clindamycin phosphate swab 1%</i>	2	
ERY 2 % PAD	4	
<i>erythromycin gel 2%</i>	2	
<i>erythromycin soln 2%</i>	2	
MAFENIDE ACETATE 5 % PACKET	1	
<i>mafenide acetate packet for topical soln 5% (50 gm)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>mupirocin oint 2%</i>	1	
<i>penciclovir cream 1%</i>	2	
SULFAMYLON 85 MG/GM CREAM	4	
XEPI 1 % CREAM	4	
ELECTROLYTES/MINERALS/METALS/VITAMINS		
ELECTROLYTE/MINERAL REPLACEMENT		
<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
FERRETT'S CHEWABLE IRON 18 MG CHEW TAB	4	
<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
FLORICAL 8.3-364 MG CAP	4	ACA Affordable Care Act Medications
FLORICAL 8.3-364 MG TAB	4	ACA Affordable Care Act Medications
FLORIVA 0.25-400 MG-UNIT/ML LIQUID	4	ACA Affordable Care Act Medications
<i>sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf)</i>	2	ACA Affordable Care Act Medications
GALZIN 25 MG CAP	4	
GALZIN 50 MG CAP	4	
<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i>	1	ACA Affordable Care Act Medications
IRON CHEWS PEDIATRIC 15 MG CHEW TAB	4	

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
IRON UP 15 MG/0.5ML LIQUID	3	ACA Affordable Care Act Medications
<i>potassium chloride tab er 10 meq</i>	1	
<i>potassium chloride powder packet 20 meq</i>	2	
<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	
MONOCAL 625-22.75 MG TAB	4	ACA Affordable Care Act Medications
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>	1	ACA Affordable Care Act Medications
NAFRINSE DROPS 0.275 (0.125 F) MG/DROP SOLUTION	4	ACA Affordable Care Act Medications
NOVAFERRUM PEDIATRIC DROPS 15 MG/ML LIQUID	3	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>potassium chloride oral soln 10% (20 meq/15ml)</i>	2	
<i>potassium chloride powder packet 20 meq</i>	2	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	2	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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 cap er 10 meq</i>	1	
<i>potassium chloride tab er 10 meq</i>	1	
<i>potassium chloride microencapsulated crys er tab 15 meq</i>	2	
<i>potassium chloride tab er 20 meq (1500 mg)</i>	1	
<i>potassium chloride cap er 8 meq</i>	1	
<i>potassium chloride tab er 8 meq (600 mg)</i>	1	
POTASSIUM CHLORIDE ER 8 MEQ TAB ER	4	
<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 CHEW TAB	3	
PRENATAL 19 29-1 MG CHEW TAB	3	
PRENATAL 19 29-1 MG TAB	3	
PRENATAL PLUS 27-1 MG TAB	3	
PRENATAL VITAMIN PLUS LOW IRON 27-1 MG TAB	3	
PRENATAL-U 106.5-1 MG CAP	3	
SE-NATAL 19 29-1 MG CHEW TAB	3	
SE-NATAL 19 29-1 MG TAB	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 TAB	3	ACA Affordable Care Act Medications
SODIUM FLUORIDE 1.1 (0.5 F) MG/ML SOLUTION	1	ACA Affordable Care Act Medications
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>	1	ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SODIUM FLUORIDE 2.2 (1 F) MG TAB	3	ACA Affordable Care Act Medications
TRINATE TAB	3	
VINATE II 29-1 MG TAB	3	
VINATE ONE 60-1 MG TAB	3	
<i>carbonyl iron susp 15 mg/1.25ml (elemental iron)</i>	2	ACA Affordable Care Act Medications
ELECTROLYTE/MINERAL/METAL MODIFIERS		
CHEMET 100 MG CAP	3	
CUPRIMINE 250 MG CAP	5	ST S STC Trial and failure of 1 therapy: generic penicillamine
<i>deferiprone tab 1000 mg</i>	5	S
<i>deferiprone tab 500 mg</i>	5	S
EXJADE 125 MG TAB SOL	5	ST S STC Trial and failure of 1 therapy: generic deferasirox
EXJADE 250 MG TAB SOL	5	ST S STC Trial and failure of 1 therapy: generic deferasirox
EXJADE 500 MG TAB SOL	5	ST S STC Trial and failure of 1 therapy: generic deferasirox
FERRIPROX 100 MG/ML SOLUTION	5	S
JADENU 180 MG TAB	5	ST S STC Trial and failure of 1 therapy: generic deferasirox

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
JADENU 360 MG TAB	5	ST S STC Trial and failure of 1 therapy: generic deferasirox
JADENU 90 MG TAB	5	ST S STC Trial and failure of 1 therapy: generic deferasirox
JADENU SPRINKLE 180 MG PACKET	5	ST S STC Trial and failure of 1 therapy: generic deferasirox
JADENU SPRINKLE 360 MG PACKET	5	ST S STC Trial and failure of 1 therapy: generic deferasirox
JADENU SPRINKLE 90 MG PACKET	5	ST S STC Trial and failure of 1 therapy: generic deferasirox
JYNARQUE 15 MG TAB	5	QL 60 / 30 days 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 days PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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>penicillamine tab 250 mg</i>	5	S
SYPRINE 250 MG CAP	5	ST S STC Trial and failure of 1 therapy: generic Syprine
<i>tolvaptan tab 15 mg</i>	5	QL 60 / 30 days PA S
<i>tolvaptan tab 30 mg</i>	5	QL 60 / 30 days PA S
<i>trientine hcl cap 250 mg</i>	5	S
PHOSPHATE BINDERS		
AURYXIA 1 GM 210 MG(Fe) TAB	4	
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	2	
<i>calcium acetate (phosphate binder) tab 667 mg</i>	2	
<i>calcium acetate (phosphate binder) tab 667 mg</i>	2	
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PHOSLYRA 667 MG/5ML SOLUTION	4	
<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
POTASSIUM BINDERS		
LOKELMA 10 GM PACKET	3	
LOKELMA 5 GM PACKET	3	
<i>*sodium polystyrene sulfonate powder**</i>	2	
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	4	
VELTASSA 16.8 GM PACKET	5	PA S
VELTASSA 25.2 GM PACKET	5	PA S
VELTASSA 8.4 GM PACKET	5	PA S
VITAMINS		
<i>folic acid tab 800 mcg</i>	1	ACA Affordable Care Act Medications
<i>cyanocobalamin inj 1000 mcg/ml</i>	1	
<i>cyanocobalamin inj 1000 mcg/ml</i>	1	
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
<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
HYDROXOCOBALAMIN ACETATE 1000 MCG/ML SOLUTION	4	
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GASTROINTESTINAL AGENTS		
ANTI-CONSTIPATION AGENTS		
<i>lactulose solution 10 gm/15ml</i>	2	
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	2	ACA Affordable Care Act Medications
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	1	
<i>lactulose solution 10 gm/15ml</i>	2	
<i>lactulose solution 10 gm/15ml</i>	2	
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	1	
<i>lubiprostone cap 24 mcg</i>	2	
<i>lubiprostone cap 8 mcg</i>	2	
MOVANTIK 12.5 MG TAB	3	
MOVANTIK 25 MG TAB	3	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	2	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	2	ACA Affordable Care Act Medications
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</i>	2	
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</i>	2	
PEG-PREP 5-210 MG-GM KIT	4	QLC 2 / 365 days ACA Affordable Care Act Medications
RELISTOR 12 MG/0.6ML SOLUTION	5	PA S
RELISTOR 150 MG TAB	5	PA S
RELISTOR 8 MG/0.4ML SOLUTION	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SUPREP BOWEL PREP KIT 17.5-3.13-1.6 GM/177ML SOLUTION	4	
SUTAB 1479-225-188 MG TAB	4	
SYMPROIC 0.2 MG TAB	3	
TRULANCE 3 MG TAB	3	
ANTI-DIARRHEAL AGENTS		
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	2	
DIPHENOXYLATE-ATROPINE 2.5-0.025 MG/5ML LIQUID	4	
MOTOFEN 1-0.025 MG TAB	4	
VIBERZI 100 MG TAB	4	
VIBERZI 75 MG TAB	4	
XERMELO 250 MG TAB	5	PA S
ANTISPASMODICS, GASTROINTESTINAL		
<i>dicyclomine hcl cap 10 mg</i>	1	
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	2	
<i>dicyclomine hcl tab 20 mg</i>	1	
<i>glycopyrrolate tab 1 mg</i>	1	
<i>glycopyrrolate oral soln 1 mg/5ml</i>	2	
<i>glycopyrrolate tab 2 mg</i>	2	
<i>methscopolamine bromide tab 2.5 mg</i>	2	
<i>methscopolamine bromide tab 5 mg</i>	2	
GASTROINTESTINAL AGENTS, OTHER		
AMOXICILL-CLARITHRO-LANSOPRAZ 500 & 500 & 30 MG THER PACK	4	
CHENODAL 250 MG TAB	5	S
<i>cromolyn sodium oral conc 100 mg/5ml</i>	2	
GATTEX 5 MG KIT	5	S
GAVILYTE-C 240 GM RECON SOLN	4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
LIVMARLI 9.5 MG/ML SOLUTION	5	PA S
OCALIVA 10 MG TAB	5	PA S
OCALIVA 5 MG TAB	5	PA S
OMNITROPE 10 MG/1.5ML SOLN CART	5	PA S
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	ACA Affordable Care Act Medications
<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		
CIMETIDINE HCL 300 MG/5ML SOLUTION	4	
<i>cimetidine hcl soln 300 mg/5ml</i>	2	
<i>famotidine tab 40 mg</i>	1	
<i>famotidine for susp 40 mg/5ml</i>	2	
NIZATIDINE 150 MG CAP	4	
NIZATIDINE 300 MG CAP	4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PROTECTANTS		
<i>misoprostol tab 100 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>	2	ST STC Trial and failure of 3 therapies: omeprazole, lansoprazole and pantoprazole
<i>dexlansoprazole cap delayed release 60 mg</i>	2	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 for delayed release susp packet 20 mg</i>	2	
<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	
NEXIUM 2.5 MG PACKET	4	
NEXIUM 5 MG PACKET	4	
<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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
<i>*betaine powder for oral solution***</i>	5	PA S
CARBAGLU 200 MG TAB SOL	5	PA S
<i>carglumic acid soluble tab 200 mg</i>	5	PA S
CERDELGA 84 MG CAP	5	PA S
CHOLBAM 250 MG CAP	5	PA S
CHOLBAM 50 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	
CYSTADANE POWDER	5	PA S
CYSTADROPS 0.37 % SOLUTION	5	PA S
CYSTAGON 150 MG CAP	5	S
CYSTAGON 50 MG CAP	5	S
CYSTARAN 0.44 % SOLUTION	5	PA S
DAYBUE 200 MG/ML SOLUTION	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>dichlorphenamide tab 50 mg</i>	5	PA S
DROXIA 200 MG CAP	5	S
DROXIA 300 MG CAP	5	S
DROXIA 400 MG CAP	5	S
ENDARI 5 GM PACKET	5	PA S
EVRYSDI 0.75 MG/ML RECON SOLN	5	PA S
GALAFOLD 123 MG CAP	5	PA S
GLASSIA 1000 MG/50ML SOLUTION	5	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
JOENJA 70 MG TAB	5	PA S
KEVEYIS 50 MG TAB	5	PA S
KUVAN 100 MG PACKET	5	PA S
KUVAN 100 MG TAB	5	PA S
KUVAN 500 MG PACKET	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	
MYALEPT 11.3 MG RECON SOLN	5	PA S
<i>nitisinone cap 10 mg</i>	5	PA S
<i>nitisinone cap 2 mg</i>	5	PA S
<i>nitisinone cap 20 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
NULIBRY 9.5 MG RECON SOLN	5	S
ORFADIN 10 MG CAP	5	PA S
ORFADIN 2 MG CAP	5	PA S
ORFADIN 20 MG CAP	5	PA S
ORFADIN 4 MG/ML SUSPENSION	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ORFADIN 5 MG CAP	5	PA S
<i>dichlorphenamide tab 50 mg</i>	5	PA S
OXBRYTA 300 MG TAB	5	PA S
OXBRYTA 300 MG TAB SOL	5	PA S
OXBRYTA 500 MG TAB	5	PA S
PALYNZIQ 10 MG/0.5ML SOLN PRSYR	5	PA S
PALYNZIQ 2.5 MG/0.5ML SOLN PRSYR	5	PA S
PALYNZIQ 20 MG/ML SOLN PRSYR	5	PA S
PHEBURANE 483 MG/GM PELLET	5	S
PROCYSBI 25 MG CAP DR	5	PA S
PROCYSBI 75 MG CAP DR	5	PA S
PYRUKYND 20 MG TAB	5	PA S
PYRUKYND 5 MG TAB	5	PA S
PYRUKYND 50 MG TAB	5	PA S
RAVICTI 1.1 GM/ML LIQUID	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
REVCovi 2.4 MG/1.5ML 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
SIKLOS 100 MG TAB	5	S
SIKLOS 1000 MG TAB	5	S
SKYCLARYS 50 MG CAP	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
SOHONOS 1 MG CAP	4	
SOHONOS 1.5 MG CAP	4	
SOHONOS 10 MG CAP	4	
SOHONOS 2.5 MG CAP	4	
SOHONOS 5 MG CAP	4	
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
STRENSIQ 80 MG/0.8ML SOLUTION	5	PA S
SUCRAID 8500 UNIT/ML SOLUTION	5	PA S
TEGSEDI 284 MG/1.5ML SOLN PRSYR	5	S
VOXZOGO 0.4 MG RECON SOLN	5	S
VOXZOGO 0.56 MG RECON SOLN	5	S
VOXZOGO 1.2 MG RECON SOLN	5	S
VYNDAMAX 61 MG CAP	5	PA S
VYNDAQEL 20 MG CAP	5	PA S
XURIDEN 2 GM PACKET	5	PA S
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	
ZOKINVY 50 MG CAP	5	S
ZOKINVY 75 MG CAP	5	S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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>flavoxate hcl tab 100 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 tab 5 mg</i>	1	
<i>oxybutynin chloride solution 5 mg/5ml</i>	1	
<i>oxybutynin chloride tab er 24hr 10 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 15 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 5 mg</i>	1	
<i>solifenacin succinate 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	
BENIGN PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin hcl tab er 24hr 10 mg</i>	1	
CARDURA XL 4 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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>tamsulosin hcl cap 0.4 mg</i>	1	
GENITOURINARY AGENTS, OTHER		
ADDYI 100 MG TAB	4	
<i>bethanechol chloride tab 10 mg</i>	2	
<i>bethanechol chloride tab 25 mg</i>	2	
<i>bethanechol chloride tab 5 mg</i>	2	
<i>bethanechol chloride tab 50 mg</i>	2	
ELMIRON 100 MG CAP	4	
ENCARE 100 MG SUPPOS	3	ACA Affordable Care Act Medications PRE Preventive
FILSPARI 200 MG TAB	5	S
FILSPARI 400 MG TAB	5	S
INTRAROSA 6.5 MG INSERT	4	
K-PHOS NO 2 305-700 MG TAB	3	
LITHOSTAT 250 MG TAB	4	
OPTIONS GYNOL II CONTRACEPTIVE 3 % GEL	3	ACA Affordable Care Act Medications PRE Preventive
PHEXXI 1.8-1-0.4 % GEL	4	ACA Affordable Care Act Medications PRE Preventive
<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>potassium phosphate monobasic tab 500 mg</i>	1	
<i>pot phos monobasic w/sod phos di & monobas tab 155-852-130mg</i>	2	
SHUR-SEAL CONTRACEPTIVE 2 % GEL	4	ACA Affordable Care Act Medications PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	
THIOLA EC 100 MG TAB DR	4	
THIOLA EC 300 MG TAB DR	4	
<i>tiopronin tab 100 mg</i>	2	
<i>tiopronin tab delayed release 100 mg</i>	2	
<i>tiopronin tab delayed release 300 mg</i>	2	
TODAY SPONGE 1000 MG MISC	4	ACA Affordable Care Act Medications PRE Preventive
VCF VAGINAL CONTRACEPTIVE 12.5 % FOAM	4	ACA Affordable Care Act Medications PRE Preventive
VCF VAGINAL CONTRACEPTIVE 28 % FILM	4	ACA Affordable Care Act Medications PRE Preventive
VCF VAGINAL CONTRACEPTIVE 4 % GEL	4	ACA Affordable Care Act Medications PRE Preventive
<i>pot phos monobasic w/sod phos di & monobas tab 155-852-130mg</i>	2	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
<i>dexamethasone tab 0.5 mg</i>	2	
<i>dexamethasone elixir 0.5 mg/5ml</i>	2	
DEXAMETHASONE 0.5 MG/5ML SOLUTION	4	
<i>dexamethasone tab 0.75 mg</i>	2	
<i>dexamethasone tab 1 mg</i>	2	
<i>dexamethasone tab 1.5 mg</i>	1	
<i>dexamethasone tab 2 mg</i>	2	
<i>dexamethasone tab 4 mg</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>dexamethasone tab 6 mg</i>	1	
DEXAMETHASONE INTENSOL 1 MG/ML CONC	4	
<i>fludrocortisone acetate tab 0.1 mg</i>	1	
MEDROL 2 MG TAB	4	
<i>methylprednisolone tab 16 mg</i>	1	
<i>methylprednisolone tab 32 mg</i>	1	
<i>methylprednisolone tab 4 mg</i>	1	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	1	
<i>methylprednisolone tab 8 mg</i>	2	
<i>prednisolone soln 15 mg/5ml</i>	2	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	1	
PREDNISOLONE SODIUM PHOSPHATE 25 MG/5ML SOLUTION	4	
<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>prednisone tab 1 mg</i>	1	
<i>prednisone tab therapy pack 10 mg (21)</i>	1	
<i>prednisone tab therapy pack 10 mg (48)</i>	2	
<i>prednisone tab 10 mg</i>	1	
<i>prednisone tab 2.5 mg</i>	1	
<i>prednisone tab 20 mg</i>	1	
<i>prednisone tab therapy pack 5 mg (21)</i>	1	
<i>prednisone tab therapy pack 5 mg (48)</i>	1	
<i>prednisone tab 5 mg</i>	1	
PREDNISONE 5 MG/5ML SOLUTION	3	
<i>prednisone tab 50 mg</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	2	
<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
<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	
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 MG PRSYR	5	PA S
GENOTROPIN MINIQUICK 1.2 MG PRSYR	5	PA S
GENOTROPIN MINIQUICK 1.4 MG PRSYR	5	PA S
GENOTROPIN MINIQUICK 1.6 MG PRSYR	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GENOTROPIN MINIQUICK 1.8 MG PRSYR	5	PA S
GENOTROPIN MINIQUICK 2 MG PRSYR	5	PA S
INCRELEX 40 MG/4ML SOLUTION	5	PA S
ISTURISA 1 MG TAB	5	PA S
ISTURISA 10 MG TAB	5	PA S
ISTURISA 5 MG TAB	5	PA S
MYFEMBREE 40-1-0.5 MG TAB	5	PA S
NGENLA 24 MG/1.2ML SOLN PEN	5	PA S
NGENLA 60 MG/1.2ML SOLN PEN	5	PA S
NORDITROPIN FLEXPRO 10 MG/1.5ML SOLN PEN	5	PA S
NORDITROPIN FLEXPRO 15 MG/1.5ML SOLN PEN	5	PA S
NORDITROPIN FLEXPRO 30 MG/3ML SOLN PEN	5	PA S
NORDITROPIN FLEXPRO 5 MG/1.5ML SOLN PEN	5	PA S
NUTROPIN AQ NUSPIN 10 10 MG/2ML SOLN PEN	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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 MG/1.5ML SOLN CART	5	PA S
OMNITROPE 5.8 MG RECON SOLN	5	PA S
SAIZEN 5 MG RECON SOLN	5	PA S
SAIZEN 8.8 MG RECON SOLN	5	PA S
SAIZENPREP 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
SKYTROFA 11 MG CARTRIDGE	5	PA S
SKYTROFA 13.3 MG CARTRIDGE	5	PA S
SKYTROFA 3 MG CARTRIDGE	5	PA S
SKYTROFA 3.6 MG CARTRIDGE	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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
STIMATE 1.5 MG/ML SOLUTION	3	
ZOMACTON 10 MG RECON SOLN	5	PA S
ZOMACTON 5 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)		
ANABOLIC STEROIDS		
OXANDROLONE 10 MG TAB	4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>oxandrolone tab 10 mg</i>	2	
OXANDROLONE 2.5 MG TAB	4	
<i>oxandrolone tab 2.5 mg</i>	2	
ANDROGENS		
<i>danazol cap 100 mg</i>	2	
<i>danazol cap 200 mg</i>	2	
<i>danazol cap 50 mg</i>	2	
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	1	<p>QL 10 / 30 days</p> <p>ST</p> <p>STC Trial and failure of 1 therapy: generic Depo-testosterone</p>
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	2	<p>QL 10 / 30 days</p> <p>ST</p> <p>STC Trial and failure of 1 therapy: generic Depo-testosterone</p>
METHITEST 10 MG TAB	4	
<i>testosterone td gel 20.25 mg/act (1.62%)</i>	2	QL 150 / 30 days
<i>testosterone td gel 12.5 mg/act (1%)</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
<i>testosterone td gel 50 mg/5gm (1%)</i>	2	QL 150 / 30 days
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	1	QL 10 / 30 days
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	2	QL 10 / 30 days
TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION	4	QL 10 / 30 days
ESTROGENS		
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	<p>ACA Affordable Care Act Medications</p> <p>PRE Preventive</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	2	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	2	
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	2	ACA Affordable Care Act Medications PRE Preventive
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	2	ACA Affordable Care Act Medications PRE Preventive
ANGELIQ 0.25-0.5 MG TAB	4	
ANGELIQ 0.5-1 MG TAB	4	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	2	ACA Affordable Care Act Medications PRE Preventive
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	2	ACA Affordable Care Act Medications PRE Preventive
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	2	ACA Affordable Care Act Medications PRE Preventive
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	2	ACA Affordable Care Act Medications PRE Preventive
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i>	2	ACA Affordable Care Act Medications PRE Preventive
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	2	ACA Affordable Care Act Medications PRE Preventive
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i>	2	ACA Affordable Care Act Medications PRE Preventive
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	2	ACA Affordable Care Act Medications PRE Preventive
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	2	ACA Affordable Care Act Medications PRE Preventive
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	2	ACA Affordable Care Act Medications PRE Preventive
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive
CLIMARA PRO 0.045-0.015 MG/DAY PATCH WK	3	
COMBIPATCH 0.05-0.14 MG/DAY PATCH TW	4	
COMBIPATCH 0.05-0.25 MG/DAY PATCH TW	4	
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	2	ACA Affordable Care Act Medications PRE Preventive
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive
DEPO-ESTRADIOL 5 MG/ML OIL	4	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive
DIVIGEL 0.25 MG/0.25GM GEL	3	
DIVIGEL 0.5 MG/0.5GM GEL	3	
DIVIGEL 0.75 MG/0.75GM GEL	3	
DIVIGEL 1 MG/GM GEL	3	
DIVIGEL 1.25 MG/1.25GM GEL	3	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	2	ACA Affordable Care Act Medications PRE Preventive
<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	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	2	ACA Affordable Care Act Medications PRE Preventive
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	2	ACA Affordable Care Act Medications PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	2	ACA Affordable Care Act Medications PRE Preventive
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	1	ACA Affordable Care Act Medications PRE Preventive
ELESTRIN 0.52 MG/0.87 GM (0.06%) GEL	4	
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<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	
<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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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 vaginal cream 0.1 mg/gm</i>	2	
<i>estradiol td gel 0.25 mg/0.25gm (0.1%)</i>	2	
<i>estradiol tab 0.5 mg</i>	1	
<i>estradiol td gel 0.5 mg/0.5gm (0.1%)</i>	2	
<i>estradiol td gel 0.75 mg/0.75gm (0.1%)</i>	2	
<i>estradiol tab 1 mg</i>	1	
<i>estradiol td gel 1 mg/gm (0.1%)</i>	2	
<i>estradiol td gel 1.25 mg/1.25gm (0.1%)</i>	2	
<i>estradiol vaginal tab 10 mcg</i>	2	
<i>estradiol tab 2 mg</i>	1	
<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	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	2	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	2	
ESTRING 2 MG RING	3	
ESTRING 7.5 MCG/24HR RING	3	
ESTROGEL 0.75 MG/1.25 GM (0.06%) GEL	3	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	2	ACA Affordable Care Act Medications PRE Preventive
EVAMIST 1.53 MG/SPRAY SOLUTION	4	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	2	ACA Affordable Care Act Medications PRE Preventive
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	2	ACA Affordable Care Act Medications PRE Preventive
<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 ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	2	ACA Affordable Care Act Medications PRE Preventive
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	2	ACA Affordable Care Act Medications PRE Preventive
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	2	ACA Affordable Care Act Medications PRE Preventive
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	2	ACA Affordable Care Act Medications PRE Preventive
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	2	ACA Affordable Care Act Medications PRE Preventive
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	2	ACA Affordable Care Act Medications PRE Preventive
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	2	ACA Affordable Care Act Medications
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	2	ACA Affordable Care Act Medications PRE Preventive
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	2	ACA Affordable Care Act Medications PRE Preventive
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	2	ACA Affordable Care Act Medications PRE Preventive
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	2	ACA Affordable Care Act Medications PRE Preventive
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	2	ACA Affordable Care Act Medications PRE Preventive
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	2	ACA Affordable Care Act Medications PRE Preventive
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	2	ACA Affordable Care Act Medications PRE Preventive
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	2	ACA Affordable Care Act Medications PRE Preventive
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	2	ACA Affordable Care Act Medications PRE Preventive
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	2	ACA Affordable Care Act Medications PRE Preventive
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	2	ACA Affordable Care Act Medications PRE Preventive
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	2	ACA Affordable Care Act Medications PRE Preventive
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	2	ACA Affordable Care Act Medications PRE Preventive
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	2	ACA Affordable Care Act Medications PRE Preventive
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive
LO LOESTRIN FE 1 MG-10 MCG / 10 MCG TAB	4	ACA Affordable Care Act Medications PRE Preventive
<i>drosiprenone-ethinyl estradiol tab 3-0.02 mg</i>	2	ACA Affordable Care Act Medications PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	2	ACA Affordable Care Act Medications PRE Preventive
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	2	ACA Affordable Care Act Medications PRE Preventive
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	2	ACA Affordable Care Act Medications PRE Preventive
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<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	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive
MENEST 0.3 MG TAB	4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MENEST 0.625 MG TAB	4	
MENEST 1.25 MG TAB	4	
MENEST 2.5 MG TAB	4	
MENOSTAR 14 MCG/24HR PATCH WK	4	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	2	ACA Affordable Care Act Medications PRE Preventive
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	2	ACA Affordable Care Act Medications PRE Preventive
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	2	ACA Affordable Care Act Medications PRE Preventive
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	2	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive
NATAZIA 3/2-2/2-3/1 MG TAB	4	ACA Affordable Care Act Medications PRE Preventive
<i>norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg</i>	2	ACA Affordable Care Act Medications PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	2	ACA Affordable Care Act Medications PRE Preventive
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	2	ACA Affordable Care Act Medications PRE Preventive
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	2	ACA Affordable Care Act Medications PRE Preventive
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	2	ACA Affordable Care Act Medications PRE Preventive
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	2	ACA Affordable Care Act Medications PRE Preventive
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	2	ACA Affordable Care Act Medications PRE Preventive
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	2	ACA Affordable Care Act Medications PRE Preventive
<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>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg</i>	2	ACA Affordable Care Act Medications PRE Preventive
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive
NUVARING 0.12-0.015 MG/24HR RING	2	ST STC Trial and failure of 1 therapy: generic NuvaRing ACA Affordable Care Act Medications PRE Preventive
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i>	2	ACA Affordable Care Act Medications PRE Preventive
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive
PREMARIN 0.3 MG TAB	3	
PREMARIN 0.45 MG TAB	3	
PREMARIN 0.625 MG TAB	3	
PREMARIN 0.625 MG/GM CREAM	4	
PREMARIN 0.9 MG TAB	3	
PREMARIN 1.25 MG TAB	3	
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	ACA Affordable Care Act Medications PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	2	ACA Affordable Care Act Medications PRE Preventive
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	2	ACA Affordable Care Act Medications PRE Preventive
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	2	ACA Affordable Care Act Medications PRE Preventive
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	2	ACA Affordable Care Act Medications PRE Preventive
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	2	ACA Affordable Care Act Medications PRE Preventive
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	2	ACA Affordable Care Act Medications PRE Preventive
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive
TYBLUME 0.1-20 MG-MCG CHEW TAB	4	ACA Affordable Care Act Medications PRE Preventive
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	2	ACA Affordable Care Act Medications PRE Preventive
VELIVET 0.1/0.125/0.15 -0.025 MG TAB	4	ACA Affordable Care Act Medications PRE Preventive
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	2	ACA Affordable Care Act Medications PRE Preventive
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i>	2	ACA Affordable Care Act Medications PRE Preventive
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg</i>	2	ACA Affordable Care Act Medications PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	2	ACA Affordable Care Act Medications PRE Preventive
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	2	ACA Affordable Care Act Medications PRE Preventive
<i>estradiol vaginal tab 10 mcg</i>	2	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	2	ACA Affordable Care Act Medications PRE Preventive
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	1	ACA Affordable Care Act Medications PRE Preventive
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS), OTHER		
PREFEST 1/1-0.09 MG (15/15) TAB	4	
PROGESTINS		
<i>norethindrone tab 0.35 mg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>levonorgestrel tab 1.5 mg</i>	2	ACA Affordable Care Act Medications PRE Preventive
<i>norethindrone tab 0.35 mg</i>	1	ACA Affordable Care Act Medications PRE Preventive
DEPO-SUBQ PROVERA 104 104 MG/0.65ML SUSP PRSYR	4	ACA Affordable Care Act Medications PRE Preventive
<i>levonorgestrel tab 1.5 mg</i>	2	ACA Affordable Care Act Medications PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>levonorgestrel tab 1.5 mg</i>	2	ACA Affordable Care Act Medications PRE Preventive
ELLA 30 MG TAB	3	ACA Affordable Care Act Medications PRE Preventive
<i>norethindrone tab 0.35 mg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>norethindrone tab 0.35 mg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>norethindrone acetate tab 5 mg</i>	2	
<i>norethindrone tab 0.35 mg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>levonorgestrel tab 1.5 mg</i>	2	ACA Affordable Care Act Medications PRE Preventive
<i>norethindrone tab 0.35 mg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>norethindrone tab 0.35 mg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>levonorgestrel tab 1.5 mg</i>	2	ACA Affordable Care Act Medications PRE Preventive
<i>norethindrone tab 0.35 mg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>norethindrone tab 0.35 mg</i>	1	ACA Affordable Care Act Medications PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>medroxyprogesterone acetate tab 10 mg</i>	1	
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>medroxyprogesterone acetate tab 2.5 mg</i>	1	
<i>medroxyprogesterone acetate tab 5 mg</i>	1	
<i>megestrol acetate tab 20 mg</i>	1	
<i>megestrol acetate tab 40 mg</i>	1	
<i>megestrol acetate susp 40 mg/ml</i>	2	
<i>megestrol acetate susp 40 mg/ml</i>	2	
<i>megestrol acetate susp 40 mg/ml</i>	2	
<i>levonorgestrel tab 1.5 mg</i>	2	ACA Affordable Care Act Medications PRE Preventive
<i>levonorgestrel tab 1.5 mg</i>	2	ACA Affordable Care Act Medications PRE Preventive
<i>levonorgestrel tab 1.5 mg</i>	2	ACA Affordable Care Act Medications PRE Preventive
<i>norethindrone tab 0.35 mg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>norethindrone tab 0.35 mg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>norethindrone acetate tab 5 mg</i>	2	
<i>norethindrone tab 0.35 mg</i>	1	ACA Affordable Care Act Medications PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>levonorgestrel tab 1.5 mg</i>	2	ACA Affordable Care Act Medications PRE Preventive
<i>levonorgestrel tab 1.5 mg</i>	2	ACA Affordable Care Act Medications PRE Preventive
<i>progesterone cap 100 mg</i>	2	
<i>progesterone cap 200 mg</i>	2	
<i>progesterone im in oil 50 mg/ml</i>	2	
<i>levonorgestrel tab 1.5 mg</i>	2	ACA Affordable Care Act Medications PRE Preventive
<i>norethindrone tab 0.35 mg</i>	1	ACA Affordable Care Act Medications PRE Preventive
<i>levonorgestrel tab 1.5 mg</i>	2	ACA Affordable Care Act Medications PRE Preventive
SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS		
CLOMID 50 MG TAB	4	
CLOMIPHENE CITRATE 50 MG TAB	4	
DUAVEE 0.45-20 MG TAB	3	
OSPHENA 60 MG TAB	4	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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 30 MG TAB	4	
ARMOUR THYROID 300 MG TAB	4	
ARMOUR THYROID 60 MG TAB	4	
ARMOUR THYROID 90 MG TAB	4	
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	

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>levothyroxine sodium tab 75 mcg</i>	1	
LEVOTHYROXINE SODIUM 88 MCG CAP	4	
<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	
<i>levothyroxine sodium tab 50 mcg</i>	1	
<i>levothyroxine sodium tab 75 mcg</i>	1	
<i>levothyroxine sodium tab 88 mcg</i>	1	
<i>liothyronine sodium tab 25 mcg</i>	2	
<i>liothyronine sodium tab 5 mcg</i>	2	
<i>liothyronine sodium tab 50 mcg</i>	2	
NIVA THYROID 120 MG TAB	4	
NIVA THYROID 15 MG TAB	4	
NIVA THYROID 30 MG TAB	4	
NIVA THYROID 60 MG TAB	4	
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	
SYNTHROID 100 MCG TAB	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
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	
TIROSINT 100 MCG CAP	4	
TIROSINT 112 MCG CAP	4	
TIROSINT 125 MCG CAP	4	
TIROSINT 13 MCG CAP	4	
TIROSINT 137 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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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 13 MCG/ML SOLUTION	4	
TIROSINT-SOL 137 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>	1	
<i>levothyroxine sodium tab 112 mcg</i>	1	
<i>levothyroxine sodium tab 125 mcg</i>	1	
<i>levothyroxine sodium tab 137 mcg</i>	1	
<i>levothyroxine sodium tab 150 mcg</i>	1	
<i>levothyroxine sodium tab 175 mcg</i>	1	
<i>levothyroxine sodium tab 200 mcg</i>	1	
<i>levothyroxine sodium tab 25 mcg</i>	1	
<i>levothyroxine sodium tab 300 mcg</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>levothyroxine sodium tab 50 mcg</i>	1	
<i>levothyroxine sodium tab 75 mcg</i>	1	
<i>levothyroxine sodium tab 88 mcg</i>	1	
HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
<i>cabergoline tab 0.5 mg</i>	2	
ELIGARD 22.5 MG KIT	5	PA S
ELIGARD 30 MG KIT	5	PA S
ELIGARD 45 MG KIT	5	PA S
ELIGARD 7.5 MG KIT	5	PA S
KORLYM 300 MG TAB	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
LEUPROLIDE ACETATE (3 MONTH) 22.5 MG INJECTABLE	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
LUPRON DEPOT (1-MONTH) 7.5 MG KIT	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LUPRON DEPOT (3-MONTH) 11.25 MG KIT	5	PA S
LUPRON DEPOT (3-MONTH) 22.5 MG KIT	5	PA S
LUPRON DEPOT (4-MONTH) 30 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
LUPRON DEPOT-PED (3-MONTH) 30 MG KIT	5	PA S
LUPRON DEPOT-PED (6-MONTH) 45 MG KIT	5	S
<i>mifepristone tab 300 mg</i>	5	PA S
MYCAPSSA 20 MG CAP DR	5	PA S
OCTREOTIDE ACETATE 100 MCG/ML SOLN PRSYR	5	S
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	5	S
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	5	S
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	5	S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OCTREOTIDE ACETATE 50 MCG/ML SOLN PRSYR	5	S
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	5	S
OCTREOTIDE ACETATE 500 MCG/ML SOLN PRSYR	5	S
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	5	S
ORGOVYX 120 MG TAB	5	PA S
ORIAHNN 300-1-0.5 & 300 MG CAP THPK	5	PA S
ORLISSA 150 MG TAB	5	PA S
ORLISSA 200 MG TAB	5	PA S
SANDOSTATIN 100 MCG/ML SOLUTION	5	PA S
SANDOSTATIN 50 MCG/ML SOLUTION	5	PA S
SANDOSTATIN 500 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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SIGNIFOR 0.9 MG/ML SOLUTION	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
SOMAVERT 10 MG RECON SOLN	5	PA S
SOMAVERT 15 MG RECON SOLN	5	PA S
SOMAVERT 20 MG RECON SOLN	5	PA S
SOMAVERT 25 MG RECON SOLN	5	PA S
SOMAVERT 30 MG RECON SOLN	5	PA S
SYNAREL 2 MG/ML SOLUTION	5	PA S
ZOLADEX 10.8 MG IMPLANT	5	PA S
ZOLADEX 3.6 MG IMPLANT	5	PA S
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
ANTITHYROID AGENTS		
<i>methimazole tab 10 mg</i>	1	
<i>methimazole tab 5 mg</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>propylthiouracil tab 50 mg</i>	2	
IMMUNOLOGICAL AGENTS ANGIOEDEMA AGENTS		
BERINERT 500 UNIT KIT	5	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
ORLADEYO 110 MG CAP	5	S
ORLADEYO 150 MG CAP	5	S
RUCONEST 2100 UNIT RECON SOLN	5	S
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	5	QL 9 / 30 days S
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		
ACTEMRA 162 MG/0.9ML SOLN PRSYR	5	PA S
ACTEMRA 200 MG/10ML SOLUTION	5	PA S
ACTEMRA 400 MG/20ML SOLUTION	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ACTEMRA 80 MG/4ML SOLUTION	5	PA S
ACTEMRA ACTPEN 162 MG/0.9ML SOLN A-INJ	5	PA S
ARCALYST 220 MG RECON SOLN	5	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
COSENTYX (300 MG DOSE) 150 MG/ML SOLN PRSYR	5	PA S
COSENTYX 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
DUPIXENT 100 MG/0.67ML SOLN PRSYR	5	PA S
DUPIXENT 200 MG/1.14ML SOLN PEN	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DUPIXENT 200 MG/1.14ML SOLN PRSYR	5	PA S
DUPIXENT 300 MG/2ML SOLN PEN	5	PA S
DUPIXENT 300 MG/2ML SOLN PRSYR	5	PA S
EMPAVELI 1080 MG/20ML SOLUTION	5	S
ENSPRYNG 120 MG/ML SOLN PRSYR	5	PA S
ENTYVIO 108 MG/0.68ML SOLN PEN	5	PA S
ENTYVIO 300 MG RECON SOLN	5	PA S
GRASTEK 2800 BAU SL TAB	4	
ILUMYA 100 MG/ML SOLN PRSYR	5	PA S
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
KINERET 100 MG/0.67ML SOLN PRSYR	5	PA S
ODACTRA 12 SQ-HDM SL TAB	4	
OLUMIANT 1 MG TAB	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OLUMIANT 2 MG TAB	5	PA S
OLUMIANT 4 MG TAB	5	PA S
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
OTEZLA 10 & 20 & 30 MG TAB THPK	5	PA S
PALFORZIA (12 MG DAILY DOSE) 2 X 1 MG & 10 MG CSPK	5	S
PALFORZIA (120 MG DAILY DOSE) 20 MG & 100 MG CSPK	5	S
PALFORZIA (160 MG DAILY DOSE) 3 X 20 MG & 100 MG CSPK	5	S
PALFORZIA (20 MG DAILY DOSE) 20 MG CSPK	5	S
PALFORZIA (200 MG DAILY DOSE) 2 X 100 MG CSPK	5	S
PALFORZIA (240 MG DAILY DOSE) 2 X 20 MG & 2 X 100 MG CSPK	5	S
PALFORZIA (3 MG DAILY DOSE) 3 X 1 MG CSPK	5	S
PALFORZIA (300 MG MAINTENANCE) 300 MG PACKET	5	S
PALFORZIA (300 MG TITRATION) 300 MG PACKET	5	S
PALFORZIA (40 MG DAILY DOSE) 2 X 20 MG CSPK	5	S
PALFORZIA (6 MG DAILY DOSE) 6 X 1 MG CSPK	5	S
PALFORZIA (80 MG DAILY DOSE) 4 X 20 MG CSPK	5	S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PALFORZIA INITIAL ESCALATION 0.5 & 1 & 1.5 & 3 & 6 MG CSPK	5	S
RAGWITEK 12 AMB A 1-U SL TAB	4	
REZUROCK 200 MG TAB	5	PA S
RIDAURA 3 MG CAP	4	
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
SAPHNELO 300 MG/2ML SOLUTION	5	PA S
SKYRIZI (150 MG DOSE) 75 MG/0.83ML PREF SY KT	5	PA S
SKYRIZI 150 MG/ML SOLN PRSYR	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
SKYRIZI PEN 150 MG/ML SOLN A-INJ	5	PA S
SOTYKTU 6 MG TAB	5	QL 30 / 30 days PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
STELARA 130 MG/26ML SOLUTION	5	PA S
STELARA 45 MG/0.5ML SOLN PRSYR	5	PA S
STELARA 45 MG/0.5ML SOLUTION	5	PA S
STELARA 90 MG/ML SOLN PRSYR	5	PA S
TALTZ 80 MG/ML SOLN A-INJ	5	PA S
TALTZ 80 MG/ML SOLN PRSYR	5	PA S
TAVNEOS 10 MG CAP	5	QL 60 / 30 days S
TREMFYA 100 MG/ML SOLN PEN	5	PA S
TREMFYA 100 MG/ML SOLN PRSYR	5	PA S
VELSIPITY 2 MG TAB	5	PA S
XELJANZ 1 MG/ML SOLUTION	5	PA S
XELJANZ 10 MG TAB	5	PA S
XELJANZ 5 MG TAB	5	PA S
XELJANZ XR 11 MG TAB ER 24H	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XELJANZ XR 22 MG TAB ER 24H	5	PA S
XOLAIR 150 MG RECON SOLN	5	PA S
XOLAIR 150 MG/ML SOLN A-INJ	5	PA S
XOLAIR 150 MG/ML SOLN PRSYR	5	PA S
XOLAIR 300 MG/2ML SOLN A-INJ	5	PA S
XOLAIR 300 MG/2ML SOLN PRSYR	5	S
XOLAIR 75 MG/0.5ML SOLN A-INJ	5	PA S
XOLAIR 75 MG/0.5ML SOLN PRSYR	5	PA S
IMMUNOSTIMULANTS		
ACTIMMUNE 2000000 UNIT/0.5ML SOLUTION	5	PA S
BESREMI 500 MCG/ML SOLN PRSYR	5	S
INTRON A 10000000 UNIT RECON SOLN	5	S
INTRON A 50000000 UNIT RECON SOLN	5	S
PEGASYS 180 MCG/0.5ML SOLN PRSYR	5	PA S
PEGASYS 180 MCG/ML SOLUTION	5	PA S
IMMUNOSUPPRESSANTS		
ADALIMUMAB-AACF (2 PEN) 40 MG/0.8ML AUT-IJ KIT	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ADALIMUMAB-AACF (2 SYRINGE) 40 MG/0.8ML PEF SY KT	5	PA S
AMJEVITA 10 MG/0.2ML SOLN PRSYR	5	S
AMJEVITA 20 MG/0.4ML SOLN PRSYR	5	S
AMJEVITA 40 MG/0.8ML SOLN A-INJ	5	S
AMJEVITA 40 MG/0.8ML SOLN PRSYR	5	S
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	
<i>azathioprine tab 100 mg</i>	2	
<i>azathioprine tab 75 mg</i>	2	
<i>azathioprine tab 100 mg</i>	2	
<i>azathioprine tab 50 mg</i>	2	
<i>azathioprine tab 75 mg</i>	2	
CIMZIA (2 SYRINGE) 200 MG/ML PEF SY KT	5	PA S
CIMZIA 2 X 200 MG KIT	5	PA S
CIMZIA STARTER KIT 6 X 200 MG/ML PEF SY KT	5	PA S
<i>cyclosporine cap 100 mg</i>	2	
<i>cyclosporine cap 25 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 50 mg</i>	2	
ENBREL 25 MG/0.5ML SOLN PRSYR	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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
<i>everolimus tab 0.25 mg</i>	2	PA
<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
<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	
HADLIMA 40 MG/0.4ML SOLN PRSYR	5	S
HADLIMA 40 MG/0.8ML SOLN PRSYR	5	S
HADLIMA PUSHTOUCH 40 MG/0.4ML SOLN A-INJ	5	S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HADLIMA PUSHTOUCH 40 MG/0.8ML SOLN A-INJ	5	S
IDACIO 40 MG/0.8ML AUT-IJ KIT	5	PA S
IDACIO 40 MG/0.8ML PREF SY KT	5	PA S
IDACIO FOR CROHNS DISEASE/UC 40 MG/0.8ML AUT-IJ KIT	5	PA S
IDACIO FOR PLAQUE PSORIASIS 40 MG/0.8ML AUT-IJ KIT	5	PA S
INFLIXIMAB 100 MG RECON SOLN	5	PA S
<i>leflunomide tab 10 mg</i>	2	
<i>leflunomide tab 20 mg</i>	2	
LUPKYNIS 7.9 MG CAP	5	S
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	2	
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	1	
<i>methotrexate sodium for inj 1 gm</i>	2	
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	2	
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	1	
METHOTREXATE SODIUM 250 MG/10ML SOLUTION	4	
<i>methotrexate sodium inj 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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	2	
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	2	
NEORAL 100 MG CAP	4	
NEORAL 100 MG/ML SOLUTION	4	
NEORAL 25 MG CAP	4	
ORENCIA 250 MG RECON SOLN	5	PA S
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	
PROGRAF 0.2 MG PACKET	4	
PROGRAF 0.5 MG CAP	4	
PROGRAF 1 MG CAP	4	
PROGRAF 1 MG PACKET	4	
PROGRAF 5 MG CAP	4	
RAPAMUNE 0.5 MG TAB	4	
RAPAMUNE 1 MG TAB	4	
RAPAMUNE 1 MG/ML SOLUTION	4	
RAPAMUNE 2 MG TAB	4	
REDITREX 10 MG/0.4ML SOLN PRSYR	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
REDITREX 12.5 MG/0.5ML SOLN PRSYR	3	
REDITREX 15 MG/0.6ML SOLN PRSYR	3	
REDITREX 17.5 MG/0.7ML SOLN PRSYR	3	
REDITREX 20 MG/0.8ML SOLN PRSYR	3	
REDITREX 22.5 MG/0.9ML SOLN PRSYR	3	
REDITREX 25 MG/ML SOLN PRSYR	3	
REDITREX 7.5 MG/0.3ML SOLN PRSYR	3	
REMICADE 100 MG RECON SOLN	5	PA S
RENFLEXIS 100 MG RECON SOLN	5	PA S
SANDIMMUNE 100 MG CAP	4	
SANDIMMUNE 100 MG/ML SOLUTION	4	
SANDIMMUNE 25 MG CAP	4	
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
SIMPONI 50 MG/0.5ML SOLN PRSYR	5	PA S
<i>sirolimus tab 0.5 mg</i>	2	
<i>sirolimus tab 1 mg</i>	2	
<i>sirolimus oral soln 1 mg/ml</i>	2	
<i>sirolimus tab 2 mg</i>	2	
<i>tacrolimus cap 0.5 mg</i>	2	
<i>tacrolimus cap 1 mg</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>tacrolimus cap 5 mg</i>	2	
ZORTRESS 0.25 MG TAB	5	ST S STC Trial and failure of 1 therapy: generic Zortress
ZORTRESS 0.5 MG TAB	5	ST S STC Trial and failure of 1 therapy: generic Zortress
ZORTRESS 0.75 MG TAB	5	ST S STC Trial and failure of 1 therapy: generic Zortress
ZORTRESS 1 MG TAB	5	ST S STC Trial and failure of 1 therapy: generic Zortress
VACCINES		
ABRYVO 120 MCG/0.5ML RECON SOLN	3	ACA Affordable Care Act Medications
ACTHIB RECON SOLN	3	ACA Affordable Care Act Medications
ADACEL 5-2-15.5 LF-MCG/0.5 SUSPENSION	3	ACA Affordable Care Act Medications
AFLURIA QUADRIVALENT SUSPENSION	3	ACA Affordable Care Act Medications
AFLURIA QUADRIVALENT 0.5 ML SUSP PRSYR	3	ACA Affordable Care Act Medications
AREXVY 120 MCG/0.5ML RECON SUSP	3	AL1 At least 60 yrs old ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BEXSERO SUSP PRSYR	3	ACA Affordable Care Act Medications
BOOSTRIX 5-2.5-18.5 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
COMIRNATY 30 MCG/0.3ML SUSP PRSYR	3	ACA Affordable Care Act Medications
COMIRNATY 30 MCG/0.3ML SUSPENSION	3	ACA Affordable Care Act Medications
DAPTACEL 23-15-5 SUSPENSION	3	ACA Affordable Care Act Medications
DIPHTHERIA-TETANUS TOXOIDS DT 25-5 LFU/0.5ML SUSPENSION	3	ACA Affordable Care Act Medications
ENGERIX-B 10 MCG/0.5ML SUSP PRSYR	3	ACA Affordable Care Act Medications
ENGERIX-B 20 MCG/ML SUSP PRSYR	3	ACA Affordable Care Act Medications
ENGERIX-B 20 MCG/ML SUSPENSION	3	ACA Affordable Care Act Medications
FLUAD QUADRIVALENT 0.5 ML PRSYR	3	ACA Affordable Care Act Medications
FLUARIX QUADRIVALENT 0.5 ML SUSP PRSYR	3	ACA Affordable Care Act Medications
FLUBLOK QUADRIVALENT 0.5 ML SOLN PRSYR	3	ACA Affordable Care Act Medications
FLUCELVAX QUADRIVALENT SUSPENSION	3	ACA Affordable Care Act Medications
FLUCELVAX 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
FLUMIST QUADRIVALENT SUSPENSION	3	ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FLUZONE HIGH-DOSE QUADRIVALENT 0.7 ML SUSP PRSYR	3	ACA Affordable Care Act Medications
FLUZONE QUADRIVALENT SUSPENSION	3	ACA Affordable Care Act Medications
FLUZONE QUADRIVALENT 0.5 ML SUSP PRSYR	3	ACA Affordable Care Act Medications
FLUZONE QUADRIVALENT 0.5 ML SUSPENSION	3	ACA Affordable Care Act Medications
GARDASIL 9 SUSP PRSYR	3	ACA Affordable Care Act Medications
GARDASIL 9 SUSPENSION	3	ACA Affordable Care Act Medications
HAVRIX 1440 EL U/ML SUSPENSION	3	ACA Affordable Care Act Medications
HAVRIX 720 EL U/0.5ML SUSPENSION	3	ACA Affordable Care Act Medications
HEPLISAV-B 20 MCG/0.5ML SOLN PRSYR	3	ACA Affordable Care Act Medications
HIBERIX 10 MCG RECON SOLN	3	ACA Affordable Care Act Medications
IMOVAX RABIES 2.5 UNIT/ML RECON SUSP	3	
INFANRIX 25-58-10 SUSPENSION	3	ACA Affordable Care Act Medications
IPOL INJECTABLE	3	ACA Affordable Care Act Medications
JANSSEN COVID-19 VACCINE 0.5 ML SUSPENSION	3	
JYNNEOS 0.5 ML SUSPENSION	3	
KINRIX 0.5 ML SUSP PRSYR	3	ACA Affordable Care Act Medications
M-M-R II RECON SOLN	3	ACA Affordable Care Act Medications
MENACTRA SOLUTION	3	ACA Affordable Care Act Medications
MENQUADFI SOLUTION	3	ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MENVEO RECON SOLN	3	ACA Affordable Care Act Medications
MENVEO SOLUTION	3	ACA Affordable Care Act Medications
MODERNA COVID-19 BIVAL 6M-5Y 10 MCG/0.2ML SUSPENSION	3	ACA Affordable Care Act Medications
MODERNA COVID-19 BIVALENT 50 MCG/0.5ML SUSPENSION	3	ACA Affordable Care Act Medications
MODERNA COVID-19 VAC (BOOSTER) 50 MCG/0.5ML 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
MODERNA COVID-19 VAC 6M-11Y 25 MCG/0.25ML SUSPENSION	3	ACA Affordable Care Act Medications
MODERNA COVID-19 VACC 6M-5Y 25 MCG/0.25ML SUSPENSION	3	ACA Affordable Care Act Medications
MODERNA COVID-19 VACCINE 100 MCG/0.5ML SUSPENSION	3	ACA Affordable Care Act Medications
NOVAVAX COVID-19 VACCINE 5 MCG/0.5ML SUSPENSION	3	ACA Affordable Care Act Medications
PEDIARIX SUSP PRSYR	4	ACA Affordable Care Act Medications
PEDVAX HIB 7.5 MCG/0.5ML SUSPENSION	4	ACA Affordable Care Act Medications
PENTACEL RECON SUSP	4	ACA Affordable Care Act Medications
PFIZER COVID-19 BIVAL 6MO-4YR 3 MCG/0.2ML SUSPENSION	3	ACA Affordable Care Act Medications
PFIZER COVID-19 VAC BIVAL 5-11 10 MCG/0.2ML SUSPENSION	3	ACA Affordable Care Act Medications
PFIZER COVID-19 VAC BIVALENT 30 MCG/0.3ML SUSPENSION	3	ACA Affordable Care Act Medications
PFIZER COVID-19 VAC-TRIS 5-11Y 10 MCG/0.2ML SUSPENSION	3	ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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/0.2ML 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
PFIZER-BIONT COVID-19 VAC-TRIS 30 MCG/0.3ML SUSPENSION	3	ACA Affordable Care Act Medications
PFIZER-BIONTECH COVID-19 VACC 30 MCG/0.3ML SUSPENSION	3	ACA Affordable Care Act Medications
PNEUMOVAX 23 25 MCG/0.5ML INJECTABLE	4	ACA Affordable Care Act Medications
PREHEVBRIO 10 MCG/ML SUSPENSION	3	ACA Affordable Care Act Medications
PREVNAR 13 SUSPENSION	4	ACA Affordable Care Act Medications
PREVNAR 20 0.5 ML SUSP PRSYR	3	ACA Affordable Care Act Medications
PRIORIX RECON SUSP	3	ACA Affordable Care Act Medications
PROQUAD RECON SUSP	4	ACA Affordable Care Act Medications
QUADRACEL SUSPENSION	4	ACA Affordable Care Act Medications
QUADRACEL 0.5 ML SUSP PRSYR	4	ACA Affordable Care Act Medications
RABAVERT RECON SUSP	4	
RECOMBIVAX HB 10 MCG/ML SUSP PRSYR	4	ACA Affordable Care Act Medications
RECOMBIVAX HB 10 MCG/ML SUSPENSION	4	ACA Affordable Care Act Medications
RECOMBIVAX HB 40 MCG/ML SUSPENSION	4	ACA Affordable Care Act Medications
RECOMBIVAX HB 5 MCG/0.5ML SUSP PRSYR	4	ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RECOMBIVAX HB 5 MCG/0.5ML SUSPENSION	4	ACA Affordable Care Act Medications
ROTARIX RECON SUSP	4	ACA Affordable Care Act Medications
ROTARIX SUSPENSION	4	ACA Affordable Care Act Medications
ROTATEQ SOLUTION	4	ACA Affordable Care Act Medications
SHINGRIX 50 MCG/0.5ML RECON SUSP	3	ACA Affordable Care Act Medications
SPIKEVAX 50 MCG/0.5ML SUSP PRSYR	3	ACA Affordable Care Act Medications
SPIKEVAX 50 MCG/0.5ML SUSPENSION	3	ACA Affordable Care Act Medications
SPIKEVAX COVID-19 VACCINE 100 MCG/0.5ML SUSPENSION	3	ACA Affordable Care Act Medications
TDVAX 2-2 LF/0.5ML SUSPENSION	4	ACA Affordable Care Act Medications
TENIVAC 5-2 LFU INJECTABLE	4	ACA Affordable Care Act Medications
TRUMENBA SUSP PRSYR	4	ACA Affordable Care Act Medications
TWINRIX 720-20 ELU-MCG/ML SUSP PRSYR	4	ACA Affordable Care Act Medications
VAQTA 25 UNIT/0.5ML SUSPENSION	4	ACA Affordable Care Act Medications
VAQTA 50 UNIT/ML SUSPENSION	4	ACA Affordable Care Act Medications
VARIVAX 1350 PFU/0.5ML INJECTABLE	4	ACA Affordable Care Act Medications
VAXELIS SUSP PRSYR	3	ACA Affordable Care Act Medications
VAXELIS SUSPENSION	3	ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VAXNEUVANCE 0.5 ML SUSP PRSYR	3	ACA Affordable Care Act Medications
VIVOTIF CAP DR	4	
ZOSTAVAX 19400 UNT/0.65ML RECON SUSP	3	ACA Affordable Care Act Medications
INFLAMMATORY BOWEL DISEASE AGENTS		
AMINOSALICYLATES		
<i>balsalazide disodium cap 750 mg</i>	2	
DIPENTUM 250 MG CAP	4	
<i>mesalamine tab delayed release 1.2 gm</i>	2	
<i>mesalamine suppos 1000 mg</i>	2	
<i>mesalamine enema 4 gm</i>	2	
<i>mesalamine cap dr 400 mg</i>	2	
<i>mesalamine tab delayed release 800 mg</i>	2	
<i>mesalamine cap er 24hr 0.375 gm</i>	2	
<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	
CORTIFOAM 10 % FOAM	3	
<i>hydrocortisone tab 10 mg</i>	2	
<i>hydrocortisone enema 100 mg/60ml</i>	2	
<i>hydrocortisone tab 20 mg</i>	2	
<i>hydrocortisone tab 5 mg</i>	2	
UCERIS 2 MG/ACT FOAM	5	PA S
METABOLIC BONE DISEASE AGENTS		
<i>alendronate sodium tab 10 mg</i>	1	PRE Preventive
<i>alendronate sodium tab 35 mg</i>	1	PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>alendronate sodium tab 70 mg</i>	1	PRE Preventive
<i>alendronate sodium oral soln 70 mg/75ml</i>	2	PRE Preventive
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	2	PRE Preventive
<i>calcitonin (salmon) inj 200 unit/ml</i>	2	PRE Preventive
<i>calcitriol cap 0.25 mcg</i>	1	
<i>calcitriol cap 0.5 mcg</i>	2	
<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
<i>cholecalciferol cap 1.25 mg (50000 unit)</i>	1	
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	1	ACA Affordable Care Act Medications
EVENITY 105 MG/1.17ML SOLN PRSYR	5	PA S
FORTEO 600 MCG/2.4ML SOLN PEN	5	PA S
FOSAMAX PLUS D 70-2800 MG-UNIT TAB	4	PRE Preventive
FOSAMAX PLUS D 70-5600 MG-UNIT TAB	4	PRE Preventive
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	1	PRE Preventive
NATPARA 100 MCG CARTRIDGE	5	PA S
NATPARA 25 MCG CARTRIDGE	5	PA S
NATPARA 50 MCG CARTRIDGE	5	PA S
NATPARA 75 MCG CARTRIDGE	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>paricalcitol cap 1 mcg</i>	2	
<i>paricalcitol cap 2 mcg</i>	2	
<i>paricalcitol cap 4 mcg</i>	2	
PROLIA 60 MG/ML SOLN PRSYR	5	PA S
<i>raloxifene hcl tab 60 mg</i>	2	ACA Affordable Care Act Medications
<i>risedronate sodium tab 150 mg</i>	2	PRE Preventive
<i>risedronate sodium tab 30 mg</i>	2	PRE Preventive
<i>risedronate sodium tab 35 mg</i>	2	PRE Preventive
<i>risedronate sodium tab 5 mg</i>	2	PRE Preventive
<i>teriparatide (recombinant) soln pen-inj 600 mcg/2.4ml</i>	5	S
TERIPARATIDE (RECOMBINANT) 620 MCG/2.48ML SOLN PEN	5	PA S
<i>teriparatide (recombinant) soln pen-inj 600 mcg/2.4ml</i>	5	S
TYMLOS 3120 MCG/1.56ML SOLN PEN	5	PA S
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	1	ACA Affordable Care Act Medications
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	1	ACA Affordable Care Act Medications
MISCELLANEOUS THERAPEUTIC AGENTS		
1ST TIER UNIFINE PENTIPS 29G X 12MM MISC	3	QL 120 / 30 days PRE Preventive
1ST TIER UNIFINE PENTIPS 31G X 5 MM MISC	3	QL 120 / 30 days PRE Preventive
1ST TIER UNIFINE PENTIPS 31G X 6 MM MISC	3	QL 120 / 30 days PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
1ST TIER UNIFINE PENTIPS 31G X 8 MM MISC	3	QL 120 / 30 days PRE Preventive
1ST TIER UNIFINE PENTIPS 32G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive
1ST TIER UNIFINE PENTIPS 32G X 6 MM MISC	3	QL 120 / 30 days PRE Preventive
1ST TIER UNIFINE PENTIPS 33G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive
1ST TIER UNIFINE PENTIPS PLUS 29G X 12MM MISC	3	QL 120 / 30 days PRE Preventive
1ST TIER UNIFINE PENTIPS PLUS 31G X 5 MM MISC	3	QL 120 / 30 days PRE Preventive
1ST TIER UNIFINE PENTIPS PLUS 31G X 6 MM MISC	3	QL 120 / 30 days PRE Preventive
1ST TIER UNIFINE PENTIPS PLUS 31G X 8 MM MISC	3	QL 120 / 30 days PRE Preventive
1ST TIER UNIFINE PENTIPS PLUS 32G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive
1ST TIER UNIFINE PENTIPS PLUS 33G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive
1ST TIER UNILET COMFORTOUCH MISC	3	QL 120 / 30 day(s) PRE Preventive
ABOUTTIME PEN NEEDLE 30G X 8 MM MISC	3	QL 120 / 30 days PRE Preventive
ABOUTTIME PEN NEEDLE 31G X 5 MM MISC	3	QL 120 / 30 days PRE Preventive
ABOUTTIME PEN NEEDLE 31G X 8 MM MISC	3	QL 120 / 30 days PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ABOUTTIME PEN NEEDLE 32G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive
ACCU-CHEK FASTCLIX LANCET KIT	3	QL 120 / 30 days PRE Preventive
ACCU-CHEK FASTCLIX LANCETS MISC	3	QL 120 / 30 day(s) PRE Preventive
ACCU-CHEK SAFE-T PRO LANCETS MISC	3	QL 120 / 30 day(s) PRE Preventive
ACCU-CHEK SOFTCLIX LANCET DEV KIT	3	QL 120 / 30 days PRE Preventive
ACCU-CHEK SOFTCLIX LANCETS MISC	3	QL 120 / 30 day(s) PRE Preventive
ACTI-LANCE 28G MISC	3	QL 120 / 30 day(s) PRE Preventive
ACTI-LANCE LITE LANCETS 28G MISC	3	QL 120 / 30 day(s) PRE Preventive
ACTI-LANCE SPECIAL LANCETS 17G MISC	3	QL 120 / 30 day(s) PRE Preventive
ACTI-LANCE UNIVERSAL 23G MISC	3	QL 120 / 30 day(s) PRE Preventive
ADJUSTABLE LANCING DEVICE MISC	3	QL 120 / 30 days PRE Preventive
ADVANCED MOBILE LANCET MISC	3	QL 120 / 30 day(s) PRE Preventive
ADVOCATE INSULIN PEN NEEDLE 32G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive
ADVOCATE INSULIN PEN NEEDLES 29G X 12.7MM MISC	3	QL 120 / 30 days PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ADVOCATE INSULIN PEN NEEDLES 31G X 5 MM MISC	3	QL 120 / 30 days PRE Preventive
ADVOCATE INSULIN PEN NEEDLES 31G X 8 MM MISC	3	QL 120 / 30 days PRE Preventive
ADVOCATE INSULIN PEN NEEDLES 33G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive
ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PRE Preventive
ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
ADVOCATE INSULIN SYRINGE 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
ADVOCATE INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
ADVOCATE INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
ADVOCATE INSULIN SYRINGE 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
ADVOCATE INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
ADVOCATE INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PRE Preventive
ADVOCATE INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PRE Preventive
ADVOCATE LANCETS MISC	3	QL 120 / 30 day(s) PRE Preventive
ADVOCATE LANCETS 30G MISC	3	QL 120 / 30 day(s) PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ADVOCATE LANCING DEVICE MISC	3	QL 120 / 30 days PRE Preventive
ADVOCATE RAPID-SAFE LANCING MISC	3	QL 120 / 30 days PRE Preventive
ADVOCATE SAFETY LANCETS MISC	3	QL 120 / 30 day(s) PRE Preventive
ADVOCATE SAFETY LANCETS 26G MISC	3	QL 120 / 30 day(s) PRE Preventive
AGAMATRIX ULTRA-THIN LANCETS MISC	3	QL 120 / 30 day(s) PRE Preventive
AIMSCO TWIST LANCETS 32G MISC	3	QL 120 / 30 day(s) PRE Preventive
AIMSCO TWIST LANCETS 33G MISC	3	QL 120 / 30 day(s) PRE Preventive
ALLERGY SYRINGE 27G X 1/2" 1 ML MISC	3	QL 120 / 30 days
ALLERGY SYRINGE 27G X 3/8" 1 ML MISC	3	QL 120 / 30 days
AQ INSULIN SYRINGE 29G X 1/2" 1 ML MISC	3	QL 120 / 30 days PRE Preventive
AQ INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
AQ INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PRE Preventive
AQINJECT PEN NEEDLE 31G X 5 MM MISC	3	QL 120 / 30 days PRE Preventive
AQINJECT PEN NEEDLE 32G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive
AQUALANCE LANCETS 30G MISC	3	QL 120 / 30 day(s) PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ASSURE COMFORT LANCETS 28G MISC	3	QL 120 / 30 day(s) PRE Preventive
ASSURE HAEMOLANCE PLUS HIGH MISC	3	QL 120 / 30 day(s) PRE Preventive
ASSURE HAEMOLANCE PLUS LOW MISC	3	QL 120 / 30 day(s) PRE Preventive
ASSURE HAEMOLANCE PLUS MICRO MISC	3	QL 120 / 30 day(s) PRE Preventive
ASSURE HAEMOLANCE PLUS NORMAL MISC	3	QL 120 / 30 day(s) PRE Preventive
ASSURE HAEMOLANCE PLUS PED MISC	3	QL 120 / 30 day(s) PRE Preventive
ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM MISC	3	QL 120 / 30 days PRE Preventive
ASSURE ID INSULIN SAFETY SYR 31G X 15/64" 0.5 ML MISC	3	QL 120 / 30 days PRE Preventive
ASSURE ID INSULIN SAFETY SYR 31G X 15/64" 1 ML MISC	3	QL 120 / 30 days PRE Preventive
ASSURE ID PRO PEN NEEDLES 30G X 5 MM MISC	3	QL 120 / 30 days PRE Preventive
ASSURE ID SAFETY PEN NEEDLES 30G X 8 MM MISC	3	QL 120 / 30 days PRE Preventive
ASSURE LANCE LANCETS MISC	3	QL 120 / 30 day(s) PRE Preventive
ASSURE LANCE LANCETS 21G MISC	3	QL 120 / 30 day(s) PRE Preventive
ASSURE LANCE PLUS SAFETY 25G MISC	3	QL 120 / 30 day(s) PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ASSURE LANCE PLUS SAFETY 30G MISC	3	QL 120 / 30 day(s) PRE Preventive
ASSURE LANCE SAFETY LANCET 28G MISC	3	QL 120 / 30 day(s) PRE Preventive
AUM INSULIN SAFETY PEN NEEDLE 31G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive
AUM INSULIN SAFETY PEN NEEDLE 31G X 5 MM MISC	3	QL 120 / 30 days PRE Preventive
AUM MINI INSULIN PEN NEEDLE 32G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive
AUM MINI INSULIN PEN NEEDLE 32G X 5 MM MISC	3	QL 120 / 30 days PRE Preventive
AUM MINI INSULIN PEN NEEDLE 32G X 6 MM MISC	3	QL 120 / 30 days PRE Preventive
AUM MINI INSULIN PEN NEEDLE 32G X 8 MM MISC	3	QL 120 / 30 days PRE Preventive
AUM MINI INSULIN PEN NEEDLE 33G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive
AUM MINI INSULIN PEN NEEDLE 33G X 5 MM MISC	3	QL 120 / 30 days PRE Preventive
AUM MINI INSULIN PEN NEEDLE 33G X 6 MM MISC	3	QL 120 / 30 days PRE Preventive
AUM PEN NEEDLE 32G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive
AUM PEN NEEDLE 32G X 5 MM MISC	3	QL 120 / 30 days PRE Preventive
AUM PEN NEEDLE 32G X 6 MM MISC	3	QL 120 / 30 days PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AUM PEN NEEDLE 33G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive
AUM PEN NEEDLE 33G X 5 MM MISC	3	QL 120 / 30 days PRE Preventive
AUM PEN NEEDLE 33G X 6 MM MISC	3	QL 120 / 30 days PRE Preventive
AUM READYGARD DUO PEN NEEDLE 32G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive
AUM SAFETY PEN NEEDLE 31G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive
AUM SAFETY PEN NEEDLE 31G X 5 MM MISC	3	QL 120 / 30 days PRE Preventive
AURORA LANCET SUPER THIN 30G MISC	3	QL 120 / 30 day(s) PRE Preventive
AURORA LANCET THIN 23G MISC	3	QL 120 / 30 day(s) PRE Preventive
AURORA PEN NEEDLES 29G X 12MM MISC	3	QL 120 / 30 days PRE Preventive
AURORA PEN NEEDLES 31G X 6 MM MISC	3	QL 120 / 30 days PRE Preventive
AURORA PEN NEEDLES 31G X 8 MM MISC	3	QL 120 / 30 days PRE Preventive
AURORA UNIFINE PENTIPS 31G X 5 MM MISC	3	QL 120 / 30 days PRE Preventive
AURORA UNIFINE PENTIPS 32G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive
AUTO-LANCET MISC	3	QL 120 / 30 days PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AUTO-LANCET MINI MISC	3	QL 120 / 30 days PRE Preventive
AUTOLET II CLINISAFE KIT	3	QL 120 / 30 days PRE Preventive
AUTOLET LANCING DEVICE MISC	3	QL 120 / 30 days PRE Preventive
AUTOLET LITE CLINISAFE KIT	3	QL 120 / 30 days PRE Preventive
AUTOLET LITE STARTER PACK KIT	3	QL 120 / 30 days PRE Preventive
AUTOLET MINI MISC	3	QL 120 / 30 days PRE Preventive
AUTOLET PLATFORMS MISC	3	QL 120 / 30 days PRE Preventive
AUTOLET PLUS MISC	3	QL 120 / 30 days PRE Preventive
AUTOPEN DEVICE	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
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 AUTOSHIELD 29G X 5MM MISC	3	QL 120 / 30 days PRE Preventive
BD AUTOSHIELD 29G X 8MM MISC	3	QL 120 / 30 days PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BD AUTOSHIELD DUO 30G X 5 MM MISC	3	QL 120 / 30 days PRE Preventive
BD BLUNT FILL NEEDLE 18G X 1-1/2" MISC	3	QL 120 / 30 days
BD BLUNT FILTER NEEDLE 18G X 1-1/2" MISC	3	QL 120 / 30 days
BD CONTROL SYRING LUER-LOK 10 ML MISC	3	QL 120 / 30 days
BD DISP NEEDLE 23G X 1" MISC	3	QL 120 / 30 days
BD DISP NEEDLE 25G X 1" MISC	3	QL 120 / 30 days
BD DISP NEEDLES 16G 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 DISP NEEDLES 19G X 1" MISC	3	QL 120 / 30 days
BD DISP NEEDLES 20G 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 21G X 1-1/2" MISC	3	QL 120 / 30 days
BD DISP NEEDLES 22G X 1-1/2" 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 DISP NEEDLES 27G X 1/2" MISC	3	QL 120 / 30 days
BD DISP NEEDLES 30G X 1/2" MISC	3	QL 120 / 30 days
BD ECLIPSE LUER-LOK NEEDLE 30G X 1/2" MISC	3	QL 120 / 30 days
BD ECLIPSE NEEDLE 18G X 1-1/2" MISC	3	QL 120 / 30 days
BD ECLIPSE NEEDLE 21G X 1" MISC	3	QL 120 / 30 days
BD ECLIPSE NEEDLE 21G X 1-1/2" MISC	3	QL 120 / 30 days
BD ECLIPSE NEEDLE 23G X 1" MISC	3	QL 120 / 30 days
BD ECLIPSE NEEDLE 25G X 1" MISC	3	QL 120 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BD ECLIPSE NEEDLE 25G X 1-1/2" MISC	3	QL 120 / 30 days
BD ECLIPSE NEEDLE 25G X 5/8" MISC	3	QL 120 / 30 days
BD ECLIPSE NEEDLE 27G X 1/2" MISC	3	QL 120 / 30 days
BD ECLIPSE SHIELDED NEEDLE 18G X 1-1/2" MISC	3	QL 120 / 30 days
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 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 ECLIPSE SYRINGE/NEEDLE 22G X 1" 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 23G X 1-1/2" 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 FILTER NEEDLE/5 MICRON MISC	3	QL 120 / 30 days
BD HYPODERMIC NEEDLE 16G X 1" MISC	3	QL 120 / 30 days
BD HYPODERMIC NEEDLE 18G X 1" MISC	3	QL 120 / 30 days
BD HYPODERMIC NEEDLE 18G X 1-1/2" MISC	3	QL 120 / 30 days
BD HYPODERMIC NEEDLE 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 21G X 1" MISC	3	QL 120 / 30 days
BD HYPODERMIC NEEDLE 21G X 2" MISC	3	QL 120 / 30 days
BD HYPODERMIC NEEDLE 22G X 1" MISC	3	QL 120 / 30 days
BD HYPODERMIC NEEDLE 22G X 1-1/2" 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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BD HYPODERMIC NEEDLE 25G X 1-1/2" MISC	3	QL 120 / 30 days
BD HYPODERMIC NEEDLE 26G X 1/2" MISC	3	QL 120 / 30 days
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PRE Preventive
BD INSULIN SYRINGE 25G X 1" 1 ML MISC	3	QL 120 / 30 days PRE Preventive
BD INSULIN SYRINGE 25G X 5/8" 1 ML MISC	3	QL 120 / 30 days PRE Preventive
BD INSULIN SYRINGE 26G X 1/2" 1 ML MISC	3	QL 120 / 30 days PRE Preventive
BD INSULIN SYRINGE 27.5G X 5/8" 2 ML MISC	3	PRE Preventive
BD INSULIN SYRINGE 27G X 1/2" 1 ML MISC	3	QL 120 / 30 days PRE Preventive
BD INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PRE Preventive
BD INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
BD INSULIN SYRINGE 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
BD INSULIN SYRINGE HALF-UNIT 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML MISC	3	QL 120 / 30 days PRE Preventive
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 0.5 ML MISC	3	QL 120 / 30 days PRE Preventive
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PRE Preventive

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BD INSULIN SYRINGE ULTRAFINE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PRE Preventive
BD INTEGRA NEEDLE 23G X 1" 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 LANCET ULTRAFINE 30G MISC	3	QL 120 / 30 day(s) PRE Preventive
BD LANCET ULTRAFINE 33G MISC	3	QL 120 / 30 day(s) PRE Preventive
BD LUER-LOK SYRINGE 10 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" 1 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" 3 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 20G X 1-1/2" 10 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 21G X 1" 10 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 21G X 1" 5 ML MISC	3	QL 120 / 30 days
BD LUER-LOK SYRINGE 21G X 1-1/2" 10 ML MISC	3	QL 120 / 30 days
BD LUER-LOK SYRINGE 21G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BD LUER-LOK SYRINGE 21G X 1-1/2" 5 ML MISC	3	QL 120 / 30 days
BD LUER-LOK SYRINGE 22G X 1" 10 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 22G X 1" 5 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 1-1/2" 5 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 23G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
BD LUER-LOK SYRINGE 25G 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 days
BD LUER-LOK SYRINGE 25G X 5/8" 1 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 MICROTAINER LANCETS MISC	3	QL 120 / 30 days PRE Preventive
BD PEN MISC	3	
BD PEN MINI MISC	3	
BD PEN NEEDLE MICRO U/F 32G X 6 MM MISC	3	QL 120 / 30 days PRE Preventive
BD PEN NEEDLE MINI U/F 31G X 5 MM MISC	3	QL 120 / 30 days PRE Preventive
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive
BD PEN NEEDLE NANO U/F 32G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive
BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM MISC	3	QL 120 / 30 days PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BD PEN NEEDLE SHORT U/F 31G X 8 MM MISC	3	QL 120 / 30 days PRE Preventive
BD PLASTIPAK SYRINGE 21G X 1" 3 ML MISC	3	QL 120 / 30 days
BD PLASTIPAK SYRINGE 3 ML MISC	3	QL 120 / 30 days
BD PRECISIONGLIDE NEEDLE 23G X 1-1/2" MISC	3	QL 120 / 30 days
BD PRECISIONGLIDE NEEDLE 27G X 1-1/2" MISC	3	QL 120 / 30 days
BD SAFETY-LOK INSULIN SYRINGE 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
BD SAFETYGLIDE ALLERGY SYRINGE 27G X 1/2" 1 ML MISC	3	QL 120 / 30 days
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PRE Preventive
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
BD SAFETYGLIDE INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.3 ML MISC	3	QL 120 / 30 days PRE Preventive
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.5 ML MISC	3	QL 120 / 30 days PRE Preventive
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 1 ML MISC	3	QL 120 / 30 days PRE Preventive
BD SAFETYGLIDE INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
BD SAFETYGLIDE NEEDLE 18G X 1-1/2" MISC	3	QL 120 / 30 days
BD SAFETYGLIDE NEEDLE 21G X 1" MISC	3	QL 120 / 30 days
BD SAFETYGLIDE NEEDLE 21G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
BD SAFETYGLIDE NEEDLE 25G X 1" MISC	3	QL 120 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BD SAFETYGLIDE NEEDLE 25G X 5/8" MISC	3	QL 120 / 30 days
BD SAFETYGLIDE NEEDLE 27G X 5/8" MISC	3	
BD SAFETYGLIDE SHIELDED NEEDLE 21G X 1-1/2" MISC	3	QL 120 / 30 days
BD SAFETYGLIDE SHIELDED NEEDLE 22G X 1-1/2" MISC	3	QL 120 / 30 days
BD SAFETYGLIDE SHIELDED NEEDLE 22G X 1-1/2" 5 ML MISC	3	QL 120 / 30 days
BD SAFETYGLIDE SHIELDED NEEDLE 23G X 1" MISC	3	QL 120 / 30 days
BD SAFETYGLIDE SYRINGE/NEEDLE 25G X 1" 3 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 50 ML MISC	3	
BD SYRINGE BLUNT CANNULA 17G 10 ML MISC	3	QL 120 / 30 days
BD SYRINGE DISPOSABLE 50 ML MISC	3	
BD SYRINGE DUAL CANNULA 10 ML MISC	3	QL 120 / 30 days
BD SYRINGE LUER SLIP TIP 5 ML MISC	3	QL 120 / 30 days
BD SYRINGE LUER SLIP TIP 50 ML MISC	3	
BD SYRINGE LUER-LOK 1 ML MISC	3	QL 120 / 30 days
BD SYRINGE LUER-LOK 10 ML MISC	3	QL 120 / 30 days
BD SYRINGE LUER-LOK 20 ML MISC	3	QL 120 / 30 days
BD SYRINGE LUER-LOK 3 ML MISC	3	QL 120 / 30 days
BD SYRINGE LUER-LOK 30 ML MISC	3	QL 120 / 30 days
BD SYRINGE LUER-LOK 5 ML MISC	3	QL 120 / 30 days
BD SYRINGE SLIP TIP 1 ML MISC	3	QL 120 / 30 days
BD SYRINGE SLIP TIP 10 ML MISC	3	QL 120 / 30 days
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BD SYRINGE SLIP TIP 26G X 5/8" 1 ML MISC	3	QL 120 / 30 days
BD SYRINGE SLIP TIP 3 ML MISC	3	QL 120 / 30 days
BD SYRINGE/NEEDLE 22G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
BD SYRINGE/NEEDLE 23G X 1" 3 ML MISC	3	QL 120 / 30 days
BD SYRINGE/NEEDLE 25G X 5/8" 1 ML MISC	3	QL 120 / 30 days
BD SYRINGE/NEEDLE 25G X 5/8" 3 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
BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML MISC	3	QL 120 / 30 days PRE Preventive
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.3 ML MISC	3	QL 120 / 30 days PRE Preventive
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.5 ML MISC	3	QL 120 / 30 days PRE Preventive
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 1 ML MISC	3	QL 120 / 30 days PRE Preventive
CARDIOCOM LANCING DEVICE MISC	3	QL 120 / 30 days PRE Preventive
CAREFINE PEN NEEDLES 29G X 12MM MISC	3	QL 120 / 30 days PRE Preventive
CAREFINE PEN NEEDLES 30G X 8 MM MISC	3	QL 120 / 30 days PRE Preventive
CAREFINE PEN NEEDLES 31G X 6 MM MISC	3	QL 120 / 30 days PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CAREFINE PEN NEEDLES 31G X 8 MM MISC	3	QL 120 / 30 days PRE Preventive
CAREFINE PEN NEEDLES 32G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive
CAREFINE PEN NEEDLES 32G X 5 MM MISC	3	QL 120 / 30 days PRE Preventive
CAREFINE PEN NEEDLES 32G X 6 MM MISC	3	QL 120 / 30 days PRE Preventive
CAREONE ADVANCED LANCING DEV MISC	3	QL 120 / 30 days PRE Preventive
CAREONE INSULIN SYRINGE 30G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PRE Preventive
CAREONE INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
CAREONE INSULIN SYRINGE 30G X 1/2" 1 ML MISC	3	QL 120 / 30 days PRE Preventive
CAREONE INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
CAREONE INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PRE Preventive
CAREONE INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PRE Preventive
CAREONE LANCET SUPER THIN 30G MISC	3	QL 120 / 30 day(s) PRE Preventive
CAREONE LANCET THIN 23G MISC	3	QL 120 / 30 day(s) PRE Preventive
CAREONE UNIFINE PENTIPS 29G X 12MM MISC	3	QL 120 / 30 days PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CAREONE UNIFINE PENTIPS 31G X 5 MM MISC	3	QL 120 / 30 days PRE Preventive
CAREONE UNIFINE PENTIPS 31G X 6 MM MISC	3	QL 120 / 30 days PRE Preventive
CAREONE UNIFINE PENTIPS 31G X 8 MM MISC	3	QL 120 / 30 days PRE Preventive
CAREONE UNIFINE PENTIPS 32G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive
CAREONE UNIFINE PENTIPS PLUS 29G X 12MM MISC	3	QL 120 / 30 days PRE Preventive
CAREONE UNIFINE PENTIPS PLUS 31G X 5 MM MISC	3	QL 120 / 30 days PRE Preventive
CAREONE UNIFINE PENTIPS PLUS 31G X 6 MM MISC	3	QL 120 / 30 days PRE Preventive
CAREONE UNIFINE PENTIPS PLUS 31G X 8 MM MISC	3	QL 120 / 30 days PRE Preventive
CAREONE UNIFINE PENTIPS PLUS 32G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive
CAREONE UNIFINE PENTIPS PLUS 33G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive
CAREPOINT POLY HUB NEEDLE 18G X 1" 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 20G X 1" MISC	3	QL 120 / 30 days
CAREPOINT POLY HUB NEEDLE 21G X 1" 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 22G X 1" MISC	3	QL 120 / 30 days
CAREPOINT POLY HUB NEEDLE 22G X 1-1/2" MISC	3	QL 120 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CAREPOINT POLY HUB 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 25G X 1" 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 5/8" MISC	3	QL 120 / 30 days
CAREPOINT POLY HUB NEEDLE 27G X 1/2" MISC	3	QL 120 / 30 days
CAREPOINT POLY HUB NEEDLE 30G X 1/2" MISC	3	QL 120 / 30 days
CAREPOINT SAFETY 1ST 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 25G X 1" 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 5/8" 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 23G X 1" 3 ML MISC	3	QL 120 / 30 days
CAREPOINT SAFETY1ST SYR/NEEDLE 25G X 1" 1 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 CATHETER TIP 60 ML MISC	3	QL 120 / 30 days
CAREPOINT SYRINGE LUER LOCK 1 ML MISC	3	QL 120 / 30 days
CAREPOINT SYRINGE LUER LOCK 10 ML MISC	3	QL 120 / 30 days
CAREPOINT SYRINGE LUER LOCK 20 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 20G 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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CAREPOINT SYRINGE LUER LOCK 22G 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 23G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
CAREPOINT SYRINGE LUER LOCK 25G X 1" 3 ML MISC	3	QL 120 / 30 days
CAREPOINT SYRINGE LUER LOCK 3 ML MISC	3	QL 120 / 30 days
CAREPOINT SYRINGE LUER LOCK 30 ML MISC	3	QL 120 / 30 days
CAREPOINT SYRINGE LUER LOCK 5 ML MISC	3	QL 120 / 30 days
CAREPOINT SYRINGE LUER LOCK 60 ML MISC	3	QL 120 / 30 days
CAREPOINT SYRINGE LUER SLIP 1 ML MISC	3	QL 120 / 30 days
CAREPOINT SYRINGE LUER SLIP 60 ML MISC	3	QL 120 / 30 days
CAREPOINT TUBERCLN SYR/LUER SL 25G X 5/8" 1 ML MISC	3	QL 120 / 30 days
CARESENS LANCETS MISC	3	QL 120 / 30 day(s) PRE Preventive
CARESENS LANCETS 30G MISC	3	QL 120 / 30 day(s) PRE Preventive
CARETOUCH CATHETER TIP SYRINGE 60 ML MISC	3	QL 120 / 30 days
CARETOUCH HYPODERMIC NEEDLE 18G X 1-1/2" MISC	3	QL 120 / 30 days
CARETOUCH HYPODERMIC NEEDLE 20G X 1" MISC	3	QL 120 / 30 days
CARETOUCH HYPODERMIC NEEDLE 22G X 1" MISC	3	QL 120 / 30 days
CARETOUCH HYPODERMIC NEEDLE 23G X 1" MISC	3	QL 120 / 30 days
CARETOUCH HYPODERMIC NEEDLE 23G 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 1-1/2" MISC	3	QL 120 / 30 days
CARETOUCH HYPODERMIC NEEDLE 25G X 5/8" MISC	3	QL 120 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CARETOUCH HYPODERMIC NEEDLE 26G X 1" MISC	3	QL 120 / 30 days
CARETOUCH HYPODERMIC NEEDLE 27G X 1-1/2" MISC	3	QL 120 / 30 days
CARETOUCH INSULIN SYRINGE 28G X 5/16" 1 ML MISC	3	QL 120 / 30 days PRE Preventive
CARETOUCH INSULIN SYRINGE 29G X 5/16" 1 ML MISC	3	QL 120 / 30 days PRE Preventive
CARETOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
CARETOUCH INSULIN SYRINGE 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
CARETOUCH INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
CARETOUCH INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PRE Preventive
CARETOUCH INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PRE Preventive
CARETOUCH LANCING/EJECTOR MISC	3	QL 120 / 30 days PRE Preventive
CARETOUCH LUER LOCK 1 ML MISC	3	QL 120 / 30 days
CARETOUCH LUER LOCK 10 ML MISC	3	QL 120 / 30 days
CARETOUCH LUER LOCK 23G X 1" 3 ML MISC	3	QL 120 / 30 days
CARETOUCH LUER LOCK 3 ML MISC	3	QL 120 / 30 days
CARETOUCH LUER LOCK 5 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 22G X 1-1/2" 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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CARETOUCH LUER LOCK SYR/NEEDLE 25G X 1" 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 days
CARETOUCH LUER LOCK SYR/NEEDLE 25G X 5/8" 3 ML MISC	3	QL 120 / 30 days
CARETOUCH LUER SLIP 1 ML MISC	3	QL 120 / 30 days
CARETOUCH LUER SLIP 10 ML MISC	3	QL 120 / 30 days
CARETOUCH LUER SLIP 3 ML MISC	3	QL 120 / 30 days
CARETOUCH LUER SLIP 5 ML MISC	3	QL 120 / 30 days
CARETOUCH PEN NEEDLES 29G X 12MM MISC	3	QL 120 / 30 days PRE Preventive
CARETOUCH PEN NEEDLES 31G X 5 MM MISC	3	QL 120 / 30 days PRE Preventive
CARETOUCH PEN NEEDLES 31G X 6 MM MISC	3	QL 120 / 30 days PRE Preventive
CARETOUCH PEN NEEDLES 31G X 8 MM MISC	3	QL 120 / 30 days PRE Preventive
CARETOUCH PEN NEEDLES 32G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive
CARETOUCH PEN NEEDLES 32G X 5 MM MISC	3	QL 120 / 30 days PRE Preventive
CARETOUCH PEN NEEDLES 33G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive
CARETOUCH SAFETY LANCETS MISC	3	QL 120 / 30 day(s) PRE Preventive
CARETOUCH SAFETY LANCETS 26G MISC	3	QL 120 / 30 day(s) PRE Preventive
CARETOUCH TWIST LANCETS 28G MISC	3	QL 120 / 30 day(s) PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CARETOUCH TWIST LANCETS 30G MISC	3	QL 120 / 30 day(s) PRE Preventive
CARETOUCH TWIST LANCETS 33G MISC	3	QL 120 / 30 day(s) PRE Preventive
CARETOUCH TWIST MC LANCETS 30G MISC	3	QL 120 / 30 day(s) PRE Preventive
CAYA DIAPHRAGM	3	ACA Affordable Care Act Medications PRE Preventive
CEOUR SIMPLICITY 2U DEVICE	3	
CHOSEN LANCING DEVICE MISC	3	QL 120 / 30 days PRE Preventive
CLEANLET LANCETS 28G MISC	3	QL 120 / 30 day(s) PRE Preventive
CLEVER CHEK LANCETS MISC	3	QL 120 / 30 day(s) PRE Preventive
CLEVER CHOICE COMFORT EZ MISC	3	QL 120 / 30 day(s) PRE Preventive
CLEVER CHOICE COMFORT EZ 29G X 12MM MISC	3	QL 120 / 30 days PRE Preventive
CLEVER CHOICE COMFORT EZ 33G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive
CLEVER CHOICE LANCETS 21G MISC	3	QL 120 / 30 day(s) PRE Preventive
CLEVER CHOICE LANCETS 23G MISC	3	QL 120 / 30 day(s) PRE Preventive
CLEVER CHOICE LANCETS 28G MISC	3	QL 120 / 30 day(s) PRE Preventive
CLICKFINE PEN NEEDLES 31G X 5 MM MISC	3	QL 120 / 30 days PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CLICKFINE PEN NEEDLES 31G X 6 MM MISC	3	QL 120 / 30 days PRE Preventive
CLICKFINE PEN NEEDLES 31G X 8 MM MISC	3	QL 120 / 30 days PRE Preventive
CLICKFINE PEN NEEDLES 32G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive
COAGUCHEK LANCETS MISC	3	QL 120 / 30 day(s) PRE Preventive
COMFORT ASSIST INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
COMFORT ASSURED LANCETS 28G MISC	3	QL 120 / 30 day(s) PRE Preventive
COMFORT ASSURED LANCETS 33G MISC	3	QL 120 / 30 day(s) PRE Preventive
COMFORT EZ INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC	3	QL 120 / 30 days PRE Preventive
COMFORT EZ INSULIN SYRINGE 28G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
COMFORT EZ INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PRE Preventive
COMFORT EZ INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
COMFORT EZ INSULIN SYRINGE 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
COMFORT EZ INSULIN SYRINGE 30G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PRE Preventive
COMFORT EZ INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
COMFORT EZ INSULIN SYRINGE 30G X 1/2" 1 ML MISC	3	QL 120 / 30 days PRE Preventive
COMFORT EZ INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
COMFORT EZ INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
COMFORT EZ INSULIN SYRINGE 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
COMFORT EZ INSULIN SYRINGE 31G X 15/64" 0.3 ML MISC	3	QL 120 / 30 days PRE Preventive
COMFORT EZ INSULIN SYRINGE 31G X 15/64" 0.5 ML MISC	3	QL 120 / 30 days PRE Preventive
COMFORT EZ INSULIN SYRINGE 31G X 15/64" 1 ML MISC	3	QL 120 / 30 days PRE Preventive
COMFORT EZ INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
COMFORT EZ INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PRE Preventive
COMFORT EZ INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PRE Preventive
COMFORT EZ MICRO PEN NEEDLES 32G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive
COMFORT EZ PEN NEEDLES 31G X 5 MM MISC	3	QL 120 / 30 days PRE Preventive
COMFORT EZ PEN NEEDLES 31G X 6 MM MISC	3	QL 120 / 30 days PRE Preventive
COMFORT EZ PEN NEEDLES 31G X 8 MM MISC	3	QL 120 / 30 days PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
COMFORT EZ PEN NEEDLES 32G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive
COMFORT EZ PEN NEEDLES 32G X 5 MM MISC	3	QL 120 / 30 days PRE Preventive
COMFORT EZ PEN NEEDLES 32G X 6 MM MISC	3	QL 120 / 30 days PRE Preventive
COMFORT EZ PEN NEEDLES 32G X 8 MM MISC	3	QL 120 / 30 days PRE Preventive
COMFORT EZ PEN NEEDLES 33G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive
COMFORT EZ PEN NEEDLES 33G X 5 MM MISC	3	QL 120 / 30 days PRE Preventive
COMFORT EZ PEN NEEDLES 33G X 6 MM MISC	3	QL 120 / 30 days PRE Preventive
COMFORT EZ PEN NEEDLES 33G X 8 MM MISC	3	QL 120 / 30 days PRE Preventive
COMFORT EZ PRO PEN NEEDLES 30G X 8 MM MISC	3	QL 120 / 30 days PRE Preventive
COMFORT EZ PRO PEN NEEDLES 31G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive
COMFORT EZ PRO PEN NEEDLES 31G X 5 MM MISC	3	QL 120 / 30 days PRE Preventive
COMFORT EZ SHORT PEN NEEDLES 31G X 8 MM MISC	3	QL 120 / 30 days PRE Preventive
COMFORT LANCETS MISC	3	QL 120 / 30 day(s) PRE Preventive
COMFORT TOUCH INSULIN PEN NEED 31G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
COMFORT TOUCH INSULIN PEN NEED 31G X 5 MM MISC	3	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> QL 120 / 30 days </div> <div style="display: flex; align-items: center;"> PRE Preventive </div> </div>
COMFORT TOUCH INSULIN PEN NEED 31G X 6 MM MISC	3	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> QL 120 / 30 days </div> <div style="display: flex; align-items: center;"> PRE Preventive </div> </div>
COMFORT TOUCH INSULIN PEN NEED 31G X 8 MM MISC	3	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> QL 120 / 30 days </div> <div style="display: flex; align-items: center;"> PRE Preventive </div> </div>
COMFORT TOUCH INSULIN PEN NEED 32G X 4 MM MISC	3	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> QL 120 / 30 days </div> <div style="display: flex; align-items: center;"> PRE Preventive </div> </div>
COMFORT TOUCH INSULIN PEN NEED 32G X 5 MM MISC	3	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> QL 120 / 30 days </div> <div style="display: flex; align-items: center;"> PRE Preventive </div> </div>
COMFORT TOUCH INSULIN PEN NEED 32G X 6 MM MISC	3	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> QL 120 / 30 days </div> <div style="display: flex; align-items: center;"> PRE Preventive </div> </div>
COMFORT TOUCH INSULIN PEN NEED 32G X 8 MM MISC	3	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> QL 120 / 30 days </div> <div style="display: flex; align-items: center;"> PRE Preventive </div> </div>
COMFORT TOUCH INSULIN PEN NEED 33G X 4 MM MISC	3	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> QL 120 / 30 days </div> <div style="display: flex; align-items: center;"> PRE Preventive </div> </div>
COMFORT TOUCH INSULIN PEN NEED 33G X 5 MM MISC	3	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> QL 120 / 30 days </div> <div style="display: flex; align-items: center;"> PRE Preventive </div> </div>
COMFORT TOUCH INSULIN PEN NEED 33G X 6 MM MISC	3	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> QL 120 / 30 days </div> <div style="display: flex; align-items: center;"> PRE Preventive </div> </div>
COMFORT TOUCH LANCETS 31G MISC	3	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> QL 120 / 30 day(s) </div> <div style="display: flex; align-items: center;"> PRE Preventive </div> </div>
COMFORT TOUCH PLUS LANCETS 28G MISC	3	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> QL 120 / 30 day(s) </div> <div style="display: flex; align-items: center;"> PRE Preventive </div> </div>
COMFORT TOUCH PLUS LANCETS 30G MISC	3	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> QL 120 / 30 day(s) </div> <div style="display: flex; align-items: center;"> PRE Preventive </div> </div>
CONDOMS MISC	3	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> ACA Affordable Care Act Medications </div> <div style="display: flex; align-items: center;"> PRE Preventive </div> </div>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CONTOUR CONTROL HIGH LIQUID	3	PRE Preventive
CONTOUR CONTROL LOW LIQUID	3	PRE Preventive
CONTOUR CONTROL NORMAL LIQUID	3	PRE Preventive
CONTOUR NEXT CONTROL LOW SOLUTION	3	PRE Preventive
CONTOUR NEXT CONTROL NORMAL SOLUTION	3	PRE Preventive
CONTOUR NEXT EZ W/DEVICE KIT	3	QLC 1 / 365 days PRE Preventive
CONTOUR NEXT GEN MONITOR W/DEVICE KIT	3	QLC 1 / 365 days PRE Preventive
CONTOUR NEXT MONITOR W/DEVICE KIT	3	QLC 1 / 365 days PRE Preventive
CONTOUR NEXT ONE DEVICE	3	QLC 1 / 365 days PRE Preventive
CONTOUR NEXT ONE KIT	3	PRE Preventive
CONTOUR NEXT TEST STRIP	3	QL 120 / 30 day(s) PRE Preventive
CONTOUR TEST STRIP	3	QL 120 / 30 day(s) PRE Preventive
CRONO SYRINGE 19G X 1-1/2" 10 ML MISC	3	
CRONO SYRINGE 19G X 1-1/2" 20 ML MISC	3	
CVS LANCETS 21G MISC	3	QL 120 / 30 day(s) PRE Preventive
CVS LANCETS MICRO THIN 33G MISC	3	QL 120 / 30 day(s) PRE Preventive
CVS LANCETS ORIGINAL MISC	3	QL 120 / 30 day(s) PRE Preventive
CVS LANCETS THIN 26G MISC	3	QL 120 / 30 day(s) PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CVS LANCETS ULTRA THIN 30G MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
CVS LANCETS ULTRA-THIN 30G MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
CVS LANCING DEVICE MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
CVS ULTRA THIN LANCETS MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
DEXCOM G6 RECEIVER DEVICE	3	<p>PA</p> <p>QLC 1 / 365 days</p>
DEXCOM G6 SENSOR MISC	3	<p>QL 3 / 30 day(s)</p> <p>PA</p>
DEXCOM G6 TRANSMITTER MISC	3	<p>PA</p> <p>QLC 1 / 90 days</p>
DEXCOM G7 RECEIVER DEVICE	3	<p>PA</p> <p>QLC 1 / 365 days</p>
DEXCOM G7 SENSOR MISC	3	<p>QL 3 / 30 day(s)</p> <p>PA</p>
DIATHRIVE LANCET ULTRA THIN 30 MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
DIATHRIVE LANCETS MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
DIATHRIVE LANCING DEVICE MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
DIATHRIVE PEN NEEDLE 31G X 5 MM MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
DIATHRIVE PEN NEEDLE 31G X 6 MM MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DIATHRIVE PEN NEEDLE 31G X 8 MM MISC	3	QL 120 / 30 days PRE Preventive
DIATHRIVE PEN NEEDLE 32G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive
DROPLET GENTEEL LANCING DEVICE MISC	3	QL 120 / 30 days PRE Preventive
DROPLET INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PRE Preventive
DROPLET INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
DROPLET INSULIN SYRINGE 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
DROPLET INSULIN SYRINGE 30G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PRE Preventive
DROPLET INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
DROPLET INSULIN SYRINGE 30G X 1/2" 1 ML MISC	3	QL 120 / 30 days PRE Preventive
DROPLET INSULIN SYRINGE 30G X 15/64" 0.3 ML MISC	3	QL 120 / 30 days PRE Preventive
DROPLET INSULIN SYRINGE 30G X 15/64" 0.5 ML MISC	3	QL 120 / 30 days PRE Preventive
DROPLET INSULIN SYRINGE 30G X 15/64" 1 ML MISC	3	QL 120 / 30 days PRE Preventive
DROPLET INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
DROPLET INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DROPLET INSULIN SYRINGE 30G X 5/16" 1 ML MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
DROPLET INSULIN SYRINGE 31G X 15/64" 0.3 ML MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
DROPLET INSULIN SYRINGE 31G X 15/64" 0.5 ML MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
DROPLET INSULIN SYRINGE 31G X 15/64" 1 ML MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
DROPLET INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
DROPLET INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
DROPLET INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
DROPLET LANCETS ULTRA THIN 30G MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
DROPLET LANCING DEVICE MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
DROPLET MICRON 34G X 3.5 MM MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
DROPLET PEN NEEDLES 29G X 10MM MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
DROPLET PEN NEEDLES 29G X 12MM MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
DROPLET PEN NEEDLES 30G X 8 MM MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
DROPLET PEN NEEDLES 31G X 5 MM MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DROPLET PEN NEEDLES 31G X 6 MM MISC	3	QL 120 / 30 days PRE Preventive
DROPLET PEN NEEDLES 31G X 8 MM MISC	3	QL 120 / 30 days PRE Preventive
DROPLET PEN NEEDLES 32G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive
DROPLET PEN NEEDLES 32G X 5 MM MISC	3	QL 120 / 30 days PRE Preventive
DROPLET PEN NEEDLES 32G X 6 MM MISC	3	QL 120 / 30 days PRE Preventive
DROPLET PEN NEEDLES 32G X 8 MM MISC	3	QL 120 / 30 days PRE Preventive
DROPLET PERSONAL LANCETS 30G MISC	3	QL 120 / 30 day(s) PRE Preventive
DROPSAFE SAFETY PEN NEEDLES 31G X 5 MM MISC	3	QL 120 / 30 days PRE Preventive
DROPSAFE SAFETY PEN NEEDLES 31G X 6 MM MISC	3	QL 120 / 30 days PRE Preventive
DROPSAFE SAFETY PEN NEEDLES 31G X 8 MM MISC	3	QL 120 / 30 days PRE Preventive
DROPSAFE SAFETY SYRINGE/NEEDLE 29G X 1/2" 1 ML MISC	3	QL 120 / 30 days PRE Preventive
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 0.3 ML MISC	3	QL 120 / 30 days PRE Preventive
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 0.5 ML MISC	3	QL 120 / 30 days PRE Preventive
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 1 ML MISC	3	QL 120 / 30 days PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 days PRE Preventive
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PRE Preventive
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PRE Preventive
DROPSAFE SICURA 25G X 1" MISC	3	QL 120 / 30 days
DRUG MART LANCETS THIN 26G MISC	3	QL 120 / 30 day(s) PRE Preventive
DRUG MART LANCING DEVICE MISC	3	QL 120 / 30 days PRE Preventive
DRUG MART ON-THE-GO LANCET 30G MISC	3	QL 120 / 30 day(s) PRE Preventive
DRUG MART UNIFINE PENTIPS 29G X 12MM MISC	3	QL 120 / 30 days PRE Preventive
DRUG MART UNIFINE PENTIPS 31G X 5 MM MISC	3	QL 120 / 30 days PRE Preventive
DRUG MART UNIFINE PENTIPS 31G X 6 MM MISC	3	QL 120 / 30 days PRE Preventive
DRUG MART UNIFINE PENTIPS 31G X 8 MM MISC	3	QL 120 / 30 days PRE Preventive
DRUG MART UNIFINE PENTIPS 32G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive
DRUG MART UNIFINE PENTIPS PLUS 32G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive
DRUG MART UNILET LANCETS 28G MISC	3	QL 120 / 30 day(s) PRE Preventive
DRUG MART UNILET LANCETS 30G MISC	3	QL 120 / 30 day(s) PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DRUG MART UNILET LANCETS 33G MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
DUREX EXTRA SENSITIVE THIN DEVICE	3	<p>ACA Affordable Care Act Medications</p> <p>PRE Preventive</p>
DUREX EXTRA SENSITIVE THIN MISC	3	<p>ACA Affordable Care Act Medications</p> <p>PRE Preventive</p>
DUREX REALFEEL DEVICE	3	<p>ACA Affordable Care Act Medications</p> <p>PRE Preventive</p>
DUREX TROPICAL MISC	3	<p>ACA Affordable Care Act Medications</p> <p>PRE Preventive</p>
E-Z JECT LANCET MICRO-THIN 33G MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
E-Z JECT LANCET SUPER THIN 30G MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
E-Z JECT LANCETS MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
E-Z JECT LANCETS 21G MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
E-Z JECT LANCETS THIN 26G MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
EASY COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
EASY COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
EASY COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EASY COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
EASY COMFORT INSULIN SYRINGE 31G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days
EASY COMFORT INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
EASY COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PRE Preventive
EASY COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PRE Preventive
EASY COMFORT INSULIN SYRINGE 32G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PRE Preventive
EASY COMFORT INSULIN SYRINGE 32G X 5/16" 1 ML MISC	3	QL 120 / 30 days PRE Preventive
EASY COMFORT LANCETS MISC	3	QL 120 / 30 day(s) PRE Preventive
EASY COMFORT LANCETS TWIST TOP MISC	3	QL 120 / 30 day(s) PRE Preventive
EASY COMFORT PEN NEEDLES 31G X 5 MM MISC	3	QL 120 / 30 days PRE Preventive
EASY COMFORT PEN NEEDLES 31G X 6 MM MISC	3	QL 120 / 30 days PRE Preventive
EASY COMFORT PEN NEEDLES 31G X 8 MM MISC	3	QL 120 / 30 days PRE Preventive
EASY COMFORT PEN NEEDLES 32G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive
EASY COMFORT PEN NEEDLES 33G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive
EASY COMFORT PEN NEEDLES 33G X 5 MM MISC	3	QL 120 / 30 days PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EASY COMFORT PEN NEEDLES 33G X 6 MM MISC	3	QL 120 / 30 days PRE Preventive
EASY GLIDE CATH TIP SYRINGE 60 ML MISC	3	QL 120 / 30 days
EASY GLIDE LUER LOCK SYRINGE 1 ML MISC	3	QL 120 / 30 days
EASY GLIDE LUER LOCK SYRINGE 10 ML MISC	3	QL 120 / 30 days
EASY GLIDE LUER LOCK SYRINGE 20 ML MISC	3	QL 120 / 30 days
EASY GLIDE LUER LOCK SYRINGE 3 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 5 ML MISC	3	QL 120 / 30 days
EASY GLIDE LUER LOCK SYRINGE 60 ML MISC	3	QL 120 / 30 days
EASY GLIDE PEN NEEDLES 33G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive
EASY GLIDE SLIP LOCK SYRINGE 1 ML MISC	3	QL 120 / 30 days
EASY MINI EJECT LANCING DEVICE MISC	3	QL 120 / 30 days PRE Preventive
EASY MINI LANCING DEVICE MISC	3	QL 120 / 30 days PRE Preventive
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 FLIPLOCK INSULIN SY 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
EASY TOUCH FLIPLOCK INSULIN SY 30G X 1/2" 1 ML MISC	3	QL 120 / 30 days PRE Preventive
EASY TOUCH FLIPLOCK INSULIN SY 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
EASY TOUCH FLIPLOCK INSULIN SY 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EASY TOUCH FLIPLOCK NEEDLES 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 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 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 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 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 3/4" 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 1-1/2" MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK NEEDLES 23G X 5/8" 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 1-1/2" MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK NEEDLES 25G X 5/8" MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK NEEDLES 26G X 1/2" MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK NEEDLES 27G X 1" MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK NEEDLES 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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EASY TOUCH FLIPLOCK NEEDLES 31G X 5/16" MISC	3	QL 120 / 30 days
EASY TOUCH FLIPLOCK SAFETY SYR 18G X 1" 10 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 18G X 1" 5 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 1.5" 10 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" 10 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 20G X 1" 5 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 20G X 1-1/2" 3 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 21G X 1" 10 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 21G X 1" 5 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 21G X 1-1/2" 3 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 22G X 1" 3 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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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 1-1/2" 5 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 23G X 1-1/2" 3 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 25G X 1" 10 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 1" 5 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 FLIPLOCK SAFETY SYR 25G X 5/8" 5 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
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 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 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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EASY TOUCH HYPODERMIC NEEDLE 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 20G X 1" MISC	3	QL 120 / 30 days
EASY TOUCH HYPODERMIC NEEDLE 20G X 1-1/2" MISC	3	QL 120 / 30 days
EASY TOUCH HYPODERMIC NEEDLE 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 22G X 1" MISC	3	QL 120 / 30 days
EASY TOUCH HYPODERMIC NEEDLE 22G X 1-1/2" 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 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 3/4" MISC	3	QL 120 / 30 days
EASY TOUCH HYPODERMIC NEEDLE 24G X 1" MISC	3	QL 120 / 30 days
EASY TOUCH HYPODERMIC NEEDLE 24G X 1.25" MISC	3	QL 120 / 30 days
EASY TOUCH HYPODERMIC NEEDLE 25G X 1" 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 5/8" 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
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
EASY TOUCH HYPODERMIC NEEDLE 30G X 1" MISC	3	QL 120 / 30 days

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EASY TOUCH INSULIN SYRINGE 30G X 1/2" 1 ML MISC	3	QL 120 / 30 days PRE Preventive
EASY TOUCH INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
EASY TOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
EASY TOUCH INSULIN SYRINGE 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
EASY TOUCH INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
EASY TOUCH INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PRE Preventive
EASY TOUCH INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PRE Preventive
EASY TOUCH LANCETS 21G MISC	3	QL 120 / 30 day(s) PRE Preventive
EASY TOUCH LANCETS 23G MISC	3	QL 120 / 30 day(s) PRE Preventive
EASY TOUCH LANCETS 26G MISC	3	QL 120 / 30 day(s) PRE Preventive
EASY TOUCH LANCETS 28G MISC	3	QL 120 / 30 day(s) PRE Preventive
EASY TOUCH LANCETS 28G/TWIST MISC	3	QL 120 / 30 day(s) PRE Preventive
EASY TOUCH LANCETS 30G MISC	3	QL 120 / 30 day(s) PRE Preventive
EASY TOUCH LANCETS 30G/TWIST MISC	3	QL 120 / 30 day(s) PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EASY TOUCH LANCETS 32G MISC	3	QL 120 / 30 day(s) PRE Preventive
EASY TOUCH LANCETS 32G/TWIST MISC	3	QL 120 / 30 day(s) PRE Preventive
EASY TOUCH LANCETS 33G/TWIST MISC	3	QL 120 / 30 day(s) PRE Preventive
EASY TOUCH LANCING DEVICE MISC	3	QL 120 / 30 days PRE Preventive
EASY TOUCH PEN NEEDLES 29G X 12MM MISC	3	QL 120 / 30 days PRE Preventive
EASY TOUCH PEN NEEDLES 30G X 5 MM MISC	3	QL 120 / 30 days PRE Preventive
EASY TOUCH PEN NEEDLES 30G X 6 MM MISC	3	QL 120 / 30 days PRE Preventive
EASY TOUCH PEN NEEDLES 30G X 8 MM MISC	3	QL 120 / 30 days PRE Preventive
EASY TOUCH PEN NEEDLES 31G X 5 MM MISC	3	QL 120 / 30 days PRE Preventive
EASY TOUCH PEN NEEDLES 31G X 6 MM MISC	3	QL 120 / 30 days PRE Preventive
EASY TOUCH PEN NEEDLES 31G X 8 MM MISC	3	QL 120 / 30 days PRE Preventive
EASY TOUCH PEN NEEDLES 32G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive
EASY TOUCH PEN NEEDLES 32G X 5 MM MISC	3	QL 120 / 30 days PRE Preventive
EASY TOUCH PEN NEEDLES 32G X 6 MM MISC	3	QL 120 / 30 days PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EASY TOUCH SAFETY LANCETS 21G MISC	3	QL 120 / 30 day(s) PRE Preventive
EASY TOUCH SAFETY LANCETS 23G MISC	3	QL 120 / 30 day(s) PRE Preventive
EASY TOUCH SAFETY LANCETS 26G MISC	3	QL 120 / 30 day(s) PRE Preventive
EASY TOUCH SAFETY LANCETS 28G MISC	3	QL 120 / 30 day(s) PRE Preventive
EASY TOUCH SAFETY PEN NEEDLES 29G X 5MM MISC	3	QL 120 / 30 days PRE Preventive
EASY TOUCH SAFETY PEN NEEDLES 29G X 8MM MISC	3	QL 120 / 30 days PRE Preventive
EASY TOUCH SAFETY PEN NEEDLES 30G X 8 MM MISC	3	QL 120 / 30 days PRE Preventive
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" 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 23G X 1" 3 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 1" 3 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 SAFETY SYRINGE 25G X 5/8" 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 21G X 1-1/2" 10 ML MISC	3	QL 120 / 30 days
EASY TOUCH SHEATHLOCK SYRINGE 21G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EASY TOUCH SHEATHLOCK SYRINGE 21G X 1-1/2" 5 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 22G X 1-1/2" 10 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 1-1/2" 5 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" 10 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 1" 5 ML MISC	3	QL 120 / 30 days
EASY TOUCH SHEATHLOCK SYRINGE 25G X 5/8" 3 ML MISC	3	QL 120 / 30 days
EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
EASY TOUCH SHEATHLOCK SYRINGE 30G X 1/2" 1 ML MISC	3	QL 120 / 30 days PRE Preventive
EASY TOUCH SHEATHLOCK SYRINGE 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
EASY TOUCH SHEATHLOCK SYRINGE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PRE Preventive
EASY TOUCH SYRINGE BARREL 10ML MISC	3	QL 120 / 30 days
EASY TOUCH SYRINGE BARREL 1ML MISC	3	QL 120 / 30 days
EASY TOUCH SYRINGE BARREL 20 ML MISC	3	QL 120 / 30 days
EASY TOUCH SYRINGE BARREL 3ML MISC	3	QL 120 / 30 days
EASY TOUCH SYRINGE BARREL 5ML MISC	3	QL 120 / 30 days
EASY TOUCH SYRINGE BARREL 60 ML MISC	3	QL 120 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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 26G 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
EASYPOINT NEEDLE 18G X 1" MISC	3	QL 120 / 30 days
EASYPOINT NEEDLE 18G X 1-1/2" MISC	3	QL 120 / 30 days
EASYPOINT 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 21G X 1" MISC	3	QL 120 / 30 days
EASYPOINT NEEDLE 21G X 1-1/2" MISC	3	QL 120 / 30 days
EASYPOINT 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 23G X 1" MISC	3	QL 120 / 30 days
EASYPOINT NEEDLE 25G X 1" MISC	3	QL 120 / 30 days
EASYPOINT NEEDLE 25G X 1-1/2" MISC	3	QL 120 / 30 days
EASYPOINT NEEDLE 25G X 5/8" MISC	3	QL 120 / 30 days
EASYPOINT NEEDLE/SYRINGE 18G X 1" 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 23G X 1" 3 ML MISC	3	QL 120 / 30 days
EASYPOINT NEEDLE/SYRINGE 25G X 1" 3 ML MISC	3	QL 120 / 30 days
EASYPOINT NEEDLE/SYRINGE 25G X 5/8" 3 ML MISC	3	QL 120 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EMBRACE LANCETS ULTRA THIN 30G MISC	3	QL 120 / 30 day(s) PRE Preventive
EMBRACE LANCING DEVICE/EJECTOR MISC	3	QL 120 / 30 days PRE Preventive
EMBRACE PEN NEEDLES 29G X 12MM MISC	3	QL 120 / 30 days PRE Preventive
EMBRACE PEN NEEDLES 30G X 5 MM MISC	3	QL 120 / 30 days PRE Preventive
EMBRACE PEN NEEDLES 30G X 8 MM MISC	3	QL 120 / 30 days PRE Preventive
EMBRACE PEN NEEDLES 31G X 5 MM MISC	3	QL 120 / 30 days PRE Preventive
EMBRACE PEN NEEDLES 31G X 6 MM MISC	3	QL 120 / 30 days PRE Preventive
EMBRACE PEN NEEDLES 31G X 8 MM MISC	3	QL 120 / 30 days PRE Preventive
EMBRACE PEN NEEDLES 32G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive
EMBRACE PRESSURE ACTIVATED 21G MISC	3	QL 120 / 30 day(s) PRE Preventive
EMBRACE PRESSURE ACTIVATED 28G MISC	3	QL 120 / 30 day(s) PRE Preventive
EQL COLOR LANCETS 21G MISC	3	QL 120 / 30 day(s) PRE Preventive
EQL COLOR LANCETS MICRO 33G MISC	3	QL 120 / 30 day(s) PRE Preventive
EQL INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EQL INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
EQL INSULIN SYRINGE 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
EQL INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
EQL INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
EQL INSULIN SYRINGE 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
EQL INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
EQL INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PRE Preventive
EQL INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PRE Preventive
EQL SUPER THIN LANCETS 30G MISC	3	QL 120 / 30 day(s) PRE Preventive
EQL THIN LANCETS 26G MISC	3	QL 120 / 30 day(s) PRE Preventive
EXEL COMFORT POINT INSULIN SYR 28G X 1/2" 0.5 ML MISC	3	QL 120 / 30 days PRE Preventive
EXEL COMFORT POINT INSULIN SYR 28G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
EXEL COMFORT POINT INSULIN SYR 29G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PRE Preventive
EXEL COMFORT POINT INSULIN SYR 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EXEL COMFORT POINT INSULIN SYR 29G X 1/2" 1 ML MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
EXEL COMFORT POINT INSULIN SYR 30G X 5/16" 0.3 ML MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
EXEL COMFORT POINT INSULIN SYR 30G X 5/16" 0.5 ML MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
EXEL COMFORT POINT INSULIN SYR 30G X 5/16" 1 ML MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
EXEL COMFORT POINT PEN NEEDLE 31G X 4 MM MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
EXEL COMFORT POINT PEN NEEDLE 31G X 6 MM MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
EXEL COMFORT POINT PEN NEEDLE 31G X 8 MM MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
EZ-LETS LANCETS 21G MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
EZ-LETS LANCETS 26G MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
EZ-LETS LANCETS 28G MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
EZ-LETS LANCETS 30G MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
FANTASY LUBRICATED MISC	3	<p>ACA Affordable Care Act Medications</p> <p>PRE Preventive</p>
FANTASY LUBRICATED/SPERMICIDE MISC	3	<p>ACA Affordable Care Act Medications</p> <p>PRE Preventive</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FC2 FEMALE CONDOM MISC	3	ACA Affordable Care Act Medications PRE Preventive
FEMCAP 22 MM DEVICE	3	ACA Affordable Care Act Medications PRE Preventive
FEMCAP 26 MM DEVICE	3	ACA Affordable Care Act Medications PRE Preventive
FEMCAP 30 MM DEVICE	3	ACA Affordable Care Act Medications PRE Preventive
FIFTY50 PEN NEEDLES 31G X 5 MM MISC	3	QL 120 / 30 days PRE Preventive
FIFTY50 PEN NEEDLES 31G X 8 MM MISC	3	QL 120 / 30 days PRE Preventive
FIFTY50 PEN NEEDLES 32G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive
FIFTY50 PEN NEEDLES 32G X 6 MM MISC	3	QL 120 / 30 days PRE Preventive
FIFTY50 SAFETY SEAL LANCETS MISC	3	QL 120 / 30 day(s) PRE Preventive
FIFTY50 SUPERIOR COMFORT SYR 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
FIFTY50 SUPERIOR COMFORT SYR 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PRE Preventive
FIFTY50 SUPERIOR COMFORT SYR 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PRE Preventive
FIFTY50 UNILET LANCETS 33G MISC	3	QL 120 / 30 day(s) PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FINE 30 MISC	3	QL 120 / 30 day(s) PRE Preventive
FINGERSTIX LANCETS MISC	3	QL 120 / 30 day(s) PRE Preventive
FLOW-EZE VENTED NEEDLE MISC	3	QL 120 / 30 days
FORA LANCETS MISC	3	QL 120 / 30 day(s) PRE Preventive
FORA LANCING DEVICE MISC	3	QL 120 / 30 days PRE Preventive
FREDS PHARMACY AUTOLET LANCING MISC	3	QL 120 / 30 days PRE Preventive
FREDS PHARMACY UNIFINE PENTIP+ 31G X 5 MM MISC	3	QL 120 / 30 days PRE Preventive
FREDS PHARMACY UNIFINE PENTIP+ 31G X 8 MM MISC	3	QL 120 / 30 days PRE Preventive
FREDS PHARMACY UNIFINE PENTIPS 32G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive
FREDS PHARMACY UNILET LANC 28G MISC	3	QL 120 / 30 day(s) PRE Preventive
FREDS PHARMACY UNILET LANC 30G MISC	3	QL 120 / 30 day(s) PRE Preventive
FREESTYLE LANCETS MISC	3	QL 120 / 30 day(s) PRE Preventive
FREESTYLE UNISTICK II LANCETS MISC	3	QL 120 / 30 day(s) PRE Preventive
GENTEEL BUTTERFLY TOUCH LANCET MISC	3	QL 120 / 30 day(s) PRE Preventive
GENTEEL CONTACT TIPS (BLUE) MISC	3	QL 120 / 30 days PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GENTEEL CONTACT TIPS (CLEAR) MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
GENTEEL CONTACT TIPS (GREEN) MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
GENTEEL CONTACT TIPS (ORANGE) MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
GENTEEL CONTACT TIPS (RAINBOW) MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
GENTEEL CONTACT TIPS (VIOLET) MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
GENTEEL CONTACT TIPS (YELLOW) MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
GENTEEL LANCING KIT (BLUE) KIT	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
GENTEEL NOZZLES MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
GENTEEL PLUS LANCING (BLACK) MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
GENTEEL PLUS LANCING (PURPLE) MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
GENTEEL PLUS LANCING (WHITE) MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
GENTEEL PLUS LANCING DEV(BLUE) MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
GENTEEL PLUS LANCING DEV(PINK) MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
GENTLE-LET GP LANCETS MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GENTLE-LET LANCETS MISC	3	QL 120 / 30 day(s) PRE Preventive
GENTLE-LET PLATFORMS MISC	3	QL 120 / 30 days PRE Preventive
GLOBAL EASE INJECT PEN NEEDLES 29G X 12MM MISC	3	QL 120 / 30 days PRE Preventive
GLOBAL EASE INJECT PEN NEEDLES 31G X 5 MM MISC	3	QL 120 / 30 days PRE Preventive
GLOBAL EASE INJECT PEN NEEDLES 31G X 8 MM MISC	3	QL 120 / 30 days PRE Preventive
GLOBAL EASE INJECT PEN NEEDLES 32G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive
GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 0.3 ML MISC	3	QL 120 / 30 days PRE Preventive
GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 0.5 ML MISC	3	QL 120 / 30 days PRE Preventive
GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 1 ML MISC	3	QL 120 / 30 days PRE Preventive
GLOBAL EASY GLIDE INSULIN SYR 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
GLOBAL EASY GLIDE PEN NEEDLES 32G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive
GLOBAL INJECT EASE INSULIN SYR 28G X 1/2" 0.5 ML MISC	3	QL 120 / 30 days PRE Preventive
GLOBAL INJECT EASE INSULIN SYR 28G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
GLOBAL INJECT EASE INSULIN SYR 29G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GLOBAL INJECT EASE INSULIN SYR 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
GLOBAL INJECT EASE INSULIN SYR 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
GLOBAL INJECT EASE INSULIN SYR 30G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PRE Preventive
GLOBAL INJECT EASE INSULIN SYR 30G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
GLOBAL INJECT EASE INSULIN SYR 30G X 1/2" 1 ML MISC	3	QL 120 / 30 days PRE Preventive
GLOBAL INJECT EASE INSULIN SYR 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
GLOBAL INJECT EASE INSULIN SYR 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
GLOBAL INJECT EASE INSULIN SYR 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
GLOBAL INJECT EASE INSULIN SYR 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
GLOBAL INJECT EASE INSULIN SYR 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PRE Preventive
GLOBAL INJECT EASE INSULIN SYR 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PRE Preventive
GLOBAL INJECT EASE LANCETS 28G MISC	3	QL 120 / 30 day(s) PRE Preventive
GLOBAL INJECT EASE LANCETS 30G MISC	3	QL 120 / 30 day(s) PRE Preventive
GLOBAL INSULIN SYRINGES 30G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GLOBAL INSULIN SYRINGES 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
GLOBAL LANCING DEVICE MISC	3	QL 120 / 30 days PRE Preventive
GLUCOCOM LANCETS 28G MISC	3	QL 120 / 30 day(s) PRE Preventive
GLUCOCOM LANCETS 30G MISC	3	QL 120 / 30 day(s) PRE Preventive
GLUCOCOM LANCETS 33G MISC	3	QL 120 / 30 day(s) PRE Preventive
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PRE Preventive
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 1 ML MISC	3	QL 120 / 30 days PRE Preventive
GLUCOPRO INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
GLUCOPRO INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
GLUCOPRO INSULIN SYRINGE 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
GLUCOPRO INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
GLUCOPRO INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PRE Preventive
GLUCOPRO INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GNP CLICKFINE PEN NEEDLES 31G X 6 MM MISC	3	QL 120 / 30 days PRE Preventive
GNP CLICKFINE PEN NEEDLES 31G X 8 MM MISC	3	QL 120 / 30 days PRE Preventive
GNP INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC	3	QL 120 / 30 days PRE Preventive
GNP INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PRE Preventive
GNP INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
GNP INSULIN SYRINGE 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
GNP INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
GNP INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
GNP INSULIN SYRINGE 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
GNP INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
GNP INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PRE Preventive
GNP INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PRE Preventive
GNP INSULIN SYRINGES 28GX1/2" 28G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
GNP INSULIN SYRINGES 29GX1/2" 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GNP INSULIN SYRINGES 29GX1/2" 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
GNP INSULIN SYRINGES 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
GNP INSULIN SYRINGES 30GX5/16" 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
GNP INSULIN SYRINGES 31GX5/16" 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
GNP LANCETS 21G MISC	3	QL 120 / 30 day(s) PRE Preventive
GNP LANCETS THIN 26G MISC	3	QL 120 / 30 day(s) PRE Preventive
GNP LANCING SYSTEM DEVICE MISC	3	QL 120 / 30 days PRE Preventive
GNP STERILE LANCETS 28G MISC	3	QL 120 / 30 day(s) PRE Preventive
GNP STERILE LANCETS 30G MISC	3	QL 120 / 30 day(s) PRE Preventive
GNP STERILE LANCETS 33G MISC	3	QL 120 / 30 day(s) PRE Preventive
GNP ULTICARE PEN NEEDLES 31G X 5 MM MISC	3	QL 120 / 30 days PRE Preventive
GNP ULTICARE PEN NEEDLES 31G X 8 MM MISC	3	QL 120 / 30 days PRE Preventive
GNP ULTICARE PEN NEEDLES 32G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive
GNP ULTICARE PEN NEEDLES 32G X 6 MM MISC	3	QL 120 / 30 days PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GNP ULTIGUARD SAFEPACK NEEDLE 31G X 5 MM MISC	3	QL 120 / 30 days PRE Preventive
GNP ULTIGUARD SAFEPACK NEEDLE 31G X 8 MM MISC	3	QL 120 / 30 days PRE Preventive
GNP ULTIGUARD SAFEPACK NEEDLE 32G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive
GNP ULTIGUARD SAFEPACK NEEDLE 32G X 6 MM MISC	3	QL 120 / 30 days PRE Preventive
GNP ULTRA COM INSULIN SYRINGE 28G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
GOJJI LANCING DEVICE/CLEAR CAP MISC	3	QL 120 / 30 days PRE Preventive
GOJJI STERILE LANCETS MISC	3	QL 120 / 30 day(s) PRE Preventive
GOODSENSE CLICKFINE PEN NEEDLE 31G X 5 MM MISC	3	QL 120 / 30 days PRE Preventive
GOODSENSE COLOR LANCETS 33G MISC	3	QL 120 / 30 day(s) PRE Preventive
GOODSENSE LANCETS 26G UNIV MISC	3	QL 120 / 30 day(s) PRE Preventive
GOODSENSE LANCETS 30G MISC	3	QL 120 / 30 day(s) PRE Preventive
GOODSENSE LANCETS 30G UNIV MISC	3	QL 120 / 30 day(s) PRE Preventive
GOODSENSE LANCETS 33G MISC	3	QL 120 / 30 day(s) PRE Preventive
GOODSENSE LANCETS 33G UNIV MISC	3	QL 120 / 30 day(s) PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GOODSENSE LANCING DEVICE MISC	3	QL 120 / 30 days PRE Preventive
GOODSENSE PEN NEEDLE PENFINE 31G X 5 MM MISC	3	QL 120 / 30 days PRE Preventive
GOODSENSE PEN NEEDLE PENFINE 31G X 8 MM MISC	3	QL 120 / 30 days PRE Preventive
GOODSENSE PEN NEEDLE PENFINE 32G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive
GOODSENSE PEN NEEDLE PENFINE 32G X 6 MM MISC	3	QL 120 / 30 days PRE Preventive
H-E-B INCONTROL ADV LANCING MISC	3	QL 120 / 30 days PRE Preventive
H-E-B INCONTROL LANCETS 28G MISC	3	QL 120 / 30 day(s) PRE Preventive
H-E-B INCONTROL LANCETS 30G MISC	3	QL 120 / 30 day(s) PRE Preventive
H-E-B INCONTROL LANCETS 33G MISC	3	QL 120 / 30 day(s) PRE Preventive
H-E-B INCONTROL PEN NEEDLES 29G X 12MM MISC	3	QL 120 / 30 days PRE Preventive
H-E-B INCONTROL PEN NEEDLES 31G X 5 MM MISC	3	QL 120 / 30 days PRE Preventive
H-E-B INCONTROL PEN NEEDLES 31G X 6 MM MISC	3	QL 120 / 30 days PRE Preventive
H-E-B INCONTROL PEN NEEDLES 31G X 8 MM MISC	3	QL 120 / 30 days PRE Preventive
H-E-B INCONTROL PEN NEEDLES 32G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
H-E-B INCONTROL UNIFINE PENTIP 31G X 5 MM MISC	3	QL 120 / 30 days PRE Preventive
H-E-B INCONTROL UNIFINE PENTIP 31G X 6 MM MISC	3	QL 120 / 30 days PRE Preventive
H-E-B INCONTROL UNIFINE PENTIP 31G X 8 MM MISC	3	QL 120 / 30 days PRE Preventive
H-E-B INCONTROL UNIFINE PENTIP 32G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive
H-E-B INCONTROL UNIFINE PENTIP 33G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive
HAEMOLANCE MISC	3	QL 120 / 30 day(s) PRE Preventive
HAEMOLANCE LOW FLOW LANCETS MISC	3	QL 120 / 30 day(s) PRE Preventive
HAEMOLANCE PLUS MISC	3	QL 120 / 30 day(s) PRE Preventive
HAEMOLANCE PLUS HIGH FLOW MISC	3	QL 120 / 30 day(s) PRE Preventive
HAEMOLANCE PLUS LOW FLOW MISC	3	QL 120 / 30 day(s) PRE Preventive
HAEMOLANCE PLUS MAX FLOW MISC	3	QL 120 / 30 day(s) PRE Preventive
HAEMOLANCE PLUS PEDIATRIC FLOW MISC	3	QL 120 / 30 day(s) PRE Preventive
HEALTH CARE LANCING DEVICE MISC	3	QL 120 / 30 days PRE Preventive
HEALTHWISE INSULIN SYR/NEEDLE 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HEALTHWISE INSULIN SYR/NEEDLE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
HEALTHWISE INSULIN SYR/NEEDLE 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
HEALTHWISE INSULIN SYR/NEEDLE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
HEALTHWISE INSULIN SYR/NEEDLE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PRE Preventive
HEALTHWISE INSULIN SYR/NEEDLE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PRE Preventive
HEALTHWISE MICRON PEN NEEDLES 32G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive
HEALTHWISE MINI PEN NEEDLES 31G X 6 MM MISC	3	QL 120 / 30 days PRE Preventive
HEALTHWISE PEN NEEDLES 29G X 12MM MISC	3	QL 120 / 30 days PRE Preventive
HEALTHWISE SHORT PEN NEEDLES 31G X 5 MM MISC	3	QL 120 / 30 days PRE Preventive
HEALTHWISE SHORT PEN NEEDLES 31G X 8 MM MISC	3	QL 120 / 30 days PRE Preventive
HEALTHWISE UNIFINE PENTIPS 32G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive
HEALTHY ACCENTS LANCING DEVICE MISC	3	QL 120 / 30 days PRE Preventive
HEALTHY ACCENTS UNIFINE PENTIP 29G X 12MM MISC	3	QL 120 / 30 days PRE Preventive
HEALTHY ACCENTS UNIFINE PENTIP 31G X 5 MM MISC	3	QL 120 / 30 days PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HEALTHY ACCENTS UNIFINE PENTIP 31G X 6 MM MISC	3	QL 120 / 30 days PRE Preventive
HEALTHY ACCENTS UNIFINE PENTIP 31G X 8 MM MISC	3	QL 120 / 30 days PRE Preventive
HEALTHY ACCENTS UNIFINE PENTIP 32G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive
HEALTHY ACCENTS UNILET LANCETS MISC	3	QL 120 / 30 day(s) PRE Preventive
HM ULTICARE INSULIN SYRINGE 30G X 1/2" 1 ML MISC	3	QL 120 / 30 days PRE Preventive
HM ULTICARE INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
HM ULTICARE MINI PEN NEEDLES 31G X 5 MM MISC	3	QL 120 / 30 days PRE Preventive
HM ULTICARE SHORT PEN NEEDLES 31G X 8 MM MISC	3	QL 120 / 30 days PRE Preventive
HUBER NEEDLE 19G X 1" MISC	3	QL 120 / 30 days
HUBER NEEDLE 19G X 1-1/4" MISC	3	
HUBER NEEDLE 19G X 3/4" MISC	3	
HUBER NEEDLE 20G X 1" MISC	3	QL 120 / 30 days
HUBER NEEDLE 20G X 1-1/2" MISC	3	QL 120 / 30 days
HUBER NEEDLE 20G X 1-1/4" MISC	3	
HUBER NEEDLE 20G X 3/4" MISC	3	QL 120 / 30 days
HUBER NEEDLE 22G X 1" MISC	3	QL 120 / 30 days
HUBER NEEDLE 22G X 1-1/2" MISC	3	QL 120 / 30 days
HUBER NEEDLE 22G X 1-1/4" MISC	3	
HUBER NEEDLE 22G X 3/4" MISC	3	QL 120 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HY-VEE LANCETS MISC	3	QL 120 / 30 day(s) PRE Preventive
HY-VEE THIN LANCETS MISC	3	QL 120 / 30 day(s) PRE Preventive
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 19G X 1" MISC	3	QL 120 / 30 days
HYPODERMIC NEEDLE 19G X 1-1/2" MISC	3	QL 120 / 30 days
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 3/4" MISC	3	QL 120 / 30 days
HYPODERMIC NEEDLE 21G X 1" MISC	3	QL 120 / 30 days
HYPODERMIC NEEDLE 21G X 1-1/2" MISC	3	QL 120 / 30 days
HYPODERMIC NEEDLE 21G X 1-1/4" MISC	3	QL 120 / 30 days
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 1-1/4" MISC	3	
HYPODERMIC NEEDLE 22G X 3/4" MISC	3	QL 120 / 30 days
HYPODERMIC NEEDLE 23G X 1" MISC	3	QL 120 / 30 days
HYPODERMIC NEEDLE 23G X 1-1/2" MISC	3	QL 120 / 30 days
HYPODERMIC NEEDLE 23G X 3/4" MISC	3	QL 120 / 30 days
HYPODERMIC NEEDLE 25G X 1" MISC	3	QL 120 / 30 days
HYPODERMIC NEEDLE 25G X 1-1/2" MISC	3	QL 120 / 30 days
HYPODERMIC NEEDLE 25G X 3/4" MISC	3	QL 120 / 30 days
HYPODERMIC NEEDLE 25G X 5/8" MISC	3	QL 120 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HYPODERMIC NEEDLE 26G X 1/2" MISC	3	QL 120 / 30 days
HYPODERMIC NEEDLE 26G X 3/8" MISC	3	QL 120 / 30 days
HYPODERMIC NEEDLE 26G X 5/8" MISC	3	QL 120 / 30 days
HYPODERMIC NEEDLE 27G X 1-1/2" MISC	3	QL 120 / 30 days
HYPODERMIC NEEDLE 27G X 1-1/4" MISC	3	QL 120 / 30 days
HYPODERMIC NEEDLE 27G X 1/2" MISC	3	QL 120 / 30 days
HYPODERMIC NEEDLE 30G X 1/2" MISC	3	QL 120 / 30 days
HYPOLANCE AST LANCING KIT	3	QL 120 / 30 days PRE Preventive
IN TOUCH LANCING DEVICE MISC	3	QL 120 / 30 days PRE Preventive
IN TOUCH STERILE LANCETS 30G MISC	3	QL 120 / 30 day(s) PRE Preventive
INCONTROL ULTICARE PEN NEEDLES 31G X 6 MM MISC	3	QL 120 / 30 days PRE Preventive
INCONTROL ULTICARE PEN NEEDLES 31G X 8 MM MISC	3	QL 120 / 30 days PRE Preventive
INCONTROL ULTICARE PEN NEEDLES 32G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive
INPEN 100-BLUE-LILLY-HUMALOG DEVICE	3	
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE	3	
INPEN 100-GREY-LILLY-HUMALOG DEVICE	3	
INPEN 100-GREY-NOVOLOG-FIASP DEVICE	3	
INPEN 100-PINK-LILLY-HUMALOG DEVICE	3	
INPEN 100-PINK-NOVOLOG-FIASP DEVICE	3	
INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC	3	QL 120 / 30 days PRE Preventive

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
INSULIN SYRINGE-NEEDLE U-100 29G X 1/2" 1 ML MISC	3	QL 120 / 30 days PRE Preventive
INSULIN SYRINGE-NEEDLE U-100 30G X 1/2" 1 ML MISC	3	QL 120 / 30 days PRE Preventive
INSULIN SYRINGE-NEEDLE U-100 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
INSULIN SYRINGE-NEEDLE U-100 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
INSULIN SYRINGE-NEEDLE U-100 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
INSULIN SYRINGE-NEEDLE U-100 31G X 1/4" 0.3 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
INSULIN SYRINGE-NEEDLE U-100 31G X 1/4" 0.5 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
INSULIN SYRINGE-NEEDLE U-100 31G X 1/4" 1 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
INSULIN SYRINGE-NEEDLE U-100 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
INSULIN SYRINGE-NEEDLE U-100 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PRE Preventive
INSULIN SYRINGE-NEEDLE U-100 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PRE Preventive
INSULIN SYRINGE/NEEDLE 27G X 1/2" 0.5 ML MISC	3	QL 120 / 30 days PRE Preventive
INSULIN SYRINGE/NEEDLE 28G X 1/2" 0.5 ML MISC	3	QL 120 / 30 days PRE Preventive
INSULIN SYRINGE/NEEDLE 28G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
INSUPEN PEN NEEDLES 29G X 12MM MISC	3	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> QL 120 / 30 days </div> <div style="display: flex; align-items: center;"> PRE Preventive </div> </div>
INSUPEN PEN NEEDLES 31G X 5 MM MISC	3	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> QL 120 / 30 days </div> <div style="display: flex; align-items: center;"> PRE Preventive </div> </div>
INSUPEN PEN NEEDLES 31G X 8 MM MISC	3	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> QL 120 / 30 days </div> <div style="display: flex; align-items: center;"> PRE Preventive </div> </div>
INSUPEN PEN NEEDLES 32G X 4 MM MISC	3	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> QL 120 / 30 days </div> <div style="display: flex; align-items: center;"> PRE Preventive </div> </div>
INSUPEN PEN NEEDLES 33G X 4 MM MISC	3	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> QL 120 / 30 days </div> <div style="display: flex; align-items: center;"> PRE Preventive </div> </div>
INSUPEN SENSITIVE 32G X 6 MM MISC	3	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> QL 120 / 30 days </div> <div style="display: flex; align-items: center;"> PRE Preventive </div> </div>
INSUPEN SENSITIVE 32G X 8 MM MISC	3	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> QL 120 / 30 days </div> <div style="display: flex; align-items: center;"> PRE Preventive </div> </div>
INSUPEN ULTRAFIN 30G X 8 MM MISC	3	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> QL 120 / 30 days </div> <div style="display: flex; align-items: center;"> PRE Preventive </div> </div>
INSUPEN ULTRAFIN 31G X 6 MM MISC	3	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> QL 120 / 30 days </div> <div style="display: flex; align-items: center;"> PRE Preventive </div> </div>
INSUPEN ULTRAFIN 31G X 8 MM MISC	3	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> QL 120 / 30 days </div> <div style="display: flex; align-items: center;"> PRE Preventive </div> </div>
K-Y ME & YOU EXTRA LUBRICATED DEVICE	3	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> ACA Affordable Care Act Medications </div> <div style="display: flex; align-items: center;"> PRE Preventive </div> </div>
K-Y ME & YOU INTENSE DEVICE	3	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> ACA Affordable Care Act Medications </div> <div style="display: flex; align-items: center;"> PRE Preventive </div> </div>
KAMELEON LUBRICATED MISC	3	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> ACA Affordable Care Act Medications </div> <div style="display: flex; align-items: center;"> PRE Preventive </div> </div>
KIMONO MISC	3	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> ACA Affordable Care Act Medications </div> <div style="display: flex; align-items: center;"> PRE Preventive </div> </div>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KIMONO COLORS DEVICE	3	ACA Affordable Care Act Medications PRE Preventive
KIMONO MAXX-LARGE FLARE MISC	3	ACA Affordable Care Act Medications PRE Preventive
KIMONO MICRO THIN MISC	3	ACA Affordable Care Act Medications PRE Preventive
KIMONO MICRO THIN PLUS MISC	3	ACA Affordable Care Act Medications PRE Preventive
KIMONO PLUS MISC	3	ACA Affordable Care Act Medications PRE Preventive
KIMONO PS MISC	3	ACA Affordable Care Act Medications PRE Preventive
KIMONO PS PLUS MISC	3	ACA Affordable Care Act Medications PRE Preventive
KIMONO SENSATION MISC	3	ACA Affordable Care Act Medications PRE Preventive
KIMONO SENSATION PLUS MISC	3	ACA Affordable Care Act Medications PRE Preventive
KIMONO SPECIAL DEVICE	3	ACA Affordable Care Act Medications PRE Preventive
KINNEY LANCETS MISC	3	QL 120 / 30 day(s) PRE Preventive
KINNEY THIN LANCETS MISC	3	QL 120 / 30 day(s) PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KINRAY INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
KINRAY INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
KINRAY INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PRE Preventive
KINRAY INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PRE Preventive
KMART VALU INSULIN SYRINGE 29G U-100 0.5 ML MISC	3	QL 120 / 30 days PRE Preventive
KMART VALU INSULIN SYRINGE 29G U-100 1 ML MISC	3	QL 120 / 30 days PRE Preventive
KMART VALU INSULIN SYRINGE 30G U-100 0.3 ML MISC	3	PRE Preventive
KMART VALU INSULIN SYRINGE 30G U-100 0.5 ML MISC	3	QL 120 / 30 days PRE Preventive
KMART VALU INSULIN SYRINGE 30G U-100 1 ML MISC	3	QL 120 / 30 days PRE Preventive
KROGER AUTOLET LANCING DEVICE MISC	3	QL 120 / 30 days PRE Preventive
KROGER HEALTHPRO LANCET 26G MISC	3	QL 120 / 30 day(s) PRE Preventive
KROGER INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PRE Preventive
KROGER INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
KROGER INSULIN SYRINGE 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
KROGER INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KROGER INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
KROGER INSULIN SYRINGE 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
KROGER INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
KROGER INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PRE Preventive
KROGER INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PRE Preventive
KROGER LANCETS MISC	3	QL 120 / 30 day(s) PRE Preventive
KROGER LANCETS 21G MISC	3	QL 120 / 30 day(s) PRE Preventive
KROGER LANCETS MICRO THIN 33G MISC	3	QL 120 / 30 day(s) PRE Preventive
KROGER LANCETS SUPER THIN MISC	3	QL 120 / 30 day(s) PRE Preventive
KROGER LANCETS THIN MISC	3	QL 120 / 30 day(s) PRE Preventive
KROGER LANCETS THIN 26G MISC	3	QL 120 / 30 day(s) PRE Preventive
KROGER LANCETS ULTRATHIN 30G MISC	3	QL 120 / 30 day(s) PRE Preventive
KROGER LANCING DEVICE MISC	3	QL 120 / 30 days PRE Preventive
KROGER PEN NEEDLES 29G X 12MM MISC	3	QL 120 / 30 days PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KROGER PEN NEEDLES 31G X 5 MM MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
KROGER PEN NEEDLES 31G X 6 MM MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
KROGER PEN NEEDLES 31G X 8 MM MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
KROGER PEN NEEDLES 32G X 4 MM MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
KROGER PEN NEEDLES 33G X 4 MM MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
LANCET DEVICE MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
LANCET DEVICE WITH EJECTOR MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
LANCET TRANSPORTER CASE MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
LANCETS MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
LANCETS 30G MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
LANCETS 33G MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
LANCETS MICRO THIN 33G MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
LANCETS SUPER THIN 28G MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
LANCETS THIN MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LANCETS ULTRA THIN MISC	3	QL 120 / 30 day(s) PRE Preventive
LANCETS ULTRA THIN 30G MISC	3	QL 120 / 30 day(s) PRE Preventive
LANCING DEVICE MISC	3	QL 120 / 30 days PRE Preventive
LANZO MISC	3	QL 120 / 30 days PRE Preventive
LEADER ADVANCED LANCING DEVICE MISC	3	QL 120 / 30 days PRE Preventive
LEADER INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC	3	QL 120 / 30 days PRE Preventive
LEADER INSULIN SYRINGE 28G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
LEADER INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PRE Preventive
LEADER INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
LEADER INSULIN SYRINGE 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
LEADER INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
LEADER INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
LEADER INSULIN SYRINGE 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
LEADER INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LEADER INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PRE Preventive
LEADER INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PRE Preventive
LEADER UNIFINE PENTIPS 31G X 5 MM MISC	3	QL 120 / 30 days PRE Preventive
LEADER UNIFINE PENTIPS 32G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive
LEADER UNIFINE PENTIPS PLUS 31G X 5 MM MISC	3	QL 120 / 30 days PRE Preventive
LEADER UNIFINE PENTIPS PLUS 31G X 8 MM MISC	3	QL 120 / 30 days PRE Preventive
LEADER UNIFINE PENTIPS PLUS 32G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive
LIBERTY MEDICAL LANCETS MISC	3	QL 120 / 30 day(s) PRE Preventive
LIBERTY MINI LANCING DEVICE MISC	3	QL 120 / 30 days PRE Preventive
LIFESCAN UNISTIK 2 MISC	3	QL 120 / 30 day(s) PRE Preventive
LIFESCAN UNISTIK II LANCETS MISC	3	QL 120 / 30 day(s) PRE Preventive
LITE TOUCH LANCETS MISC	3	QL 120 / 30 day(s) PRE Preventive
LITE TOUCH LANCING PEN MISC	3	QL 120 / 30 days PRE Preventive
LITETOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC	3	QL 120 / 30 days PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LITETOUCH INSULIN SYRINGE 28G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
LITETOUCH INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PRE Preventive
LITETOUCH INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
LITETOUCH INSULIN SYRINGE 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
LITETOUCH INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
LITETOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
LITETOUCH INSULIN SYRINGE 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
LITETOUCH INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
LITETOUCH INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PRE Preventive
LITETOUCH INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PRE Preventive
LITETOUCH LANCETS MISC	3	QL 120 / 30 day(s) PRE Preventive
LITETOUCH PEN NEEDLES 29G X 12.7MM MISC	3	QL 120 / 30 days PRE Preventive
LITETOUCH PEN NEEDLES 31G X 5 MM MISC	3	QL 120 / 30 days PRE Preventive
LITETOUCH PEN NEEDLES 31G X 6 MM MISC	3	QL 120 / 30 days PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LITETOUCH PEN NEEDLES 31G X 8 MM MISC	3	QL 120 / 30 days PRE Preventive
LITETOUCH PEN NEEDLES 32G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive
LIVE BETTER ADV LANCING DEVICE MISC	3	QL 120 / 30 days PRE Preventive
LIVE BETTER LANCET SUPER THIN MISC	3	QL 120 / 30 day(s) PRE Preventive
LIVE BETTER LANCET ULTRA THIN MISC	3	QL 120 / 30 day(s) PRE Preventive
LONGS INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PRE Preventive
LONGS LANCETS STANDARD MISC	3	QL 120 / 30 day(s) PRE Preventive
LONGS LANCETS THIN MISC	3	QL 120 / 30 day(s) PRE Preventive
LONGS LANCETS ULTRA THIN MISC	3	QL 120 / 30 day(s) PRE Preventive
LUER LOCK SAFETY SYRINGES 21G 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 22G X 1-1/2" 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
LUER LOCK SAFETY SYRINGES 3 ML MISC	3	QL 120 / 30 days
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 days PRE Preventive
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 1 ML MISC	3	QL 120 / 30 days PRE Preventive
MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 days PRE Preventive
MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 1 ML MISC	3	QL 120 / 30 days PRE Preventive
MAGELLAN SYRINGE-SAFETY NEEDLE 23G X 1" 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
MARATHON MEDICAL PENTIPS 29G X 12MM MISC	3	QL 120 / 30 days PRE Preventive
MARATHON MEDICAL PENTIPS 31G X 5 MM MISC	3	QL 120 / 30 days PRE Preventive
MARATHON MEDICAL PENTIPS 31G X 8 MM MISC	3	QL 120 / 30 days PRE Preventive
MARATHON MEDICAL PENTIPS 32G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive
MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC	3	QL 120 / 30 days PRE Preventive
MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
MAXI-COMFORT SAFETY PEN NEEDLE 29G X 5MM MISC	3	QL 120 / 30 days PRE Preventive
MAXI-COMFORT SAFETY PEN NEEDLE 29G X 8MM MISC	3	QL 120 / 30 days PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MAXICOMFORT II PEN NEEDLE 31G X 6 MM MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
MAXICOMFORT SYR 27G X 1/2" 27G X 1/2" 0.5 ML MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
MAXICOMFORT SYR 27G X 1/2" 27G X 1/2" 1 ML MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
MAXX MISC	3	<p>ACA Affordable Care Act Medications</p> <p>PRE Preventive</p>
MAXX PLUS MISC	3	<p>ACA Affordable Care Act Medications</p> <p>PRE Preventive</p>
MEDIC INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
MEDIC INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
MEDICHOICE SAFETY LANCET MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
MEDICHOICE SAFETY LANCET EXTRA MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
MEDICHOICE SAFETY LANCET NORM MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
MEDICINE SHOPPE PEN NEEDLES 29G X 12MM MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
MEDICINE SHOPPE PEN NEEDLES 31G X 6 MM MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
MEDICINE SHOPPE PEN NEEDLES 31G X 8 MM MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
MEDLANCE EXTRA 21G MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MEDLANCE LITE 25G MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
MEDLANCE PLUS EXTRA 21G MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
MEDLANCE PLUS LANCETS MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
MEDLANCE PLUS LITE 25G MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
MEDLANCE PLUS SPECIAL 0.8MM MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
MEDLANCE PLUS SUPERLITE 30G MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
MEDLANCE PLUS UNIVERSAL 21G MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
MEDLANCE UNIVERSAL 21G MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
MEIJER LANCETS MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
MEIJER LANCETS THIN MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
MEIJER LANCETS UNIVERSAL 21G MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
MEIJER LANCETS UNIVERSAL 30G MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
MEIJER LANCETS UNIVERSAL 33G MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
MEIJER PEN NEEDLES 29G X 12MM MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MEIJER PEN NEEDLES 31G X 6 MM MISC	3	QL 120 / 30 days PRE Preventive
MEIJER PEN NEEDLES 31G X 8 MM MISC	3	QL 120 / 30 days PRE Preventive
MEIJER SUPER THIN LANCETS MISC	3	QL 120 / 30 day(s) PRE Preventive
<i>methylergonovine maleate tab 0.2 mg</i>	2	
<i>methylergonovine maleate tab 0.2 mg</i>	2	
MICRODOT PEN NEEDLE 31G X 6 MM MISC	3	QL 120 / 30 days PRE Preventive
MICRODOT PEN NEEDLE 32G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive
MICRODOT PEN NEEDLE 33G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive
MICROLET LANCETS MISC	3	QL 120 / 30 day(s) PRE Preventive
MICROLET NEXT LANCING DEVICE MISC	3	QL 120 / 30 days PRE Preventive
MINI LANCING DEVICE MISC	3	QL 120 / 30 days PRE Preventive
MM INSULIN SYRINGE/NEEDLE 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
MM INSULIN SYRINGE/NEEDLE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
MM INSULIN SYRINGE/NEEDLE 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
MM INSULIN SYRINGE/NEEDLE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MM INSULIN SYRINGE/NEEDLE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PRE Preventive
MM INSULIN SYRINGE/NEEDLE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PRE Preventive
MM LANCING DEVICE MISC	3	QL 120 / 30 days PRE Preventive
MM PEN NEEDLES 31G X 5 MM MISC	3	QL 120 / 30 days PRE Preventive
MM PEN NEEDLES 31G X 6 MM MISC	3	QL 120 / 30 days PRE Preventive
MM PEN NEEDLES 31G X 8 MM MISC	3	QL 120 / 30 days PRE Preventive
MM PEN NEEDLES 32G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive
MM TWIST LANCETS MISC	3	QL 120 / 30 day(s) PRE Preventive
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 BLUNTIP CANNULA 20G X 1-1/2" MISC	3	QL 120 / 30 days
MONOJECT BLUNTIP CANNULA 21G X 1" MISC	3	QL 120 / 30 days
MONOJECT BLUNTIP SYR/CANNULA 3 ML MISC	3	QL 120 / 30 days
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 FILTER ASPIRATOR MISC	3	QL 120 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
MONOJECT HYPODERMIC NEEDLE 14G X 1" MISC	3	QL 120 / 30 days
MONOJECT HYPODERMIC NEEDLE 14G X 1-1/2" MISC	3	QL 120 / 30 days
MONOJECT HYPODERMIC NEEDLE 14G X 2" MISC	3	QL 120 / 30 days
MONOJECT 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 3/4" MISC	3	QL 120 / 30 days
MONOJECT HYPODERMIC NEEDLE 16G X 5/8" MISC	3	QL 120 / 30 days
MONOJECT 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 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 20G X 1" MISC	3	QL 120 / 30 days
MONOJECT HYPODERMIC NEEDLE 20G 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 1-1/2" MISC	3	QL 120 / 30 days
MONOJECT HYPODERMIC NEEDLE 21G X 2" MISC	3	QL 120 / 30 days
MONOJECT 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 23G X 1" MISC	3	QL 120 / 30 days
MONOJECT HYPODERMIC NEEDLE 23G X 3/4" MISC	3	QL 120 / 30 days
MONOJECT HYPODERMIC NEEDLE 25G X 1" MISC	3	QL 120 / 30 days
MONOJECT HYPODERMIC NEEDLE 25G X 1-1/2" MISC	3	QL 120 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MONOJECT HYPODERMIC NEEDLE 25G X 1-1/4" 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 HYPODERMIC NEEDLE 26G X 1-1/2" MISC	3	QL 120 / 30 days
MONOJECT HYPODERMIC NEEDLE 26G 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
MONOJECT HYPODERMIC NEEDLE 30G X 3/4" MISC	3	QL 120 / 30 days
MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML MISC	3	QL 120 / 30 days PRE Preventive
MONOJECT INSULIN SYRINGE 27G X 1/2" 1 ML MISC	3	QL 120 / 30 days PRE Preventive
MONOJECT INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC	3	QL 120 / 30 days PRE Preventive
MONOJECT INSULIN SYRINGE 28G X 1/2" 1 ML MISC	3	QL 120 / 30 days PRE Preventive
MONOJECT INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PRE Preventive
MONOJECT INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 days PRE Preventive
MONOJECT INSULIN SYRINGE 29G X 1/2" 1 ML MISC	3	QL 120 / 30 days PRE Preventive
MONOJECT INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 days PRE Preventive
MONOJECT INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MONOJECT INSULIN SYRINGE 30G X 5/16" 1 ML MISC	3	QL 120 / 30 days PRE Preventive
MONOJECT INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PRE Preventive
MONOJECT INSULIN SYRINGE U-100 1 ML MISC	3	QL 120 / 30 days PRE Preventive
MONOJECT INTRODUCER NEEDLE 18G X 1-1/4" MISC	3	
MONOJECT LIFESHIELD SYRINGE 18G X 1" 12 ML MISC	3	QL 120 / 30 days
MONOJECT LIFESHIELD SYRINGE 18G X 1" 3 ML MISC	3	QL 120 / 30 days
MONOJECT MAGELLAN SAFETY NDL 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 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 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 21G X 1" 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 5/8" MISC	3	
MONOJECT MAGELLAN SAFETY NDL 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 23G X 1" MISC	3	QL 120 / 30 days
MONOJECT MAGELLAN SAFETY NDL 23G 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
MONOJECT MAGELLAN SYRINGE 18G X 1" 12 ML MISC	3	QL 120 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MONOJECT MAGELLAN SYRINGE 18G X 1" 6 ML MISC	3	
MONOJECT MAGELLAN SYRINGE 20G X 1" 3 ML MISC	3	QL 120 / 30 days
MONOJECT MAGELLAN SYRINGE 20G X 1-1/2" 12 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 1-1/2" 6 ML MISC	3	QL 120 / 30 days
MONOJECT MAGELLAN SYRINGE 21G X 1" 12 ML MISC	3	
MONOJECT MAGELLAN SYRINGE 21G X 1" 3 ML MISC	3	QL 120 / 30 days
MONOJECT MAGELLAN SYRINGE 21G X 1" 6 ML MISC	3	QL 120 / 30 days
MONOJECT MAGELLAN SYRINGE 21G X 1-1/2" 12 ML MISC	3	
MONOJECT MAGELLAN SYRINGE 21G X 1-1/2" 3 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 22G X 1" 3 ML MISC	3	QL 120 / 30 days
MONOJECT MAGELLAN SYRINGE 22G X 1-1/2" 12 ML MISC	3	
MONOJECT MAGELLAN SYRINGE 22G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
MONOJECT MAGELLAN SYRINGE 22G X 1-1/2" 6 ML MISC	3	QL 120 / 30 days
MONOJECT MAGELLAN SYRINGE 23G X 1" 1 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" 1 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" 1 ML MISC	3	QL 120 / 30 days
MONOJECT MAGELLAN SYRINGE 25G X 5/8" 3 ML MISC	3	QL 120 / 30 days
MONOJECT MEDICATION TRANSF NDL MISC	3	QL 120 / 30 days
MONOJECT PHARMACY TRAY 1 ML MISC	3	QL 120 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MONOJECT PHARMACY TRAY 12 ML MISC	3	QL 120 / 30 days
MONOJECT PHARMACY TRAY 20 ML MISC	3	QL 120 / 30 days
MONOJECT PHARMACY TRAY 3 ML MISC	3	QL 120 / 30 days
MONOJECT PHARMACY TRAY 35 ML MISC	3	QL 120 / 30 days
MONOJECT PHARMACY TRAY 6 ML MISC	3	QL 120 / 30 days
MONOJECT PHARMACY TRAY 60 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
MONOJECT SYRINGE 12 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE 18G X 1" 12 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE 20G X 1" 3 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE 20G X 1-1/2" 12 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE 20G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE 20G X 1-1/2" 6 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" 3 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE 21G X 1" 6 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE 21G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MONOJECT SYRINGE 21G X 1-1/2" 6 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE 22G 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 1-1/2" 6 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" 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 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
MONOJECT SYRINGE 27G X 1/2" 1 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE 3 ML MISC	3	QL 120 / 30 days
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 ECC LUER 20 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE ECC LUER 35 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE ECCENTRIC TIP 60 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 6 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE LUER LOCK 60 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 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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 3 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE REG LUER 35 ML MISC	3	QL 120 / 30 days
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 days
MONOJECT SYRINGE REGULAR TIP 6 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE REGULAR TIP 60 ML MISC	3	QL 120 / 30 days
MONOJECT SYRINGE TOOMEY TYPE 60 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
MONOJECT TB SYRINGE 1 ML MISC	3	QL 120 / 30 days
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
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML MISC	3	QL 120 / 30 days PRE Preventive
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 1 ML MISC	3	QL 120 / 30 days PRE Preventive
MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PRE Preventive
MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 days PRE Preventive
MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
MONOJECT ULTRA COMFORT SYRINGE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
MONOJECT ULTRA COMFORT SYRINGE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PRE Preventive
MONOLET LANCETS MISC	3	QL 120 / 30 day(s) PRE Preventive
MONOLET OPD LANCETS MISC	3	QL 120 / 30 day(s) PRE Preventive
MONOLETTOR SAFETY LANCETS MISC	3	QL 120 / 30 day(s) PRE Preventive
MPD SAFETY LANCET 21G MISC	3	QL 120 / 30 day(s) PRE Preventive
MPD SAFETY LANCET 23G MISC	3	QL 120 / 30 day(s) PRE Preventive
MPD SAFETY LANCET 28G MISC	3	QL 120 / 30 day(s) PRE Preventive
MPD SAFETY LANCET 30G MISC	3	QL 120 / 30 day(s) PRE Preventive
MS INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
MS INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MS INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PRE Preventive
MULTI-DRAW NEEDLE 20G X 1" MISC	3	
MULTI-DRAW NEEDLE 20G X 1-1/2" MISC	3	QL 120 / 30 days
MULTI-DRAW NEEDLE 21G X 1" MISC	3	
MULTI-DRAW NEEDLE 21G X 1-1/2" MISC	3	QL 120 / 30 days
MULTI-DRAW NEEDLE 22G X 1" MISC	3	
MULTI-DRAW NEEDLE 22G X 1-1/2" MISC	3	QL 120 / 30 days
MULTI-LANCET DEVICE MISC	3	QL 120 / 30 days PRE Preventive
MULTI-LANCET DEVICE 2 KIT	3	QL 120 / 30 days PRE Preventive
MYGLUCOHEALTH LANCETS 30G MISC	3	QL 120 / 30 day(s) PRE Preventive
NORM-JECT LUER LOCK SYRINGE 10 ML MISC	3	QL 120 / 30 days
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 days
NOVA SAFETY LANCETS 23G MISC	3	QL 120 / 30 day(s) PRE Preventive
NOVA SAFETY LANCETS 28G MISC	3	QL 120 / 30 day(s) PRE Preventive
NOVA SUREFLEX LANCETS MISC	3	QL 120 / 30 day(s) PRE Preventive
NOVA SUREFLEX LANCING DEVICE MISC	3	QL 120 / 30 days PRE Preventive
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM MISC	3	QL 120 / 30 days PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NOVOFINE PEN NEEDLE 32G X 6 MM MISC	3	QL 120 / 30 days PRE Preventive
NOVOFINE PLUS PEN NEEDLE 32G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive
NOVOPEN ECHO DEVICE	3	
OMNIFLEX DIAPHRAGM DIAPHRAGM	3	ACA Affordable Care Act Medications PRE Preventive
OMNIPOD 5 G6 INTRO (GEN 5) KIT	4	PA
OMNIPOD 5 G6 PODS (GEN 5) MISC	4	QL 15 / 30 day(s) PA
OMNIPOD 5 G7 INTRO (GEN 5) KIT	4	PA
OMNIPOD 5 G7 PODS (GEN 5) MISC	4	QL 15 / 30 day(s) PA
OMNIPOD 5 PACK MISC	3	QL 15 / 30 day(s) PA
OMNIPOD CLASSIC PDM (GEN 3) KIT	3	PA
OMNIPOD DASH INTRO (GEN 4) KIT	4	PA
OMNIPOD DASH PDM (GEN 4) KIT	3	PA
OMNIPOD DASH PODS (GEN 4) MISC	4	QL 15 / 30 day(s) PA
ONETOUCH CLUB LANCETS FINE PT MISC	3	QL 120 / 30 day(s) PRE Preventive
ONETOUCH DELICA LANCETS 30G MISC	3	QL 120 / 30 day(s) PRE Preventive
ONETOUCH DELICA LANCETS 33G MISC	3	QL 120 / 30 day(s) PRE Preventive
ONETOUCH DELICA LANCING DEV MISC	3	QL 120 / 30 days PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ONETOUCH DELICA PLUS LANCET30G MISC	3	QL 120 / 30 day(s) PRE Preventive
ONETOUCH DELICA PLUS LANCET33G MISC	3	QL 120 / 30 day(s) PRE Preventive
ONETOUCH DELICA PLUS LANCING MISC	3	QL 120 / 30 days PRE Preventive
ONETOUCH DELICA SAFETY LANCING MISC	3	QL 120 / 30 day(s) PRE Preventive
ONETOUCH FINEPOINT LANCETS MISC	3	QL 120 / 30 day(s) PRE Preventive
ONETOUCH SURESOFT LANCING DEV MISC	3	QL 120 / 30 days PRE Preventive
ONETOUCH ULTRA STRIP	3	QL 120 / 30 day(s) PRE Preventive
ONETOUCH ULTRA CONTROL LIQUID	3	PRE Preventive
ONETOUCH ULTRA TEST STRIP	3	QL 120 / 30 day(s) PRE Preventive
ONETOUCH ULTRASOFT 2 LANCETS MISC	3	QL 120 / 30 day(s) PRE Preventive
ONETOUCH ULTRASOFT LANCETS MISC	3	QL 120 / 30 day(s) PRE Preventive
ONETOUCH VERIO LIQUID	3	PRE Preventive
ONETOUCH VERIO STRIP	3	QL 120 / 30 day(s) PRE Preventive
ONETOUCH VERIO HIGH LIQUID	3	PRE Preventive
OPVEE 2.7 MG/0.1ML SOLUTION	3	
PATIENT SAFE SYRINGE 10 ML MISC	3	QL 120 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PATIENT SAFE SYRINGE 20 ML MISC	3	QL 120 / 30 days
PATIENT SAFE SYRINGE 3 ML MISC	3	QL 120 / 30 days
PATIENT SAFE SYRINGE 30 ML MISC	3	QL 120 / 30 days
PATIENT SAFE SYRINGE 5 ML MISC	3	QL 120 / 30 days
PATIENT SAFE SYRINGE 60 ML MISC	3	QL 120 / 30 days
PC LANCETS SUPER THIN 30G MISC	3	QL 120 / 30 day(s) PRE Preventive
PC UNIFINE PENTIPS 29G X 12MM MISC	3	QL 120 / 30 days PRE Preventive
PC UNIFINE PENTIPS 31G X 5 MM MISC	3	QL 120 / 30 days PRE Preventive
PC UNIFINE PENTIPS 31G X 6 MM MISC	3	QL 120 / 30 days PRE Preventive
PC UNIFINE PENTIPS 31G X 8 MM MISC	3	QL 120 / 30 days PRE Preventive
PEN NEEDLES 29G X 12MM MISC	3	QL 120 / 30 days PRE Preventive
PEN NEEDLES 30G X 5 MM MISC	3	QL 120 / 30 days PRE Preventive
PEN NEEDLES 30G X 8 MM MISC	3	QL 120 / 30 days PRE Preventive
PEN NEEDLES 31G X 5 MM MISC	3	QL 120 / 30 days PRE Preventive
PEN NEEDLES 31G X 6 MM MISC	3	QL 120 / 30 days PRE Preventive
PEN NEEDLES 31G X 8 MM MISC	3	QL 120 / 30 days PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PEN NEEDLES 32G X 4 MM MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
PEN NEEDLES 32G X 5 MM MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
PEN NEEDLES 32G X 6 MM MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
PEN NEEDLES 33G X 4 MM MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
PEN NEEDLES 5/16" 31G X 8 MM MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
PENLET II BLOOD SAMPLER KIT	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
PENLET II REPLACEMENT CAP MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
PENTIPS 29G X 12MM MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
PENTIPS 31G X 5 MM MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
PENTIPS 31G X 6 MM MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
PENTIPS 31G X 8 MM MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
PENTIPS 32G X 4 MM MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
PENTIPS 32G X 6 MM MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
PERFECT LANCETS 28G MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PERFECT LANCETS 30G MISC	3	QL 120 / 30 day(s) PRE Preventive
PERFECT POINT SAFETY NEEDLE 25G X 1" MISC	3	QL 120 / 30 days
PHARMACIST CHOICE LANCETS MISC	3	QL 120 / 30 day(s) PRE Preventive
PHARMACY COUNTER LANCETS MISC	3	QL 120 / 30 day(s) PRE Preventive
PIP LANCETS 28G MISC	3	QL 120 / 30 day(s) PRE Preventive
PIP LANCETS 30G MISC	3	QL 120 / 30 day(s) PRE Preventive
PIP PEN NEEDLES 31G X 5MM 31G X 5 MM MISC	3	QL 120 / 30 days PRE Preventive
PIP PEN NEEDLES 32G X 4MM 32G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive
POLY HUB NEEDLE 18G X 1" MISC	3	QL 120 / 30 days
POLY HUB NEEDLE 18G X 1-1/2" MISC	3	QL 120 / 30 days
POLY HUB NEEDLE 21G X 1" MISC	3	QL 120 / 30 days
POLY HUB NEEDLE 21G X 1-1/2" MISC	3	QL 120 / 30 days
POLY HUB NEEDLE 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 23G X 1" MISC	3	QL 120 / 30 days
POLY HUB NEEDLE 23G 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 1-1/2" MISC	3	QL 120 / 30 days
POLY HUB NEEDLE 25G X 5/8" MISC	3	QL 120 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
POLY HUB NEEDLE 30G X 1/2" MISC	3	QL 120 / 30 days
PRECISION SURE-DOSE SYRINGE 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
PRECISION THINS GP LANCETS MISC	3	QL 120 / 30 day(s) PRE Preventive
PREFERRED PLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC	3	QL 120 / 30 days PRE Preventive
PREFERRED PLUS INSULIN SYRINGE 28G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
PREFERRED PLUS INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PRE Preventive
PREFERRED PLUS INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
PREFERRED PLUS INSULIN SYRINGE 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
PREFERRED PLUS INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
PREFERRED PLUS INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
PREFERRED PLUS INSULIN SYRINGE 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
PREFERRED PLUS LANCETS COLORED MISC	3	QL 120 / 30 day(s) PRE Preventive
PREFERRED PLUS LANCETS THIN MISC	3	QL 120 / 30 day(s) PRE Preventive
PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM MISC	3	QL 120 / 30 days PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PREFERRED PLUS UNIFINE PENTIPS 31G X 5 MM MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
PREFERRED PLUS UNIFINE PENTIPS 31G X 6 MM MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
PREFERRED PLUS UNIFINE PENTIPS 31G X 8 MM MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
PREFERRED PLUS UNIFINE PENTIPS 32G X 4 MM MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
PREMIUM CONDOMS LUBRICATED MISC	3	<p>ACA Affordable Care Act Medications</p> <p>PRE Preventive</p>
PREVENT DROPSAFE PEN NEEDLES 31G X 6 MM MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
PREVENT DROPSAFE PEN NEEDLES 31G X 8 MM MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
PREVENT SAFETY PEN NEEDLES 31G X 6 MM MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
PREVENT SAFETY PEN NEEDLES 31G X 8 MM MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
PRO COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
PRO COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
PRO COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
PRO COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
PRO COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PRO COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PRE Preventive
PRO COMFORT LANCETS 30G MISC	3	QL 120 / 30 day(s) PRE Preventive
PRO COMFORT LANCETS 31G MISC	3	QL 120 / 30 day(s) PRE Preventive
PRO COMFORT PEN NEEDLES 31G X 8 MM MISC	3	QL 120 / 30 days PRE Preventive
PRO COMFORT PEN NEEDLES 32G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive
PRO COMFORT PEN NEEDLES 32G X 5 MM MISC	3	QL 120 / 30 days PRE Preventive
PRO COMFORT PEN NEEDLES 32G X 6 MM MISC	3	QL 120 / 30 days PRE Preventive
PRO COMFORT SAFETY LANCETS 30G MISC	3	QL 120 / 30 day(s) PRE Preventive
PRODIGY INSULIN SYRINGE 28G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
PRODIGY INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
PRODIGY INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PRE Preventive
PRODIGY LANCETS 28G MISC	3	QL 120 / 30 day(s) PRE Preventive
PRODIGY LANCING DEVICE MISC	3	QL 120 / 30 days PRE Preventive
PRODIGY SAFETY LANCETS 26G MISC	3	QL 120 / 30 day(s) PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PRODIGY TWIST TOP LANCETS 28G MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
PSS SELECT GP LANCETS MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
PSS SELECT PLATFORMS MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
PSS SELECT SAFETY LANCETS MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
PURE COMFORT LANCETS 30G MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
PURE COMFORT PEN NEEDLE 32G X 4 MM MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
PURE COMFORT PEN NEEDLE 32G X 5 MM MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
PURE COMFORT PEN NEEDLE 32G X 6 MM MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
PURE COMFORT PEN NEEDLE 32G X 8 MM MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
PURE COMFORT SAFETY PEN NEEDLE 31G X 5 MM MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
PURE COMFORT SAFETY PEN NEEDLE 31G X 6 MM MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
PURE COMFORT SAFETY PEN NEEDLE 32G X 4 MM MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
PX ADVANCED LANCING DEVICE MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
PX EXTRA SHORT PEN NEEDLES 31G X 6 MM MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PX INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
PX LANCET AUTO INJECTOR MISC	3	QL 120 / 30 days PRE Preventive
PX LANCETS MICROTHIN 33G MISC	3	QL 120 / 30 day(s) PRE Preventive
PX LANCETS ULTRA THIN MISC	3	QL 120 / 30 day(s) PRE Preventive
PX LANCETS ULTRA THIN 28G MISC	3	QL 120 / 30 day(s) PRE Preventive
PX MINI PEN NEEDLES 31G X 5 MM MISC	3	QL 120 / 30 days PRE Preventive
PX PEN NEEDLE 29G X 12MM MISC	3	QL 120 / 30 days PRE Preventive
PX PEN NEEDLE 31G X 8 MM MISC	3	QL 120 / 30 days PRE Preventive
PX SHORTLENGTH PEN NEEDLES 31G X 8 MM MISC	3	QL 120 / 30 days PRE Preventive
QC ADVANCED LANCING DEVICE MISC	3	QL 120 / 30 days PRE Preventive
QC LANCETS SUPER THIN 30G MISC	3	QL 120 / 30 day(s) PRE Preventive
QC LANCETS ULTRA THIN MISC	3	QL 120 / 30 day(s) PRE Preventive
QC PEN NEEDLES 29G X 12MM MISC	3	QL 120 / 30 days PRE Preventive
QC PEN NEEDLES 31G X 6 MM MISC	3	QL 120 / 30 days PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
QC PEN NEEDLES 31G X 8 MM MISC	3	QL 120 / 30 days PRE Preventive
QC UNIFINE PENTIPS 32G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive
QC UNILET LANCETS 28G MISC	3	QL 120 / 30 day(s) PRE Preventive
QC UNILET LANCETS MICRO THIN MISC	3	QL 120 / 30 day(s) PRE Preventive
RA E-ZJECT LANCETS 28G MISC	3	QL 120 / 30 day(s) PRE Preventive
RA E-ZJECT LANCETS THIN 26G MISC	3	QL 120 / 30 day(s) PRE Preventive
RA E-ZJECT LANCETS THIN 28G MISC	3	QL 120 / 30 day(s) PRE Preventive
RA E-ZJECT LANCETS ULTRA THIN MISC	3	QL 120 / 30 day(s) PRE Preventive
RA INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
RA INSULIN SYRINGE 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
RA INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
RA INSULIN SYRINGE 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
RA PEN NEEDLES 31G X 5 MM MISC	3	QL 120 / 30 days PRE Preventive
RA PEN NEEDLES 31G X 8 MM MISC	3	QL 120 / 30 days PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RAYA SURE PEN NEEDLE 29G X 12MM MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
RAYA SURE PEN NEEDLE 31G X 4 MM MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
RAYA SURE PEN NEEDLE 31G X 5 MM MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
RAYA SURE PEN NEEDLE 31G X 6 MM MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
RAYA SURE PEN NEEDLE 31G X 8 MM MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
READYLANCE SAFETY LANCETS MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
REALITY INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
REALITY INSULIN SYRINGE 28G X 1/2" 1 ML MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
REALITY INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
REALITY INSULIN SYRINGE 29G X 1/2" 1 ML MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
REALITY LANCETS MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
REALITY LATEX CONDOMS MISC	3	<p>ACA Affordable Care Act Medications</p> <p>PRE Preventive</p>
REALITY LATEX/ULTRA TEXTURED DEVICE	3	<p>ACA Affordable Care Act Medications</p> <p>PRE Preventive</p>
REALITY LATEX/ULTRA THIN DEVICE	3	<p>ACA Affordable Care Act Medications</p> <p>PRE Preventive</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
REALITY TRIGGER LANCETS MISC	3	QL 120 / 30 day(s) PRE Preventive
RELION INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
RELION INSULIN SYRINGE 31G X 15/64" 0.3 ML MISC	3	QL 120 / 30 days PRE Preventive
RELION INSULIN SYRINGE 31G X 15/64" 0.5 ML MISC	3	QL 120 / 30 days PRE Preventive
RELION INSULIN SYRINGE 31G X 15/64" 1 ML MISC	3	QL 120 / 30 days PRE Preventive
RELION INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
RELION INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PRE Preventive
RELION INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PRE Preventive
RELION LANCET DEVICES 30G MISC	3	QL 120 / 30 day(s) PRE Preventive
RELION LANCETS MISC	3	QL 120 / 30 day(s) PRE Preventive
RELION LANCETS MICRO-THIN 33G MISC	3	QL 120 / 30 day(s) PRE Preventive
RELION LANCETS THIN 26G MISC	3	QL 120 / 30 day(s) PRE Preventive
RELION LANCETS ULTRA-THIN 30G MISC	3	QL 120 / 30 day(s) PRE Preventive
RELION LANCING DEVICE KIT	3	QL 120 / 30 days PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RELION LANCING DEVICE MISC	3	QL 120 / 30 days PRE Preventive
RELION MINI PEN NEEDLES 31G X 6 MM MISC	3	QL 120 / 30 days PRE Preventive
RELION PEN NEEDLES 29G X 12MM MISC	3	QL 120 / 30 days PRE Preventive
RELION PEN NEEDLES 31G X 6 MM MISC	3	QL 120 / 30 days PRE Preventive
RELION PEN NEEDLES 31G X 8 MM MISC	3	QL 120 / 30 days PRE Preventive
RELION PEN NEEDLES 32G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive
RELION SHORT PEN NEEDLES 31G X 8 MM MISC	3	QL 120 / 30 days PRE Preventive
RELION ULTRA THIN LANCETS 30G MISC	3	QL 120 / 30 day(s) PRE Preventive
RELION ULTRA THIN PLUS LANCETS MISC	3	QL 120 / 30 day(s) PRE Preventive
REXALL LANCETS ULTRA THIN 30G MISC	3	QL 120 / 30 day(s) PRE Preventive
RIGHTEST ALTERNATE SITE ADAPT MISC	3	QL 120 / 30 days PRE Preventive
RIGHTEST GD500 LANCING DEVICE MISC	3	QL 120 / 30 days PRE Preventive
RIGHTEST GL300 LANCETS MISC	3	QL 120 / 30 day(s) PRE Preventive
SAFE-T-LANCE MISC	3	QL 120 / 30 day(s) PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SAFE-T-LANCE PLUS MISC	3	QL 120 / 30 day(s) PRE Preventive
SAFETY LANCET 30G/PRESSURE ACT MISC	3	QL 120 / 30 day(s) PRE Preventive
SAFETY LANCETS MISC	3	QL 120 / 30 day(s) PRE Preventive
SAFETY LANCETS 21G MISC	3	QL 120 / 30 day(s) PRE Preventive
SAFETY LANCETS 23G MISC	3	QL 120 / 30 day(s) PRE Preventive
SAFETY LANCETS 28G MISC	3	QL 120 / 30 day(s) PRE Preventive
SAFETY PEN NEEDLES 30G X 5 MM MISC	3	QL 120 / 30 days PRE Preventive
SAFETY PEN NEEDLES 30G X 8 MM MISC	3	QL 120 / 30 days PRE Preventive
SAPS HEALTH PLUS LANCETS MISC	3	QL 120 / 30 day(s) PRE Preventive
SAPS HEALTH TWIST TOP LANCETS MISC	3	QL 120 / 30 day(s) PRE Preventive
SAPS TWIST TOP LANCETS MISC	3	QL 120 / 30 day(s) PRE Preventive
SAPSCARE TWIST TOP LANCETS MISC	3	QL 120 / 30 day(s) PRE Preventive
SB INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
SB INSULIN SYRINGE 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SB INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
SB INSULIN SYRINGE 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
SB INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PRE Preventive
SB LANCETS THIN MISC	3	QL 120 / 30 day(s) PRE Preventive
SB LANCETS ULTRA THIN MISC	3	QL 120 / 30 day(s) PRE Preventive
SECURESAFE HYPODERMIC NEEDLE 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 21G X 1-1/2" MISC	3	QL 120 / 30 days
SECURESAFE HYPODERMIC NEEDLE 22G X 1" MISC	3	QL 120 / 30 days
SECURESAFE HYPODERMIC NEEDLE 25G X 1-1/2" MISC	3	QL 120 / 30 days
SECURESAFE HYPODERMIC NEEDLE 26G X 1/2" MISC	3	QL 120 / 30 days
SECURESAFE HYPODERMIC NEEDLE 27G X 1/2" MISC	3	QL 120 / 30 days
SECURESAFE INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
SECURESAFE INSULIN SYRINGE 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
SECURESAFE SAFETY PEN NEEDLES 30G X 8 MM MISC	3	QL 120 / 30 days PRE Preventive
SECURESAFE SYRINGE/NEEDLE 20G X 1" 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 21G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SECURESAFE SYRINGE/NEEDLE 22G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
SECURESAFE SYRINGE/NEEDLE 25G X 1-1/2" 1 ML MISC	3	
SECURESAFE SYRINGE/NEEDLE 25G X 5/8" 3 ML MISC	3	QL 120 / 30 days
SECURESAFE SYRINGE/NEEDLE 27G X 1/2" 1 ML MISC	3	QL 120 / 30 days
SELECT-LITE DEVICE/LANCETS KIT	3	QL 120 / 30 days PRE Preventive
SELECT-LITE LANCING DEVICE MISC	3	QL 120 / 30 days PRE Preventive
SHOPKO AUTOLET LANCING DEVICE MISC	3	QL 120 / 30 days PRE Preventive
SHOPKO ON-THE-GO LANCETS 30G MISC	3	QL 120 / 30 day(s) PRE Preventive
SHOPKO UNIFINE PENTIPS 29G X 12MM MISC	3	QL 120 / 30 days PRE Preventive
SHOPKO UNIFINE PENTIPS 31G X 5 MM MISC	3	QL 120 / 30 days PRE Preventive
SHOPKO UNIFINE PENTIPS 31G X 8 MM MISC	3	QL 120 / 30 days PRE Preventive
SHOPKO UNIFINE PENTIPS 32G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive
SHOPKO UNIFINE PENTIPS PLUS 29G X 12MM MISC	3	QL 120 / 30 days PRE Preventive
SHOPKO UNIFINE PENTIPS PLUS 31G X 5 MM MISC	3	QL 120 / 30 days PRE Preventive
SHOPKO UNIFINE PENTIPS PLUS 31G X 8 MM MISC	3	QL 120 / 30 days PRE Preventive
SHOPKO UNIFINE PENTIPS PLUS 32G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SHOPKO UNILET LANCETS 28G MISC	3	QL 120 / 30 day(s) PRE Preventive
SHOPKO UNILET LANCETS 30G MISC	3	QL 120 / 30 day(s) PRE Preventive
SIMPLE DIAGNOSTICS LANCING DEV MISC	3	QL 120 / 30 days PRE Preventive
SINGLE-LET MISC	3	QL 120 / 30 day(s) PRE Preventive
SM LANCETS 33G MISC	3	QL 120 / 30 day(s) PRE Preventive
SM TRUEDRAW LANCING DEVICE MISC	3	QL 120 / 30 days PRE Preventive
SMART DIABETES VANTAGE LANCING MISC	3	QL 120 / 30 days PRE Preventive
SMART SENSE COLOR LANCETS 33G MISC	3	QL 120 / 30 day(s) PRE Preventive
SMART SENSE STANDARD LANCETS MISC	3	QL 120 / 30 day(s) PRE Preventive
SMART SENSE SUPER THIN LANCETS MISC	3	QL 120 / 30 day(s) PRE Preventive
SMART SENSE THIN LANCETS 26G MISC	3	QL 120 / 30 day(s) PRE Preventive
SMARTEST LANCETS 28G MISC	3	QL 120 / 30 day(s) PRE Preventive
SODIUM PHENYL BUTYRATE POWDER	5	PA S
SOLUS V2 LANCETS 28G MISC	3	QL 120 / 30 day(s) PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SOLUS V2 LANCING DEVICE MISC	3	QL 120 / 30 days PRE Preventive
SOLUS V2 TWIST LANCETS 30G MISC	3	QL 120 / 30 day(s) PRE Preventive
SPINAL NEEDLE (REUSABLE) 18G X 3-1/2" MISC	3	
SPINAL NEEDLE (REUSABLE) 20G X 3-1/2" MISC	3	
SPINAL NEEDLE (REUSABLE) 22G X 3-1/2" MISC	3	
SPINAL NEEDLE (REUSABLE) 25G X 3-1/2" MISC	3	
STERILANCE PA MISC	3	QL 120 / 30 days PRE Preventive
STERILANCE TL MISC	3	QL 120 / 30 day(s) PRE Preventive
SUPER THIN LANCETS MISC	3	QL 120 / 30 day(s) PRE Preventive
SURE COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC	3	QL 120 / 30 days PRE Preventive
SURE COMFORT INSULIN SYRINGE 28G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
SURE COMFORT INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PRE Preventive
SURE COMFORT INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
SURE COMFORT INSULIN SYRINGE 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
SURE COMFORT INSULIN SYRINGE 30G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PRE Preventive
SURE COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SURE COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
SURE COMFORT INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
SURE COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
SURE COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
SURE COMFORT INSULIN SYRINGE 31G X 1/4" 0.3 ML MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
SURE COMFORT INSULIN SYRINGE 31G X 1/4" 0.5 ML MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
SURE COMFORT INSULIN SYRINGE 31G X 1/4" 1 ML MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
SURE COMFORT INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
SURE COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
SURE COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
SURE COMFORT LANCETS 18G MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
SURE COMFORT LANCETS 21G MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
SURE COMFORT LANCETS 23G MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
SURE COMFORT LANCETS 28G MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SURE COMFORT LANCETS 30G MISC	3	QL 120 / 30 day(s) PRE Preventive
SURE COMFORT LANCING PEN MISC	3	QL 120 / 30 days PRE Preventive
SURE COMFORT PEN NEEDLES 29G X 12.7MM MISC	3	QL 120 / 30 days PRE Preventive
SURE COMFORT PEN NEEDLES 30G X 8 MM MISC	3	QL 120 / 30 days PRE Preventive
SURE COMFORT PEN NEEDLES 31G X 5 MM MISC	3	QL 120 / 30 days PRE Preventive
SURE COMFORT PEN NEEDLES 31G X 6 MM MISC	3	QL 120 / 30 days PRE Preventive
SURE COMFORT PEN NEEDLES 31G X 8 MM MISC	3	QL 120 / 30 days PRE Preventive
SURE COMFORT PEN NEEDLES 32G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive
SURE COMFORT PEN NEEDLES 32G X 6 MM MISC	3	QL 120 / 30 days PRE Preventive
SURELITE LANCETS MISC	3	QL 120 / 30 day(s) PRE Preventive
SYRINGE 10-12 ML 12 ML MISC	3	QL 120 / 30 days
SYRINGE 18G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
SYRINGE 2-3 ML 3 ML MISC	3	QL 120 / 30 days
SYRINGE 20-25 ML 25 ML MISC	3	QL 120 / 30 days
SYRINGE 20G X 1" 12 ML MISC	3	
SYRINGE 20G X 1" 3 ML MISC	3	QL 120 / 30 days
SYRINGE 20G X 1" 6 ML MISC	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SYRINGE 20G X 1-1/2" 12 ML MISC	3	QL 120 / 30 days
SYRINGE 20G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
SYRINGE 21G X 1" 12 ML MISC	3	
SYRINGE 21G X 1" 3 ML MISC	3	QL 120 / 30 days
SYRINGE 21G X 1" 6 ML MISC	3	QL 120 / 30 days
SYRINGE 21G X 1-1/2" 12 ML MISC	3	
SYRINGE 21G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
SYRINGE 21G X 1-1/2" 6 ML MISC	3	QL 120 / 30 days
SYRINGE 21G X 1-1/4" 3 ML MISC	3	
SYRINGE 21G X 1-1/4" 6 ML MISC	3	
SYRINGE 22G X 1" 12 ML MISC	3	
SYRINGE 22G X 1" 3 ML MISC	3	QL 120 / 30 days
SYRINGE 22G X 1" 6 ML MISC	3	
SYRINGE 22G X 1-1/2" 12 ML MISC	3	
SYRINGE 22G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
SYRINGE 22G X 1-1/2" 6 ML MISC	3	QL 120 / 30 days
SYRINGE 22G X 1-1/4" 6 ML MISC	3	
SYRINGE 22G X 3/4" 3 ML MISC	3	QL 120 / 30 days
SYRINGE 23G X 1" 3 ML MISC	3	QL 120 / 30 days
SYRINGE 25G X 1" 3 ML MISC	3	QL 120 / 30 days
SYRINGE 25G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
SYRINGE 25G X 5/8" 3 ML MISC	3	QL 120 / 30 days
SYRINGE 27G X 1-1/4" 3 ML MISC	3	QL 120 / 30 days
SYRINGE 2G X 1-1/4" 3 ML MISC	3	
SYRINGE 30-35 ML 35 ML MISC	3	QL 120 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SYRINGE 5-6 ML 6 ML MISC	3	QL 120 / 30 days
SYRINGE 50-60 ML 60 ML MISC	3	QL 120 / 30 days
SYRINGE DISPOSABLE 10 ML MISC	3	QL 120 / 30 days
SYRINGE ECCENTRIC TIP 10 ML MISC	3	QL 120 / 30 days
SYRINGE LUER LOCK 10 ML MISC	3	QL 120 / 30 days
SYRINGE LUER LOCK 20 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" 3 ML MISC	3	QL 120 / 30 days
SYRINGE LUER LOCK 20G X 1" 5 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 20G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
SYRINGE LUER LOCK 20G X 1-1/2" 5 ML MISC	3	QL 120 / 30 days
SYRINGE LUER LOCK 21G X 1" 10 ML MISC	3	QL 120 / 30 days
SYRINGE LUER LOCK 21G X 1" 3 ML MISC	3	QL 120 / 30 days
SYRINGE LUER LOCK 21G X 1" 5 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 1-1/2" 5 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" 3 ML MISC	3	QL 120 / 30 days
SYRINGE LUER LOCK 22G X 1-1/2" 10 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 1-1/2" 5 ML MISC	3	QL 120 / 30 days
SYRINGE LUER LOCK 23G 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 25G 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 days
SYRINGE LUER LOCK 25G X 5/8" 3 ML MISC	3	QL 120 / 30 days
SYRINGE LUER LOCK 3 ML MISC	3	QL 120 / 30 days
SYRINGE LUER LOCK 30 ML MISC	3	QL 120 / 30 days
SYRINGE LUER LOCK 5 ML MISC	3	QL 120 / 30 days
SYRINGE LUER LOCK 60 ML MISC	3	QL 120 / 30 days
SYRINGE LUER SLIP 1 ML MISC	3	QL 120 / 30 days
SYRINGE LUER SLIP 10 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
SYRINGE LUER SLIP 3 ML MISC	3	QL 120 / 30 days
SYRINGE LUER SLIP 35 ML MISC	3	QL 120 / 30 days
SYRINGE LUER SLIP 5 ML MISC	3	QL 120 / 30 days
SYRINGE LUER SLIP 60 ML MISC	3	QL 120 / 30 days
SYRINGE/HYPODERMIC SAFETY 18G X 1" 12 ML MISC	3	QL 120 / 30 days
TB SYRINGE 1 ML MISC	3	QL 120 / 30 days
TECHLITE AST LANCETS MISC	3	QL 120 / 30 day(s) PRE Preventive
TECHLITE INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PRE Preventive
TECHLITE INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
TECHLITE INSULIN SYRINGE 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TECHLITE INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
TECHLITE INSULIN SYRINGE 30G X 1/2" 1 ML MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
TECHLITE INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
TECHLITE INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
TECHLITE INSULIN SYRINGE 31G X 15/64" 0.3 ML MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
TECHLITE INSULIN SYRINGE 31G X 15/64" 0.5 ML MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
TECHLITE INSULIN SYRINGE 31G X 15/64" 1 ML MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
TECHLITE INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
TECHLITE INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
TECHLITE INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
TECHLITE LANCETS MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
TECHLITE LANCETS 26G MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
TECHLITE LANCETS 30G MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
TECHLITE PEN NEEDLES 29G X 10MM MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TECHLITE PEN NEEDLES 29G X 12MM MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
TECHLITE PEN NEEDLES 31G X 5 MM MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
TECHLITE PEN NEEDLES 31G X 6 MM MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
TECHLITE PEN NEEDLES 31G X 8 MM MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
TECHLITE PEN NEEDLES 32G X 4 MM MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
TECHLITE PEN NEEDLES 32G X 6 MM MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
TECHLITE PEN NEEDLES 32G X 8 MM MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
TECHLITE PLUS PEN NEEDLES 32G X 4 MM MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
TGT LANCET MICRO THIN 33G MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
TGT LANCET THIN 26G MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
TGT LANCET ULTRA THIN 30G MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
TGT LANCING DEVICE MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
THINLETS GP LANCETS MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
TODAYS HEALTH LANCING DEVICE MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TODAYS HEALTH MINI PEN NEEDLES 31G X 6 MM MISC	3	QL 120 / 30 days PRE Preventive
TODAYS HEALTH PEN NEEDLES 29G X 12MM MISC	3	QL 120 / 30 days PRE Preventive
TODAYS HEALTH SHORT PEN NEEDLE 31G X 8 MM MISC	3	QL 120 / 30 days PRE Preventive
TODAYS HEALTH THIN LANCETS 28G MISC	3	QL 120 / 30 day(s) PRE Preventive
TODAYS HEALTH THIN LANCETS 30G MISC	3	QL 120 / 30 day(s) PRE Preventive
TOOMEY SYRINGE 70 ML MISC	3	QL 120 / 30 days
TOPCARE CLICKFINE PEN NEEDLES 31G X 6 MM MISC	3	QL 120 / 30 days PRE Preventive
TOPCARE CLICKFINE PEN NEEDLES 31G X 8 MM MISC	3	QL 120 / 30 days PRE Preventive
TOPCARE LANCETS MICRO-THIN 33G MISC	3	QL 120 / 30 day(s) PRE Preventive
TOPCARE ULTRA COMFORT INS SYR 29G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PRE Preventive
TOPCARE ULTRA COMFORT INS SYR 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
TOPCARE ULTRA COMFORT INS SYR 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
TOPCARE ULTRA COMFORT INS SYR 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
TOPCARE ULTRA COMFORT INS SYR 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
TOPCARE ULTRA COMFORT INS SYR 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PRE 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) PRE Preventive
TOPCARE ULTRA COMFORT INS SYR 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PRE Preventive
TOPCARE ULTRA COMFORT INS SYR 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PRE Preventive
TRAVEL LANCETS MISC	3	QL 120 / 30 day(s) PRE Preventive
TRAVEL LANCETS ADVANCED 28G MISC	3	QL 120 / 30 day(s) PRE Preventive
TRUE COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
TRUE COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML MISC	3	QL 120 / 30 days PRE Preventive
TRUE COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
TRUE COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
TRUE COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PRE Preventive
TRUE COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PRE Preventive
TRUE COMFORT INSULIN SYRINGE 32G X 5/16" 1 ML MISC	3	QL 120 / 30 days PRE Preventive
TRUE COMFORT PEN NEEDLES 31G X 5 MM MISC	3	QL 120 / 30 days PRE Preventive
TRUE COMFORT PEN NEEDLES 31G X 6 MM MISC	3	QL 120 / 30 days PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRUE COMFORT PEN NEEDLES 31G X 8 MM MISC	3	QL 120 / 30 days PRE Preventive
TRUE COMFORT PEN NEEDLES 32G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive
TRUE COMFORT PEN NEEDLES 32G X 5 MM MISC	3	QL 120 / 30 days PRE Preventive
TRUE COMFORT PEN NEEDLES 32G X 6 MM MISC	3	QL 120 / 30 days PRE Preventive
TRUE COMFORT PEN NEEDLES 33G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive
TRUE COMFORT PEN NEEDLES 33G X 5 MM MISC	3	QL 120 / 30 days PRE Preventive
TRUE COMFORT PEN NEEDLES 33G X 6 MM MISC	3	QL 120 / 30 days PRE Preventive
TRUE COMFORT PRO INSULIN SYR 30G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
TRUE COMFORT PRO INSULIN SYR 30G X 1/2" 1 ML MISC	3	QL 120 / 30 days PRE Preventive
TRUE COMFORT PRO INSULIN SYR 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
TRUE COMFORT PRO INSULIN SYR 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
TRUE COMFORT PRO INSULIN SYR 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PRE Preventive
TRUE COMFORT PRO INSULIN SYR 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PRE Preventive
TRUE COMFORT PRO INSULIN SYR 32G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRUE COMFORT PRO INSULIN SYR 32G X 5/16" 1 ML MISC	3	QL 120 / 30 days PRE Preventive
TRUE COMFORT PRO PEN NEEDLES 31G X 5 MM MISC	3	QL 120 / 30 days PRE Preventive
TRUE COMFORT PRO PEN NEEDLES 31G X 6 MM MISC	3	QL 120 / 30 days PRE Preventive
TRUE COMFORT PRO PEN NEEDLES 32G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive
TRUE COMFORT SAFETY LANCETS MISC	3	QL 120 / 30 day(s) PRE Preventive
TRUE COMFORT TWIST TOP LANCETS MISC	3	QL 120 / 30 day(s) PRE Preventive
TRUE COVER DEVICE	3	ACA Affordable Care Act Medications PRE Preventive
TRUEDRAW LANCING DEVICE MISC	3	QL 120 / 30 days PRE Preventive
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM MISC	3	QL 120 / 30 days PRE Preventive
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 5 MM MISC	3	QL 120 / 30 days PRE Preventive
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 6 MM MISC	3	QL 120 / 30 days PRE Preventive
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 8 MM MISC	3	QL 120 / 30 days PRE Preventive
TRUEPLUS 5-BEVEL PEN NEEDLES 32G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC	3	QL 120 / 30 days PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 1 ML MISC	3	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>120 / 30 day(s)</div> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">PRE</div> <div>Preventive</div> </div>
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC	3	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>120 / 30 days</div> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">PRE</div> <div>Preventive</div> </div>
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	3	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>120 / 30 day(s)</div> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">PRE</div> <div>Preventive</div> </div>
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 1 ML MISC	3	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>120 / 30 day(s)</div> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">PRE</div> <div>Preventive</div> </div>
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC	3	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>120 / 30 day(s)</div> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">PRE</div> <div>Preventive</div> </div>
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>120 / 30 day(s)</div> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">PRE</div> <div>Preventive</div> </div>
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 1 ML MISC	3	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>120 / 30 day(s)</div> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">PRE</div> <div>Preventive</div> </div>
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	3	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>120 / 30 day(s)</div> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">PRE</div> <div>Preventive</div> </div>
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	3	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>120 / 30 days</div> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">PRE</div> <div>Preventive</div> </div>
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>120 / 30 days</div> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">PRE</div> <div>Preventive</div> </div>
TRUEPLUS LANCETS 26G MISC	3	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>120 / 30 day(s)</div> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">PRE</div> <div>Preventive</div> </div>
TRUEPLUS LANCETS 28G MISC	3	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>120 / 30 day(s)</div> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">PRE</div> <div>Preventive</div> </div>
TRUEPLUS LANCETS 30G MISC	3	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>120 / 30 day(s)</div> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">PRE</div> <div>Preventive</div> </div>
TRUEPLUS LANCETS 33G MISC	3	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>120 / 30 day(s)</div> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">PRE</div> <div>Preventive</div> </div>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRUEPLUS PEN NEEDLES 29G X 12MM MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
TRUEPLUS PEN NEEDLES 31G X 5 MM MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
TRUEPLUS PEN NEEDLES 31G X 6 MM MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
TRUEPLUS PEN NEEDLES 31G X 8 MM MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
TRUEPLUS PEN NEEDLES 32G X 4 MM MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
TRUEPLUS SAFETY LANCETS 28G MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
TRUSTEX COLOR CONDOMS + LUBE MISC	3	<p>ACA Affordable Care Act Medications</p> <p>PRE Preventive</p>
TRUSTEX LUB/RIBBED/STUDDED MISC	3	<p>ACA Affordable Care Act Medications</p> <p>PRE Preventive</p>
TRUSTEX LUB/SPERMICIDE EX ST MISC	3	<p>ACA Affordable Care Act Medications</p> <p>PRE Preventive</p>
TRUSTEX LUB/SPERMICIDE XL MISC	3	<p>ACA Affordable Care Act Medications</p> <p>PRE Preventive</p>
TRUSTEX LUBRICATED MISC	3	<p>ACA Affordable Care Act Medications</p> <p>PRE Preventive</p>
TRUSTEX LUBRICATED EX LARGE MISC	3	<p>ACA Affordable Care Act Medications</p> <p>PRE Preventive</p>
TRUSTEX LUBRICATED EXTRA ST MISC	3	<p>ACA Affordable Care Act Medications</p> <p>PRE Preventive</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRUSTEX LUBRICATED/SPERMICIDE MISC	3	ACA Affordable Care Act Medications PRE Preventive
TRUSTEX NATURAL CONDOMS + LUBE MISC	3	ACA Affordable Care Act Medications PRE Preventive
TRUSTEX NON-LUBRICATED MISC	3	ACA Affordable Care Act Medications PRE Preventive
TRUSTEX RIA LUB/SPERMICIDE MISC	3	ACA Affordable Care Act Medications PRE Preventive
TRUSTEX RIA LUBRICATED MISC	3	ACA Affordable Care Act Medications PRE Preventive
TRUSTEX RIA NON-LUBRICATED MISC	3	ACA Affordable Care Act Medications PRE Preventive
TRUSTEX-NONOXYNOL-9/RIB/STUD MISC	3	ACA Affordable Care Act Medications PRE Preventive
TUBERCULIN SYRINGE 25G X 5/8" 1 ML MISC	3	QL 120 / 30 days
TUBERCULIN SYRINGE 26G X 3/8" 1 ML MISC	3	QL 120 / 30 days
TUBERCULIN SYRINGE 27G X 1/2" 1 ML MISC	3	QL 120 / 30 days
TWIST TOP LANCETS 30G MISC	3	QL 120 / 30 day(s) PRE Preventive
ULTI-LANCE AUTOMATIC MISC	3	QL 120 / 30 days PRE Preventive
ULTICARE INSULIN SAFETY SYR 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 days PRE Preventive
ULTICARE INSULIN SAFETY SYR 29G X 1/2" 1 ML MISC	3	QL 120 / 30 days PRE Preventive

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ULTICARE INSULIN SYRINGE 31G X 1/4" 1 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
ULTICARE INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
ULTICARE INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PRE Preventive
ULTICARE INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PRE Preventive
ULTICARE MICRO PEN NEEDLES 31G X 6 MM MISC	3	QL 120 / 30 days PRE Preventive
ULTICARE MICRO PEN NEEDLES 31G X 8 MM MISC	3	QL 120 / 30 days PRE Preventive
ULTICARE MICRO PEN NEEDLES 32G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive
ULTICARE MINI PEN NEEDLES 30G X 5 MM MISC	3	QL 120 / 30 days PRE Preventive
ULTICARE MINI PEN NEEDLES 31G X 6 MM MISC	3	QL 120 / 30 days PRE Preventive
ULTICARE MINI PEN NEEDLES 32G X 6 MM MISC	3	QL 120 / 30 days PRE Preventive
ULTICARE PEN NEEDLES 29G X 12.7MM MISC	3	QL 120 / 30 days PRE Preventive
ULTICARE PEN NEEDLES 31G X 5 MM MISC	3	QL 120 / 30 days PRE Preventive
ULTICARE SHORT PEN NEEDLES 30G X 8 MM MISC	3	QL 120 / 30 days PRE Preventive
ULTICARE SHORT PEN NEEDLES 31G X 8 MM MISC	3	QL 120 / 30 days PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ULTICARE SYRINGE 22G X 1-1/2" 1 ML MISC	3	QL 120 / 30 days
ULTICARE SYRINGE 22G X 1-1/2" 3 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
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
ULTIGUARD SAFEPACK PEN NEEDLE 29G X 12.7MM MISC	3	QL 120 / 30 days PRE Preventive
ULTIGUARD SAFEPACK PEN NEEDLE 31G X 5 MM MISC	3	QL 120 / 30 days PRE Preventive
ULTIGUARD SAFEPACK PEN NEEDLE 31G X 6 MM MISC	3	QL 120 / 30 days PRE Preventive
ULTIGUARD SAFEPACK PEN NEEDLE 31G X 8 MM MISC	3	QL 120 / 30 days PRE Preventive
ULTIGUARD SAFEPACK PEN NEEDLE 32G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive
ULTIGUARD SAFEPACK PEN NEEDLE 32G X 6 MM MISC	3	QL 120 / 30 days PRE Preventive
ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PRE Preventive
ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 1 ML MISC	3	QL 120 / 30 days PRE Preventive
ULTIGUARD SAFEPACK SYR/NEEDLE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ULTIGUARD SAFEPACK SYR/NEEDLE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PRE Preventive
ULTIGUARD SAFEPACK SYR/NEEDLE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PRE Preventive
ULTILET CLASSIC LANCETS MISC	3	QL 120 / 30 day(s) PRE Preventive
ULTILET LANCETS MISC	3	QL 120 / 30 day(s) PRE Preventive
ULTILET PEN NEEDLE 29G X 12.7MM MISC	3	QL 120 / 30 days PRE Preventive
ULTILET PEN NEEDLE 31G X 5 MM MISC	3	QL 120 / 30 days PRE Preventive
ULTILET PEN NEEDLE 31G X 8 MM MISC	3	QL 120 / 30 days PRE Preventive
ULTILET PEN NEEDLE 32G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive
ULTILET SAFETY LANCETS MISC	3	QL 120 / 30 day(s) PRE Preventive
ULTILET SAFETY LANCETS 23G MISC	3	QL 120 / 30 day(s) PRE Preventive
ULTRA COMFORT INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
ULTRA FLO INSULIN PEN NEEDLES 29G X 12MM MISC	3	QL 120 / 30 days PRE Preventive
ULTRA FLO INSULIN PEN NEEDLES 31G X 5 MM MISC	3	QL 120 / 30 days PRE Preventive
ULTRA FLO INSULIN PEN NEEDLES 31G X 8 MM MISC	3	QL 120 / 30 days PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ULTRA FLO INSULIN PEN NEEDLES 32G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive
ULTRA FLO INSULIN PEN NEEDLES 33G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive
ULTRA FLO INSULIN SYR 1/2 UNIT 30G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PRE Preventive
ULTRA FLO INSULIN SYR 1/2 UNIT 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
ULTRA FLO INSULIN SYR 1/2 UNIT 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PRE Preventive
ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
ULTRA FLO INSULIN SYRINGE 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
ULTRA FLO INSULIN SYRINGE 30G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PRE Preventive
ULTRA FLO INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
ULTRA FLO INSULIN SYRINGE 30G X 1/2" 1 ML MISC	3	QL 120 / 30 days PRE Preventive
ULTRA FLO INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
ULTRA FLO INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
ULTRA FLO INSULIN SYRINGE 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ULTRA FLO INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
ULTRA FLO INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PRE Preventive
ULTRA FLO INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PRE Preventive
ULTRA THIN LANCETS 31G MISC	3	QL 120 / 30 day(s) PRE Preventive
ULTRA THIN PEN NEEDLES 32G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive
ULTRA-CARE LANCETS 30G MISC	3	QL 120 / 30 day(s) PRE Preventive
ULTRA-THIN II AUTO LANCET MISC	3	QL 120 / 30 day(s) PRE Preventive
ULTRA-THIN II INS SYR SHORT 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
ULTRA-THIN II INS SYR SHORT 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
ULTRA-THIN II INS SYR SHORT 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
ULTRA-THIN II INS SYR SHORT 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
ULTRA-THIN II INS SYR SHORT 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PRE Preventive
ULTRA-THIN II INS SYR SHORT 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PRE Preventive
ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
ULTRA-THIN II LANCETS MISC	3	QL 120 / 30 day(s) PRE Preventive
ULTRA-THIN II MINI PEN NEEDLE 31G X 5 MM MISC	3	QL 120 / 30 days PRE Preventive
ULTRA-THIN II PEN NEEDLE SHORT 31G X 8 MM MISC	3	QL 120 / 30 days PRE Preventive
ULTRA-THIN II PEN NEEDLES 29G X 12.7MM MISC	3	QL 120 / 30 days PRE Preventive
ULTRACARE INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
ULTRACARE INSULIN SYRINGE 30G X 1/2" 1 ML MISC	3	QL 120 / 30 days PRE Preventive
ULTRACARE INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
ULTRACARE INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
ULTRACARE INSULIN SYRINGE 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
ULTRACARE INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
ULTRACARE INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	3	QL 120 / 30 days PRE Preventive
ULTRACARE INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	QL 120 / 30 days PRE Preventive
ULTRACARE PEN NEEDLES 31G X 5 MM MISC	3	QL 120 / 30 days PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ULTRACARE PEN NEEDLES 31G X 6 MM MISC	3	QL 120 / 30 days PRE Preventive
ULTRACARE PEN NEEDLES 31G X 8 MM MISC	3	QL 120 / 30 days PRE Preventive
ULTRACARE PEN NEEDLES 32G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive
ULTRACARE PEN NEEDLES 32G X 5 MM MISC	3	QL 120 / 30 days PRE Preventive
ULTRACARE PEN NEEDLES 32G X 6 MM MISC	3	QL 120 / 30 days PRE Preventive
ULTRACARE PEN NEEDLES 33G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive
UNIFINE PEN NEEDLES 32G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive
UNIFINE PENTIPS 29G X 12MM MISC	3	QL 120 / 30 days PRE Preventive
UNIFINE PENTIPS 30G X 5 MM MISC	3	QL 120 / 30 days PRE Preventive
UNIFINE PENTIPS 31G X 5 MM MISC	3	QL 120 / 30 days PRE Preventive
UNIFINE PENTIPS 31G X 6 MM MISC	3	QL 120 / 30 days PRE Preventive
UNIFINE PENTIPS 31G X 8 MM MISC	3	QL 120 / 30 days PRE Preventive
UNIFINE PENTIPS 32G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive
UNIFINE PENTIPS 32G X 6 MM MISC	3	QL 120 / 30 days PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
UNIFINE PENTIPS 33G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive
UNIFINE PENTIPS PLUS 29G X 12MM MISC	3	QL 120 / 30 days PRE Preventive
UNIFINE PENTIPS PLUS 30G X 5 MM MISC	3	QL 120 / 30 days PRE Preventive
UNIFINE PENTIPS PLUS 31G X 5 MM MISC	3	QL 120 / 30 days PRE Preventive
UNIFINE PENTIPS PLUS 31G X 6 MM MISC	3	QL 120 / 30 days PRE Preventive
UNIFINE PENTIPS PLUS 31G X 8 MM MISC	3	QL 120 / 30 days PRE Preventive
UNIFINE PENTIPS PLUS 32G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive
UNIFINE PENTIPS PLUS 33G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive
UNIFINE PROTECT PEN NEEDLE 30G X 5 MM MISC	3	QL 120 / 30 days PRE Preventive
UNIFINE PROTECT PEN NEEDLE 30G X 8 MM MISC	3	QL 120 / 30 days PRE Preventive
UNIFINE PROTECT PEN NEEDLE 32G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive
UNIFINE SAFECONTROL PEN NEEDLE 30G X 5 MM MISC	3	QL 120 / 30 days PRE Preventive
UNIFINE SAFECONTROL PEN NEEDLE 30G X 8 MM MISC	3	QL 120 / 30 days PRE Preventive
UNIFINE SAFECONTROL PEN NEEDLE 31G X 5 MM MISC	3	QL 120 / 30 days PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
UNIFINE SAFECONTROL PEN NEEDLE 31G X 6 MM MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
UNIFINE SAFECONTROL PEN NEEDLE 31G X 8 MM MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
UNIFINE SAFECONTROL PEN NEEDLE 32G X 4 MM MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
UNIFINE ULTRA PEN NEEDLE 31G X 5 MM MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
UNIFINE ULTRA PEN NEEDLE 31G X 6 MM MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
UNIFINE ULTRA PEN NEEDLE 31G X 8 MM MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
UNIFINE ULTRA PEN NEEDLE 32G X 4 MM MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
UNILET COMFORTOUCH LANCET MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
UNILET EXCELITE MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
UNILET EXCELITE II MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
UNILET G.P. LANCET MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
UNILET G.P. SUPERLITE LANCET MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
UNILET GP 28 ULTRA THIN MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
UNILET LANCET MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
UNISTIK 3 GENTLE MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
UNISTIK 3 NEONATAL MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
UNISTIK 3 NORMAL MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
UNISTIK CZT COMFORT MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
UNISTIK CZT NORMAL MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
UNISTIK NORMAL MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
UNISTIK PRO SAFETY LANCET MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
UNISTIK SAFETY LANCETS 28G MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
UNISTIK SAFETY LANCETS 30G MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
UNISTIK TOUCH SAFETY LANC 21G MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
UNISTIK TOUCH SAFETY LANC 23G MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
UNISTIK TOUCH SAFETY LANC 28G MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
UNISTIK TOUCH SAFETY LANC 30G MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
UNIVERSAL 1 LANCETS THIN 26G MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
UNIVERSAL 1 LANCETS THIN 33G MISC	3	QL 120 / 30 day(s) PRE Preventive
UNIVERSAL 1 LANCETS ULTRA THIN MISC	3	QL 120 / 30 day(s) PRE Preventive
VALUE HEALTH INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
VALUE HEALTH INSULIN SYRINGE 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
VALUE PLUS LANCET STANDARD 21G MISC	3	QL 120 / 30 day(s) PRE Preventive
VALUE PLUS LANCETS SUPER THIN MISC	3	QL 120 / 30 day(s) PRE Preventive
VALUE PLUS LANCETS THIN 26G MISC	3	QL 120 / 30 day(s) PRE Preventive
VALUE PLUS LANCING DEVICE MISC	3	QL 120 / 30 days PRE Preventive
VALUMARK LANCET SUPER THIN 30G MISC	3	QL 120 / 30 day(s) PRE Preventive
VALUMARK LANCET ULTRA THIN 28G MISC	3	QL 120 / 30 day(s) PRE Preventive
VALUMARK PEN NEEDLES 29G X 12MM MISC	3	QL 120 / 30 days PRE Preventive
VALUMARK PEN NEEDLES 31G X 6 MM MISC	3	QL 120 / 30 days PRE Preventive
VALUMARK PEN NEEDLES 31G X 8 MM MISC	3	QL 120 / 30 days PRE Preventive
VANISHPOINT ALLERGY TRAY 27G X 1/2" 1 ML KIT	3	QL 120 / 30 days
VANISHPOINT INSULIN SYRINGE 29G X 1/2" 1 ML MISC	3	QL 120 / 30 day(s) PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VANISHPOINT INSULIN SYRINGE 29G X 5/16" 1 ML MISC	3	QL 120 / 30 days PRE Preventive
VANISHPOINT INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
VANISHPOINT INSULIN SYRINGE 30G X 3/16" 0.5 ML MISC	3	PRE Preventive
VANISHPOINT INSULIN SYRINGE 30G X 3/16" 1 ML MISC	3	QL 120 / 30 days PRE Preventive
VANISHPOINT INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
VANISHPOINT INSULIN SYRINGE 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
VANISHPOINT SAFETY SYRINGE 20G X 1" 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 21G X 1" 3 ML MISC	3	QL 120 / 30 days
VANISHPOINT SAFETY SYRINGE 21G X 1" 5 ML MISC	3	QL 120 / 30 days
VANISHPOINT SAFETY SYRINGE 21G X 1-1/2" 10 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 1-1/2" 5 ML MISC	3	QL 120 / 30 days
VANISHPOINT SAFETY SYRINGE 22G 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 1-1/2" 5 ML MISC	3	QL 120 / 30 days
VANISHPOINT SAFETY SYRINGE 23G 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 25G 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 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VANISHPOINT SAFETY SYRINGE 25G X 5/8" 3 ML MISC	3	QL 120 / 30 days
VANISHPOINT SYRINGE 20G X 1" 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 21G X 1" 3 ML MISC	3	QL 120 / 30 days
VANISHPOINT SYRINGE 21G X 1-1/2" 10 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 1-1/2" 5 ML MISC	3	QL 120 / 30 days
VANISHPOINT SYRINGE 22G 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 23G 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 25G X 1" 1 ML MISC	3	QL 120 / 30 days
VANISHPOINT SYRINGE 25G X 1" 3 ML MISC	3	QL 120 / 30 days
VANISHPOINT SYRINGE 25G X 1-1/2" 3 ML MISC	3	QL 120 / 30 days
VANISHPOINT SYRINGE 25G X 5/8" 3 ML MISC	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
VERIFINE INSULIN PEN NEEDLE 29G X 12MM MISC	3	QL 120 / 30 days PRE Preventive
VERIFINE INSULIN PEN NEEDLE 31G X 5 MM MISC	3	QL 120 / 30 days PRE Preventive
VERIFINE INSULIN PEN NEEDLE 31G X 8 MM MISC	3	QL 120 / 30 days PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VERIFINE INSULIN PEN NEEDLE 32G X 4 MM MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
VERIFINE INSULIN PEN NEEDLE 32G X 6 MM MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
VERIFINE INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
VERIFINE INSULIN SYRINGE 29G X 1/2" 1 ML MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
VERIFINE INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
VERIFINE INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
VERIFINE INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
VERIFINE PLUS PEN NEEDLE 31G X 5 MM MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
VERIFINE PLUS PEN NEEDLE 31G X 8 MM MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
VERIFINE PLUS PEN NEEDLE 32G X 4 MM MISC	3	<p>QL 120 / 30 days</p> <p>PRE Preventive</p>
VERIFINE SAFE LANCET MINI 21G MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
VERIFINE SAFE LANCET MINI 23G MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
VERIFINE SAFE LANCET MINI 28G MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>
VERIFINE SAFE LANCET MINI 30G MISC	3	<p>QL 120 / 30 day(s)</p> <p>PRE Preventive</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VERIFINE UNIVERSAL LANCETS 28G MISC	3	QL 120 / 30 day(s) PRE Preventive
VERIFINE UNIVERSAL LANCETS 30G MISC	3	QL 120 / 30 day(s) PRE Preventive
VERIFINE UNIVERSAL LANCETS 33G MISC	3	QL 120 / 30 day(s) PRE Preventive
VIDA MIA AUTOLET LANCING DEV MISC	3	QL 120 / 30 days PRE Preventive
VIDA MIA UNIFINE PENTIPS 29G X 12MM MISC	3	QL 120 / 30 days PRE Preventive
VIDA MIA UNIFINE PENTIPS 31G X 6 MM MISC	3	QL 120 / 30 days PRE Preventive
VIDA MIA UNIFINE PENTIPS 31G X 8 MM MISC	3	QL 120 / 30 days PRE Preventive
VIDA MIA UNIFINE PENTIPS 32G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive
VIDA MIA UNILET LANCETS 28G MISC	3	QL 120 / 30 day(s) PRE Preventive
VIDA MIA UNILET LANCETS 30G MISC	3	QL 120 / 30 day(s) PRE Preventive
VISTOGARD 10 GM PACKET	5	S
VIVAGUARD INO CONTROL SOLUTION LIQUID	3	PRE Preventive
VIVAGUARD LANCETS MISC	3	QL 120 / 30 day(s) PRE Preventive
VIVAGUARD LANCETS 30G MISC	3	QL 120 / 30 day(s) PRE Preventive
VIVAGUARD LANCING DEVICE MISC	3	QL 120 / 30 days PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VOWST CAP	5	S
VP INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC	3	QL 120 / 30 days PRE Preventive
WALGREENS ADV TRAVEL LANCETS MISC	3	QL 120 / 30 day(s) PRE Preventive
WALGREENS LANCETS MISC	3	QL 120 / 30 day(s) PRE Preventive
WALGREENS LANCETS MICRO THIN MISC	3	QL 120 / 30 day(s) PRE Preventive
WALGREENS LANCETS SUPER THIN MISC	3	QL 120 / 30 day(s) PRE Preventive
WALGREENS THIN LANCETS MISC	3	QL 120 / 30 day(s) PRE Preventive
WALGREENS ULTRA THIN LANCETS MISC	3	QL 120 / 30 day(s) PRE Preventive
WEGMANS UNIFINE PENTIPS PLUS 31G X 5 MM MISC	3	QL 120 / 30 days PRE Preventive
WEGMANS UNIFINE PENTIPS PLUS 31G X 6 MM MISC	3	QL 120 / 30 days PRE Preventive
WEGMANS UNIFINE PENTIPS PLUS 31G X 8 MM MISC	3	QL 120 / 30 days PRE Preventive
WEGMANS UNIFINE PENTIPS PLUS 32G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive
WIDE-SEAL DIAPHRAGM 60 2 % DIAPHRAGM	3	ACA Affordable Care Act Medications PRE Preventive
WIDE-SEAL DIAPHRAGM 65 2 % DIAPHRAGM	3	ACA Affordable Care Act Medications PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
WIDE-SEAL DIAPHRAGM 70 2 % DIAPHRAGM	3	ACA Affordable Care Act Medications PRE Preventive
WIDE-SEAL DIAPHRAGM 75 2 % DIAPHRAGM	3	ACA Affordable Care Act Medications PRE Preventive
WIDE-SEAL DIAPHRAGM 80 2 % DIAPHRAGM	3	ACA Affordable Care Act Medications PRE Preventive
WIDE-SEAL DIAPHRAGM 85 2 % DIAPHRAGM	3	ACA Affordable Care Act Medications PRE Preventive
WIDE-SEAL DIAPHRAGM 90 2 % DIAPHRAGM	3	ACA Affordable Care Act Medications PRE Preventive
WIDE-SEAL DIAPHRAGM 95 2 % DIAPHRAGM	3	ACA Affordable Care Act Medications PRE Preventive
YALE DISP NEEDLES 21G X 1-1/4" MISC	3	QL 120 / 30 days
ZEVRX INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
ZEVRX INSULIN SYRINGE 30G X 1/2" 1 ML MISC	3	QL 120 / 30 days PRE Preventive
ZEVRX INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
ZEVRX INSULIN SYRINGE 30G X 5/16" 1 ML MISC	3	QL 120 / 30 day(s) PRE Preventive
ZEVRX PEN NEEDLES 31G X 5 MM MISC	3	QL 120 / 30 days PRE Preventive
ZEVRX PEN NEEDLES 31G X 6 MM MISC	3	QL 120 / 30 days PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZEVRX PEN NEEDLES 31G X 8 MM MISC	3	QL 120 / 30 days PRE Preventive
ZEVRX PEN NEEDLES 32G X 4 MM MISC	3	QL 120 / 30 days PRE Preventive
ZEVRX TWIST TOP LANCETS 30G MISC	3	QL 120 / 30 day(s) PRE Preventive
OPHTHALMIC AGENTS		
OPHTHALMIC AGENTS, OTHER		
<i>bacitracin-polymyxin b ophth oint</i>	1	
ATROPINE SULFATE 1 % SOLUTION	4	
ATROPINE SULFATE 1 % SOLUTION	4	
<i>atropine sulfate ophth soln 1%</i>	2	
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	2	
<i>bacitracin-polymyxin b ophth oint</i>	1	
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	2	
CYCLOGYL 0.5 % SOLUTION	4	
CYCLOGYL 2 % SOLUTION	4	
CYCLOMYDRIL 0.2-1 % SOLUTION	4	
<i>cyclopentolate hcl ophth soln 0.5%</i>	1	
<i>cyclopentolate hcl ophth soln 1%</i>	1	
<i>cyclopentolate hcl ophth soln 2%</i>	2	
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	1	
ISOPTO ATROPINE 1 % SOLUTION	4	
LACRISERT 5 MG INSERT	4	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	2	
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	2	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	2	
<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	
OXERVATE 0.002 % SOLUTION	5	PA S
<i>phenylephrine hcl ophth soln 10%</i>	2	
<i>phenylephrine hcl ophth soln 2.5%</i>	2	
<i>bacitracin-polymyxin b ophth oint</i>	1	
PRED-G 0.3-1 % SUSPENSION	4	
PRED-G S.O.P. 0.3-0.6 % OINTMENT	4	
SULFACETAMIDE-PREDNISOLONE 10-0.23 % SOLUTION	4	
<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	
XIIDRA 5 % SOLUTION	4	ST STC Trial and failure of 1 therapy: generic cyclosporine eye drops
ZYLET 0.5-0.3 % SUSPENSION	4	
OPHTHALMIC ANTI-ALLERGY AGENTS		
ALOCRI 2 % SOLUTION	4	
ALOMIDE 0.1 % SOLUTION	4	
<i>azelastine hcl ophth soln 0.05%</i>	1	
<i>bepotastine besilate ophth soln 1.5%</i>	2	
CROMOLYN SODIUM 4 % SOLUTION	4	
<i>cromolyn sodium ophth soln 4%</i>	1	
<i>epinastine hcl ophth soln 0.05%</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LASTACAFT 0.25 % SOLUTION	4	
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	1	
ZERVIATE 0.24 % 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
<i>gatifloxacin ophth soln 0.5%</i>	2	
GENTAK 0.3 % OINTMENT	4	
<i>gentamicin sulfate ophth soln 0.3%</i>	1	
LEVOFLOXACIN 0.5 % SOLUTION	4	
<i>levofloxacin ophth soln 0.5%</i>	2	
<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	
<i>sulfacetamide sodium ophth soln 10%</i>	2	
<i>tobramycin ophth soln 0.3%</i>	1	
TRIFLURIDINE 1 % SOLUTION	3	
ZIRGAN 0.15 % GEL	4	
OPHTHALMIC ANTI-INFLAMMATORIES		
ALREX 0.2 % SUSPENSION	4	
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	2	
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	4	
<i>diclofenac sodium ophth soln 0.1%</i>	1	
<i>difluprednate ophth emulsion 0.05%</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FLAREX 0.1 % SUSPENSION	4	
<i>fluorometholone ophth susp 0.1%</i>	2	
FLURBIPROFEN SODIUM 0.03 % SOLUTION	4	
ILEVRO 0.3 % SUSPENSION	4	
<i>ketorolac tromethamine ophth soln 0.4%</i>	2	
<i>ketorolac tromethamine ophth soln 0.5%</i>	1	
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	
MAXIDEX 0.1 % SUSPENSION	4	
PREDNISOLONE ACETATE 1 % SUSPENSION	3	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	4	
OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS		
BETAXOLOL HCL 0.5 % SOLUTION	4	
<i>betaxolol hcl ophth soln 0.5%</i>	2	
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	
OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER		
<i>acetazolamide cap er 12hr 500 mg</i>	2	PRE Preventive
APRACLONIDINE HCL 0.5 % SOLUTION	4	
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	2	
<i>brimonidine tartrate ophth soln 0.2%</i>	1	
<i>brinzolamide ophth susp 1%</i>	2	
<i>dorzolamide hcl ophth soln 2%</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>methazolamide tab 25 mg</i>	2	PRE Preventive
<i>methazolamide tab 50 mg</i>	2	PRE Preventive
<i>pilocarpine hcl ophth soln 1%</i>	2	
<i>pilocarpine hcl ophth soln 2%</i>	2	
<i>pilocarpine hcl ophth soln 4%</i>	2	
RHOPRESSA 0.02 % SOLUTION	4	ST STC Trial and failure of 1 therapy: latanoprost solution 0.005%
SIMBRINZA 1-0.2 % SUSPENSION	3	
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	
CETRAXAL 0.2 % SOLUTION	4	
CIPROFLOXACIN HCL 0.2 % SOLUTION	4	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	2	
CIPROFLOXACIN-FLUOCINOLONE PF 0.3-0.025 % SOLUTION	4	
CORTISPORIN-TC 3.3-3-10-0.5 MG/ML SUSPENSION	4	
<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	
<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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ofloxacin otic soln 0.3%</i>	2	
OTOVEL 0.3-0.025 % SOLUTION	4	
RESPIRATORY TRACT/PULMONARY AGENTS ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
ARNUITY ELLIPTA 100 MCG/ACT AER POW BA	3	PRE Preventive
ARNUITY ELLIPTA 200 MCG/ACT AER POW BA	3	PRE Preventive
ARNUITY ELLIPTA 50 MCG/ACT AER POW BA	3	PRE Preventive
ASMANEX (120 METERED DOSES) 220 MCG/ACT AER POW BA	3	PRE Preventive
ASMANEX (30 METERED DOSES) 110 MCG/ACT AER POW BA	3	PRE Preventive
ASMANEX (30 METERED DOSES) 220 MCG/ACT AER POW BA	3	PRE Preventive
ASMANEX (60 METERED DOSES) 220 MCG/ACT AER POW BA	3	PRE Preventive
ASMANEX HFA 100 MCG/ACT AEROSOL	3	PRE Preventive
ASMANEX HFA 200 MCG/ACT AEROSOL	3	PRE Preventive
ASMANEX HFA 50 MCG/ACT AEROSOL	3	PRE Preventive
<i>budesonide inhalation susp 0.25 mg/2ml</i>	2	PRE Preventive
<i>budesonide inhalation susp 0.5 mg/2ml</i>	2	PRE Preventive
<i>budesonide inhalation susp 1 mg/2ml</i>	2	PRE Preventive
FLUTICASONE PROPIONATE DISKUS 100 MCG/ACT AER POW BA	3	PRE Preventive
FLUTICASONE PROPIONATE DISKUS 250 MCG/ACT AER POW BA	3	PRE Preventive
FLUTICASONE PROPIONATE DISKUS 50 MCG/ACT AER POW BA	3	PRE Preventive
FLUTICASONE PROPIONATE HFA 110 MCG/ACT AEROSOL	3	PRE Preventive
FLUTICASONE PROPIONATE HFA 220 MCG/ACT AEROSOL	3	PRE Preventive
FLUTICASONE PROPIONATE HFA 44 MCG/ACT AEROSOL	3	PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
QVAR REDHALER 40 MCG/ACT AERO BA	3	<p>ST</p> <p>STC Trial and failure of 2 therapies: Asmanex and Arnuity Elipta or Flovent</p> <p>PRE Preventive</p>
QVAR REDHALER 80 MCG/ACT AERO BA	3	<p>ST</p> <p>STC Trial and failure of 2 therapies: Asmanex and Arnuity Elipta or Flovent</p> <p>PRE Preventive</p>
XHANCE 93 MCG/ACT EXHU	4	
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	
<i>carbinoxamine maleate tab 4 mg</i>	2	
CARBINOXAMINE MALEATE 4 MG/5ML SOLUTION	4	
CLEMASTINE FUMARATE 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	<p>ST</p> <p>STC Trial and failure of 3 therapies: loratadine, cetirizine and fexofenadine</p>
<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	
RYCLORA 2 MG/5ML SOLUTION	4	
ANTILEUKOTRIENES		
<i>montelukast sodium tab 10 mg (base equiv)</i>	1	PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	1	PRE Preventive
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	1	PRE Preventive
<i>zafirlukast tab 10 mg</i>	2	PRE Preventive
<i>zafirlukast tab 20 mg</i>	2	PRE Preventive
<i>zileuton tab er 12hr 600 mg</i>	2	PRE Preventive
BRONCHODILATORS, ANTICHOLINERGIC		
ATROVENT HFA 17 MCG/ACT AERO SOLN	4	PRE Preventive
INCRUSE ELLIPTA 62.5 MCG/ACT AER POW BA	3	PRE Preventive
<i>ipratropium bromide inhal soln 0.02%</i>	1	PRE Preventive
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	2	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	2	
SPIRIVA HANDIHALER 18 MCG CAP	2	PRE Preventive
SPIRIVA RESPIMAT 1.25 MCG/ACT AERO SOLN	3	PRE Preventive
SPIRIVA RESPIMAT 2.5 MCG/ACT AERO SOLN	3	PRE Preventive
BRONCHODILATORS, SYMPATHOMIMETIC		
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	1	PRE Preventive
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	2	PRE Preventive
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	2	PRE Preventive
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	2	PRE Preventive
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	2	PRE Preventive
<i>albuterol sulfate tab 2 mg</i>	2	PRE Preventive
<i>albuterol sulfate syrup 2 mg/5ml</i>	1	PRE Preventive
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	2	PRE Preventive
<i>albuterol sulfate tab 4 mg</i>	2	PRE Preventive
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	1	PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)</i>	2	PRE Preventive
AUVI-Q 0.1 MG/0.1ML SOLN A-INJ	3	
AUVI-Q 0.15 MG/0.15ML SOLN A-INJ	3	
AUVI-Q 0.3 MG/0.3ML SOLN A-INJ	3	
<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	
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	2	PRE Preventive
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	2	PRE Preventive
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	2	PRE Preventive
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	2	PRE Preventive
SEREVENT DISKUS 50 MCG/ACT AER POW BA	3	PRE Preventive
STRIVERDI RESPIMAT 2.5 MCG/ACT AERO SOLN	3	PRE Preventive
SYMJEPI 0.15 MG/0.3ML SOLN PRSYR	3	
SYMJEPI 0.3 MG/0.3ML SOLN PRSYR	3	
<i>terbutaline sulfate tab 2.5 mg</i>	2	PRE Preventive
<i>terbutaline sulfate tab 5 mg</i>	2	PRE Preventive
VENTOLIN HFA 108 (90 BASE) MCG/ACT AERO SOLN	2	PRE Preventive
CYSTIC FIBROSIS AGENTS		
BETHKIS 300 MG/4ML NEBU SOLN	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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KALYDECO 5.8 MG PACKET	5	PA S
KALYDECO 50 MG PACKET	5	PA S
KALYDECO 75 MG PACKET	5	PA S
KITABIS PAK 300 MG/5ML NEBU SOLN	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
PULMOZYME 2.5 MG/2.5ML SOLUTION	5	PA S
SYMDEKO 100-150 & 150 MG TAB THPK	5	PA S
SYMDEKO 50-75 & 75 MG TAB THPK	5	PA S
TOBI 300 MG/5ML NEBU SOLN	5	PA S
TOBI PODHALER 28 MG CAP	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>tobramycin nebu soln 300 mg/4ml</i>	5	S
TOBRAMYCIN 300 MG/5ML NEBU SOLN	5	S
<i>tobramycin nebu soln 300 mg/5ml</i>	5	S
TRIKAFTA 100-50-75 & 150 MG TAB THPK	5	PA S
TRIKAFTA 100-50-75 & 75 MG THER PACK	5	S
TRIKAFTA 50-25-37.5 & 75 MG TAB THPK	5	PA S
TRIKAFTA 80-40-60 & 59.5 MG THER PACK	5	S
MAST CELL STABILIZERS		
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	2	PRE Preventive
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE		
<i>theophylline elixir 80 mg/15ml</i>	2	PRE Preventive
<i>roflumilast tab 250 mcg</i>	2	PRE Preventive
<i>roflumilast tab 500 mcg</i>	2	PRE Preventive
THEO-24 100 MG CAP ER 24H	4	PRE Preventive
THEO-24 200 MG CAP ER 24H	4	PRE Preventive
THEO-24 300 MG CAP ER 24H	4	PRE Preventive
THEO-24 400 MG CAP ER 24H	4	PRE Preventive
<i>theophylline elixir 80 mg/15ml</i>	2	PRE Preventive
<i>theophylline soln 80 mg/15ml</i>	2	PRE Preventive
<i>theophylline tab er 12hr 300 mg</i>	2	PRE Preventive
<i>theophylline tab er 24hr 400 mg</i>	2	PRE Preventive
<i>theophylline tab er 12hr 450 mg</i>	2	PRE Preventive
<i>theophylline tab er 24hr 600 mg</i>	2	PRE Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PULMONARY ANTIHYPERTENSIVES		
ADEMPAS 0.5 MG TAB	5	PA S
ADEMPAS 1 MG TAB	5	PA S
ADEMPAS 1.5 MG TAB	5	PA S
ADEMPAS 2 MG TAB	5	PA S
ADEMPAS 2.5 MG TAB	5	PA S
<i>tadalafil tab 20 mg (pah)</i>	5	QL 60 / 30 day(s) S
<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 62.5 mg</i>	5	QL 60 / 30 days 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
OPSUMIT 10 MG TAB	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
<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>	5	QL 60 / 30 day(s) S
TRACLEER 32 MG TAB SOL	5	S
<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>	5	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	5	PA S
<i>treprostinil inj soln 200 mg/20ml (10 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
TYVASO STARTER 0.6 MG/ML SOLUTION	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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
UPTRAVI 800 MCG TAB	5	PA S
VENTAVIS 10 MCG/ML SOLUTION	5	PA S
VENTAVIS 20 MCG/ML SOLUTION	5	PA S
PULMONARY FIBROSIS AGENTS		
ESBRIET 267 MG CAP	5	QL 90 / 30 days ST S STC Trial and failure of 1 therapy: generic Esbriet
ESBRIET 267 MG TAB	5	QL 90 / 30 days ST S STC Trial and failure of 1 therapy: generic Esbriet
ESBRIET 801 MG TAB	5	QL 90 / 30 days ST S STC Trial and failure of 1 therapy: generic Esbriet
OFEV 100 MG CAP	5	PA S
OFEV 150 MG CAP	5	PA S
<i>pirfenidone cap 267 mg</i>	5	QL 90 / 30 days PA S
<i>pirfenidone tab 267 mg</i>	5	QL 90 / 30 days PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PIRFENIDONE 534 MG TAB	5	<p>QL 90 / 30 days</p> <p>PA</p> <p>S</p>
<i>pirfenidone tab 801 mg</i>	5	<p>QL 90 / 30 days</p> <p>PA</p> <p>S</p>
RESPIRATORY TRACT AGENTS, OTHER		
<i>acetylcysteine inhal soln 10%</i>	2	
<i>acetylcysteine inhal soln 20%</i>	2	
ADVAIR HFA 115-21 MCG/ACT AEROSOL	1	<p>ST</p> <p>STC Trial and failure of 2 therapies: budesonide/formoterol and fluticasone/salmeterol</p> <p>PRE Preventive</p>
ADVAIR HFA 230-21 MCG/ACT AEROSOL	1	<p>ST</p> <p>STC Trial and failure of 2 therapies: budesonide/formoterol and fluticasone/salmeterol</p> <p>PRE Preventive</p>
ADVAIR HFA 45-21 MCG/ACT AEROSOL	1	<p>ST</p> <p>STC Trial and failure of 2 therapies: budesonide/formoterol and fluticasone/salmeterol</p> <p>PRE Preventive</p>
ANORO ELLIPTA 62.5-25 MCG/ACT AER POW BA	3	<p>PRE Preventive</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BREO ELLIPTA 200-25 MCG/ACT AER POW BA	3	<p>ST</p> <p>STC Trial and failure of 2 therapies: budesonide/formoterol and fluticasone/salmeterol</p> <p>PRE Preventive</p>
BREO ELLIPTA 50-25 MCG/INH AER POW BA	3	<p>ST</p> <p>STC Trial and failure of 2 therapies: budesonide/formoterol and fluticasone/salmeterol</p> <p>PRE Preventive</p>
BREZTRI AEROSPHERE 160-9-4.8 MCG/ACT AEROSOL	3	<p>PRE Preventive</p>
<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	2	
<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	2	
COMBIVENT RESPIMAT 20-100 MCG/ACT AERO SOLN	3	<p>PRE Preventive</p>
CUROSURF 120 MG/1.5ML SUSPENSION	4	
CUROSURF 240 MG/3ML SUSPENSION	4	
DULERA 100-5 MCG/ACT AEROSOL	3	<p>ST</p> <p>STC Trial and failure of 2 therapies: budesonide/formoterol and fluticasone/salmeterol</p> <p>PRE Preventive</p>
DULERA 200-5 MCG/ACT AEROSOL	3	<p>ST</p> <p>STC Trial and failure of 2 therapies: budesonide/formoterol and fluticasone/salmeterol</p> <p>PRE Preventive</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DULERA 50-5 MCG/ACT AEROSOL	3	<p>ST</p> <p>STC Trial and failure of 2 therapies: budesonide/formoterol and fluticasone/salmeterol</p> <p>PRE Preventive</p>
FASENRA PEN 30 MG/ML SOLN A-INJ	5	<p>PA</p> <p>S</p>
<i>fluticasone propionate nasal susp 50 mcg/act</i>	1	
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	2	PRE Preventive
FLUTICASONE-SALMETEROL 113-14 MCG/ACT AER POW BA	2	PRE Preventive
FLUTICASONE-SALMETEROL 115-21 MCG/ACT AEROSOL	4	<p>ST</p> <p>STC Trial and failure of 2 therapies: budesonide/formoterol and fluticasone/salmeterol</p> <p>PRE Preventive</p>
FLUTICASONE-SALMETEROL 230-21 MCG/ACT AEROSOL	4	<p>ST</p> <p>STC Trial and failure of 2 therapies: budesonide/formoterol and fluticasone/salmeterol</p> <p>PRE Preventive</p>
FLUTICASONE-SALMETEROL 232-14 MCG/ACT AER POW BA	2	PRE Preventive
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	2	PRE Preventive
FLUTICASONE-SALMETEROL 45-21 MCG/ACT AEROSOL	4	<p>ST</p> <p>STC Trial and failure of 2 therapies: budesonide/formoterol and fluticasone/salmeterol</p> <p>PRE Preventive</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	2	PRE Preventive
FLUTICASONE-SALMETEROL 55-14 MCG/ACT AER POW BA	2	PRE 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
HYDROCOD POLI-CHLORPHE POLI ER 10-8 MG/5ML SUSP	2	QL 300 / 30 days
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	2	QL 300 / 30 days
INFASURF 35-0.9 MG/ML-% SUSPENSION	4	
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	2	PRE Preventive
<i>sodium chloride soln nebu 3%</i>	1	
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
<i>sodium chloride soln nebu 7%</i>	1	
<i>sodium chloride soln nebu 3%</i>	1	
<i>sodium chloride soln nebu 7%</i>	1	
STIOLTO RESPIMAT 2.5-2.5 MCG/ACT AERO SOLN	3	PRE Preventive
SURVANTA 25-0.9 MG/ML-% SUSPENSION	4	
SYMBICORT 160-4.5 MCG/ACT AEROSOL	2	PRE Preventive
SYMBICORT 80-4.5 MCG/ACT AEROSOL	2	PRE Preventive
TEZSPIRE 210 MG/1.91ML SOLN A-INJ	5	S
TRELEGY ELLIPTA 100-62.5-25 MCG/ACT AER POW BA	3	PRE Preventive
TRELEGY ELLIPTA 200-62.5-25 MCG/ACT AER POW BA	3	PRE Preventive
TUZISTRA XR 14.7-2.8 MG/5ML SUSP	4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	2	PRE Preventive
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	2	PRE Preventive
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	2	PRE 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	
<i>orphenadrine citrate tab er 12hr 100 mg</i>	2	
<i>orphenadrine w/ aspirin & caffeine tab 50-770-60 mg</i>	2	
<i>carisoprodol tab 350 mg</i>	1	QL 120 / 30 days
SLEEP DISORDER AGENTS SLEEP PROMOTING AGENTS		
BELSOMRA 10 MG TAB	3	ST STC Trial and failure of 2 therapies: any two generic agents for insomnia
BELSOMRA 15 MG TAB	3	ST STC Trial and failure of 2 therapies: any two generic agents for insomnia
BELSOMRA 20 MG TAB	3	ST STC Trial and failure of 2 therapies: any two generic agents for insomnia

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BELSOMRA 5 MG TAB	3	ST STC Trial and failure of 2 therapies: any two generic agents for insomnia
DAYVIGO 10 MG TAB	4	ST STC Trial and failure of 2 therapies: any two generic agents for insomnia
DAYVIGO 5 MG TAB	4	ST STC Trial and failure of 2 therapies: any two 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
HETLIOZ 20 MG CAP	5	PA S
HETLIOZ LQ 4 MG/ML SUSPENSION	5	S
<i>ramelteon tab 8 mg</i>	2	QL 30 / 30 days
<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>	1	QL 60 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
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
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
<i>modafinil tab 100 mg</i>	2	QL 30 / 30 days
<i>modafinil tab 200 mg</i>	2	QL 30 / 30 days
SODIUM OXYBATE 500 MG/ML SOLUTION	5	PA S
SUNOSI 150 MG TAB	5	QL 30 / 30 days PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SUNOSI 75 MG TAB	5	QL 30 / 30 days PA S
WAKIX 17.8 MG TAB	5	PA S
WAKIX 4.45 MG TAB	5	PA S
XYREM 500 MG/ML SOLUTION	5	PA S
XYWAV 500 MG/ML SOLUTION	5	PA S

Index of Covered Drugs

1	
1ST TIER UNIFINE PENTIPS	246,247
1ST TIER UNIFINE PENTIPS PLUS	247
1ST TIER UNILET COMFORTOUCH	247
A	
abacavir sulfate	90
abacavir sulfate-lamivudine	90
ABILIFY ASIMTUFI	77
ABILIFY MAINTENA	77
abiraterone acetate	51
ABOUTTIME PEN NEEDLE	247,248
ABRYVO	238
acamprosate calcium	9
acarbose	97
ACCU-CHEK FASTCLIX LANCET	248
ACCU-CHEK FASTCLIX LANCETS	248
ACCU-CHEK SAFE-T PRO LANCETS	248
ACCU-CHEK SOFTCLIX LANCET DEV	248
ACCU-CHEK SOFTCLIX LANCETS	248
acebutolol hcl	132
acetaminophen w/ codeine	6
ACETAMINOPHEN-CODEINE	6
acetazolamide	137,392
acetic acid (otic)	393
acetylcysteine	404
acitretin	160
ACTEMRA	226,227
ACTEMRA ACTPEN	227
ACTHIB	238
ACTI-LANCE 28G	248
ACTI-LANCE LITE LANCETS 28G	248
ACTI-LANCE SPECIAL LANCETS 17G	248
ACTI-LANCE UNIVERSAL 23G	248
ACTIMMUNE	232
acyclovir	94
acyclovir topical	167
ADACEL	238
ADALIMUMAB-AACF (2 PEN)	232
ADALIMUMAB-AACF (2 SYRINGE)	233
adapalene	160
ADBRY	162
ADDYI	187
adefovir dipivoxil	88
ADEMPAS	400
ADJUSTABLE LANCING DEVICE	248
ADTHYZA	216,217
ADVAIR HFA	404
ADVANCED MOBILE LANCET	248
ADVOCATE INSULIN PEN NEEDLE	248
ADVOCATE INSULIN PEN NEEDLES	248,249
ADVOCATE INSULIN SYRINGE	249
ADVOCATE LANCETS	249
ADVOCATE LANCETS 30G	249
ADVOCATE LANCING DEVICE	250
ADVOCATE RAPID-SAFE LANCING	250
ADVOCATE SAFETY LANCETS	250
ADVOCATE SAFETY LANCETS 26G	250
AFLURIA QUADRIVALENT	238
AGAMATRIX ULTRA-THIN LANCETS	250
AIMOVIG	45,46
AIMSCO TWIST LANCETS 32G	250
AIMSCO TWIST LANCETS 33G	250
AJOVY	46
albendazole	71
albuterol sulfate	396
alclometasone dipropionate	162
ALECENSA	56
alendronate sodium	244,245
alfuzosin hcl	186
ALINIA	71
ALLERGY SYRINGE	250
allopurinol	45
almotriptan malate	48
ALOCRI	390
ALOMIDE	390
ALPHANATE	113
ALPHANINE SD	114
alprazolam	95
ALPROLIX	114
ALREX	391

ALTABAX.....	167	AQINJECT PEN NEEDLE.....	250
ALTUVIIIIO.....	114	AQUALANCE LANCETS 30G.....	250
ALUNBRIG.....	56	ARAKODA.....	71
amantadine hcl.....	72	ARANESP (ALBUMIN FREE).....	111
ambrisentan.....	400	ARCALYST.....	227
AMCINONIDE.....	162	AREXVY.....	238
amiloride & hydrochlorothiazide.....	137	arformoterol tartrate.....	397
amiloride hcl.....	142	ARIKAYCE.....	17
AMILORIDE-HYDROCHLOROTHIAZIDE.....	137	aripiprazole.....	77,78
amiodarone hcl.....	130,131	ARISTADA.....	78
amitriptyline hcl.....	40	ARISTADA INITIO.....	78
AMJEVITA.....	233	armodafinil.....	410
amlodipine besylate.....	134	ARMOUR THYROID.....	217
amlodipine besylate-benazepril hcl.....	137	ARNUITY ELLIPTA.....	394
amlodipine besylate-olmesartan medoxomil..	137	asenapine maleate.....	78
amlodipine besylate-valsartan.....	137	ASMANEX (120 METERED DOSES).....	394
amlodipine-valsartan-hydrochlorothiazide	137,138	ASMANEX (30 METERED DOSES).....	394
amoxapine.....	40	ASMANEX (60 METERED DOSES).....	394
AMOXICILL-CLARITHRO-LANSOPRAZ.....	177	ASMANEX HFA.....	394
AMOXICILLIN.....	20	aspirin.....	120,121,122,123,124,125,126
amoxicillin.....	20	aspirin-dipyridamole.....	121
amoxicillin & pot clavulanate.....	20	ASSURE COMFORT LANCETS 28G.....	251
AMOXICILLIN-POT CLAVULANATE.....	20	ASSURE HAEMOLANCE PLUS HIGH.....	251
AMOXICILLIN-POT CLAVULANATE ER.....	20	ASSURE HAEMOLANCE PLUS LOW.....	251
amphetamine-dextroamphetamine.....	149,150	ASSURE HAEMOLANCE PLUS MICRO.....	251
ampicillin.....	20	ASSURE HAEMOLANCE PLUS NORMAL.....	251
anagrelide hcl.....	111	ASSURE HAEMOLANCE PLUS PED.....	251
ANALPRAM-HC.....	165	ASSURE ID DUO PRO PEN NEEDLES.....	251
anastrozole.....	56	ASSURE ID INSULIN SAFETY SYR.....	251
ANGELIQ.....	195	ASSURE ID PRO PEN NEEDLES.....	251
ANORO ELLIPTA.....	404	ASSURE ID SAFETY PEN NEEDLES.....	251
ANZEMET.....	42	ASSURE LANCE LANCETS.....	251
APADAZ.....	6	ASSURE LANCE LANCETS 21G.....	251
APOKYN.....	73	ASSURE LANCE PLUS SAFETY 25G.....	251
apomorphine hydrochloride.....	73	ASSURE LANCE PLUS SAFETY 30G.....	252
APRACLONIDINE HCL.....	392	ASSURE LANCE SAFETY LANCET 28G.....	252
apraclonidine hcl.....	392	ASTAGRAF XL.....	233
aprepitant.....	42,43	atazanavir sulfate.....	93
APTIOM.....	31	atenolol.....	132
APTIVUS.....	93	atenolol & chlorthalidone.....	138
AQ INSULIN SYRINGE.....	250	atomoxetine hcl.....	151

atorvastatin calcium	143	AZITHROMYCIN	21
atovaquone	71	azithromycin	21
atovaquone-proguanil hcl	71		
ATROPINE SULFATE	389	B	
atropine sulfate (ophthalmic)	389	BACITRACIN	391
ATROVENT HFA	396	bacitracin-poly-neomycin-hc	389
AUBAGIO	155	bacitracin-polymyxin b (ophth)	389,390
AUGMENTIN	20	baclofen	87
AUM INSULIN SAFETY PEN NEEDLE	252	balsalazide disodium	244
AUM MINI INSULIN PEN NEEDLE	252	BALVERSA	57
AUM PEN NEEDLE	252,253	BAQSIMI ONE PACK	103
AUM READYGARD DUO PEN NEEDLE	253	BAQSIMI TWO PACK	103
AUM SAFETY PEN NEEDLE	253	BARACLUDGE	88
AURORA LANCET SUPER THIN 30G	253	BARDIA BULB IRRIGATION SYRINGE	254
AURORA LANCET THIN 23G	253	BARDIA PISTON IRRIGATION SYR	254
AURORA PEN NEEDLES	253	BAXDELA	22
AURORA UNIFINE PENTIPS	253	BD ALLERGIST TRAY	254
AURYXIA	173	BD ALLERGY SYRINGE	254
AUSTEDO	153	BD AUTOSHIELD	254
AUSTEDO PATIENT TITRATION KIT	153	BD AUTOSHIELD DUO	255
AUSTEDO XR	153	BD BLUNT FILL NEEDLE	255
AUSTEDO XR PATIENT TITRATION	153	BD BLUNT FILTER NEEDLE	255
AUTO-LANCET	253	BD CONTROL SYRING LUER-LOK	255
AUTO-LANCET MINI	254	BD DISP NEEDLE	255
AUTOLET II CLINISAFE	254	BD DISP NEEDLES	255
AUTOLET LANCING DEVICE	254	BD ECLIPSE LUER-LOK NEEDLE	255
AUTOLET LITE CLINISAFE	254	BD ECLIPSE NEEDLE	255,256
AUTOLET LITE STARTER PACK	254	BD ECLIPSE SHIELDED NEEDLE	256
AUTOLET MINI	254	BD ECLIPSE SYRINGE	256
AUTOLET PLATFORMS	254	BD ECLIPSE SYRINGE/NEEDLE	256
AUTOLET PLUS	254	BD FILTER NEEDLE/5 MICRON	256
AUTOPEN	254	BD HYPODERMIC NEEDLE	256,257
AUVI-Q	397	BD INSULIN SYR ULTRAFINE II	257
AVONEX PEN	155	BD INSULIN SYRINGE	257,258
AVONEX PREFILLED	155	BD INSULIN SYRINGE HALF-UNIT	257
AYVAKIT	56	BD INSULIN SYRINGE MICROFINE	257
AZASITE	391	BD INSULIN SYRINGE U-500	258
azathioprine	233	BD INSULIN SYRINGE U/F	258
azelaic acid	161	BD INSULIN SYRINGE U/F 1/2UNIT	258
azelastine hcl	395	BD INSULIN SYRINGE ULTRAFINE	258,259
azelastine hcl (ophth)	390	BD INTEGRA NEEDLE	259

BD INTEGRA SYRINGE	259	benztropine mesylate	72
BD LANCET ULTRAFINE 30G	259	bepotastine besilate	390
BD LANCET ULTRAFINE 33G	259	BERINERT	226
BD LUER-LOK SYRINGE	259,260	BESIVANCE	22
BD MICROTAINER LANCETS	260	BESREMI	232
BD PEN	260	betaine	180
BD PEN MINI	260	betamethasone dipropionate (topical)	162
BD PEN NEEDLE MICRO U/F	260	BETAMETHASONE DIPROPIONATE AUG	162
BD PEN NEEDLE MINI U/F	260	betamethasone dipropionate augmented	162
BD PEN NEEDLE NANO 2ND GEN	260	betamethasone valerate	162
BD PEN NEEDLE NANO U/F	260	BETASERON	155
BD PEN NEEDLE ORIGINAL U/F	260	betaxolol hcl	132
BD PEN NEEDLE SHORT U/F	261	BETAXOLOL HCL	392
BD PLASTIPAK SYRINGE	261	betaxolol hcl (ophth)	392
BD PRECISIONGLIDE NEEDLE	261	bethanechol chloride	187
BD SAFETY-LOK INSULIN SYRINGE	261	BETHKIS	397
BD SAFETYGLIDE ALLERGY SYRINGE	261	bexarotene	70
BD SAFETYGLIDE INSULIN SYRINGE	261	bexarotene (topical)	70
BD SAFETYGLIDE NEEDLE	261,262	BEXSERO	239
BD SAFETYGLIDE SHIELDED NEEDLE	262	bicalutamide	51
BD SAFETYGLIDE SYRINGE/NEEDLE	262	BIKTARVY	89
BD SYRINGE	262	bimatoprost	393
BD SYRINGE BLUNT CANNULA 17G	262	bisoprolol & hydrochlorothiazide	138
BD SYRINGE DISPOSABLE	262	bisoprolol fumarate	132
BD SYRINGE DUAL CANNULA	262	BOOSTRIX	239
BD SYRINGE LUER SLIP TIP	262	bosentan	400
BD SYRINGE LUER-LOK	262	BOSULIF	57
BD SYRINGE SLIP TIP	262,263	BRAFTOVI	57
BD SYRINGE/NEEDLE	263	BREO ELLIPTA	404,405
BD TB SYRINGE	263	BREZTRI AEROSPHERE	405
BD VEO INSULIN SYR U/F 1/2UNIT	263	BRILINTA	121
BD VEO INSULIN SYRINGE U/F	263	brimonidine tartrate	392
BELBUCA	10	brimonidine tartrate (topical)	161
BELSOMRA	408,409	brimonidine tartrate-timolol maleate	389
benazepril & hydrochlorothiazide	138	brinzolamide	392
benazepril hcl	128	BRIVIACT	24
BENEFIX	114	bromfenac sodium (ophth)	391
BENLYSTA	227	bromocriptine mesylate	73
BENZHYDROCODONE-ACETAMINOPHEN	6	BRUKINSA	57
BENZNIDAZOLE	71	budesonide	244
benzoyl peroxide-erythromycin	161	budesonide (inhalation)	394

bumetanide	141	carbinoxamine maleate	395
buprenorphine hcl	10	CARBINOXAMINE MALEATE	395
buprenorphine hcl-naloxone hcl dihydrate	10	carbonyl iron	171
bupropion hcl	36	CARDIOCOM LANCING DEVICE	263
bupropion hcl (smoking deterrent)	11	CARDURA XL	186
buspironone hcl	94	CAREFINE PEN NEEDLES	263,264
butalbital-acetaminophen	153	CAREONE ADVANCED LANCING DEV	264
butalbital-acetaminophen-caffeine	153	CAREONE INSULIN SYRINGE	264
butalbital-acetaminophen-caffeine w/ codeine	6	CAREONE LANCET SUPER THIN 30G	264
butalbital-aspirin-caffeine	1	CAREONE LANCET THIN 23G	264
butalbital-aspirin-caffeine w/cod	6	CAREONE UNIFINE PENTIPS	264,265
butorphanol tartrate	6	CAREONE UNIFINE PENTIPS PLUS	265
BYDUREON BCISE	97	CAREPOINT POLY HUB NEEDLE	265,266
BYLVAY	163	CAREPOINT SAFETY 1ST NEEDLE	266
BYLVAY (PELLETS)	163	CAREPOINT SAFETY1ST SYR/NEEDLE	266
C			
cabergoline	222	CAREPOINT SYRINGE CATHETER TIP	266
CABLIVI	121	CAREPOINT SYRINGE LUER LOCK	266,267
CABOMETYX	57	CAREPOINT SYRINGE LUER SLIP	267
caffeine citrate	405	CAREPOINT TUBERCLN SYR/LUER SL	267
calcipotriene	165	CARESENS LANCETS	267
CALCIPOTRIENE	165	CARESENS LANCETS 30G	267
calcitonin (salmon)	245	CARETOUCH CATHETER TIP SYRINGE	267
CALCITRIOL	165,245	CARETOUCH HYPODERMIC NEEDLE	267,268
calcitriol	245	CARETOUCH INSULIN SYRINGE	268
calcium acetate (phosphate binder)	173	CARETOUCH LANCING/EJECTOR	268
CALQUENCE	57	CARETOUCH LUER LOCK	268
CAMZYOS	138	CARETOUCH LUER LOCK SYR/NEEDLE	268,269
candesartan cilexetil	127	CARETOUCH LUER SLIP	269
candesartan cilexetil-hydrochlorothiazide	138	CARETOUCH PEN NEEDLES	269
capecitabine	54	CARETOUCH SAFETY LANCETS	269
CAPRELSA	58	CARETOUCH SAFETY LANCETS 26G	269
captopril	128	CARETOUCH TWIST LANCETS 28G	269
CARBAGLU	180	CARETOUCH TWIST LANCETS 30G	270
carbamazepine	31,32,33	CARETOUCH TWIST LANCETS 33G	270
CARBATROL	32	CARETOUCH TWIST MC LANCETS 30G	270
carbidopa	74	carglumic acid	180
carbidopa-levodopa	74	carisoprodol	408
CARBIDOPA-LEVODOPA	74,75	CARTEOLOL HCL	392
carbidopa-levodopa-entacapone	72	carvedilol	132
		CAYA	270
		CAYSTON	17

CEFACTOR.....	19	CIPRO.....	22
CEFADROXIL.....	19	ciprofloxacin.....	22
cefadroxil.....	19	CIPROFLOXACIN HCL.....	22,393
cefdinir.....	19	ciprofloxacin hcl.....	22
cefixime.....	19	ciprofloxacin hcl (ophth).....	22
cefpodoxime proxetil.....	19	ciprofloxacin-dexamethasone.....	393
cefprozil.....	19	CIPROFLOXACIN-FLUOCINOLONE PF.....	393
cefuroxime axetil.....	19	citalopram hydrobromide.....	37
celecoxib.....	1	CLARITHROMYCIN.....	21
CELONTIN.....	28	clarithromycin.....	21
cephalexin.....	19	CLEANLET LANCETS 28G.....	270
CEQR SIMPLICITY 2U.....	270	CLEMASTINE FUMARATE.....	395
CERDELGA.....	180	CLEVER CHEK LANCETS.....	270
CERVIDIL.....	193	CLEVER CHOICE COMFORT EZ.....	270
CETRAXAL.....	393	CLEVER CHOICE LANCETS 21G.....	270
cevimeline hcl.....	158	CLEVER CHOICE LANCETS 23G.....	270
CHEMET.....	171	CLEVER CHOICE LANCETS 28G.....	270
CHENODAL.....	177	CLICKFINE PEN NEEDLES.....	270,271
chlordiazepoxide hcl.....	95	CLIMARA PRO.....	197
CHLORDIAZEPOXIDE-AMITRIPTYLINE.....	36	clindamycin hcl.....	17
chlorhexidine gluconate (mouth-throat).....	158,159	clindamycin palmitate hydrochloride.....	17
chloroquine phosphate.....	71	clindamycin phosphate (topical).....	167
chlorpromazine hcl.....	75	clindamycin phosphate vaginal.....	17
chlorthalidone.....	142	clindamycin phosphate-benzoyl peroxide (refrigerate).....	161
chlorzoxazone.....	408	CLINDESSE.....	17
CHOLBAM.....	180	clobazam.....	28
cholecalciferol.....	245	clobetasol propionate.....	163
cholestyramine.....	145	clobetasol propionate emollient base.....	163
cholestyramine light.....	145,146	clocortolone pivalate.....	163
CHOSEN LANCING DEVICE.....	270	CLOMID.....	216
CIBINQO.....	165	CLOMIPHENE CITRATE.....	216
ciclopirox.....	167	clomipramine hcl.....	40
ciclopirox olamine.....	167	clonazepam.....	95,96
cilostazol.....	122	clonidine.....	126
CIMDUO.....	90	clonidine hcl.....	126
CIMETIDINE HCL.....	178	clonidine hcl (adhd).....	151
cimetidine hcl.....	178	clopidogrel bisulfate.....	122
CIMZIA.....	233	clorazepate dipotassium.....	96
CIMZIA (2 SYRINGE).....	233	clotrimazole.....	43
CIMZIA STARTER KIT.....	233	clotrimazole w/ betamethasone.....	165
cinacalcet hcl.....	245		

clozapine.....	86,87	CORDRAN.....	163
CLOZAPINE.....	86,87	CORIFACT.....	114
COAGADEX.....	114	CORLANOR.....	139
COAGUCHEK LANCETS.....	271	CORTIFOAM.....	244
COARTEM.....	71	CORTISPORIN-TC.....	393
CODEINE SULFATE.....	6	COSENTYX.....	227
codeine sulfate.....	6	COSENTYX (300 MG DOSE).....	227
colchicine.....	45	COSENTYX SENSOREADY (300 MG).....	227
colchicine w/ probenecid.....	45	COSENTYX SENSOREADY PEN.....	227
colesevelam hcl.....	145	COSENTYX UNOREADY.....	227
colestipol hcl.....	145	COTELLIC.....	58
COMBIPATCH.....	197	CREON.....	180
COMBIVENT RESPIMAT.....	405	CRESEMBA.....	43
COMETRIQ (100 MG DAILY DOSE).....	58	CROMOLYN SODIUM.....	390,399
COMETRIQ (140 MG DAILY DOSE).....	58	cromolyn sodium.....	399
COMETRIQ (60 MG DAILY DOSE).....	58	cromolyn sodium (mastocytosis).....	177
COMFORT ASSIST INSULIN SYRINGE.....	271	cromolyn sodium (ophth).....	390
COMFORT ASSURED LANCETS 28G.....	271	CRONO SYRINGE.....	275
COMFORT ASSURED LANCETS 33G.....	271	CROTAN.....	167
COMFORT EZ INSULIN SYRINGE.....	271,272	CUPRIMINE.....	171
COMFORT EZ MICRO PEN NEEDLES.....	272	CUROSURF.....	405
COMFORT EZ PEN NEEDLES.....	272,273	CVS LANCETS 21G.....	275
COMFORT EZ PRO PEN NEEDLES.....	273	CVS LANCETS MICRO THIN 33G.....	275
COMFORT EZ SHORT PEN NEEDLES.....	273	CVS LANCETS ORIGINAL.....	275
COMFORT LANCETS.....	273	CVS LANCETS THIN 26G.....	275
COMFORT TOUCH INSULIN PEN NEED.....	273,274	CVS LANCETS ULTRA THIN 30G.....	276
COMFORT TOUCH LANCETS 31G.....	274	CVS LANCETS ULTRA-THIN 30G.....	276
COMFORT TOUCH PLUS LANCETS 28G.....	274	CVS LANCING DEVICE.....	276
COMFORT TOUCH PLUS LANCETS 30G.....	274	CVS ULTRA THIN LANCETS.....	276
COMIRNATY.....	239	cyanocobalamin.....	174
COMPLERA.....	90	cyclobenzaprine hcl.....	408
CONDOMS.....	274	CYCLOGYL.....	389
CONTOUR CONTROL.....	275	CYCLOMYDRIL.....	389
CONTOUR NEXT CONTROL.....	275	cyclopentolate hcl.....	389
CONTOUR NEXT EZ.....	275	cyclophosphamide.....	51
CONTOUR NEXT GEN MONITOR.....	275	CYCLOPHOSPHAMIDE.....	51
CONTOUR NEXT MONITOR.....	275	cycloserine.....	50
CONTOUR NEXT ONE.....	275	cyclosporine.....	233
CONTOUR NEXT TEST.....	275	cyclosporine modified (for microemulsion).....	233,234
CONTOUR TEST.....	275	cyproheptadine hcl.....	395
COPIKTRA.....	58		

CYSTADANE.....	180	DEXCOM G6 SENSOR.....	276
CYSTADROPS.....	180	DEXCOM G6 TRANSMITTER.....	276
CYSTAGON.....	180	DEXCOM G7 RECEIVER.....	276
CYSTARAN.....	180	DEXCOM G7 SENSOR.....	276
D		dexlansoprazole.....	179
dabigatran etexilate mesylate.....	107	dexmethylphenidate hcl.....	151
dalfampridine.....	155	dextroamphetamine sulfate.....	150,151
danazol.....	194	DIACOMIT.....	24
dantrolene sodium.....	87	DIASTAT ACUDIAL.....	28,29
dapsone.....	50	DIASTAT PEDIATRIC.....	29
DAPTACEL.....	239	DIATHRIVE LANCET ULTRA THIN 30.....	276
darifenacin hydrobromide.....	186	DIATHRIVE LANCETS.....	276
darunavir.....	93	DIATHRIVE LANCING DEVICE.....	276
DAURISMO.....	58	DIATHRIVE PEN NEEDLE.....	276,277
DAYBUE.....	180	DIAZEPAM.....	29,96
DAYVIGO.....	409	diazepam.....	96
deferiprone.....	171	diazepam (anticonvulsant).....	29
DELSTRIGO.....	90	diazoxide.....	104
demeclocycline hcl.....	23	dichlorphenamide.....	181,183
DEPO-ESTRADIOL.....	198	diclofenac potassium.....	1
DEPO-SUBQ PROVERA 104.....	213	diclofenac sodium.....	1
DESCOVY.....	90,91	diclofenac sodium (ophth).....	391
desipramine hcl.....	40	diclofenac sodium (topical).....	1
desloratadine.....	395	diclofenac w/ misoprostol.....	1
desmopressin acetate.....	190	dicloxacillin sodium.....	20
DESMOPRESSIN ACETATE.....	190,193	dicyclomine hcl.....	177
desmopressin acetate spray.....	190	DIFICID.....	21
desogestrel & ethinyl		diflunisal.....	1
estradiol.....	195,197,198,199,201,202,209	difluprednate.....	391
desogestrel-ethinyl estradiol		digoxin.....	130
(biphasic).....	196,198,203,209,210,212	DIGOXIN.....	130
desonide.....	163	dihydroergotamine mesylate.....	48
desoximetasone.....	163	DILANTIN.....	32
desvenlafaxine succinate.....	37,38	DILANTIN INFATABS.....	32
dexamethasone.....	188,189	DILANTIN-125.....	33
DEXAMETHASONE.....	188,189	diltiazem hcl.....	135
DEXAMETHASONE INTENSOL.....	189	diltiazem hcl coated beads.....	135,136
DEXAMETHASONE SODIUM PHOSPHATE.....	391	diltiazem hcl extended release beads.....	135,136
DEXCOM G6 RECEIVER.....	276	dimethyl fumarate.....	155
		DIPENTUM.....	244
		diphenoxylate w/ atropine.....	177

DIPHENOXYLATE-ATROPINE.....	177	DRUG MART UNILET LANCETS 33G.....	281
DIPHThERIA-TETANUS TOXOIDS DT.....	239	DUAVEE.....	216
dipyridamole.....	122	DULERA.....	405,406
disopyramide phosphate.....	130	duloxetine hcl.....	154
disulfiram.....	9,10	DUOPA.....	74
DIURIL.....	142	DUPIXENT.....	227,228
divalproex sodium.....	24,25	DUREX EXTRA SENSITIVE THIN.....	281
DIVIGEL.....	198	DUREX REALFEEL.....	281
dofetilide.....	130	DUREX TROPICAL.....	281
donepezil hydrochloride.....	35	dutasteride.....	186
DOPTELET.....	122	dutasteride-tamsulosin hcl.....	186
dorzolamide hcl.....	392		
dorzolamide hcl-timolol maleate.....	389	E	
DOVATO.....	89	E-Z JECT LANCET MICRO-THIN 33G.....	281
doxazosin mesylate.....	127	E-Z JECT LANCET SUPER THIN 30G.....	281
doxepin hcl.....	40,41	E-Z JECT LANCETS.....	281
doxycycline (monohydrate).....	23	E-Z JECT LANCETS 21G.....	281
doxycycline hyclate.....	23	E-Z JECT LANCETS THIN 26G.....	281
dronabinol.....	43	E.E.S. 400.....	21
DROPLET GENTEEL LANCING DEVICE.....	277	EASY COMFORT INSULIN SYRINGE.....	281,282
DROPLET INSULIN SYRINGE.....	277,278	EASY COMFORT LANCETS.....	282
DROPLET LANCETS ULTRA THIN 30G.....	278	EASY COMFORT LANCETS TWIST TOP.....	282
DROPLET LANCING DEVICE.....	278	EASY COMFORT PEN NEEDLES.....	282,283
DROPLET MICRON.....	278	EASY GLIDE CATH TIP SYRINGE.....	283
DROPLET PEN NEEDLES.....	278,279	EASY GLIDE LUER LOCK SYRINGE.....	283
DROPLET PERSONAL LANCETS 30G.....	279	EASY GLIDE PEN NEEDLES.....	283
DROPSAFE SAFETY PEN NEEDLES.....	279	EASY GLIDE SLIP LOCK SYRINGE.....	283
DROPSAFE SAFETY SYRINGE/NEEDLE.....	279,280	EASY MINI EJECT LANCING DEVICE.....	283
DROPSAFE SICURA.....	280	EASY MINI LANCING DEVICE.....	283
drosiprenone-ethinyl		EASY TOUCH ALLERGY SYRINGE.....	283
estradiol.....	199,202,204,205,207,209,210,212,213	EASY TOUCH FLIPLOCK INSULIN SY.....	283
drosiprenone-ethinyl estradiol-levomefolate		EASY TOUCH FLIPLOCK NEEDLES.....	284,285
calcium.....	198,212	EASY TOUCH FLIPLOCK SAFETY SYR.....	285,286
DROXIA.....	181	EASY TOUCH FLURINGE.....	286
DRUG MART LANCETS THIN 26G.....	280	EASY TOUCH FLURINGE FLIPLOCK.....	286
DRUG MART LANCING DEVICE.....	280	EASY TOUCH FLURINGE SHEATHLOCK.....	286
DRUG MART ON-THE-GO LANCET 30G.....	280	EASY TOUCH HYPODERMIC NEEDLE..	286,287,288
DRUG MART UNIFINE PENTIPS.....	280	EASY TOUCH INSULIN SAFETY SYR.....	288
DRUG MART UNIFINE PENTIPS PLUS.....	280	EASY TOUCH INSULIN SYRINGE.....	288,289
DRUG MART UNILET LANCETS 28G.....	280	EASY TOUCH LANCETS 21G.....	289
DRUG MART UNILET LANCETS 30G.....	280	EASY TOUCH LANCETS 23G.....	289

EASY TOUCH LANCETS 26G	289	ELOCTATE	114,115
EASY TOUCH LANCETS 28G	289	EMBRACE LANCETS ULTRA THIN 30G	294
EASY TOUCH LANCETS 28G/TWIST	289	EMBRACE LANCING DEVICE/EJECTOR	294
EASY TOUCH LANCETS 30G	289	EMBRACE PEN NEEDLES	294
EASY TOUCH LANCETS 30G/TWIST	289	EMBRACE PRESSURE ACTIVATED 21G	294
EASY TOUCH LANCETS 32G	290	EMBRACE PRESSURE ACTIVATED 28G	294
EASY TOUCH LANCETS 32G/TWIST	290	EMCYT	54
EASY TOUCH LANCETS 33G/TWIST	290	EMEND	43
EASY TOUCH LANCING DEVICE	290	EMGALITY	47
EASY TOUCH PEN NEEDLES	290	EMGALITY (300 MG DOSE)	47
EASY TOUCH SAFETY LANCETS 21G	291	EMPAVELI	228
EASY TOUCH SAFETY LANCETS 23G	291	EMSAM	37
EASY TOUCH SAFETY LANCETS 26G	291	emtricitabine	91
EASY TOUCH SAFETY LANCETS 28G	291	emtricitabine-tenofovir disoproxil fumarate	91
EASY TOUCH SAFETY PEN NEEDLES	291	EMTRIVA	91
EASY TOUCH SAFETY SYRINGE	291	EMVERM	71
EASY TOUCH SHEATHLOCK SYRINGE	291,292	enalapril maleate	128,129
EASY TOUCH SYRINGE BARREL	292	enalapril maleate & hydrochlorothiazide	139
EASY TOUCH SYRINGE BARREL 10ML	292	ENBREL	233,234
EASY TOUCH SYRINGE BARREL 1ML	292	ENBREL MINI	234
EASY TOUCH SYRINGE BARREL 3ML	292	ENBREL SURECLICK	234
EASY TOUCH SYRINGE BARREL 5ML	292	ENCARE	187
EASY TOUCH TB FLIPLOCK SYRINGE	293	ENDARI	181
EASY TOUCH TB SHEATHLOCK SYR	293	ENGERIX-B	239
EASYPOINT NEEDLE	293	enoxaparin sodium	108
EASYPOINT NEEDLE/SYRINGE	293	ENSPRYNG	228
econazole nitrate	43	ENSTILAR	165
EDURANT	90	entacapone	72
EFAVIRENZ	90	entecavir	88
efavirenz	90	ENTRESTO	139
efavirenz-emtricitabine-tenofovir disoproxil fumarate	90	ENTYVIO	228
efavirenz-lamivudine-tenofovir disoproxil fumarate	90	ENVARUSUS XR	234
ELESTRIN	199	EPCLUSA	88
eletriptan hydrobromide	48	EPIDIOLEX	25
ELIGARD	222	epinastine hcl (ophth)	390
ELIQUIS	107	epinephrine (anaphylaxis)	397
ELIQUIS DVT/PE STARTER PACK	108	EPIVIR HBV	88
ELLA	214	eplerenone	142
ELMIRON	187	epoprostenol sodium	400
		EQL COLOR LANCETS 21G	294
		EQL COLOR LANCETS MICRO 33G	294

EQL INSULIN SYRINGE.....	294,295	EVENITY.....	245
EQL SUPER THIN LANCETS 30G.....	295	everolimus.....	58,59,67
EQL THIN LANCETS 26G.....	295	everolimus (immunosuppressant).....	234
EQUETRO.....	97	EVOTAZ.....	93
ergocalciferol.....	245,246	EVRYSDI.....	181
ERGOLOID MESYLATES.....	35	EXEL COMFORT POINT INSULIN SYR.....	295,296
ERGOMAR.....	48	EXEL COMFORT POINT PEN NEEDLE.....	296
ERGOTAMINE-CAFFEINE.....	48	EXELDERM.....	43
ERIVEDGE.....	58	exemestane.....	56
ERLEADA.....	52	EXJADE.....	171
erlotinib hcl.....	58	EXKIVITY.....	59
ERMEZA.....	217	EXSERVAN.....	149
ERTACZO.....	43	EZ-LETS LANCETS 21G.....	296
ERY.....	167	EZ-LETS LANCETS 26G.....	296
ERYTHROCIN STEARATE.....	21	EZ-LETS LANCETS 28G.....	296
erythromycin (acne aid).....	167	EZ-LETS LANCETS 30G.....	296
erythromycin (ophth).....	391	ezetimibe.....	145
erythromycin base.....	21,22	ezetimibe-simvastatin.....	145
ERYTHROMYCIN BASE.....	21,22		
erythromycin ethylsuccinate.....	22	F	
ERYTHROMYCIN ETHYLSUCCINATE.....	22	famciclovir.....	94
ESBRIET.....	403	famotidine.....	178
escitalopram oxalate.....	38	FANAPT.....	78,79
esomeprazole magnesium.....	179	FANAPT TITRATION PACK.....	79
ESPEROCT.....	115	FANTASY LUBRICATED.....	296
estazolam.....	409	FANTASY LUBRICATED/SPERMICIDE.....	296
estradiol.....	198,199,200,205	FARXIGA.....	147
estradiol & norethindrone acetate... ..	195,200,206	FASENRA PEN.....	406
estradiol vaginal.....	200,213	FC2 FEMALE CONDOM.....	297
estradiol valerate.....	200	febuxostat.....	45
ESTRING.....	200	FEIBA.....	115
ESTROGEL.....	200	felbamate.....	25
eszopiclone.....	409	felodipine.....	134
ethacrynic acid.....	141	FEMCAP.....	297
ethambutol hcl.....	50	fenofibrate.....	143
ethosuximide.....	28	fenofibrate micronized.....	143
ethynodiol diacet & eth estrad.....	200,203,213	fenopropfen calcium.....	1
etodolac.....	1	fentanyl.....	3
ETOPOSIDE.....	56	FENTANYL CITRATE.....	6,7
etravirine.....	90	fentanyl citrate.....	7
EVAMIST.....	200	FERRETT'S CHEWABLE IRON.....	168

FERRIPROX	171	FLUOROURACIL	165
ferrous sulfate	168,169	fluorouracil (topical)	166
FETZIMA	38	fluoxetine hcl	38
FETZIMA TITRATION	38	FLUOXETINE HCL	38
FIASP	104	fluphenazine hcl	75
FIASP FLEXTOUCH	104	FLUPHENAZINE HCL	75
FIASP PENFILL	104	FLURAZEPAM HCL	409
FIBRYGA	115	flurbiprofen	1
FIFTY50 PEN NEEDLES	297	FLURBIPROFEN	1
FIFTY50 SAFETY SEAL LANCETS	297	FLURBIPROFEN SODIUM	392
FIFTY50 SUPERIOR COMFORT SYR	297	FLUTAMIDE	52
FIFTY50 UNILET LANCETS 33G	297	fluticasone propionate	164
FILSPARI	187	fluticasone propionate (nasal)	406
finasteride	186	FLUTICASONE PROPIONATE DISKUS	394
finasteride (alopecia)	165	FLUTICASONE PROPIONATE HFA	394
FINE 30	298	fluticasone-salmeterol	406,407,408
FINGERSTIX LANCETS	298	FLUTICASONE-SALMETEROL	406,407,408
fingolimod hcl	155	fluvastatin sodium	143,144
FINTEPLA	25	fluvoxamine maleate	38
FIRDAPSE	153	FLUZONE HIGH-DOSE QUADRIVALENT	240
FLAREX	392	FLUZONE QUADRIVALENT	240
flavoxate hcl	186	folic acid	174,175
flecainide acetate	130	fondaparinux sodium	108
FLORICAL	168	FORA LANCETS	298
FLORIVA	168	FORA LANCING DEVICE	298
FLOW-EZE VENTED NEEDLE	298	FORTEO	245
FLUAD QUADRIVALENT	239	FOSAMAX PLUS D	245
FLUARIX QUADRIVALENT	239	fosamprenavir calcium	93
FLUBLOK QUADRIVALENT	239	FOSCAVIR	87
FLUCELVAX QUADRIVALENT	239	fosfomycin tromethamine	17
fluconazole	43,44	fosinopril sodium	129
flucytosine	44	fosinopril sodium & hydrochlorothiazide	139
fludrocortisone acetate	189	FOSRENOL	173
FLULAVAL QUADRIVALENT	239	FOTIVDA	59
FLUMIST QUADRIVALENT	239	FRAGMIN	108
fluocinolone acetonide	163	FREDS PHARMACY AUTOLET LANCING	298
fluocinolone acetonide (otic)	393	FREDS PHARMACY UNIFINE PENTIP+	298
fluocinonide	163,164	FREDS PHARMACY UNIFINE PENTIPS	298
FLUOCINONIDE	163,164	FREDS PHARMACY UNILET LANC 28G	298
FLUORIDEX SENSITIVITY RELIEF	158	FREDS PHARMACY UNILET LANC 30G	298
fluorometholone (ophth)	392	FREESTYLE LANCETS	298

FREESTYLE UNISTICK II LANCETS	298	GENTLE-LET GP LANCETS	299
frovatriptan succinate	48	GENTLE-LET LANCETS	300
FULPHILA	111	GENTLE-LET PLATFORMS	300
FUROSCIX	141	GENVOYA	89
furosemide	141,142	GILENYA	155
FUZEON	92	GILOTRIF	59
FYCOMPA	25	GLASSIA	181
		glatiramer acetate	156
G		GLEOSTINE	51
gabapentin	29	glimpiride	98
GALAFOLD	181	glipizide	98
galantamine hydrobromide	35	GLIPIZIDE	98
GALANTAMINE HYDROBROMIDE	35	glipizide-metformin hcl	98
GALZIN	168	GLOBAL EASE INJECT PEN NEEDLES	300
GARDASIL 9	240	GLOBAL EASY GLIDE INSULIN SYR	300
gatifloxacin (ophth)	391	GLOBAL EASY GLIDE PEN NEEDLES	300
GATTEX	177	GLOBAL INJECT EASE INSULIN SYR	300,301
GAVILYTE-C	177	GLOBAL INJECT EASE LANCETS 28G	301
GAVRETO	59	GLOBAL INJECT EASE LANCETS 30G	301
gefitinib	59	GLOBAL INSULIN SYRINGES	301,302
gemfibrozil	143	GLOBAL LANCING DEVICE	302
GENOTROPIN	190	GLUCAGEN HYPOKIT	104
GENOTROPIN MINIQUICK	190,191	GLUCAGON EMERGENCY	104
GENTAK	391	GLUCOCOM LANCETS 28G	302
gentamicin sulfate (ophth)	391	GLUCOCOM LANCETS 30G	302
gentamicin sulfate (topical)	17	GLUCOCOM LANCETS 33G	302
GENTEEL BUTTERFLY TOUCH LANCET	298	GLUCOPRO INSULIN SYRINGE	302
GENTEEL CONTACT TIPS (BLUE)	298	glyburide	98
GENTEEL CONTACT TIPS (CLEAR)	299	GLYBURIDE MICRONIZED	98
GENTEEL CONTACT TIPS (GREEN)	299	glyburide-metformin	98
GENTEEL CONTACT TIPS (ORANGE)	299	glycopyrrolate	177
GENTEEL CONTACT TIPS (RAINBOW)	299	GLYXAMBI	99
GENTEEL CONTACT TIPS (VIOLET)	299	GNP CLICKFINE PEN NEEDLES	303
GENTEEL CONTACT TIPS (YELLOW)	299	GNP INSULIN SYRINGE	303
GENTEEL LANCING KIT (BLUE)	299	GNP INSULIN SYRINGES	304
GENTEEL NOZZLES	299	GNP INSULIN SYRINGES 28GX1/2"	303
GENTEEL PLUS LANCING (BLACK)	299	GNP INSULIN SYRINGES 29GX1/2"	303,304
GENTEEL PLUS LANCING (PURPLE)	299	GNP INSULIN SYRINGES 30GX5/16"	304
GENTEEL PLUS LANCING (WHITE)	299	GNP INSULIN SYRINGES 31GX5/16"	304
GENTEEL PLUS LANCING DEV(BLUE)	299	GNP LANCETS 21G	304
GENTEEL PLUS LANCING DEV(PINK)	299	GNP LANCETS THIN 26G	304

GNP LANCING SYSTEM DEVICE.....	304	HAEMOLANCE.....	307
GNP STERILE LANCETS 28G.....	304	HAEMOLANCE LOW FLOW LANCETS.....	307
GNP STERILE LANCETS 30G.....	304	HAEMOLANCE PLUS.....	307
GNP STERILE LANCETS 33G.....	304	HAEMOLANCE PLUS HIGH FLOW.....	307
GNP ULTICARE PEN NEEDLES.....	304	HAEMOLANCE PLUS LOW FLOW.....	307
GNP ULTIGUARD SAFEPACK NEEDLE.....	305	HAEMOLANCE PLUS MAX FLOW.....	307
GNP ULTRA COM INSULIN SYRINGE.....	305	HAEMOLANCE PLUS PEDIATRIC FLOW.....	307
GOJJI LANCING DEVICE/CLEAR CAP.....	305	halobetasol propionate.....	164
GOJJI STERILE LANCETS.....	305	HALOG.....	164
GOODSENSE CLICKFINE PEN NEEDLE.....	305	haloperidol.....	76
GOODSENSE COLOR LANCETS 33G.....	305	haloperidol lactate.....	76
GOODSENSE LANCETS 26G UNIV.....	305	HARVONI.....	88
GOODSENSE LANCETS 30G.....	305	HAVRIX.....	240
GOODSENSE LANCETS 30G UNIV.....	305	HEALTH CARE LANCING DEVICE.....	307
GOODSENSE LANCETS 33G.....	305	HEALTHWISE INSULIN SYR/NEEDLE.....	307,308
GOODSENSE LANCETS 33G UNIV.....	305	HEALTHWISE MICRON PEN NEEDLES.....	308
GOODSENSE LANCING DEVICE.....	306	HEALTHWISE MINI PEN NEEDLES.....	308
GOODSENSE PEN NEEDLE PENFINE.....	306	HEALTHWISE PEN NEEDLES.....	308
granisetron hcl.....	43	HEALTHWISE SHORT PEN NEEDLES.....	308
GRASTEK.....	228	HEALTHWISE UNIFINE PENTIPS.....	308
griseofulvin microsize.....	44	HEALTHY ACCENTS LANCING DEVICE.....	308
griseofulvin ultramicronsize.....	44	HEALTHY ACCENTS UNIFINE PENTIP.....	308,309
guaifenesin-codeine.....	407	HEALTHY ACCENTS UNILET LANCETS.....	309
guanfacine hcl.....	126	HEMLIBRA.....	115
guanfacine hcl (adhd).....	151,152	HEMOPIL M.....	116
GVOKE HYOPEN 1-PACK.....	104	heparin sodium (porcine).....	108,109
GVOKE HYOPEN 2-PACK.....	104	HEPARIN SODIUM (PORCINE) PF.....	109
GVOKE KIT.....	104	HEPLISAV-B.....	240
GVOKE PFS.....	104	HETLIOZ.....	409
GYNAZOLE-1.....	44	HETLIOZ LQ.....	409
		HIBERIX.....	240
H		HM ULTICARE INSULIN SYRINGE.....	309
H-E-B INCONTROL ADV LANCING.....	306	HM ULTICARE MINI PEN NEEDLES.....	309
H-E-B INCONTROL LANCETS 28G.....	306	HM ULTICARE SHORT PEN NEEDLES.....	309
H-E-B INCONTROL LANCETS 30G.....	306	HUBER NEEDLE.....	309
H-E-B INCONTROL LANCETS 33G.....	306	HUMALOG.....	104
H-E-B INCONTROL PEN NEEDLES.....	306	HUMALOG JUNIOR KWIKPEN.....	104
H-E-B INCONTROL UNIFINE PENTIP.....	307	HUMALOG KWIKPEN.....	104
HADLIMA.....	234	HUMALOG MIX 50/50.....	104
HADLIMA PUSHTOUCH.....	234,235	HUMALOG MIX 50/50 KWIKPEN.....	104
HAEGARDA.....	226	HUMALOG MIX 75/25.....	105

HUMALOG MIX 75/25 KWIKPEN	105		
HUMALOG TEMPO PEN	105	I	
HUMATE-P	116	ibandronate sodium	245
HUMATIN	17	IBRANCE	59,60
HUMATROPE	178	ibuprofen	1,2
HUMULIN 70/30	105	ibuprofen-famotidine	2
HUMULIN 70/30 KWIKPEN	105	icatibant acetate	226
HUMULIN N	105	ICLUSIG	60
HUMULIN N KWIKPEN	105	icosapent ethyl	146
HUMULIN R	105	IDACIO	235
HUMULIN R U-500 (CONCENTRATED)	105	IDACIO FOR CROHNS DISEASE/UC	235
HUMULIN R U-500 KWIKPEN	105	IDACIO FOR PLAQUE PSORIASIS	235
HY-VEE LANCETS	310	IDELVION	116
HY-VEE THIN LANCETS	310	IDHIFA	60
HYCAMTIN	56	ILEVRO	392
hydralazine hcl	147	ILUMYA	228
hydrochlorothiazide	142	imatinib mesylate	60
HYDROCOD POLI-CHLORPHE POLI ER	407	IMBRUVICA	60,61
HYDROCODONE BITARTRATE ER	3	imipramine hcl	41
hydrocodone polistirex-chlorpheniramine		imiquimod	166
polistirex	407	IMOVAX RABIES	240
hydrocodone-acetaminophen	7,8	IMPAVIDO	71
HYDROCODONE-IBUPROFEN	8	IN TOUCH LANCING DEVICE	311
hydrocodone-ibuprofen	8	IN TOUCH STERILE LANCETS 30G	311
HYDROCORTISONE	164,244	INBRIJA	74
hydrocortisone	244	INCONTROL ULTICARE PEN NEEDLES	311
hydrocortisone (intrarectal)	244	INCRELEX	191
hydrocortisone (rectal)	164	INCRUSE ELLIPTA	396
hydrocortisone (topical)	162,164	indapamide	142
hydrocortisone acetate (rectal)	162,164	indomethacin	2
hydrocortisone w/acetic acid	393	INFANRIX	240
hydromorphone hcl	3,8	INFASURF	407
HYDROXOCOBALAMIN ACETATE	175	INFLIXIMAB	235,237
hydroxychloroquine sulfate	71	INGREZZA	153,154
hydroxyurea	55	INLYTA	61
hydroxyzine hcl	94	INPEN 100-BLUE-LILLY-HUMALOG	311
HYDROXYZINE PAMOATE	95	INPEN 100-BLUE-NOVOLOG-FIASP	311
hydroxyzine pamoate	95	INPEN 100-GREY-LILLY-HUMALOG	311
HYFTOR	166	INPEN 100-GREY-NOVOLOG-FIASP	311
HYPODERMIC NEEDLE	310,311	INPEN 100-PINK-LILLY-HUMALOG	311
HYPOLANCE AST LANCING	311	INPEN 100-PINK-NOVOLOG-FIASP	311

INQOVI.....	55	isotretinoin.....	160,161,162
INREBIC.....	61	ISTURISA.....	191
INSULIN ASP PROT & ASP FLEXPEN.....	105	itraconazole.....	44
INSULIN ASPART.....	105,106	ivermectin.....	71
INSULIN ASPART FLEXPEN.....	105	IVERMECTIN.....	167
INSULIN ASPART PENFILL.....	105	IXINITY.....	116
INSULIN ASPART PROT & ASPART.....	105		
INSULIN GLARGINE-YFGN.....	105,107	J	
INSULIN LISPRO.....	105	JADENU.....	171,172
INSULIN LISPRO (1 UNIT DIAL).....	105	JADENU SPRINKLE.....	172
INSULIN LISPRO JUNIOR KWIKPEN.....	105	JAKAFI.....	61
INSULIN LISPRO PROT & LISPRO.....	105	JANSSEN COVID-19 VACCINE.....	240
INSULIN SYRINGE.....	311,312	JANUMET.....	99
INSULIN SYRINGE-NEEDLE U-100.....	312,313	JANUMET XR.....	99
INSULIN SYRINGE/NEEDLE.....	313	JANUVIA.....	99
INSUPEN PEN NEEDLES.....	314	JARDIANCE.....	147
INSUPEN SENSITIVE.....	314	JAYPIRCA.....	61
INSUPEN ULTRAFIN.....	314	JIVI.....	116
INTELENCE.....	90	JOENJA.....	181
INTRAROSA.....	187	JULUCA.....	89
INTRON A.....	232	JUXTAPID.....	146
INVEGA HAFYERA.....	79	JYNARQUE.....	172,173
INVEGA SUSTENNA.....	80	JYNNEOS.....	240
INVEGA TRINZA.....	80		
IPOL.....	240	K	
ipratropium bromide.....	396	K-PHOS NO 2.....	187
ipratropium bromide (nasal).....	396	K-Y ME & YOU EXTRA LUBRICATED.....	314
ipratropium-albuterol.....	407	K-Y ME & YOU INTENSE.....	314
irbesartan.....	127	KALYDECO.....	397,398
irbesartan-hydrochlorothiazide.....	139	KAMELEON LUBRICATED.....	314
IRESSA.....	61	KESIMPTA.....	156
IRON CHEWS PEDIATRIC.....	168	ketoconazole.....	44
IRON UP.....	169	ketoconazole (topical).....	44
ISENTRESS.....	89	KETOPROFEN ER.....	2
ISENTRESS HD.....	89	ketorolac tromethamine.....	2
ISONIAZID.....	50	ketorolac tromethamine (ophth).....	392
isoniazid.....	50	KEVEYIS.....	181
ISOPTO ATROPINE.....	389	KEVZARA.....	228
isosorbide dinitrate.....	148	KIMONO.....	314
isosorbide dinitrate-hydralazine hcl.....	139	KIMONO COLORS.....	315
isosorbide mononitrate.....	148	KIMONO MAXX-LARGE FLARE.....	315

KIMONO MICRO THIN	315	KROGER LANCING DEVICE	317
KIMONO MICRO THIN PLUS	315	KROGER PEN NEEDLES	317,318
KIMONO PLUS	315	KUVAN	181
KIMONO PS	315	KYNMOBI	73
KIMONO PS PLUS	315		
KIMONO SENSATION	315	L	
KIMONO SENSATION PLUS	315	labetalol hcl	132
KIMONO SPECIAL	315	lacosamide	33
KINERET	228	LACRISERT	389
KINNEY LANCETS	315	lactic acid (ammonium lactate)	162
KINNEY THIN LANCETS	315	lactulose	176
KINRAY INSULIN SYRINGE	316	lactulose (encephalopathy)	176
KINRIX	240	LAMICTAL XR	25
KISQALI (200 MG DOSE)	62	lamivudine	91
KISQALI (400 MG DOSE)	62	lamivudine (hbv)	88
KISQALI (600 MG DOSE)	62	lamivudine-zidovudine	91
KISQALI FEMARA (200 MG DOSE)	62	lamotrigine	25,26,27
KISQALI FEMARA (400 MG DOSE)	62	LAMPIT	72
KISQALI FEMARA (600 MG DOSE)	62	LANCET DEVICE	318
KITABIS PAK	398	LANCET DEVICE WITH EJECTOR	318
KLOXXADO	10	LANCET TRANSPORTER CASE	318
KMART VALU INSULIN SYRINGE 29G	316	LANCETS	318,319,320,321,322,324,325,326,327,3
KMART VALU INSULIN SYRINGE 30G	316	35,336,337,338,339,340,341,342,344,345,346,34	
KOATE	116,117	7,348,349,350,351,352,353,354,355,356,357,360,	
KOATE-DVI	117	361,362,363,364,366,367,368,369,373,375,376,3	
KOGENATE FS	117	79,380,381,382,385,386,387,389	
KORLYM	222	LANCETS 30G	318
KOSELUGO	62	LANCETS 33G	318
KOVALTRY	117	LANCETS MICRO THIN 33G	318
KRAZATI	62	LANCETS SUPER THIN 28G	318
KRINTAFEL	72	LANCETS THIN	318
KROGER AUTOLET LANCING DEVICE	316	LANCETS ULTRA THIN	319
KROGER HEALTHPRO LANCET 26G	316	LANCETS ULTRA THIN 30G	319
KROGER INSULIN SYRINGE	316,317	LANCING DEVICE	319
KROGER LANCETS	317	LANOXIN	130
KROGER LANCETS 21G	317	LANREOTIDE ACETATE	222,225
KROGER LANCETS MICRO THIN 33G	317	lanreotide acetate	222
KROGER LANCETS SUPER THIN	317	lansoprazole	179
KROGER LANCETS THIN	317	lanthanum carbonate	173
KROGER LANCETS THIN 26G	317	LANZO	319
KROGER LANCETS ULTRATHIN 30G	317	lapatinib ditosylate	62

LASTACRAFT	391	levonorgestrel-ethinyl estradiol (91-day)	195,197,198,201,202,204,205,210
latanoprost	393	levonorgestrel-ethinyl estradiol (continuous)	195,198,204
LEADER ADVANCED LANCING DEVICE	319	levothyroxine sodium	217,218,219,221,222
LEADER INSULIN SYRINGE	319,320	LEVOTHYROXINE SODIUM	218,219,220,221,222
LEADER UNIFINE PENTIPS	320	LEXIVA	93
LEADER UNIFINE PENTIPS PLUS	320	LIBERTY MEDICAL LANCETS	320
LEDIPASVIR-SOFOSBUVIR	88	LIBERTY MINI LANCING DEVICE	320
leflunomide	235	lidocaine	9
lenalidomide	52,53	lidocaine hcl	9
LENVIMA (10 MG DAILY DOSE)	62	lidocaine hcl (mouth-throat)	9
LENVIMA (12 MG DAILY DOSE)	62	lidocaine-prilocaine	9
LENVIMA (14 MG DAILY DOSE)	62	LIFESCAN UNISTIK 2	320
LENVIMA (18 MG DAILY DOSE)	62	LIFESCAN UNISTIK II LANCETS	320
LENVIMA (20 MG DAILY DOSE)	62	LINDANE	167
LENVIMA (24 MG DAILY DOSE)	63	linezolid	17
LENVIMA (4 MG DAILY DOSE)	63	liothyronine sodium	219
LENVIMA (8 MG DAILY DOSE)	63	lisdexamphetamine dimesylate	150
LEQVIO	146	lisinopril	129
letrozole	56	lisinopril & hydrochlorothiazide	139
leucovorin calcium	55	LITE TOUCH LANCETS	320
LEUKERAN	51	LITE TOUCH LANCING PEN	320
LEUKINE	111	LITETOUCH INSULIN SYRINGE	320,321
leuprolide acetate	222	LITETOUCH LANCETS	321
LEUPROLIDE ACETATE (3 MONTH)	222,223	LITETOUCH PEN NEEDLES	321,322
levabuterol hcl	397	lithium	97
LEVEMIR	105	LITHIUM CARBONATE	97
LEVEMIR FLEXPEN	106	lithium carbonate	97
LEVEMIR FLEXTOUCH	106	LITHOBID	97
levetiracetam	26	LITHOSTAT	187
LEVOBUNOLOL HCL	392	LIVE BETTER ADV LANCING DEVICE	322
levocarnitine (metabolic modifiers)	182	LIVE BETTER LANCET SUPER THIN	322
levocetirizine dihydrochloride	395	LIVE BETTER LANCET ULTRA THIN	322
levofloxacin	22	LIVMARLI	178
LEVOFLOXACIN	391	LIVTENCITY	87
levofloxacin (ophth)	391	LO LOESTRIN FE	204
levonorgestrel & eth estradiol	194,195,196,197,198,200,203,204,205,209,210,212	LOKELMA	174
levonorgestrel (emergency oc)	213,214,215,216	LONGS INSULIN SYRINGE	322
levonorgestrel-eth estradiol (triphasic)	199,204,212	LONGS LANCETS STANDARD	322
		LONGS LANCETS THIN	322

LONGS LANCETS ULTRA THIN.....	322	MARATHON MEDICAL PENTIPS.....	323
LONSURF.....	55	maraviroc.....	92
lopinavir-ritonavir.....	93	MARPLAN.....	37
lorazepam.....	96	MATULANE.....	51
LORBRENA.....	63	MAVENCLAD (10 TABS).....	156
losartan potassium.....	127,128	MAVENCLAD (4 TABS).....	156
losartan potassium & hydrochlorothiazide....	139	MAVENCLAD (5 TABS).....	156
LOTEMAX.....	392	MAVENCLAD (6 TABS).....	156
LOTEMAX SM.....	392	MAVENCLAD (7 TABS).....	156
loteprednol etabonate.....	392	MAVENCLAD (8 TABS).....	156
lovastatin.....	144	MAVENCLAD (9 TABS).....	156
loxapine succinate.....	76	MAVYRET.....	88,89
lubiprostone.....	176	MAXI-COMFORT INSULIN SYRINGE.....	323
LUCEMYRA.....	10	MAXI-COMFORT SAFETY PEN NEEDLE.....	323
LUER LOCK SAFETY SYRINGES.....	322	MAXICOMFORT II PEN NEEDLE.....	324
LULICONAZOLE.....	44	MAXICOMFORT SYR 27G X 1/2".....	324
LUMAKRAS.....	63	MAXIDEX.....	392
LUMRYZ.....	410	MAXX.....	324
LUPKYNIS.....	235	MAXX PLUS.....	324
LUPRON DEPOT (1-MONTH).....	222	MAYZENT.....	156
LUPRON DEPOT (3-MONTH).....	223	MAYZENT STARTER PACK.....	157
LUPRON DEPOT (4-MONTH).....	223	meclizine hcl.....	41
LUPRON DEPOT (6-MONTH).....	223	MECLOFENAMATE SODIUM.....	2
LUPRON DEPOT-PED (1-MONTH).....	223	MEDIC INSULIN SYRINGE.....	324
LUPRON DEPOT-PED (3-MONTH).....	223	MEDICHOICE SAFETY LANCET.....	324
LUPRON DEPOT-PED (6-MONTH).....	223	MEDICHOICE SAFETY LANCET EXTRA.....	324
lurasidone hcl.....	80,81	MEDICHOICE SAFETY LANCET NORM.....	324
LYNPARZA.....	63	MEDICINE SHOPPE PEN NEEDLES.....	324
LYSODREN.....	55	MEDLANCE EXTRA 21G.....	324
LYTGOBI (12 MG DAILY DOSE).....	63	MEDLANCE LITE 25G.....	325
LYTGOBI (16 MG DAILY DOSE).....	63	MEDLANCE PLUS EXTRA 21G.....	325
LYTGOBI (20 MG DAILY DOSE).....	63	MEDLANCE PLUS LANCETS.....	325
		MEDLANCE PLUS LITE 25G.....	325
M		MEDLANCE PLUS SPECIAL 0.8MM.....	325
M-M-R II.....	240	MEDLANCE PLUS SUPERLITE 30G.....	325
MAFENIDE ACETATE.....	167,168	MEDLANCE PLUS UNIVERSAL 21G.....	325
mafenide acetate.....	167	MEDLANCE UNIVERSAL 21G.....	325
MAGELLAN INSULIN SAFETY SYR.....	322,323	MEDROL.....	189
MAGELLAN SYRINGE-SAFETY NEEDLE.....	323	medroxyprogesterone acetate.....	215
MAGELLAN TUBERCULIN SYRINGE.....	323	medroxyprogesterone acetate (contraceptive)	215
malathion.....	167	mefenamic acid.....	2

mefloquine hcl	72	methylprednisolone	189
megestrol acetate	215	metoclopramide hcl	41,42
MEIJER LANCETS	325	METOCLOPRAMIDE HCL	42
MEIJER LANCETS THIN	325	metolazone	142
MEIJER LANCETS UNIVERSAL 21G	325	metoprolol & hydrochlorothiazide	139
MEIJER LANCETS UNIVERSAL 30G	325	metoprolol succinate	132,133
MEIJER LANCETS UNIVERSAL 33G	325	metoprolol tartrate	133
MEIJER PEN NEEDLES	325,326	metronidazole	18
MEIJER SUPER THIN LANCETS	326	metronidazole (topical)	17,18
MEKINIST	63	metronidazole vaginal	18
MEKTOVI	63	metyrosine	139
meloxicam	2	mexiletine hcl	131
MELPHALAN	51	MICONAZOLE 3	44
memantine hcl	36	MICRODOT PEN NEEDLE	326
MENACTRA	240	MICROLET LANCETS	326
MENEST	205,206	MICROLET NEXT LANCING DEVICE	326
MENOSTAR	206	midodrine hcl	126
MENQUADFI	240	mifepristone (hyperglycemia)	223
MENTAX	44	MIGLITOL	99,100
MENVEO	241	miglitol	99,100
meprobamate	95	MINI LANCING DEVICE	326
mercaptapurine	54	minocycline hcl	23
mesalamine	244	minoxidil	147
MESNEX	71	MIRCERA	111,112
metaxalone	408	mirtazapine	36
metformin hcl	99	misoprostol	179
methadone hcl	3	MM INSULIN SYRINGE/NEEDLE	326,327
methamphetamine hcl	150	MM LANCING DEVICE	327
methazolamide	393	MM PEN NEEDLES	327
methenamine hippurate	17	MM TWIST LANCETS	327
methimazole	225	modafinil	410
METHITEST	194	MODERNA COVID-19 BIVAL 6M-5Y	241
methocarbamol	408	MODERNA COVID-19 BIVALENT	241
methotrexate sodium	235	MODERNA COVID-19 VAC (BOOSTER)	241
METHOTREXATE SODIUM	235	MODERNA COVID-19 VAC 6M-11Y	241
METHOXSALEN RAPID	166	MODERNA COVID-19 VACC 6M-5Y	241
methscopolamine bromide	177	MODERNA COVID-19 VACCINE	241
methsuximide	28	moexipril hcl	129
METHYLDOPA	126	MOLINDONE HCL	76
methylergonovine maleate	326	mometasone furoate	164
methylphenidate hcl	152,153	MONOCAL	169

MONOJECT ALLERGIST TRAY	327	MOTOFEN	177
MONOJECT BLUNTIP CANNULA	327	MOUNJARO	100
MONOJECT BLUNTIP SYR/CANNULA	327	MOVANTIK	176
MONOJECT CONTROL SYRINGE	327	moxifloxacin hcl	22
MONOJECT FILTER ASPIRATOR	327	moxifloxacin hcl (ophth)	391
MONOJECT FILTER NEEDLE	328	MPD SAFETY LANCET 21G	335
MONOJECT HYPODERMIC NEEDLE	328,329	MPD SAFETY LANCET 23G	335
MONOJECT INSULIN SYRINGE	329,330	MPD SAFETY LANCET 28G	335
MONOJECT INTRODUCER NEEDLE	330	MPD SAFETY LANCET 30G	335
MONOJECT LIFESHIELD SYRINGE	330	MS INSULIN SYRINGE	335,336
MONOJECT MAGELLAN SAFETY ND	330	MULPLETA	112
MONOJECT MAGELLAN SYRINGE	330,331	MULTAQ	131
MONOJECT MEDICATION TRANSF ND	331	MULTI-DRAW NEEDLE	336
MONOJECT PHARMACY TRAY	331,332	MULTI-LANCET DEVICE	336
MONOJECT PISTON SYRINGE	332	MULTI-LANCET DEVICE 2	336
MONOJECT SOFTPACK/CATH TIP	332	mupirocin	168
MONOJECT SOFTPACK/LLOCK	332	MYALEPT	182
MONOJECT SOFTPACK/LTIP	332	MYCAPSSA	223
MONOJECT SOFTPACK/RG LOCK	332	mycophenolate mofetil	235
MONOJECT SOFTPACK/RG LUER	332	mycophenolate sodium	235,236
MONOJECT SYRINGE	332,333	MYFEMBREE	191
MONOJECT SYRINGE CATH TIP	333	MYGLUCOHEALTH LANCETS 30G	336
MONOJECT SYRINGE ECC LUER	333	MYLERAN	51
MONOJECT SYRINGE ECCENTRIC TIP	333	MYRBETRIO	186
MONOJECT SYRINGE LUER LOCK	333	MYSOLINE	29
MONOJECT SYRINGE LUER-LOCK TIP	333		
MONOJECT SYRINGE PHARMACY TRAY	333	N	
MONOJECT SYRINGE REG LUER	334	nabumetone	2
MONOJECT SYRINGE REGULAR TIP	334	nadolol	133
MONOJECT SYRINGE TOOMEY TYPE	334	NAFRINSE DAILY ACIDULATED	159
MONOJECT TB SAFETY SYRINGE	334	NAFRINSE DAILY/NEUTRAL	159
MONOJECT TB SYRINGE	334	NAFRINSE DROPS	169
MONOJECT ULTRA COMFORT SYRINGE	334,335	NAFRINSE WEEKLY	159
MONOLET LANCETS	335	NAFTIFINE HCL	44
MONOLET OPD LANCETS	335	NALOXONE HCL	10,11
MONOLETTOR SAFETY LANCETS	335	naloxone hcl	10,11
montelukast sodium	395,396	naltrexone hcl	11
morphine sulfate	4,8	naproxen	2
MORPHINE SULFATE	8	naproxen sodium	2
MORPHINE SULFATE (CONCENTRATE)	8	naratriptan hcl	49
MORPHINE SULFATE ER	4	NATACYN	391

NATAZIA	206	nitrofurantoin monohyd macro	18
nateglinide	100	nitroglycerin	148,149
NATPARA	245	nitroglycerin (intra-anal)	148
NATROBA	167	NITYR	182
NAYZILAM	9	NIVA THYROID	219
nebivolol hcl	133	NIVESTYM	112
NEFAZODONE HCL	38	NIZATIDINE	178
NEO-SYNALAR	166	NORDITROPIN FLEXPPO	191
neomycin sulfate	17	norelgestromin-ethinyl estradiol	207,213
neomycin-bacitracin zn-polymyxin	389,390	norethin acet & estrad- fe	196,197,201,202,203,205,206,207,210
neomycin-polymy-dexameth	390	norethindrone & eth estradiol	195,196,197,206,208,209,212
NEOMYCIN-POLYMYXIN-GRAMICIDIN	390	norethindrone & ethinyl estradiol- fe	202,203,207,213
neomycin-polymyxin-hc (otic)	393	norethindrone (contraceptive)	213,214,215,216
NEORAL	236	norethindrone acet & eth	
NERLYNX	63	estra	196,201,202,203,205,206,207
NEUPRO	73	norethindrone acetate	214,215
nevirapine	90	norethindrone acetate-ethinyl estradiol	201,202,207
NEVIRAPINE	90	norethindrone acetate-ethinyl estradiol- fe	207,210,211
NEVIRAPINE ER	90	norethindrone-eth estradiol (triphasic)	195,197,203,208,209
NEXIUM	179	norgestimate-ethinyl estradiol	199,201,206,208,210,212
NEXLETOL	140	norgestimate-ethinyl estradiol (triphasic)	208,210,211
NEXLIZET	146	norgestrel & ethinyl estradiol	197,199,205,212
NGENLA	191	NORM-JECT LUER LOCK SYRINGE	336
niacin (antihyperlipidemic)	146	NORM-JECT LUER SLIP SYRINGE	336
nicotine	11,12,13,14,15,16	NORPACE	131
NICOTINE	14,15,16	NORPACE CR	131
nicotine polacrilex	11,12,13,14,15,16	nortriptyline hcl	41
NICOTROL	15	NORVIR	93
NICOTROL NS	15	NOURIANZ	72,73
nifedipine	134	NOVA SAFETY LANCETS 23G	336
nilutamide	52	NOVA SAFETY LANCETS 28G	336
nimodipine	134	NOVA SUREFLEX LANCETS	336
NINLARO	64	NOVA SUREFLEX LANCING DEVICE	336
NITAZOXANIDE	72		
nitazoxanide	72		
nitisinone	182		
NITRO-BID	148		
NITRO-DUR	148		
NITRO-TIME	148		
nitrofurantoin	18		
nitrofurantoin macrocrystal	18		

NOVAFERRUM PEDIATRIC DROPS	169	NUVARING	208
NOVAVAX COVID-19 VACCINE	241	NUVESSA	18
NOVOEIGHT	117	NUWIO	117,118
NOVOFINE AUTOCOVER PEN NEEDLE	336	NUZYRA	24
NOVOFINE PEN NEEDLE	337	NYMALIZE	134
NOVOFINE PLUS PEN NEEDLE	337	nystatin	45
NOVOLIN 70/30	106	nystatin (mouth-throat)	44
NOVOLIN 70/30 FLEXPEN	106	nystatin (topical)	44,45
NOVOLIN 70/30 FLEXPEN RELION	106	nystatin-triamcinolone	166
NOVOLIN 70/30 RELION	106	NYVEPRIA	112
NOVOLIN N	106		
NOVOLIN N FLEXPEN	106	O	
NOVOLIN N FLEXPEN RELION	106	OBIZUR	118
NOVOLIN N RELION	106	OCALIVA	178
NOVOLIN R	106	OCREVUS	157
NOVOLIN R FLEXPEN	106	OCTREOTIDE ACETATE	223,224
NOVOLIN R FLEXPEN RELION	106	octreotide acetate	223,224
NOVOLIN R RELION	106	ODACTRA	228
NOVOLOG	106	ODEFSEY	90
NOVOLOG 70/30 FLEXPEN RELION	106	ODOMZO	64
NOVOLOG FLEXPEN	106	OFEV	403
NOVOLOG FLEXPEN RELION	106	OFLOXACIN	22,23
NOVOLOG MIX 70/30	106	ofloxacin	23
NOVOLOG MIX 70/30 FLEXPEN	106	ofloxacin (ophth)	391
NOVOLOG MIX 70/30 RELION	106	ofloxacin (otic)	394
NOVOLOG PENFILL	106	OJJAARA	55
NOVOLOG RELION	106	olanzapine	81
NOVOPEN ECHO	337	olmesartan medoxomil	128
NOVOSEVEN RT	117	olmesartan medoxomil-amlodipine- hydrochlorothiazide	140
NOXAFIL	44	olmesartan medoxomil-hydrochlorothiazide	140
NP THYROID	219	olopatadine hcl	391
NUBEQA	52	olopatadine hcl (nasal)	395
NUCALA	407	OLUMIANT	228,229
NUCYNTA	8	omeprazole	179
NUCYNTA ER	4	OMNIFLEX DIAPHRAGM	337
NULIBRY	182	OMNIPOD 5 G6 INTRO (GEN 5)	337
NUPLAZID	81	OMNIPOD 5 G6 PODS (GEN 5)	337
NURTEC	47	OMNIPOD 5 G7 INTRO (GEN 5)	337
NUTROPIN AQ NUSPIN 10	191	OMNIPOD 5 G7 PODS (GEN 5)	337
NUTROPIN AQ NUSPIN 20	192	OMNIPOD 5 PACK	337
NUTROPIN AQ NUSPIN 5	192		

OMNIPOD CLASSIC PDM (GEN 3).....	337	ORLADEYO.....	226
OMNIPOD DASH INTRO (GEN 4).....	337	orphenadrine citrate.....	408
OMNIPOD DASH PDM (GEN 4).....	337	orphenadrine w/ aspirin & caff.....	408
OMNIPOD DASH PODS (GEN 4).....	337	ORSERDU.....	52
OMNITROPE.....	178,192	oseltamivir phosphate.....	93,94
ondansetron.....	43	OSPHENA.....	216
ONDANSETRON HCL.....	43	OTEZLA.....	166,229
ondansetron hcl.....	43	OTOVEL.....	394
ONETOUCH CLUB LANCETS FINE PT.....	337	OTREXUP.....	236
ONETOUCH DELICA LANCETS 30G.....	337	OXANDROLONE.....	193,194
ONETOUCH DELICA LANCETS 33G.....	337	oxandrolone.....	194
ONETOUCH DELICA LANCING DEV.....	337	oxaprozin.....	2
ONETOUCH DELICA PLUS LANCET30G.....	338	oxazepam.....	96,97
ONETOUCH DELICA PLUS LANCET33G.....	338	OXBRYTA.....	183
ONETOUCH DELICA PLUS LANCING.....	338	oxcarbazepine.....	33
ONETOUCH DELICA SAFETY LANCING.....	338	OXERVATE.....	390
ONETOUCH FINEPOINT LANCETS.....	338	oxiconazole nitrate.....	45
ONETOUCH SURESOFT LANCING DEV.....	338	oxybutynin chloride.....	186
ONETOUCH ULTRA.....	338	oxycodone hcl.....	8,9
ONETOUCH ULTRA CONTROL.....	338	oxycodone w/ acetaminophen.....	6,9
ONETOUCH ULTRA TEST.....	338	oxymorphone hcl.....	9
ONETOUCH ULTRASOFT 2 LANCETS.....	338	OXYMORPHONE HCL ER.....	4
ONETOUCH ULTRASOFT LANCETS.....	338	OZEMPIC (0.25 OR 0.5 MG/DOSE).....	100
ONETOUCH VERIO.....	338	OZEMPIC (1 MG/DOSE).....	100
ONUREG.....	54	OZEMPIC (2 MG/DOSE).....	100
OPSUMIT.....	401		
OPTIONS GYNOL II CONTRACEPTIVE.....	187	P	
OPVEE.....	338	PALFORZIA (12 MG DAILY DOSE).....	229
OPZELURA.....	166	PALFORZIA (120 MG DAILY DOSE).....	229
ORAVIG.....	45	PALFORZIA (160 MG DAILY DOSE).....	229
ORENCIA.....	229,236	PALFORZIA (20 MG DAILY DOSE).....	229
ORENCIA CLICKJECT.....	229	PALFORZIA (200 MG DAILY DOSE).....	229
ORENITRAM.....	401	PALFORZIA (240 MG DAILY DOSE).....	229
ORENITRAM MONTH 1.....	401	PALFORZIA (3 MG DAILY DOSE).....	229
ORENITRAM MONTH 2.....	401	PALFORZIA (300 MG MAINTENANCE).....	229
ORENITRAM MONTH 3.....	401	PALFORZIA (300 MG TITRATION).....	229
ORFADIN.....	182,183	PALFORZIA (40 MG DAILY DOSE).....	229
ORGOVYX.....	224	PALFORZIA (6 MG DAILY DOSE).....	229
ORIAHNN.....	224	PALFORZIA (80 MG DAILY DOSE).....	229
ORLISSA.....	224	PALFORZIA INITIAL ESCALATION.....	230
ORKAMBI.....	398	paliperidone.....	81

PALYNZIO.....	183	permethrin.....	167
PANRETIN.....	70	perphenazine.....	42
pantoprazole sodium.....	179	PERPHENAZINE-AMITRIPTYLINE.....	36,37
paricalcitol.....	246	PERSERIS.....	81,82
PARODONTAX.....	159	PFIZER COVID-19 BIVAL 6MO-4YR.....	241
paromomycin sulfate.....	17	PFIZER COVID-19 VAC BIVAL 5-11.....	241
paroxetine hcl.....	39	PFIZER COVID-19 VAC BIVALENT.....	241
PASER.....	50	PFIZER COVID-19 VAC-TRIS 5-11Y.....	241,242
PATIENT SAFE SYRINGE.....	338,339	PFIZER COVID-19 VAC-TRIS 6M-4Y.....	242
PAXLOVID (150/100).....	94	PFIZER-BIONT COVID-19 VAC-TRIS.....	242
pazopanib hcl.....	64	PFIZER-BIONTECH COVID-19 VACC.....	242
PC LANCETS SUPER THIN 30G.....	339	PHARMACIST CHOICE LANCETS.....	341
PC UNIFINE PENTIPS.....	339	PHARMACY COUNTER LANCETS.....	341
PEDIARIX.....	241	PHEBURANE.....	183
PEDVAX HIB.....	241	PHENELZINE SULFATE.....	37
peg 3350-kcl-nacl-na sulfate-na ascorbate- ascorbic acid.....	176	phenobarbital.....	29,30
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate.....	178	phenoxybenzamine hcl.....	127
peg 3350-potassium chloride-sod bicarbonate-sod chloride.....	176	phenylephrine hcl (mydriatic).....	390
PEG-PREP.....	176	phenytoin.....	33
PEGASYS.....	232	phenytoin sodium extended.....	33
PEMAZYRE.....	64	PHEXXI.....	187
PEN NEEDLES.....	339,340	PHOSLYRA.....	174
PEN NEEDLES 5/16".....	340	phytonadione.....	118
penciclovir.....	168	pilocarpine hcl.....	393
penicillamine.....	173	pilocarpine hcl (oral).....	159
PENICILLIN V POTASSIUM.....	20,21	PIMOZIDE.....	76
penicillin v potassium.....	20,21	pindolol.....	133
PENLET II BLOOD SAMPLER.....	340	pioglitazone hcl.....	101
PENLET II REPLACEMENT CAP.....	340	pioglitazone hcl-metformin hcl.....	101
PENTACEL.....	241	PIP LANCETS 28G.....	341
pentamidine isethionate.....	72	PIP LANCETS 30G.....	341
PENTIPS.....	340	PIP PEN NEEDLES 31G X 5MM.....	341
pentoxifylline.....	140	PIP PEN NEEDLES 32G X 4MM.....	341
PERFECT LANCETS 28G.....	340	PIQRAY (200 MG DAILY DOSE).....	64
PERFECT LANCETS 30G.....	341	PIQRAY (250 MG DAILY DOSE).....	64
PERFECT POINT SAFETY NEEDLE.....	341	PIQRAY (300 MG DAILY DOSE).....	64
PERINDOPRIL ERBUMINE.....	129	pirfenidone.....	403,404
perindopril erbumine.....	129	PIRFENIDONE.....	404
		piroxicam.....	2
		PLEGRIDY.....	157
		PLEGRIDY STARTER PACK.....	157

PNEUMOVAX 23	242	PREMPHASE	209
PODOFILOX	166	PREMPRO	209
podofilox	166	PRENATAL 19	170
POLY HUB NEEDLE	341,342	PRENATAL PLUS	170
polymyxin b-trimethoprim	391	PRENATAL VITAMIN PLUS LOW IRON	170
POMALYST	53	PRENATAL-U	170
posaconazole	45	PRETOMANID	50
pot phosphate monobasic w/ sod phosphate dibasic & monobasic	187,188	PREVENT DROPSAFE PEN NEEDLES	343
potassium chloride	169,170	PREVENT SAFETY PEN NEEDLES	343
POTASSIUM CHLORIDE ER	170	PREVIDENT	159
potassium chloride microencapsulated crystals er	169,170	PREVNAR 13	242
potassium citrate (alkalinizer)	170	PREVNAR 20	242
potassium phosphate monobasic	187	PREVYMIS	87
PRADAXA	109,110	PREZCOBIX	93
pramipexole dihydrochloride	73	PREZISTA	93
prasugrel hcl	124	PRIFTIN	50
pravastatin sodium	144	primaquine phosphate	72
praziquantel	71	PRIMIDONE	30
prazosin hcl	127	primidone	30
PRECISION SURE-DOSE SYRINGE	342	PRIORIX	242
PRECISION THINS GP LANCETS	342	PRO COMFORT INSULIN SYRINGE	343,344
PRED-G	390	PRO COMFORT LANCETS 30G	344
PRED-G S.O.P.	390	PRO COMFORT LANCETS 31G	344
PREDNICARBATE	164	PRO COMFORT PEN NEEDLES	344
prednisolone	189	PRO COMFORT SAFETY LANCETS 30G	344
PREDNISOLONE ACETATE	392	probenecid	45
prednisolone sodium phosphate	189	prochlorperazine	41,42
PREDNISOLONE SODIUM PHOSPHATE	189,392	prochlorperazine maleate	42
prednisone	189	PROCRIT	112
PREDNISONE	189	PROCTOFOAM HC	166
PREFERRED PLUS INSULIN SYRINGE	342	PROCYSBI	183
PREFERRED PLUS LANCETS COLORED	342	PRODIGY INSULIN SYRINGE	344
PREFERRED PLUS LANCETS THIN	342	PRODIGY LANCETS 28G	344
PREFERRED PLUS UNIFINE PENTIPS	342,343	PRODIGY LANCING DEVICE	344
PREFEST	213	PRODIGY SAFETY LANCETS 26G	344
pregabalin	154	PRODIGY TWIST TOP LANCETS 28G	345
PREHEVBRIO	242	PROFILNINE	118
PREMARIN	209	progesterone	216
PREMIUM CONDOMS LUBRICATED	343	PROGRAF	236
		PROLIA	246
		PROMACTA	112,113

promethazine hcl	42,395
PROMETHEGAN	42
propafenone hcl	131
propranolol hcl	133,134
PROPRANOLOL HCL	133,134
propylthiouracil	226
PROQUAD	242
protriptyline hcl	41
PSS SELECT GP LANCETS	345
PSS SELECT PLATFORMS	345
PSS SELECT SAFETY LANCETS	345
PULMOZYME	398
PURE COMFORT LANCETS 30G	345
PURE COMFORT PEN NEEDLE	345
PURE COMFORT SAFETY PEN NEEDLE	345
PURIXAN	55
PX ADVANCED LANCING DEVICE	345
PX EXTRA SHORT PEN NEEDLES	345
PX INSULIN SYRINGE	346
PX LANCET AUTO INJECTOR	346
PX LANCETS MICROTHIN 33G	346
PX LANCETS ULTRA THIN	346
PX LANCETS ULTRA THIN 28G	346
PX MINI PEN NEEDLES	346
PX PEN NEEDLE	346
PX SHORTLENGTH PEN NEEDLES	346
pyrazinamide	50
pyridostigmine bromide	50
pyrimethamine	72
PYRUKYND	183
PYRUKYND TAPER PACK	113

Q

QC ADVANCED LANCING DEVICE	346
QC LANCETS SUPER THIN 30G	346
QC LANCETS ULTRA THIN	346
QC PEN NEEDLES	346,347
QC UNIFINE PENTIPS	347
QC UNILET LANCETS 28G	347
QC UNILET LANCETS MICRO THIN	347
QINLOCK	55

QUADRACEL	242
quetiapine fumarate	82
quinapril hcl	129
quinapril-hydrochlorothiazide	140
QUINAPRIL-HYDROCHLOROTHIAZIDE	140
quinidine gluconate	131
QUINIDINE SULFATE	131
quinine sulfate	72
QULIPTA	48
QVAR REDIHALER	395

R

RA E-ZJECT LANCETS 28G	347
RA E-ZJECT LANCETS THIN 26G	347
RA E-ZJECT LANCETS THIN 28G	347
RA E-ZJECT LANCETS ULTRA THIN	347
RA INSULIN SYRINGE	347
RA PEN NEEDLES	347
RABAVERT	242
rabeprazole sodium	179
RADICAVA ORS	149
RADICAVA ORS STARTER KIT	149
RAGWITEK	230
raloxifene hcl	246
ramelteon	409
ramipril	129
ranolazine	140
RAPAMUNE	236
rasagiline mesylate	75
RAVICTI	183
RAYA SURE PEN NEEDLE	348
READYLANCE SAFETY LANCETS	348
REALITY INSULIN SYRINGE	348
REALITY LANCETS	348
REALITY LATEX CONDOMS	348
REALITY LATEX/ULTRA TEXTURED	348
REALITY LATEX/ULTRA THIN	348
REALITY TRIGGER LANCETS	349
REBIF	157
REBIF REBIDOSE	157
REBIF REBIDOSE TITRATION PACK	157

REBIF TITRATION PACK.....	157	RIBAVIRIN.....	89
REBINYN.....	118	ribavirin (hepatitis c).....	89
RECOMBINATE.....	119	RIDAURA.....	230
RECOMBIVAX HB.....	242,243	rifabutin.....	50
RECTIV.....	149	rifampin.....	50
REDITREX.....	236,237	RIGHTEST ALTERNATE SITE ADAPT.....	350
REGRANEX.....	166	RIGHTEST GD500 LANCING DEVICE.....	350
RELENZA DISKHALER.....	94	RIGHTEST GL300 LANCETS.....	350
RELION INSULIN SYRINGE.....	349	riluzole.....	154
RELION LANCET DEVICES 30G.....	349	RINVOO.....	230
RELION LANCETS.....	349	risedronate sodium.....	246
RELION LANCETS MICRO-THIN 33G.....	349	RISPERDAL CONSTA.....	83
RELION LANCETS THIN 26G.....	349	risperidone.....	83,84
RELION LANCETS ULTRA-THIN 30G.....	349	RISPERIDONE.....	83,84,85
RELION LANCING DEVICE.....	349,350	risperidone microspheres.....	84
RELION MINI PEN NEEDLES.....	350	ritonavir.....	93
RELION PEN NEEDLES.....	350	rivastigmine.....	35
RELION SHORT PEN NEEDLES.....	350	rivastigmine tartrate.....	35
RELION ULTRA THIN LANCETS 30G.....	350	RIXUBIS.....	119
RELION ULTRA THIN PLUS LANCETS.....	350	rizatriptan benzoate.....	49
RELISTOR.....	176	roflumilast.....	399
RELYVRIO.....	149	ropinirole hydrochloride.....	73,74
REMICADE.....	237	rosuvastatin calcium.....	144
RENFLEXIS.....	237	ROTARIX.....	243
repaglinide.....	101	ROTATEQ.....	243
REPATHA.....	146	ROZLYTREK.....	65
REPATHA PUSHTRONEX SYSTEM.....	146	RUBRACA.....	65
REPATHA SURECLICK.....	146	RUCONEST.....	226
RETACRIT.....	113	rufinamide.....	34
RETEVMO.....	64	RUKOBIA.....	92
REVCOVI.....	184	RYBELSUS.....	101
REVLIMID.....	53,54	RYCLORA.....	395
REXALL LANCETS ULTRA THIN 30G.....	350	RYDAPT.....	65
REXULTI.....	82,83	RYTARY.....	74,75
REYATAZ.....	93		
REYVOW.....	49	S	
REZLIDHIA.....	64	SABRIL.....	30
REZUROCK.....	230	SAFE-T-LANCE.....	350
RHOFADE.....	161	SAFE-T-LANCE PLUS.....	351
RHOPRESSA.....	393	SAFETY LANCET 30G/PRESSURE ACT.....	351
RIASTAP.....	119	SAFETY LANCETS.....	351

SAFETY LANCETS 21G	351	sevelamer carbonate	174
SAFETY LANCETS 23G	351	sevelamer hcl	174
SAFETY LANCETS 28G	351	SEVENFACT	119
SAFETY PEN NEEDLES	351	SHINGRIX	243
SAIZEN	192	SHOPKO AUTOLET LANCING DEVICE	353
SAIZENPREP	192	SHOPKO ON-THE-GO LANCETS 30G	353
SANDIMMUNE	237	SHOPKO UNIFINE PENTIPS	353
SANDOSTATIN	224	SHOPKO UNIFINE PENTIPS PLUS	353
SANDOSTATIN LAR DEPOT	224	SHOPKO UNILET LANCETS 28G	354
SANTYL	166	SHOPKO UNILET LANCETS 30G	354
SAPHNELO	230	SHUR-SEAL CONTRACEPTIVE	187
sapropterin dihydrochloride	181,184	SIGNIFOR	224,225
SAPS HEALTH PLUS LANCETS	351	SIKLOS	184
SAPS HEALTH TWIST TOP LANCETS	351	sildenafil citrate (pulmonary hypertension) ...	401
SAPS TWIST TOP LANCETS	351	silodosin	186
SAPSCARE TWIST TOP LANCETS	351	silver sulfadiazine	166
SAVELLA	154,155	SIMBRINZA	393
SAVELLA TITRATION PACK	155	SIMPLE DIAGNOSTICS LANCING DEV	354
SB INSULIN SYRINGE	351,352	SIMPONI	237
SB LANCETS THIN	352	simvastatin	145
SB LANCETS ULTRA THIN	352	SINGLE-LET	354
SCSEMBLIX	65	sirolimus	237
scopolamine	42	SIRTURO	50
SE-NATAL 19	170	SIVEXTRO	18
SECUADO	84	SKYCLARYS	184
SECURESAFE HYPODERMIC NEEDLE	352	SKYRIZI	230
SECURESAFE INSULIN SYRINGE	352	SKYRIZI (150 MG DOSE)	230
SECURESAFE SAFETY PEN NEEDLES	352	SKYRIZI PEN	230
SECURESAFE SYRINGE/NEEDLE	352,353	SKYTROFA	192,193
SELECT-LITE DEVICE/LANCETS	353	SM LANCETS 33G	354
SELECT-LITE LANCING DEVICE	353	SM TRUEDRAW LANCING DEVICE	354
selegiline hcl	75	SMART DIABETES VANTAGE LANCING	354
selenium sulfide	164	SMART SENSE COLOR LANCETS 33G	354
SELZENTRY	92	SMART SENSE STANDARD LANCETS	354
SEMGLEE (YFGN)	107	SMART SENSE SUPER THIN LANCETS	354
SENSODYNE COMPLETE PROTECTION	159	SMART SENSE THIN LANCETS 26G	354
SENSODYNE RAPID RELIEF	159	SMARTEST LANCETS 28G	354
SENSODYNE REPAIR & PROTECT	159	sodium chloride (inhalant)	407
SEREVENT DISKUS	397	sodium citrate & citric acid	188
SEROSTIM	192	sodium fluoride	168,169,170
sertraline hcl	39	SODIUM FLUORIDE	170,171

sodium fluoride (dental)	158,159,160	STERILANCE TL	355
sodium fluoride-potassium nitrate	160	STIMATE	193
SODIUM OXYBATE	410,411	STIOLTO RESPIMAT	407
sodium phenylbutyrate	184	STIVARGA	66
SODIUM PHENYLBUTYRATE	354	STRENSIQ	184,185
sodium polystyrene sulfonate	174	STRIBILD	89
sodium sulfate-potassium sulfate-magnesium sulfate	176	STRIVERDI RESPIMAT	397
SOFOSBUVIR-VELPATASVIR	89	SUBLOCADE	4,5
SOGROYA	193	SUCRAID	185
SOHONOS	184	sucrafate	179
solifenacin succinate	186	SULCONAZOLE NITRATE	45
SOLIQUA	101	SULFACETAMIDE SODIUM	391
SOLTAMOX	54	sulfacetamide sodium (acne)	161
SOLUS V2 LANCETS 28G	354	sulfacetamide sodium (ophth)	391
SOLUS V2 LANCING DEVICE	355	SULFACETAMIDE-PREDNISOLONE	390
SOLUS V2 TWIST LANCETS 30G	355	SULFADIAZINE	23
SOMATULINE DEPOT	225	sulfamethoxazole-trimethoprim	23
SOMAVERT	225	SULFAMYLON	168
SOOLANTRA	167	sulfasalazine	244
sorafenib tosylate	65	sulindac	3
sotalol hcl	131,132	sumatriptan	49
sotalol hcl (afib/afI)	131,132	sumatriptan succinate	49
SOTYKTU	230	sunitinib malate	66
SOVALDI	89	SUNLENCA	92
SPIKEVAX	243	SUNOSI	410,411
SPIKEVAX COVID-19 VACCINE	243	SUPER THIN LANCETS	355
SPINAL NEEDLE (REUSABLE)	355	SUPREP BOWEL PREP KIT	177
SPINOSAD	167	SURE COMFORT INSULIN SYRINGE	355,356
SPIRIVA HANDIHALER	396	SURE COMFORT LANCETS 18G	356
SPIRIVA RESPIMAT	396	SURE COMFORT LANCETS 21G	356
spironolactone	147	SURE COMFORT LANCETS 23G	356
spironolactone & hydrochlorothiazide	140	SURE COMFORT LANCETS 28G	356
SPRAVATO (56 MG DOSE)	37	SURE COMFORT LANCETS 30G	357
SPRAVATO (84 MG DOSE)	37	SURE COMFORT LANCING PEN	357
SPRITAM	26,27	SURE COMFORT PEN NEEDLES	357
SPRYCEL	65,66	SURELITE LANCETS	357
stannous fluoride	158,159	SURVANTA	407
STAVUDINE	91	SUTAB	177
STELARA	231	SYMBICORT	407
STERILANCE PA	355	SYMDEKO	398
		SYMJEPI	397

SYMPROIC.....	177	TAVNEOS.....	231
SYMTUZA.....	93	tazarotene.....	161
SYNAREL.....	225	TAZORAC.....	161
SYNERA.....	9	TAZVERIK.....	67
SYNJARDY.....	101,102	TB SYRINGE 1 ML.....	360
SYNJARDY XR.....	102	TDVAX.....	243
SYNRIBO.....	66	TECHLITE AST LANCETS.....	360
SYNTHROID.....	219,220	TECHLITE INSULIN SYRINGE.....	360,361
SYPRINE.....	173	TECHLITE LANCETS.....	361
SYRINGE.....	357,358	TECHLITE LANCETS 26G.....	361
SYRINGE 10-12 ML.....	357	TECHLITE LANCETS 30G.....	361
SYRINGE 2-3 ML.....	357	TECHLITE PEN NEEDLES.....	361,362
SYRINGE 20-25 ML.....	357	TECHLITE PLUS PEN NEEDLES.....	362
SYRINGE 30-35 ML.....	358	TEGLUTIK.....	149
SYRINGE 5-6 ML.....	359	TEGRETOL.....	34
SYRINGE 50-60 ML.....	359	TEGRETOL-XR.....	34
SYRINGE DISPOSABLE.....	359	TEGSEDI.....	185
SYRINGE ECCENTRIC TIP.....	359	telmisartan.....	128
SYRINGE LUER LOCK.....	359,360	TELMISARTAN-AMLODIPINE.....	140,141
SYRINGE LUER SLIP.....	360	telmisartan-amlodipine.....	140,141
SYRINGE/HYPODERMIC SAFETY.....	360	temazepam.....	409
		temozolomide.....	51
T		TENCON.....	154
TABLOID.....	55	TENIVAC.....	243
TABRECTA.....	66	tenofovir disoproxil fumarate.....	91
tacrolimus.....	237,238	TEPMETKO.....	67
tacrolimus (topical).....	164	terazosin hcl.....	127
tadalafil (pulmonary hypertension).....	400,401	terbinafine hcl.....	45
TAFINLAR.....	66	terbutaline sulfate.....	397
tafluprost.....	393	terconazole vaginal.....	45
TAGRISSO.....	66	teriflunomide.....	157,158
TAKHZYRO.....	226	teriparatide (recombinant).....	246
TALTZ.....	231	TERIPARATIDE (RECOMBINANT).....	246
TALZENNA.....	66,67	testosterone.....	194
tamoxifen citrate.....	54	testosterone cypionate.....	194
tamsulosin hcl.....	187	TESTOSTERONE ENANTHATE.....	194
TARGRETIN.....	70	tetrabenazine.....	154
TASCENSO ODT.....	157	tetracaine hcl (ophth).....	390
TASIGNA.....	67	tetracycline hcl.....	24
tasimelteon.....	409	TEZSPIRE.....	407
TAVALISSE.....	126	TGT LANCET MICRO THIN 33G.....	362

TGT LANCET THIN 26G	362	TOOMEY SYRINGE	363
TGT LANCET ULTRA THIN 30G	362	TOPCARE CLICKFINE PEN NEEDLES	363
TGT LANCING DEVICE	362	TOPCARE LANCETS MICRO-THIN 33G	363
THALOMID	54	TOPCARE ULTRA COMFORT INS SYR	363,364
THEO-24	399	topiramate	27,28
theophylline	399	toremifene citrate	54
THINLETS GP LANCETS	362	toremide	142
THIOLA EC	188	TOUJEO MAX SOLOSTAR	107
thioridazine hcl	76	TOUJEO SOLOSTAR	107
thiothixene	76	TRACLEER	401
THYQUIDITY	220	tramadol hcl	5,9
THYROID	220	TRAMADOL HCL (ER BIPHASIC)	5
tiagabine hcl	30	tramadol-acetaminophen	9
TIBSOVO	67	trandolapril	130
TIGLUTIK	149	tranexamic acid	119
timolol maleate	134	tranylcypromine sulfate	37
timolol maleate (ophth)	392	TRAVEL LANCETS	364
tinidazole	18	TRAVEL LANCETS ADVANCED 28G	364
tiopronin	188	travoprost	393
TIROSINT	220,221	trazodone hcl	39
TIROSINT-SOL	221	TRECTOR	50
TIVICAY	90	TRELEGY ELLIPTA	407
TIVICAY PD	90	TREMFYA	231
tizanidine hcl	87	treprostinil	401,402
TOBI	398	TRESIBA	107
TOBI PODHALER	398	TRESIBA FLEXTOUCH	107
TOBRADEX	390	tretinoin	161,162
tobramycin	399	tretinoin (chemotherapy)	70
TOBRAMYCIN	399	TRETTEN	119
tobramycin (ophth)	391	triamcinolone acetonide (mouth)	159,160
tobramycin-dexamethasone	390	triamcinolone acetonide (topical)	165
TODAY SPONGE	188	triamterene	142
TODAYS HEALTH LANCING DEVICE	362	triamterene & hydrochlorothiazide	141
TODAYS HEALTH MINI PEN NEEDLES	363	triazolam	409,410
TODAYS HEALTH PEN NEEDLES	363	trientine hcl	173
TODAYS HEALTH SHORT PEN NEEDLE	363	trifluoperazine hcl	77
TODAYS HEALTH THIN LANCETS 28G	363	TRIFLURIDINE	391
TODAYS HEALTH THIN LANCETS 30G	363	TRIHENYPHENIDYL HCL	72
tolcapone	73	trihexyphenidyl hcl	72
tolterodine tartrate	186	TRIJARDY XR	102
tolvaptan	173	TRIKAFTA	399

trimethobenzamide hcl.....	42	TRUSTEX NATURAL CONDOMS + LUBE.....	369
trimethoprim.....	18	TRUSTEX NON-LUBRICATED.....	369
trimipramine maleate.....	41	TRUSTEX RIA LUB/SPERMICIDE.....	369
TRINATE.....	171	TRUSTEX RIA LUBRICATED.....	369
TRINTELLIX.....	39	TRUSTEX RIA NON-LUBRICATED.....	369
TRIUMEQ.....	91	TRUSTEX-NONOXYNOL-9/RIB/STUD.....	369
TRIUMEQ PD.....	91	TUBERCULIN SYRINGE.....	369
TRIZIVIR.....	91	TUKYSA.....	68
tropium chloride.....	186	TURALIO.....	68
TRUE COMFORT INSULIN SYRINGE.....	364	TUZISTRA XR.....	407
TRUE COMFORT PEN NEEDLES.....	364,365	TWINRIX.....	243
TRUE COMFORT PRO INSULIN SYR.....	365,366	TWIST TOP LANCETS 30G.....	369
TRUE COMFORT PRO PEN NEEDLES.....	366	TYBLUME.....	212
TRUE COMFORT SAFETY LANCETS.....	366	TYBOST.....	92
TRUE COMFORT TWIST TOP LANCETS.....	366	TYMLOS.....	246
TRUE COVER.....	366	TYVASO.....	402
TRUEDRAW LANCING DEVICE.....	366	TYVASO REFILL.....	402
TRUEPLUS 5-BEVEL PEN NEEDLES.....	366	TYVASO STARTER.....	402
TRUEPLUS INSULIN SYRINGE.....	366,367		
TRUEPLUS LANCETS 26G.....	367	U	
TRUEPLUS LANCETS 28G.....	367	UBRELVY.....	48
TRUEPLUS LANCETS 30G.....	367	UCERIS.....	244
TRUEPLUS LANCETS 33G.....	367	ULTI-LANCE AUTOMATIC.....	369
TRUEPLUS PEN NEEDLES.....	368	ULTICARE INSULIN SAFETY SYR.....	369
TRUEPLUS SAFETY LANCETS 28G.....	368	ULTICARE INSULIN SYR 1/2 UNIT.....	370
TRULANCE.....	177	ULTICARE INSULIN SYRINGE.....	370,371
TRULICITY.....	103	ULTICARE MICRO PEN NEEDLES.....	371
TRUMENBA.....	243	ULTICARE MINI PEN NEEDLES.....	371
TRUQAP.....	67	ULTICARE PEN NEEDLES.....	371
TRUSELTIQ (100MG DAILY DOSE).....	67	ULTICARE SHORT PEN NEEDLES.....	371
TRUSELTIQ (125MG DAILY DOSE).....	68	ULTICARE SYRINGE.....	372
TRUSELTIQ (50MG DAILY DOSE).....	68	ULTICARE TUBERCULIN SAFETY SYR.....	372
TRUSELTIQ (75MG DAILY DOSE).....	68	ULTIGUARD SAFEPACK PEN NEEDLE.....	372
TRUSTEX COLOR CONDOMS + LUBE.....	368	ULTIGUARD SAFEPACK SYR/NEEDLE.....	372,373
TRUSTEX LUB/RIBBED/STUDDED.....	368	ULTILET CLASSIC LANCETS.....	373
TRUSTEX LUB/SPERMICIDE EX ST.....	368	ULTILET LANCETS.....	373
TRUSTEX LUB/SPERMICIDE XL.....	368	ULTILET PEN NEEDLE.....	373
TRUSTEX LUBRICATED.....	368	ULTILET SAFETY LANCETS.....	373
TRUSTEX LUBRICATED EX LARGE.....	368	ULTILET SAFETY LANCETS 23G.....	373
TRUSTEX LUBRICATED EXTRA ST.....	368	ULTRA COMFORT INSULIN SYRINGE.....	373
TRUSTEX LUBRICATED/SPERMICIDE.....	369	ULTRA FLO INSULIN PEN NEEDLES.....	373,374

ULTRA FLO INSULIN SYR 1/2 UNIT	374	UNISTIK 3 GENTLE	381
ULTRA FLO INSULIN SYRINGE	374,375	UNISTIK 3 NEONATAL	381
ULTRA THIN LANCETS 31G	375	UNISTIK 3 NORMAL	381
ULTRA THIN PEN NEEDLES	375	UNISTIK CZT COMFORT	381
ULTRA-CARE LANCETS 30G	375	UNISTIK CZT NORMAL	381
ULTRA-THIN II AUTO LANCET	375	UNISTIK NORMAL	381
ULTRA-THIN II INS SYR SHORT	375	UNISTIK PRO SAFETY LANCET	381
ULTRA-THIN II INSULIN SYRINGE	375,376	UNISTIK SAFETY LANCETS 28G	381
ULTRA-THIN II LANCETS	376	UNISTIK SAFETY LANCETS 30G	381
ULTRA-THIN II MINI PEN NEEDLE	376	UNISTIK TOUCH SAFETY LANC 21G	381
ULTRA-THIN II PEN NEEDLE SHORT	376	UNISTIK TOUCH SAFETY LANC 23G	381
ULTRA-THIN II PEN NEEDLES	376	UNISTIK TOUCH SAFETY LANC 28G	381
ULTRACARE INSULIN SYRINGE	376	UNISTIK TOUCH SAFETY LANC 30G	381
ULTRACARE PEN NEEDLES	376,377	UNIVERSAL 1 LANCETS THIN 26G	381
UNIFINE PEN NEEDLES	377	UNIVERSAL 1 LANCETS THIN 33G	382
UNIFINE PENTIPS	377,378	UNIVERSAL 1 LANCETS ULTRA THIN	382
UNIFINE PENTIPS PLUS	378	UPTRAVI	402,403
UNIFINE PROTECT PEN NEEDLE	378	ursodiol	178
UNIFINE SAFECONTROL PEN NEEDLE	378,379	UZEDY	84,85
UNIFINE ULTRA PEN NEEDLE	379		
UNILET COMFORTOUCH LANCET	379	V	
UNILET EXCELITE	379	valacyclovir hcl	94
UNILET EXCELITE II	379	VALCHLOR	166
UNILET G.P. LANCET	379	VALCYTE	87,88
UNILET G.P. SUPERLITE LANCET	379	valganciclovir hcl	88
UNILET GP 28 ULTRA THIN	379	valproate sodium	28
UNILET LANCET	379	valproic acid	28
UNILET MICRO-THIN 33G	380	valsartan	128
UNILET SUPER-THIN 30G	380	valsartan-hydrochlorothiazide	141
UNILET SUPERLITE LANCET	380	VALTOCO 10 MG DOSE	30
UNILET ULTRA-THIN 28G	380	VALTOCO 15 MG DOSE	30
UNISTIK 1	380	VALTOCO 20 MG DOSE	31
UNISTIK 2	380	VALTOCO 5 MG DOSE	31
UNISTIK 2 COMFORT	380	VALUE HEALTH INSULIN SYRINGE	382
UNISTIK 2 EXTRA	380	VALUE PLUS LANCET STANDARD 21G	382
UNISTIK 2 NEONATAL	380	VALUE PLUS LANCETS SUPER THIN	382
UNISTIK 2 NORMAL	380	VALUE PLUS LANCETS THIN 26G	382
UNISTIK 2 SUPER	380	VALUE PLUS LANCING DEVICE	382
UNISTIK 3	380	VALUMARK LANCET SUPER THIN 30G	382
UNISTIK 3 COMFORT	380	VALUMARK LANCET ULTRA THIN 28G	382
UNISTIK 3 EXTRA	380	VALUMARK PEN NEEDLES	382

vancomycin hcl	18	VERZENIO	68
VANFLYTA	68	VIBERZI	177
VANISHPOINT ALLERGY TRAY	382	VIDA MIA AUTOLET LANCING DEV	386
VANISHPOINT INSULIN SYRINGE	382,383	VIDA MIA UNIFINE PENTIPS	386
VANISHPOINT SAFETY SYRINGE	383,384	VIDA MIA UNILET LANCETS 28G	386
VANISHPOINT SYRINGE	384	VIDA MIA UNILET LANCETS 30G	386
VANISHPOINT TUBERCULIN SYRINGE	384	VIEKIRA PAK	89
VAQTA	243	vigabatrin	31
varenicline tartrate	16,17	VIIBRYD STARTER PACK	39
VARIVAX	243	VIJOICE	69
VARUBI (180 MG DOSE)	43	vilazodone hcl	40
VASCEPA	146	VINATE II	171
VAXELIS	243	VINATE ONE	171
VAXNEUVANCE	244	VIRACEPT	93
VCF VAGINAL CONTRACEPTIVE	188	VIREAD	91,92
VECAMYL	141	VISTOGARD	386
VELIVET	212	VITRAKVI	69
VELPHORO	174	VIVAGUARD INO CONTROL SOLUTION	386
VELSIPITY	231	VIVAGUARD LANCETS	386
VELTASSA	174	VIVAGUARD LANCETS 30G	386
VEMLIDY	88	VIVAGUARD LANCING DEVICE	386
VENCLEXTA	68	VIVITROL	10
VENCLEXTA STARTING PACK	68	VIVOTIF	244
venlafaxine hcl	39	VIZIMPRO	69
VENTAVIS	403	VONJO	71
VENTOLIN HFA	397	VONVENDI	119
verapamil hcl	136,137	voriconazole	45
VEREGEN	166	VOSEVI	89
VERIFINE INSULIN PEN NEEDLE	384,385	VOTRIENT	69
VERIFINE INSULIN SYRINGE	385	VOWST	387
VERIFINE PLUS PEN NEEDLE	385	VOXZOGO	185
VERIFINE SAFE LANCET MINI 21G	385	VP INSULIN SYRINGE	387
VERIFINE SAFE LANCET MINI 23G	385	VRAYLAR	85,86
VERIFINE SAFE LANCET MINI 28G	385	VUMERITY	158
VERIFINE SAFE LANCET MINI 30G	385	VYNDAMAX	185
VERIFINE UNIVERSAL LANCETS 28G	386	VYNDAQEL	185
VERIFINE UNIVERSAL LANCETS 30G	386		
VERIFINE UNIVERSAL LANCETS 33G	386	W	
VERQUVO	141	WAKIX	411
VERSACLOZ	87	WALGREENS ADV TRAVEL LANCETS	387
		WALGREENS LANCETS	387

WALGREENS LANCETS MICRO THIN	387	XPOVIO (60 MG TWICE WEEKLY)	69
WALGREENS LANCETS SUPER THIN	387	XPOVIO (80 MG ONCE WEEKLY)	70
WALGREENS THIN LANCETS	387	XPOVIO (80 MG TWICE WEEKLY)	70
WALGREENS ULTRA THIN LANCETS	387	XTAMPZA ER	5
warfarin sodium	109,110	XTANDI	52
WEGMANS UNIFINE PENTIPS PLUS	387	XULTOPHY	103
WELIREG	55	XURIDEN	185
WIDE-SEAL DIAPHRAGM 60	387	XYNTHA	119
WIDE-SEAL DIAPHRAGM 65	387	XYNTHA SOLOFUSE	119,120
WIDE-SEAL DIAPHRAGM 70	388	XYREM	411
WIDE-SEAL DIAPHRAGM 75	388	XYWAV	411
WIDE-SEAL DIAPHRAGM 80	388		
WIDE-SEAL DIAPHRAGM 85	388	Y	
WIDE-SEAL DIAPHRAGM 90	388	YALE DISP NEEDLES	388
WIDE-SEAL DIAPHRAGM 95	388	YONSA	52
WILATE	119		
		Z	
X		zafirlukast	396
XALKORI	69	zaleplon	410
XARELTO	110	ZARONTIN	28
XARELTO STARTER PACK	110	ZARXIO	113
XCOPRI	28,34,35	ZEGALOGUE	104
XCOPRI (250 MG DAILY DOSE)	34	ZEJULA	70
XCOPRI (350 MG DAILY DOSE)	34	ZELBORAF	70
XELJANZ	231	ZENPEP	185
XELJANZ XR	231,232	ZEPOSIA	158
XENLETA	94	ZEPOSIA 7-DAY STARTER PACK	158
XEPI	168	ZEPOSIA STARTER KIT	158
XERMELO	177	ZERVIAE	391
XHANCE	395	ZEV RX INSULIN SYRINGE	388
XIFAXAN	18	ZEV RX PEN NEEDLES	388,389
XIGDUO XR	103	ZEV RX TWIST TOP LANCETS 30G	389
XIIDRA	390	zidovudine	92
XOFLUZA (40 MG DOSE)	94	ZIEXTENZO	113
XOFLUZA (80 MG DOSE)	94	zileuton	396
XOLAIR	232	ZIMHI	11
XOSPATA	69	ziprasidone hcl	86
XPOVIO (100 MG ONCE WEEKLY)	69	ZIRGAN	391
XPOVIO (40 MG ONCE WEEKLY)	69	ZOKINVY	185
XPOVIO (40 MG TWICE WEEKLY)	69	ZOLADEX	225
XPOVIO (60 MG ONCE WEEKLY)	69	ZOLINZA	55

zolmitriptan.....	49
zolpidem tartrate.....	410
ZOMACTON.....	193
zonisamide.....	35
ZONTIVITY.....	110
ZORBTIVE.....	193
ZORTRESS.....	238
ZORYVE.....	166
ZOSTAVAX.....	244
ZTALMY.....	31
ZURZUVAE.....	37
ZYDELIG.....	70
ZYKADIA.....	70
ZYLET.....	390
ZYPREXA RELPREVV.....	86